

THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 15—PENSACOLA, FLA.

NOVEMBER 21, 1977



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- Part 1. Winterset, Iowa, August 16, 1976.
- Part 2. Ottumwa, Iowa, August 16, 1976.
- Part 3. Gretna, Nebr., August 17, 1976.
- Part 4. Ida Grove, Iowa, August 17, 1976.
- Part 5. Sioux Falls, S. Dak., August 18, 1976.
- Part 6. Rockford, Iowa, August 18, 1976.
- Part 7. Denver, Colo., March 23, 1977.
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- Part 9. Tucson, Ariz., November 7, 1977.
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- Part 12. Roswell, N. Mex., November 18, 1977.
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THE NATION'S RURAL ELDERLY

MONDAY, NOVEMBER 21, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Pensacola, Fla.

The committee met, pursuant to notice, at 2:10 p.m., in the Escambia County Health Department Auditorium, Pensacola, Fla., Hon. Lawton Chiles presiding.

Present: Senator Chiles.

Also present: William E. Oriol, staff director; David A. Rust, minority professional staff member; Patricia G. Oriol, chief clerk; Alison Case, assistant chief clerk; Thomas Woodbery, legislative assistant to Senator Chiles; and Boley Johnson, district representative for Senator Chiles.

OPENING STATEMENT OF SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. Good afternoon.

I want to thank each of you for coming to this hearing. This is a hearing of our Committee on Aging and the subject matter is "The Nation's Rural Elderly."

We are meeting in Pensacola to hear from persons coming not only from Escambia County but from Santa Rosa, Okaloosa, and Walton Counties as well. We needed a focal point geographically and in terms of subject matter, and so here we are.

It seems strange to meet in a metropolitan area to talk about rural problems, but we needed to get together.

Earlier today, in order to get firsthand testimony from older persons in less populated parts of this county, I stopped by community centers at Century and at Davisville.¹ I suspect that I will refer often to my visits during this afternoon's discussion.

This is an official hearing of the Senate Special Committee on Aging. A hearing record will be taken and printed; I want it to include not only the scheduled witnesses we have on our list but also the comments of persons in the audience.

We have already taken testimony on the rural elderly in Iowa, Nebraska, South Dakota, Colorado, Arizona, Indiana, and New Mexico.

PROBLEMS OF RURAL ELDERLY MORE SEVERE

These hearings have confirmed our impression that the problems of older persons who live in small towns and rural areas often are more severe than in more populated areas. Federal programs are helping

¹ See pp. 1279 and 1294.

in many ways, but difficulties persist. The Older Americans Act; for example, allots its funds to States strictly on the basis of the number of persons of age 60 and above; it does not take distances and other rural factors into account, and certainly that seems to be a hardship.

Perhaps the most striking unevenness exists in health programs; the rural elderly pay the same premiums and fees for medicare that everyone else does, but sometimes do not receive benefits from that program because they may not have access to a physician or hospital. I know of one community in this area where one physician will take medicaid patients and the only other one in town will not. What kind of equity is this? And how can we cut the redtape which discourages doctors from wanting to help patients under medicare?

I am glad that we will give special attention to health issues this afternoon. You may know that the chairman of our committee, Senator Frank Church of Idaho, has agreed to my suggestion that we take a close look at what we now call alternatives in long-term care for the elderly. We used to call it alternatives to institutionalization, but what we really should be aiming for is a community-based system which includes institutional care when it is really needed but which also provides home health care, home help, outpatient clinics where a person can get help during the day and return home at night, and housing arrangements which make independent living possible even in the face of disability or chronic illness. Here in Escambia County much has already been done in developing a homemaker service which has special meaning for older persons in remote rural dwellings.

"SOMEONE CARES"

A gentleman was in Century this morning who lost his wife last Thursday, but in spite of that he wanted to come to the hearing and say how much it meant for him to have a homemaker—someone to come to his house when he had just gotten his wife home from the hospital. For him to find out that somebody cared about the plight that they were in just made a tremendous impression upon him, and he said it made the time before she passed on much more meaningful because they had that kind of help.

On Wednesday at a hearing in Tallahassee I will ask for a statewide perspective on the entire issue of alternatives, because I believe that recent State initiatives taken in that direction could have national significance if they are indeed the forerunners of a system and not merely isolated experiments which fail to mesh operations and goals. This hearing in Pensacola gives me an opportunity to explore what is apparently a deep-rooted determination in the Florida Panhandle to resist the area agency on aging system now in place under the Older Americans Act throughout most of the Nation.

There are now almost 600 of these area agencies in the United States: some serve only one county; others serve part of a metropolitan area; one in Texas serves 25 counties covering almost 25,000 square miles. But here in this four-county area of Florida each county has a council on aging which works directly with a regional office of the State department of health and rehabilitative services. And I believe that each council director and each member of each council's

advisory board want to keep it that way. I would like to know more about their reasons for this position and whether it causes disadvantages as well as advantages.

I would like to assure everyone concerned that I for one want an Older Americans Act which is capable of adjusting to individual and special needs of widely varying areas of this Nation or even all the regions within one State, as I am out in the State to learn about the diversity of needs as well as the unifying elements of the purposes and programs.

CONGRESS HAS SPECIAL RESPONSIBILITY

In a Nation where approximately 27 percent of persons 60 years and older live in what are called rural areas, the Congress has a special responsibility to make certain that they, as well as others, are served by programs supposedly designed to help them. So the committee is here today in Pensacola for grassroots information. I look forward to your testimony.

Our first witness today will be Mr. Verne Morrison, representing the Escambia County Senior Citizens Committee of Pensacola.

Mr. Morrison, would you come up?

I just want to mention at the outset that our time is somewhat limited today. We do have forms ¹ on the back table for anyone who does not get an opportunity to speak or who thinks of something they want to say after the hearing is adjourned, and you may pick these up.

Verne, we want to thank you for opening up our hearing. I think it is kind of fitting that we start off with you. You are Mr. Senior Citizen, but also Mr. Concerned Citizen in this area for the problems of our older Americans. We thank you for your past service and we thank you for the testimony you are going to give us today.

STATEMENT OF VERNE B. MORRISON, ESCAMBIA COUNTY SENIOR CITIZENS COMMITTEE, PENSACOLA, FLA.

Mr. MORRISON. Senator Chiles, thank you.

Thank you for the opportunity to express my views on the problems of the rural elderly. My name is Verne B. Morrison, a senior citizen residing in Pensacola, Escambia County, Fla. I am a charter member of the Escambia County Council on Aging and assisted in its establishment. I was director of the congregate meals program on its implementation and am currently serving as chairman of the retired senior volunteer program advisory council. I also have actively assisted in securing lower transit fares for the elderly and proposed the construction of a senior citizens' center now underway.

It is my observation that the problems faced by the rural elderly are basically similar to those faced by the urban elderly. The problems relating to medical costs, transportation, income, housing, nutrition, and social services have existed for years and continue to exist. The Older Americans Act, as amended, addresses these problems. However, the emphasis on providing services in areas having a high concentration of the elderly tends to deny the rural elderly the same level of services.

¹ See appendix 2, p. 1308.

MEDIAN INCOME LOW

The need for services to the elderly in rural areas is as great or even greater than in urban areas. The media income is usually lower in rural areas, and in Escambia the median income is among the lowest in the State. It would appear that, at least, the emphasis on providing services should be equalized between the rural and urban elderly.

Escambia County is basically rural in nature. Its culture is vastly different from the more sophisticated urban areas. The population is dispersed throughout the county with greater concentrations in Pensacola, Warrington, and Century, with numerous small villages in the outlying areas. The rural elderly comprise those who have followed agricultural pursuits all their lives, and retirees—both military and civilian.

Retirees who, during their working years, settled in areas contiguous to their employment have caused a concentration of elderly in those areas. In recent years there has been a migration of urban dwellers into rural areas to escape the higher taxes and the increased congestion in urban areas. This migration, if continued, will change the future character of the rural elderly resulting in a requirement to adjust programs providing services. Counter to this migration is the influx of retirees from other areas who tend to settle in urban areas. Because of the wide dispersion of the elderly throughout the county, consideration should be given to taking the services into their areas rather than requiring travel for long distances to the places where services are available.

One of our most rewarding programs, and of which we are justly proud, is the retired senior volunteer program. This program provides not only part-time utilization of elderly volunteers but also provides public services organizations with a resource hitherto not readily available. Our newest project under the program is in providing teaching aides to schools in our county school system. Our volunteers are trained before assignment to a school. Working closely with the children they become in effect foster grandparents, and a charisma develops between them that is both rewarding and stimulating to the volunteer and supportive to the students. Yet even in this program we have problems with extending participation into rural areas.

FUNDING RESTRICTIONS HAMPER PROGRAM

The wide dispersion of the rural elderly generates a communications problem because of the time and distances involved. And of course there is the ever-present problem of transportation. Funding of the program on a fixed dollar amount basis is possibly the greatest handicap we face. Our current and future level of funding of \$24,000 per year for RSVP severely restricts the number of volunteers we can utilize and makes no provision for future inflation of costs.

Our projection to increase our program to 300 volunteers in fiscal year 1978 will require reductions in individual reimbursements in order to remain within our budget. The additional expense of expanding into the rural areas, even on a part-time basis, to improve communication and reduce traveltime by establishing contact points cannot be absorbed by our limited and restricted funding. This negates the expansion of the program into rural areas.

May I say in closing that the Escambia County Council on Aging is providing and will continue to provide necessary and needed services to the elderly in Escambia County consistent with the funds available. Joint funding by city, county, State, and Federal governments enable the council to provide the services to sustain the elderly in their own familiar environment with the independence, dignity, and respect they so richly deserve.

This completes my statement. Are there any questions, sir?

Senator CHILES. Yes, sir. I thank you for your statement.

You have been instrumental in successful efforts to have senior centers established, including one in what might be called a rural area. What is the importance of such centers to the least populated parts of this country?

Mr. MORRISON. It provides a common point or a focal point within their area that is within easier or shorter travel distance to them which will provide a multiplicity of services that they need which they are not receiving now. It will provide information concerning medical services, taxes, and insurance. In effect, everything that they need to know or require for their good will be provided for them as soon as we can make a survey to find out just exactly what, at the present time, is the most urgent requirement.

BRING SERVICES CLOSER TO INDIVIDUALS?

Senator CHILES. I was interested in your statement when you said you felt that in many instances we needed to bring the services closer to the individuals. Do you see that as a way of mitigating the transportation problem?

Mr. MORRISON. That is correct. The transportation problem is more difficult to solve for the individual than it is for an organized agency.

Senator CHILES. How many senior centers do you envision that Escambia should have? Now you have one in Century and you have one in Davisville. Is there anything in Walnut Hill?

Mr. MORRISON. I think the nearest thing—John, don't we have a center in Walnut Hill?

Mr. CLARK. No; just Davisville and Century.

Senator CHILES. Is that Cantonment?

Mr. MORRISON. Yes.

Senator CHILES. How many additional ones do you think would be needed?

Mr. MORRISON. At the present time we have nothing in the western area—the central western area such as Warrington. We have some west of Warrington, but we need to spot them, shall we say, in between where we have them now to take care of those people who are too far away from the ones that are in current existence.

Senator CHILES. It struck me, listening to people this morning, that there are an awfully lot of people out there who have no idea of the services that are now available to them in Escambia County. How do we get this information to them? They might as well be denied the services if they don't know that the services are available. Of course they have to be able to get to and from the services, and that is one of the other major problems that we saw this morning—the need for transportation.

Do you think these centers themselves, if they were reasonably spaced apart, would be able to provide sufficient outreach information to the senior citizens? Or do you think that we are going to have to have some sort of program done by your volunteers or others who are actually out census-taking—knocking on some doors and providing information, really determining where the needs are? I know we have the 1970 census, but that becomes old so quickly. I know the centers themselves would provide some help, but do you think they would give you all of the contact that you need?

OFFICE FOR OUTREACH WORKERS

Mr. MORRISON. They could become a focal point for outreach in the surrounding areas; yes. This is one of the things that I envision by the dispersment of these centers where the majority of the services can be performed or provided and would also provide, in effect, an office for outreach workers who can travel out in the countryside and bring the information to the individuals who want it and need it.

Senator CHILES. I understand that a countywide transportation program is now under consideration, but will not devote major attention to the rural parts of Escambia because of the relatively higher cost of serving lightly populated areas. Could not some limited form of scheduled service be established, perhaps on a known demand basis, serving different parts of the county on different days of the week?

Mr. MORRISON. An attempt was made to provide service to Cantonment and Century on a morning and evening basis. The principal users of that form of transportation were CETA employees who had to come into the city to go to work. I am not sure whether that program is still in existence or not, but the cost, of course, was defrayed by the Federal funds under CETA. It was impractical for the transit company to contend with it without such a subsidy and this, in my opinion, is what would be needed to be done in order to extend transportation out into the rural areas.

EXCESSIVE TRANSPORTATION COSTS

Senator CHILES. Well, maybe a regular service would not be utilized enough but, at our meeting in Century this morning, citizen after citizen raised the point of having to pay \$15 to \$20 to get someone to drive them down to Pensacola. One even had to pay \$15 one way to get down here for medical services. It seems that if at the center there could be some kind of service on demand—we were talking about whether the use of the transportation for the congregate meals could be provided. Trying to get some kind of transportation seems to be really a major problem up in the north end of the county.

Mr. MORRISON. It is. I have heard of those excessive costs of transportation to get in for medical care. The problem, as I see it, is the fact that all of the medical appointments are not made for the same time or for the same day.

Senator CHILES. Right.

Mr. MORRISON. This means you are going to have to provide, in effect, daily service several times daily in order to meet those few demands. This, as you know, is extremely expensive.

Senator CHILES. I am sure it is.

Mr. MORRISON. But with the centers established and with the minimum amount of transportation assigned to the center for use, we could possibly bring in enough people into central points throughout the area to make it, shall we say, at least a break-even thing for the public transit system to serve the areas in that way—a feeder system for the public transit system is what I am saying.

Senator CHILES. Well, I thank you very much for your testimony and for your work in this area, Verne.

Mr. MORRISON. Thank you, sir.

Senator CHILES. Our next panel will be a health panel. We will have the mayor of Pensacola, Warren Briggs; Dr. Egbert Anderson, the director of the Santa Rosa County Health Department; and Vera Presley, the regional supervisor of the Escambia County Homemaker Service. If they will come up, we will convene this panel.

Dr. Anderson, do you want to start us off? Do you have a statement that you would like to give? We would be delighted.

STATEMENT OF EGBERT V. ANDERSON, M.D., DIRECTOR, SANTA ROSA COUNTY, FLA., HEALTH DEPARTMENT

Dr. ANDERSON. First I would like to respond to the transportation situation that came up a moment ago because I think that most of the people who could get public transportation would be able to drive, and so forth, as far as getting places is concerned. In other words, transportation is almost going to have to be door to door for the people who are going to really need it. There is that thing of coming into Pensacola for primary care and being here most of the day and then going back. There are some exhaustive changes going to have to be made about some of these all-day affairs, so I think that you have to look at it in this perspective.

My statement that I am going to make is, I hope, going to be thought-provoking, though maybe not exactly what everybody wants to hear. Of course I come as a senior citizen myself.

I am thankful that we are not in the council on aging; this time last year, giving flu vaccines, but we are interested in the health needs of senior citizens and younger citizens—infant citizens—in the rural areas and in the urban areas. As indicated, the needs are pretty much the same, but there are some aspects of the costs involved that I would like to touch on a little.

FAMILY RELATIONSHIP IMPORTANT

The rural culture of America called for large families to till the land and there were very close family ties, but the developing urban culture has reversed this. Still, many of the rural senior citizens have large families who have a desire to care for their own loved ones' needs. This is frequently not true in urban families. In furnishing health or other services, every effort should be made to maintain this family relationship, not defeat it. Support the family—don't try to replace it. I think we are doing too little in helping families take care of their own, as I have seen.

Many rural families have gardens, fruit trees, and pecan trees to improve their dietary intake as compared with the urban elderly.

Senator CHILES. I saw a lot of collard and turnip greens.

Dr. ANDERSON. To say nothing of those good old dried lima beans, and so forth, that have so many root sprouts in them.

Another advantage for the rural area has been the lack of air pollution, as compared with other areas, but in the north end of our county—Santa Rosa—and also in the north end of this county, as I used to ride up to Century and Walnut Hill in the spring, you see a great deal of pollution due to the highly intensive farming that we have, from both chemicals and dust. Every once in a while up around Jay, for instance, it can look like the dust bowl.

Senator CHILES. I have seen that.

Dr. ANDERSON. In Santa Rosa County, the county health department offers home nursing services throughout the county with its nursing staff including five nurses in the Milton Clinic and one each in Jay and Gulf Breeze. They don't like for us to call Jay and Gulf Breeze rural clinics, but they get a little closer to the rural area than Milton does. This service is available to those who need it without regard to ability to pay, as compared to some home nursing services serving only those eligible for medicare.

HOMEMAKERS' SERVICE DEVELOPED

The health department also monitors blood pressure and blood sugar in its clinics and gives shots to the elderly, such as hormone shots. This is all done on the request of physicians and reported to them. In addition to what the health department is doing, the council on aging, as you will probably learn, has developed a homemakers' service where needed and are furnishing some transportation.

The biggest need that we see for the elderly and the not-so-elderly is primary care but, in our opinion, this should come through the private sector and hospitals which already have extensive X-ray and other diagnostic facilities available. Public health, which I represent, is primarily a preventive and surveillance health service and we are not equipped for significant primary care. Yet there are many of the elderly living on noninflated, fixed incomes needing primary care and cannot afford it.

There is a gap between the emergency room service, hospital service, and public health. In other words, the patient who goes to the emergency room is what it says: To take care of primarily heart attacks, automobile accidents, gunshot wounds, and so forth, and not really to look after the common cold or the person who is having some arthritis for the first time and wants to be sure it is not a coronary or something. So we feel that there is need for primary care.

COORDINATION OF HEALTH SERVICES

I might say that in this State, the department of health and rehabilitative services is looking toward the idea of primary care in public health. I am worried about it because public health and primary care have vindicated two separate approaches to health care. I am sometimes confused as I try to get assistance for senior citizens who have health needs. A number of agencies that might be involved in doing something for them—I hope that gradually we get some

coordination with some directing force so that one direct approach can be made to it.

I would say that more and more we are seeing citizens turning to Government for all types of services, and public servants are promising them, but in the same breath all concerned are saying, "No more taxes," and this, it is my impression, is totally impossible. It must be remembered that even if it is not paid for by the recipient, no service can be given without cost. We talk about things that are free, and about the only thing that I know that is free are butterflies.

In summary, there are still problem areas in health services for rural elderly, but in meeting them let's keep things as simple and nonbureaucratic as possible. In addition, let us maintain family strength, not destroy it. Finally, let us accept the fact that services must be funded.

Senator CHILES. Thank you very much, Doctor.

I think before I start asking questions I will hear from all of you and then question you as a panel.

Mrs. Presley, do you have a statement? I was with you a while this morning and delighted to hear your remarks. You didn't get too much time this morning on your homemaker services.

STATEMENT OF VERA PRESLEY, PENSACOLA, FLA., REGIONAL SUPERVISOR, ESCAMBIA COUNTY HOMEMAKER SERVICE

Mrs. PRESLEY. Thank you.

When I took the job a little over 2 years ago in the north end of Escambia County, we had people working approximately seven families—about nine persons. Now we have about 111 that we are working. When I took the job I didn't have enough to keep me busy, so I got out and met some of the older citizens that I knew. I went into their homes and told them about the services and that we need somebody to work, so how about coming to help us. They didn't know about the services. It was fairly new and nobody knew about the services. As it began to be more known, we found more people who really need the services. In fact, we have four green thumb ladies with us today and a CETA lady. If you would like, they can rise and let the congregation see them.

Senator CHILES. We would be glad to have them stand up so we can recognize them. We want to thank you all for the good work. Thank you very much. [Applause.]

Would you explain, so we will have it for our record, how the green thumb program works and how the CETA program works, because I think that is important.

SERVICE WORKERS ESSENTIAL

Mrs. PRESLEY. Well, all I know is the green thumb workers work 24 hours a week and the CETA worker works 40 hours a week. They work just like the rest of us homemakers. They go into the homes and do their housework. As we go into that home we don't see that place as just something that needs to be cleaned up; we see that person as an individual who needs our help. In fact, when one man called me he was weeping on the telephone. He said, "I have got to have some help."

So I went down to see him and got special permission to sit with his wife while he went to buy groceries and pay his bills.

I went in two afternoons a week and stayed 2 to 3 hours while he went and did the things that he had to do, and in 2 months he was altogether a different man. He was able to talk and laugh. When I first went there he was weeping. He was just almost ready for a nervous breakdown. In fact, the doctors and nurses were afraid that he might commit suicide or maybe kill his wife and then commit suicide. So it was a very sad situation and we are proud that we could be of some help to him.

When people come to me or the hospital or nurses—the county health nurses work with us very closely and if they see a situation they think that we can do good, they come and tell me and I go out and interview those people. If they need our services and we can get to them, we do. We are very proud.

Senator CHILES. The services that you are all performing—do you think that they are weakening or strengthening the family?

Mrs. PRESLEY. They are strengthening, very definitely so.

Senator CHILES. I know that in the case we heard earlier it didn't seem there were any other family in the area.

Mrs. PRESLEY. There weren't.

Senator CHILES. Most of the people that you are serving, do they have family in the area who could help them or are they alone?

Mrs. PRESLEY. Some of them do have families, but a lot of them are working. It puts a burden on the family to have to do their own homes and then help their parents or whoever it might be. So that is where we come in. We not only help the individuals when we go into the home, we are also helping the other parts of the family to keep on with their home life. There are some cases that if we didn't go into the home or have somebody who could go into the home, these people would have to be put into a nursing home.

Senator CHILES. Well, I think that becomes very important because we know the expense to the taxpayers if we have to put people in the nursing home, plus what that does to the individual if they don't really need to be given that kind of institutional care—if they had some kind of outside help.

Mrs. PRESLEY. Right.

Senator CHILES. Mayor Briggs, we are delighted to have you here. You have had a great deal of varied experience, having served with me in the legislature at one time, and I know you were interested in these problems back in that day. Having been a very successful businessman and now serving your community as mayor, we are delighted to hear from you on this subject.

STATEMENT OF HON. WARREN M. BRIGGS, MAYOR, PENSACOLA, FLA., AND PRESIDENT, HEALTH CARE FOUNDATION OF BAPTIST HOSPITAL

Mayor BRIGGS. Thank you very much, Senator.

Naturally we are delighted to have you in town and, on behalf of the city of Pensacola, I would like to welcome you here and thank you for coming.

You may know I have spent more time in downtown Century than I ever have in downtown Pensacola.

Senator CHILES. I knew that you got there before I did.

Mayor BRIGGS. That is right. I was never able to be elected mayor in Century, so I eventually moved to Pensacola.

I represent here basically this morning, Senator, the health care foundation of the Baptist Hospital, which is a nonprofit voluntary organization and, needless to say, we work in tandem with the Baptist Hospital and with all other health agencies and hospitals throughout this entire community.

You are going to hear from these nice people and others. You have already heard some of the major problems of the elderly. It seems to me the problems are the same in the rural area, it is just that they are spread out over wider distances in rural areas such as Century, Walnut Hill, and others. There are problems in disability checks not being available in social security for 5 or 6 months.

You are going to hear about the terrible need for dentures, hearing aids, and glasses among elderly citizens. You are going to hear something, of course, about the need for housing. We are trying to do something about that in Pensacola. It is more difficult to do in rural areas, but I think you and Dr. Anderson have touched on the tendency in rural areas to do a better job of looking after people in their own homes, and I think that should be the major emphasis.

OUTREACH FOR MEDICAL SERVICES

I think Dr. Anderson and others have already put the key on the transportation. That is a problem, and I don't mean necessarily transporting people to Pensacola, except where that is necessary. My major thrust here, briefly, is to point out that what we are trying to do in our hospital and through the foundation is to provide outreach specialized medical services going out into the community. It is a lot less expensive for one doctor and one technician and one nurse to go to Warrington, Blountstown, Atmore, or other outlying areas and provide those specialized services there to 25 or 50 people than it is to bring all of those people to Pensacola or to other big medical centers.

Therefore, that is our thrust. We know it works based on what Dr. Anderson and others have already told you about nursing services in the community and about meals-on-wheels. You know how successful it is in Davisville, Century, and those other areas. It is a lot less expensive to take these services and technicians out into the rural areas than it is to bring all of the patients down to hospital facilities in a major center.

Of course, we are doing now, I can just tell you briefly, a lot of cancer specialized work in rural areas. We hold clinics in such areas as Brewton and Atmore, and hopefully in the future at Davisville and Century. It is far easier for them to get to Century, to the north end of the county, than it is down here to town.

Of course, we are a nongovernmental agency; therefore, we don't have to fill out a lot of forms. We are proud of what we do because when we do it, we can do it in a hurry. You know what the bureaucratic and redtape problems can be. We are thankful for the govern-

ment, but we are also thankful that we can help such agencies as the Council on Aging with funds. I think they will tell you we can do it rather quickly. If we go into Brewton or Century and are unable to buy cancer drugs, we simply go to the drug store and buy them, and that is all there is to it. We have the mechanism to determine whether they need them. We need to do much more.

I will close by reemphasizing what Dr. Anderson has said. The closer to home these services and facilities remain, the better off we will all be and the more economical it will be. We need volunteers. We think there is a place for charitable nonprofit organizations in this entire structure. I notice hopefully that the Congress has indicated we will continue to give favorable tax treatment for charitable contributions and we think they can be very helpful. We find an awfully lot of generous people and we hope we are doing our part in the overall structure to help out.

Thank you.

Senator CHILES. Thank you very much, Mayor.

I wonder if you can tell me a little more about the Baptist Hospital Care Foundation and its interest in the homemaker services. Is that just in cancer, or do you have some homemaker services in addition?

ASSISTANCE TO COUNCIL ON AGING

Mayor BRIGGS. No, we are not involved in the homemaker service. What we have done, we have funded the council on aging, John Clark's group, with a small pilot project to help them with matching funds to provide nursing services in the homes, to provide home care to get people out of the hospitals faster and get them home where they can recuperate and recover, which they will do faster at home anyway, and to get out of the horrendous hospital bills.

We are not involved in point-by-point, home-by-home nursing services. The specialized clinics that we have provided have generally been provided in smaller outlying community hospitals, not to supplant the good old family physicians, the general practitioner who is already there, but to help him. We have found those to be eminently successful. Those services could be provided not only in hospitals, presumably, but in various elderly centers throughout the community where that sort of service is involved or required.

Senator CHILES. Can you tell me in addition to the Baptist Hospital and the services that they are providing—and I know that some of the funds, of course, of the county council on aging are coming from contributions from other sources—what are the other churches contributing? Are their efforts just to their congregations or are their efforts outside of that? I certainly agree with you, Doctor, that there are a lot of these areas that Government may be assisting, and we would not be in these areas except for the fact that a vacuum has developed and the whole structure of the way the family was taking care of its own has changed. The church and other charitable foundations changed. All of these changes have left a vacuum in which the only one to do anything was the Government. You are right; that always costs money. I was just trying to find out what other efforts there are. Are they organized?

Mayor BRIGGS. Yes. I should point out that the Baptist Hospital is very ecumenical and nonsectarian. I happen to be an Episcopalian. Of course we are not strictly operating along Baptist lines but the other churches are doing tremendous things in providing facilities and volunteers mainly. We have talked also to churches about help in financing such things as elderly housing. Unfortunately, most churches like mine are limited in funds but they can and do provide facilities, volunteers, and services.

Senator CHILES. I think the volunteers are the greatest help really.

Mayor BRIGGS. We could not operate our hospital without volunteers and no hospital could. You simply have to have the volunteer help. Of course the Council on Aging people have told me many times they could not conceivably operate without volunteers. I think it is going to take more and more volunteer help in all these areas. You nice folks in Government and we as taxpayers cannot afford to do everything that has to be done, so we have to call on volunteers and charitable organizations. They are out there and we have to seek them out and use them properly.

EXPERTISE OF ELDERLY VALUABLE

Senator CHILES. I think Verne mentioned the RSVP program and that appears to me to be a tremendous program because it is really providing two services. It is providing the service to the individual, but it is giving that senior citizen something meaningful to do and it is going to make his or her life fuller. All of those programs can work on that basis. The foster grandparents program certainly is something that we should do. I think we are finding so many times that we cannot afford to lose this wealth of experience and expertise that our senior citizens have; we cannot just put it on the shelf. There is a lot of wisdom there and a lot of judgment; we need to be able to put it to work.

Mayor BRIGGS. Absolutely.

DR. ANDERSON. May I point out one or two little things there? I think this is the greatest revitalization of the individual, just like the homemaker in the home is the best therapy in the sense of giving that family contact from time to time on a much longer basis than our home nursing services do. The opportunity for volunteer work is a big health improver because any of us sitting around doing nothing can think about our troubles, both healthwise and otherwise.

I think there is one other area that I would like to mention about health services, not only to the elderly but to some of the younger people, and that is talking about the churches. One of the Catholic churches in this area has a center where they have recreation and health services; they all make some primary contribution and are doing a very excellent job. The father in charge of this center has been very ecumenical and has approached other churches. One of the largest contributions is to the Catholic mission known as the St. Joseph's Mission, which is a service type of mission entirely, and they have two nights of primary care there available for people.

I would like to emphasize another area that we in public health have and that is what we term a "profile clinic for women," in relation to PAP smears, blood pressure, weight, hemoglobin, and things that have to do with general well-being, in an effort to find and prevent

disease. This is a search program that is carried on consistently and, admittedly, still is underutilized.

Mayor BRIGGS. I mentioned only cancer. We also have eye doctors, cardiac specialists, and radiologists, and some of these doctors at their own expense, and in other cases at the hospital's expense, are equipped with special equipment. Not only can you go out into a community but you can go to the Davisville crossroads and service a person almost at his front door. This has tremendous possibilities of taking medicine to the place where the people need it most.

Senator CHILES. I think it definitely does. I was impressed this morning hearing people tell about the benefits that that provides. Many of the women were saying it was very important to them. They didn't want a handout; they wanted to be able to work. They wanted the pride and the dignity of being able to help someone, but they needed some help. Because of their family situation or other problems, they could not go out and get a full-time job, but they could get in the 24 hours and it provided a great deal of help to their family.

"JOBS MUST BE AVAILABLE"

That just impresses me. We have been trying to wrestle with what do you do with welfare reform—how to try to fix it. You know, it is popular for us as politicians to say we should not give welfare to anyone who won't work who can work, and I have said that many times. If you are going to say that, I think you have to be prepared and have a job ready. Efforts like Green Thumb where it can be 24 hours, where it does not have to be full time for many people because of their families or other problems, look, to me, to be a good guide or a good way in which to work and it is also providing a service that the people need. It is also giving someone a responsibility and a place of dignity so that they can earn funds that they desperately need.

Mrs. PRESLEY. I didn't mention about our 24-hour homemaker. The Green Thumb workers work 24 hours per week, but we also have a 24-hour homemaker that goes into the home when the person stays for 2 weeks, 24 hours a day, and helps those people until they can get on their feet. That is very good because those people just coming out of the hospital need extra care—some of them really need it—and then the homemakers back her up after she leaves, and go in. On an average we go into a home 1 day a week.

Senator CHILES. I am sure that would be responsible for getting a lot of people home out of the hospital. If you had to let them stay there and recover all their strength, they would be spending a lot more days in that hospital bed and incur a lot more expense to them and the Government.

Mrs. PRESLEY. Right.

Dr. ANDERSON. There is one little area that has not been touched on yet that is still of some concern to me, and that is the reliability and assurance in relation to medicare and medicaid as far as the paying organization is concerned, what they do and don't cover, because I think this has a great deal to do with the need for homemaker services and our nursing services. There is so much confusion about what is covered this year as compared with last year and the year before and what is being paid this year as against last year. I want to defend the medical profession just a little, which has run into so much

confusion in relation to this, and it is a reason that many of them will not participate.

FUNDING DEFICIT LIMITS SERVICES

We have just had a letter from our Department of Health and Rehabilitative Service indicating that we are facing a \$20 million debt in this State as far as medicaid is concerned. They go in and cut out certain services that we have been giving, such as the first visit for dental service. If you don't have a good first visit for dental service, you might just as well not have it. I am not a dentist; I am a physician. If you don't get that mouth in reasonably good shape and extract that tooth or fill that tooth, or don't do anything for this child than just that—because all that comes under medicaid for us is the children—if you don't do anything more than that, then you might as well go away with the rest of the dental services.

Out of a clear blue sky there have been so many changes from time to time in what is being paid for on a State or Federal level and how much there is available. I am concerned about this and wish that we could get to something more; I touched on it here. We in the public health with a lot of health services start a patient on care and then when it is very obvious that they are running out of medicare coverage it is our responsibility to be the provider of services through the Blue Cross/Blue Shield, since we are taking this patient off of medicare. Our letter to the patient and to the doctor indicates we will continue to take care of you or your patient as long as home nursing services are needed, whereas there are others who are offering the service that stops at that point.

Senator CHILES. Well, I want to thank you all very much for your appearance. I think your testimony has been very, very valuable.

Mayor BRIGGS. Thank you, Senator.

Senator CHILES. I appreciate the opportunity and I am glad you took your coat off.

Our next panel will be directors of the county councils on aging. We will have Mr. John B. Clark, Ann Spencer, Ruth Lovejoy, Freddy Baker, and Kenneth Kelson, of the Escambia County Commissioners.

Please come up and sit with us, too. We were delighted to see you this morning in Davisville.

We are delighted to have each of you here today. Commissioner Kelson, I will let you lead off.

STATEMENT OF KENNETH KELSON, MEMBER, BOARD OF COMMISSIONERS, ESCAMBIA COUNTY, FLA.

Mr. KELSON. Senator Chiles, I just would like to make a few remarks on behalf of the Escambia Board of County Commissioners. I want to welcome you to our county and to thank you for the opportunity to speak on local problems of older citizens.

Other members of this panel are John B. Clark, Escambia County; Ann Spencer, Santa Rosa County; Ruth Lovejoy, Okaloosa County, and Freddy Baker, Walton County.

Following my remarks Mr. Clark will present a brief statement on behalf of these four agencies. Although I am not familiar with other counties, I can tell you of Escambia County's deep commitment to providing services to its elderly population. Our commitment has

grown over the years so that today a wide range of services are available to this county's elderly citizens. These services include: Meals-on-wheels, transportation, homemakers, congregate meals, volunteer programs, activities programs, a 24-hour homemaker program which is a pilot project for our area, and an outreach program.

Another service soon to be offered to our older citizens is a dental program. Dental care is a great need for our older population living on a fixed income. The board of county commissioners recently appropriated the funds necessary for this program. It is one of the few in the State and we look forward to a successful project and feel justifiably proud of this new program.

While we are fortunate to have these programs available in our area, we know they only meet part of the needs of our older citizens. Like everything else today, they suffer from inadequate funding. However, we are aware that only so much can be done by all levels of government.

I do feel, however, that local programs, such as those represented here, are part of the solution to some of the needs of our elderly citizens. Every area in the Nation and Florida is different. Each local organization must be given a certain flexibility to operate by the Federal Government. Local governments and social service agencies are in the best position to know the needs of its citizens. It is my hope that hearings like this will make people at levels of State and Federal governments aware of our local needs.

Thank you again for this opportunity. I will be glad to answer any questions now or at the conclusion of Mr. Clark's remarks.

Thank you.

Senator CHILES. Thank you very much.

Does the panel have some opening remarks that they would like to make?

John, I notice you have a statement. Is that for the panel?

Mr. CLARK. Yes. This is for the council on aging.

Senator CHILES. Fine.

STATEMENT OF JOHN B. CLARK, EXECUTIVE DIRECTOR, ESCAMBIA COUNTY, FLA., COUNCIL ON AGING, INC.

Mr. CLARK. Those of us on this panel, while admittedly not experts, do represent almost 10 years of service to the elderly citizens of Escambia, Santa Rosa, Okaloosa, and Walton Counties. Thus, while not experts, we can speak with some degree of certainty about the needs of our elderly rural citizens in the four counties represented here today.

But before we proceed any further, let's look at some local statistics. Bill Oriol said if he heard another statistic about the number of older people in the United States he would scream, so we will not do that.

In our four-county area we have approximately 38,069 persons over the age of 60. Some 37 percent of this group are considered below the poverty level—this is over 14,000 persons. There is no way of knowing how many more are at, or near, this level of existence. Obviously, most of our efforts are usually targeted toward this group of elderly citizens who fall into this category. What, then, are the particular needs of this group of citizens?

First of all, let's be realistic and state that there is a commonality of problems existing between the rural and urban elderly citizens. This has been, and continues to be, our experience. There are, of course, some unique problems facing rural elderly citizens, and these will be mentioned. With this in mind, we will now explore some common problem areas.

First. Economic.—Money may be the "root of all evil," but it can also solve a lot of problems. The maximum income for someone receiving supplemental security income—formerly old age assistance—is \$197.80 per month. We are telling these people to exist, not live. In addition, many elderly citizens live on an income which they perceived would be adequate 10 years ago only to find it eroded by ever-increasing inflation.

"THREE MEDICAL SYSTEMS"

Second. Medical.—Without sounding cynical, we must say there exists in our Nation three medical systems: one for the rich, one for the middle class, and one for the poor. While medicare and medicaid are an excellent beginning, they are seriously lacking. Most of the public do not realize that these programs do not cover all the medical costs incurred by an elderly citizen. In fact, it is ironic that the problems which usually affect all of us with increasing age are not covered by medicare or medicaid—that is, eye, ear, and dental care. Thus, individuals in the low-income areas simply are expected to go without. Further, because both programs do not cover all costs incurred, many of our proud elderly citizens will not seek care or, if they do, will neglect other important areas to pay their medical bills. Even to the layman it should be obvious that such a constant worry over medical bills will inevitably lead to other medical problems.

Third. Transportation.—While this area is also a common problem of rural and urban elderly, it is a more extreme problem for elderly persons in a rural area. Transportation often serves as a vital link to services which are available to the elderly person. Without adequate transportation many services would be rendered meaningless. Further, lack of mobility can often lead to increasing isolation which invariably leads, once again, to mental and physical deterioration.

Fourth. Housing.—Although a great number of rural elderly often own their own homes, a reduced income can lead to deterioration of their lifelong homes. Therefore, while many are reluctant to leave these homes, many are in need of assistance in getting home repairs accomplished. True, there are existing programs available for securing low-interest loans, but it is hard to convince an elderly person to go into debt late in their lives.

Fifth. Information.—Oftentimes rural elderly citizens simply do not know of existing services. While it is our duty to see that they are informed and to seek elderly persons in need of services, geographical distances and money oftentimes hinder our efforts.

Sixth. Funding.—Another problem which faces agencies like ours is inadequate Federal funding. Our agencies have, as their overall goal, to help elderly people to remain as active as possible in their own homes. This is best for the elderly person and the taxpayer. It would seem logical to us to spend more funds on programs like ours than the billions being spent placing people in nursing homes. We would

like to also say a word about Federal funds. Too often we hear that local communities should spend more of their own money as opposed to Federal funds. We believe in reminding everyone that Federal funds are taxpayers' funds, and that's us.

PRIORITIES MUST BE EXAMINED

In this brief presentation we have only mentioned a few of the problems facing our rural elderly citizens. Each problem area could, in itself, be an entire separate hearing. We are also fully aware there is no panacea for any problem area. We also know that our resources are not without their limits. But we firmly believe that we must have some priorities. To us on this panel, one of our top priorities must be to provide a decent life—not existence—for our elderly citizens.

That concludes our presentation and we will be glad to answer any questions.

Senator CHILES. Thank you very much.

I would like to start off by noting that while most of the rest of the Nation is divided into area agencies on aging under the Older Americans Act, the Florida Panhandle is not. Instead, you have four county councils represented here, assisted by a regional office of the State Health and Rehabilitative Services Department. What are the advantages of this arrangement?

Mr. CLARK. Well, I think we are in agreement that we do not wish to have an agency on aging here. It is our opinion that this is going to merely add another bureaucratic layer where the district office here can function as an area agency. Mr. Freeman, who is our program supervisor, is here and he might want to comment.

Senator CHILES. We would be delighted to hear from him.

STATEMENT OF S. M. "MIKE" FREEMAN, PENSACOLA, FLA., PROGRAM SUPERVISOR, AGING AND ADULT SERVICES, FLORIDA DEPARTMENT OF HEALTH AND REHABILITATION SERVICES

Mr. FREEMAN. My name is Mike Freeman. I am the program supervisor for aging and adult services. I am a State employee, the regional representative of the State office on aging and adult services of the Florida Department of Health and Rehabilitation Services.

I think I could answer that specific question, Senator, by saying that, like John, I would agree that the way the State of Florida has its aging program set up, with both a district office and an area agency on aging, is, in most cases, probably a duplication and certainly would be in an area like this district, which is small. We suffer some disadvantages, however, by not having an areawide agency. The most obvious is that under the rules and regulations of the Older Americans Act, funds that go to an area that is covered under an area plan can receive funds at a 90-10 ratio; that is, 90 percent Federal and 10 percent local.

Those of us who are in the rural areas of Florida are faced with having to match at 75-25 percent. Thus, we have areas with less resources that have to match at a higher ratio simply because we don't have an areawide agency, which I think does a great injustice to the rural elderly in the State of Florida.

Another area of concern is that the districts covered by an area agency are the ones with the highest concentration of elderly, many of whom seem to be the elderly with the highest level of income. Florida probably has a broader spectrum of income in the elderly than anyplace else in the country. We have an awfully lot of retired millionaires who are eligible, and perhaps quite rightly so, for Older Americans Act funds. The fact remains that because they are highly concentrated they seem to get a greater percentage of the money than those of us in sparsely populated rural areas.

Those specifically are two points of the areawide agency issue.

Senator CHILES. Now that seems to be a tremendous disadvantage if you are talking about 90-10 funds as opposed to 75-25. You are talking about, on the one hand, another layer of bureaucracy, and that certainly makes sense to me, but what is to prevent you calling this council an area agency and getting 90-10 funds and doing things virtually exactly the way you are doing them now? I can't understand.

Mr. FREEMAN. I don't know, sir. That is the way the regulations are written. However, the State of Florida has the Older Americans Act funds and has asked if its district offices could qualify as area agencies, and we were told that would not happen.

Senator CHILES. I understand that. I am not talking about your district offices.

Mr. FREEMAN. Each individual council be an area agency?

Senator CHILES. You have a council in four counties now.

STATEMENT OF RUTH LOVEJOY, VALPARAISO, FLA., EXECUTIVE DIRECTOR, OKALOOSA COUNTY COUNCIL ON AGING

Miss LOVEJOY. We get so little money that really a 75-25 is not that much different from the 90-10. When you are talking about matching \$43,154, that is supposed to take care of a whole county. You know, 90-10 is not going to make that much difference. We are matching 50-50 right now with the Federal money simply because we are not getting adequate funds.

Miss SPENCER. So are we.

Senator CHILES. So what you mean, even though you are getting 75 percent of the funds, you are matching 50-50?

Miss SPENCER. We are matching 50-50 rather than 75-25.

Miss LOVEJOY. Because there are not adequate funds.

Senator CHILES. How much difference are you talking about with the Federal funds, whether it be 75 percent or not?

Mr. CLARK. We are allocated a number of Federal dollars and even if we came up with \$1 million in Federal funds—

Miss SPENCER. This district is allocated just so much money and we fight over it.

Senator CHILES. You mean you are allocated so much money—

Miss SPENCER. For the district, and then it is allocated per county.

Senator CHILES. That does not change, that total figure?

Miss SPENCER. No.

Mr. CLARK. It is based on population.

Senator CHILES. So you are utilizing your Federal money?

Mr. CLARK. Yes.

Senator CHILES. All right. I understand.

Then your biggest problem is the way this formula is set up, based on population with no special emphasis in there for rural areas?

TRANSPORTATION STILL A PROBLEM

Miss SPENCER. Right. It takes more money to operate services in a rural county or in an area where you have a high concentration bill or much more money because the transportation, I would say, is the primary problem in a rural county. It is one of the highest costs of services that we have.

Miss LOVEJOY. There is another point that I would like to address because I think if we go away from here with the impression that the extended family is still a viable unit, then we have deluded ourselves for several reasons. At least in our county, the one thing we need to look at when we talk about extended family is when we are talking about a 90-year-old parent, we are talking about a 70-year-old child in many cases.

Something that Mrs. Presley addressed that I thought was very important was the fact that many times when you have elderly parents and a nuclear father and mother spending so much energy trying to keep up with the pace of inflation today, then you really are putting stress on the nuclear family.

What we are finding, also, in our county, is we have a lot of parents who have come here to be with one child, because in our county we have 25 percent of the population moving each year. So one child, then, has to absorb all of the care for the elderly person. While they are in good health, this is fine. When the health fails and the demands are greater, then the stress is greater upon the family. I think the day of the extended family, if we are going to depend on that, in reality, has really passed.

Miss SPENCER. You also find in Florida a lot of the elderly are retiring here. They are retiring away from families, not to them, so it does not leave any family here to take care of them. Years ago when we took care of our own elderly, everything was fine. Now if everybody still took care of their own, there would not be any need for us, for an Older Americans Act, or for all these Federal funds. As Ruth said, we are kidding ourselves. It is no longer possible for families to take care of their elderly, and we are going to have to do it.

Senator CHILES. In many instances I think that is true. That is not true in all instances.

Miss SPENCER. No; it isn't.

Senator CHILES. I hope we don't have to take care of them. I hope people still feel responsibility to their families, as I think they should, but I would agree with you in many instances.

Miss LOVEJOY. I don't think that the sense of responsibility has left—I think that is still there—but what we are finding with the average person today is to try to keep up with what is happening, to try to keep up with the escalation in costs. I think it is difficult enough to maintain a family, and then if the additional responsibility of the parent is put on that family, it is really more than the average family can bear.

Senator CHILES. How big a problem is the high cost of utilities in each of your counties?

UTILITY COSTS CREATE HARDSHIPS

Miss SPENCER. It is terrible. These people will go without food before they will let their utilities go. They are of the age group that you pay your bills before you use money for anything else. This is not true so much in the younger generation today, but they are so honorable that when a bill comes in from a utility company—I don't care what it is, and they have been pretty darn high lately—if they pay them, there is no money for food stamps or no money for food of any kind. Especially over in Santa Rosa County, there is no such thing as a new dress or a new shirt or a new pair of pants; it is just unheard of because they can barely exist on their income to pay their bills, especially if they are retired—and to have a little extra for grocery money. There is no such thing as the luxury of new clothes to wear.

Senator CHILES. That is true in all the areas across here, I guess; that we are talking about.

Miss LOVEJOY. I think ours keep our thrift shops very busy.

Another thing that occurred to me while Ann was talking was the fact that, although the funding level has not increased in the past 3 years, we are faced with an increase. Now we are faced with the minimum wage which is a tremendous jump for us. We are faced with an inordinate cost for workmen's compensation insurance. Everything has escalated so, but our level of funding has remained the same from the Federal sources.

Miss SPENCER. The idea of the Older Americans Act is to fund, especially for title III, for a 3-year period, and then your local government picks it up. My local government is already funding. I get more from my local government than I get from Federal title III and the State title III put together, and every year they have given me more and more. Now there is no way.

Our population in Santa Rosa County since 1970 has grown by one-third and a lot of this is elderly. There is no way for the council on aging to continue without more Federal funds. We cannot keep going back and asking for more and more money locally. There is just not enough money.

Senator CHILES. I was asking one of the earlier panels about the needs assessment, the process of census taking to really determine how much of the needs of the elderly are clearly identified. Do you feel like that is done in your counties, or is there a new format?

Miss SPENCER. I added a Green Thumb outreach worker to my staff, one in Gulf Breeze just recently, but there is no plan to open sites up there. The Green Thumb workers—there is no way to open up sites because they are staffed by Green Thumb.

GREEN THUMB WORKERS ESSENTIAL

In the Jay area one lady, working 24 hours a week, in less than 2 weeks' time brought in over 100 new people over 60 who had never heard of our program. One working in Gulf Breeze brought in close to 60. So with an average like that, of course, without the Green Thumb workers I could not have done it at all. We are finding more and more that this is the only way I feel I can do the needs assessment, which is just by outreach like that—to go into their homes and find out. All

of them will report to the council on aging, especially when they find out our services.

Senator CHILES. Tell me something. Your dental program is going into effect in January, did you say, Commissioner?

Mr. KELSON. Yes, sir. We hope to get it started quite a bit earlier. It has been worked out, and we are working jointly to get this program underway.

Senator CHILES. What is the cost of that going to be to the county?

Mr. KELSON. We put up \$78,000 to start the program off. That is in this year's budget. We took the figures that were presented from the health department staff and the university staff.

Senator CHILES. How are you going to deliver the services?

Mr. KELSON. Well, we have a dental clinic here now that operates, and the university hospital also has a dental clinic. With a lot of volunteer dentists—we have to go back to the volunteers—we hope to get this program running smoothly in the next month or so.

Senator CHILES. I know it is going to serve a real need, and I will be interested in seeing how that progresses.

Mr. KELSON. Yes, sir, this is one of the needs we didn't have funds available to take care of the elderly as far as dentures are concerned.

Senator CHILES. Do you have some members from your other counties that you would like to introduce?

Miss SPENCER. Yes; my chairman of the board from the council on aging is here—Rev. Sidney N. Harris. He and his wife are here.

Senator CHILES. Please stand up. We are delighted to have you here today.

Miss LOVEJOY. I have my director and coordinator. I also have with me Mr. Varn, who has been doing a magnificent job with us.

Miss SPENCER. You met Dr. Anderson.

Senator CHILES. Yes.

Mr. CLARK. I have two individuals whom I would like to ask if they could give a brief statement: Miss Evelyn Weller, who is a member of our board of directors and retired social work educator, and Rev. Brown.

Senator CHILES. Would you come up. Rev. Brown and Miss Weller?

STATEMENT OF EVELYN WELLER, PENSACOLA, FLA.

Miss WELLER. There have been many things said and perhaps even the Senator himself is weary, I can tell, because I have already been told he has been going since early this morning. I have been doing volunteer work at the council on aging since 10 o'clock this morning.

I would like to point out I am very concerned. I am a social worker. I was with the Department of Health, Education, and Welfare in Washington for many years. I did research and training in the field of aging.

I would say that we do not really know the facts. We keep saying the people must look after the older members of their families. I would like to suggest that we really familiarize ourselves and then report again to you on the living arrangements of the people. For

example, we may have several generation famines and there are not enough bedrooms. There are two bedrooms and maybe there are four or five people of different ages and sexes. I also startled somebody by saying I could speak with some confidence on the metropolitan area of Pensacola and some of the counties, including Walton County—I am certain there are people who do not know what indoor plumbing is, or have inadequate facilities.

Now, you see, when we say the people in the families will take care of their elderly, we perhaps really think this would be easier than it really is. I suggest that all of you who are reasonably comfortably well off, when you get under your electric blanket on a cold, rainy night and have music or whatever, please think about the fellow who has to keep the pan under the roof to keep out the rain and does not have sufficient covers, and so forth. I think that is enough, but I could go on and on. I am very concerned.

Senator CHILES. Thank you, ma'am.

Reverend Brown.

Reverend BROWN. Thank you, Senator Chiles. We are very happy to have you in our community.

Senator CHILES. Thank you, sir, I am glad to be here.

STATEMENT OF REV. LEWIS BROWN, PENSACOLA, FLA.

Reverend BROWN. I am glad to have this opportunity to say something about the retired senior volunteer program.

I am a retired employee of the State of Florida. I am pastor of the Mt. Zion Primative Baptist Church and also am a clerical helper.

I would just like to say in this program this afternoon, I think it is one of the best that could happen in this country. Sometimes we sit around home twiddling our fingers and not doing anything, and we get old and stiff. I can speak for myself. I sat around home. I have had three major operations. I had an amputation and two operations. Sitting around home I began to get stiff and didn't feel like doing anything, but when RSVP came along I decided to volunteer. I volunteered in the program and I am really enjoying it.

I am a teacher in the library. I help the children with their reading and writing. I do this 3 days a week. I find that my health is better and I just feel better. My health is just better doing these things. I would just like to see that this program is continued.

PROGRAM EXTENSION DESIRED

I would like, if it is possible, that more money be put into this program that would help more senior citizens. The longer we sit around home, the stiffer we get. I just would like to see everybody get out and make yourselves active in this program. It is something wonderful, and if you don't believe it, just get started in it and you will find that it is.

It kind of reminds me of the time I was going to school. You know, I am just an old country boy. I used to sit around outside the school and wait for the teacher to come and all the children would run up to greet her. That is the way it is when I get to the school every morning—the children will be waiting for me to go in and go to the classroom with me. We sit down and when 12 o'clock comes they say,

"Are you going to sit with us, Reverend, at the dinner table?" I say: "It is impossible to be with all of you, but I will tell you what. I will sit with this group today and that group tomorrow and that group the next day." That is what I am enjoying and I just think it is a wonderful program. I think John Clark and John McGregor should receive a great hand or round of applause for doing a great job in this council on aging. As I close I am going to ask everyone to stand and give them a great hand.

Thank you.

[Standing ovation and applause.]

Senator CHILES. Thank you.

Reverend Brown, I want to thank you very much. If you got any more geared up, I don't know if we could stand it. I would have to get a marshal in here to clear the room or something. We are delighted to see the enthusiasm with which you express it.

Let me say this is one reason that I think a hearing like this becomes very, very valuable to me. You can sit in Washington and listen to people come up with the numbers and the percentages and the facts and figures for weeks at a time and not get a feel for a program that you can when you hear someone like Reverend Brown come up and give a little testimony. That is, I think, what we really need to do to try to understand these programs.

Miss SPENCER. That is what makes our jobs worthwhile—worth all the fighting and screaming and yelling.

We have a couple of ladies here that are representing the Green Thumb office in Jacksonville for this area: Billie Deleгол and Laura Caldwell sitting right down here.

Senator CHILES. Thank you. We will be glad to hear from you.

**STATEMENT OF LAURA CALDWELL, DE FUNIAK SPRINGS, FLA.,
TECHNICAL COUNSELOR, FLORIDA GREEN THUMB PROGRAM**

Mrs. CALDWELL. Thank you, Ann.

We certainly do appreciate the opportunity to speak for Florida Green Thumb. We have heard some real complimentary reports about our Green Thumb workers this morning.

I am Laura Caldwell, technical counselor for Florida Green Thumb. I think that the panel—John, Ann, and Ruth—have told the story accurately about our counties. I would like to put in a plug for the homemakers. I think it is one of the most valuable programs for the future because every word that they said is true. I have directed a homemaker program and I know of what I speak. Also, I directed a congregate meals program.

Senior citizens are a lot better off now than they have been, but we are just scratching the surface. They—the panel—pointed out that there are so many people needing services that their needs are not being met at this time.

Green Thumb is a public service employment and training program for low-income persons over the age of 55. These persons are, in turn, assigned to agencies such as the council on aging which, it has been pointed out, is certainly helping them to carry out their program better. They would not be able to do some of the things that they are doing if it were not for Florida Green Thumb.

We wish the program was larger. We know there are a lot more people who really need jobs. Twenty-four hours a week is just about all that they want to work. One person in our office told me she was receiving welfare, but since she has come on the Green Thumb program she no longer has to receive it. She did not like to receive welfare; she has regained her dignity.

Ms. Delegol.

STATEMENT OF BILLIE R. DELEGOL, DE FUNIAK SPRINGS, FLA.

Ms. DELEGOL. My name is Billie Delegol, Senator.

We have at least 16 people working in each county and we have over 16 people working in Walton County. We give workers to those agencies that need them.

One of the things about the councils on aging is the limited budgets in Walton County. The Walton County Council on Aging is in need of homemakers. The Green Thumbers are the homemakers.

In Jackson County, we have four people working as homemakers on the Green Thumb program. The program has meant a lot to these people. To some of them it even means extended life. They have made that statement.

Senator CHILES. Thank you very much.

Mr. KELSON. I would like to introduce Commissioner Lancaster.

Senator CHILES. He has already given me some information up at Davisville this morning, so he has been on the job.

Do you have other people to introduce?

Thank you very much for your appearance here today. We enjoyed very much having your testimony.

Miss SPENCER. Thank you.

Mr. KELSON. Thank you.

Senator CHILES. We have just a few minutes left if some of you out there have some information you want to give me in regard to these programs.

STATEMENT OF STELLA HYMEL, PENSACOLA, FLA.

Mrs. HYMEL. Stella Hymel. I would like to ask a question. When you try to pay your doctor bills when they are due or when you go to the doctor's office and they are supposed to send the claim in but they wait 5 or 6 months while your money is being tied up, what can you do about it?

Senator CHILES. Now you are talking about from the time that they send in the claim, they take your money, but then they wait this period of time before they send in the claim.

Mrs. HYMEL. Right.

Senator CHILES. Well, this is one of the things I think we try to work on and try to see that those claims are processed. I wish I had an answer for you. I don't know what else you can do because when we jump on the doctors too much and they quit the program, then you are almost having to pay cash to start with.

We have to reduce some of the redtape so that there is not this problem. As some of the doctors will tell you. "I am spending more of my time and my nurse's time in filling out forms and I should be treating people." I think they have got a valid point. So I think part of

it is we have to simplify the procedures—make them a lot more simple so that the doctors will be encouraged to go on and get that in sooner.

Mrs. HYMEL. Some of them send it in right away, but some of them don't.

Senator CHILES. I am sorry I cannot give you a good answer to that. Yes, sir.

STATEMENT OF JEWELL P. GILMORE, PENSACOLA, FLA.

Mr. GILMORE. Jewell P. Gilmore, Pensacola.

Senator, I have a few words from my wife and myself on behalf of the Escambia County Council on Aging. We are participants of the congregate meals program. There are 10 units under the supervision of Mrs. Fowler and we go to unit 9 at the Whitfield Memorial Baptist Church. Before we started last February, my wife and I had been ill for some time. My wife had lost her appetite completely—losing 40 pounds and her energy. I was depressed and did not eat a balanced meal.

Since going to congregate meals and having well-balanced meals and wonderful fellowship, my wife has gained 15 pounds and is able to participate in activities; and we are much better physically. Others have been helped also.

Ms. Escabor is in charge of recreation for all units. They find interesting things to do for the senior citizens and places to go, such as fish fries, pizza parties, square dance parties, fiesta time, steak dinners, and so forth. Mr. McGregor is in charge of the retired seniors volunteer program in which we participate in numerous projects. The council helps the senior citizens and we really enjoy participating in everything. We try our best.

Senator CHILES. Thank you very much.

In addition to having a meal, you said something about being able to meet other people.

Mr. GILMORE. Yes, sir. That is the best part.

Senator CHILES. Tell me what takes place or what kind of social activities are involved.

RECREATIONAL ACTIVITIES CITED

Mr. GILMORE. Well, we are glad to see one another. If someone gets sick—I was in the hospital and about six came to see me. I don't know how many cards I got. Every time Mrs. Walker, manager of unit 9, knows that somebody is sick and is in the hospital, she gets a card and all of us sign the card. We play dominos and we have a bowling team.

Senator CHILES. So you have developed a fellowship with the people there.

Mr. GILMORE. Yes, sir. We are not Baptists, but the Baptist people who do belong to that church could not be any nicer to us. There are lots of different religious people who go there.

It is a nice clean place. Let me tell you something. I don't believe you find this at any of these other units. We were all remembered on holidays. For Easter when we got there—the Friday before Easter,

the tables were all covered with white tablecloths and had live ivy vines down the middle with Easter eggs all mingled in it. We had yellow placemats with decorations on them and the little Easter baskets with eggs and all. Each one received a basket and could take it home. It makes you think, well, we are not just thrown away. We are both in our 70's and most all of our friends who we knew all our lives are already gone on and we didn't have many friends. Our son and grandchildren live away from here. It has just been wonderful for us.

Senator CHILES. It has given you a new purpose for life.

Mr. GILMORE. Yes.

Senator CHILES. Thank you for sharing that with us.

Mr. GILMORE. Something else that I guess you might like to know? There was almost \$1 million worth of Picasso art on display at the Pensacola Art Center and they needed help to watch it. They had deputy sheriffs on duty 24 hours a day. My wife and I went down and kept a protective watch and mingled with the people to see that nothing was damaged. We spent three afternoons down there. We did not care for that type of art, but we enjoyed being with the people. [Laughter.]

Thank you very much.

Senator CHILES. Thank you, sir.

Mr. SMITH. Senator, my name is Frederick Smith.

I was not going to say anything. However, Commissioner Kelson, when he made his report, mentioned the dental program and there was a very important area in there that he forgot to mention. That is, there was an attempt made by the council on aging through the work of John Clark and the health department here to have two very fine dentists come up with a plan to cover a gray area in the dental care for the aged, and this is what it is. In the medicare and medicaid program, there is no way for a person to get \$100 a month to get replacement of dentures or to have teeth pulled and have about \$2,000 worth of work done.

This plan was conceived with the idea in mind to make it possible to get some false teeth at a very reasonable price or what they could afford to pay, and that is the gray area that is taken care of by the elderly, because there is no way for a person making \$100 a month to pay \$250 or \$1,000 on the open market to the dental office to have dental care. I want to bring that to your attention. This was just funded last Thursday and the county commissioners, God bless their hearts, they put it through.

Senator CHILES. Thank you very much.

STATEMENT OF HERMAN A. BENECKE, PENSACOLA, FLA.

Mr. BENECKE. My name is Herman A. Benecke and I represent the American Association of Retired People. Our chapter has approximately 600 members here. I want to thank you for letting me talk here.

We have also gotten some replies from you, Senator, on previous legislation that we have been in contact with you on and we want to thank you and your staff for your assistance and quick replies.

Helping the elderly is, of course, our purpose. In our organization we have numerous members who are concerned with all of these pro-

grams, such as the expert mentioned over here, and I won't talk on that; I will be very brief. We could help these people a great deal. Some of them have even gotten their last year's heating bill paid. They are going to freeze again this year by being unable to pay their electric bills.

The energy bill had a provision that the rate structure of the power companies is all wrong. The little fellow that uses a few kilowatt hours pays the higher rate and the others—the more well to do—pay the lower rate. Now why can't we get a lower rate? I know that you have not gone into this particular situation—I don't mean you personally, but the Senate. You have let it be a job of the State legislature. Well, that is fine. The State legislature will do this, but if you get some guidelines for the State legislature, that would help. Don't you reckon it would?

Senator CHILES. Yes, sir. Let me give you a kind of—

Mr. BENECKE. I have three matters.

Senator CHILES. I might forget. Let me reply on this one. I will forget quicker than you will, I think.

On the rate provision an amendment went in the Senate version of the bill that would have required the lowest rate to be given to elderly people. That did not survive the conference. Now I am not on the conference between the House and the Senate, but I have been reading, of course, as you have, and keeping up.

ENERGY USE IN "OFF-HOURS"

I think the reason that it didn't is this. When they tried to determine what the effect of this would be, if you try to make a national law, there would be exceptions that you had to have a lower rate, and they ran into the problem that the power companies do try to get big industry to use power. They give them a special rate if they are using the power, say, from 2 in the morning when there is no load, when nobody else is up, and when you still have your generators working. At that time you have a great deal of excess power.

So in some of those interrupted rates, they call them, you are trying to encourage factories and others that are big power users to use that, so you want to give them a lower rate. Well, if you have to give the lowest rate below that to people over 65, then you just lose the ability of trying to do that with interrupted rates.

I think what they did, they said every State must come up with a plan showing that they are trying to effect this. Now Florida is already experimenting. I know they are in south Florida. They already have an experiment trying to see about giving the lowest rate, so I think there is going to be something in the bill in that regard.

Mr. BENECKE. Then we have another bill before the House that they are acting upon right now, when you go back into session—and I think you go back into session the first of March—

Senator CHILES. No; we go back in January, I am afraid.

Mr. BENECKE. Oh, I see. This is the hospital cost containment bill.

Senator CHILES. Yes, sir.

Mr. BENECKE. This is catastrophic in some cases. We have people who have spent all their money, and of course they have a little money saved for old age—a great many of us. We are all aged. Now they are

getting an illness and they are going to the poorhouse, and this is a fact. We should do something on this.

Senator CHILES. I agree with you.

Mr. BENECKE. Here we are going up approximately 15 percent in hospital costs each year and the little pension that people are getting—3, 4, 5 percent. Take the teachers, for instance, or anybody else who is on the pension system. There is another thing that we should go into. We would sure appreciate it if you would not only vote to work and manipulate it—and it is a lot of manipulation, isn't it?

I have one more item and I want to be brief. The retirement income credit affects a great many of these people who are sitting right over here. This is for a retired woman filing a joint return—\$4,500. Well, this is in the present bill but the bill is not linked by order; that is not before you at the present time. This is a bill that would also strictly affect all of these people—the aged—which we care for. We care for the elderly.

Senator CHILES. You are talking about the amount that you can earn without being penalized and drawing social security?

Mr. BENECKE. This is the amount that you get credit for that comes off the income taxes. It is nontaxable, yes.

PROVISIONS OF BILL EXPLAINED

Senator CHILES. Well, there are two versions of that in the new social security bill. The House took the limit off entirely so that there would be no limitation on the amount that you could earn. The Senate provision, as it came out, raised the earning limit to \$4,500 initially and then it would go within—it is \$4,500 in 1979 and then it goes to \$6,000 the following year.

I voted for the Senate version and the reason I did is that the majority of the people, especially, who are being penalized are earning considerably below \$6,000 a year. To give complete freedom over \$6,000 a year with there being no penalty would allow a lot of people of great wealth to receive benefits; it would take money away from the system that could be used to provide those eyeglasses and those dentures and those other things that we are trying to do. So I hope that the Senate version will come out of the conference and will be closer to that and would allow you to earn \$4,500 next year and up to \$6,000 thereafter, without any penalty, and there would be a penalty over \$6,000.

Mr. BENECKE. Thank you again, Senator.

Senator CHILES. Yes, sir.

I will take you two and then I will have to finish. I have to go catch an airplane here in a minute.

STATEMENT OF REV. GEORGE L. MILLER, PENSACOLA, FLA.

Reverend MILLER. I am Rev. George Miller, chaplain of the Pensacola, Fla., chapter 364 of the AARP.

When you speak about this inverted rate structure on utilities, I ask the Senator and others to give it support, especially for the elderly. I would like to speak about one other thing because I was missionary-at-large here locally and I had this long-term obligation for 7 years. I know what poverty is.

A helpful thing and a necessary thing is legislation to control the exorbitant charges for funerals, caskets, and so forth. A lady called me up saying she had to pay \$1,600 for a casket and you can imagine what that does to poor bereaved persons.

Both at the Federal and the State level some controls should be made. To this end it would be helpful also to encourage the elderly and others in and close to the poverty level to join the funeral and memorial societies which are nonprofit organizations asking only a once in a lifetime fee of maybe \$10 or \$15. The officers in the societies make contact with the funeral directors for hundreds and sometimes thousands of people which belong to these societies receiving sizable discounts from \$500 to \$600 and even 50 percent of the cost of the funeral, which is more than \$2,000 on the average today for a dignified and simple service at the time of death, when relatives are so vulnerable and are liable to give in to the funeral directors at any price.

Therefore, I would recommend that specific regulations, as a helpful and lovable gesture, be put into law to control some of the gouging at a time when people are vulnerable.

STATEMENT OF FELIX MIGA, PENSACOLA, FLA.

Mr. MIGA. My name is Felix Miga. I am with the retired volunteers and, before I lose the mike, I would like to refer back to experience. One, why these programs should be re-funded this coming year. The main reason is that our administrators have gone through the process of learning in the last 3 years, and they have learned an awfully lot. I guess what I mean to say, they are expanding faster than the funding is coming to us.

I wish to thank the audience. I am in favor of what Reverend Brown and Mr. Morrison do in addition to what they have to say, but I do want to recommend one thing: that our administrators have learned an awfully lot and they are giving us the benefit of their learning.

Senator CHILES. Thank you all very much. Thank all of you for your attendance here.

We will recess our hearings at this time.

[Whereupon, at 4:07 p.m., the hearing adjourned.]

INFORMAL DISCUSSIONS PRECEDING HEARING

CENTURY, FLA., MEETING

The meeting convened at 9:35 a.m., at the Century Community Center, Hon. Lawton Chiles presiding.

Present: Senator Chiles.

Also present: William E. Oriol, staff director; Thomas D. Woodbery, legislative assistant to Senator Chiles; Boley Johnson, district representative for Senator Chiles; and Patricia G. Oriol, chief clerk.

Mrs. CARTER. May I have your attention, please. My name is Carrie Carter, and I am director of the Century Neighborhood Community Center.

We are so happy to see all of you present here this morning for our meeting. We are quite honored today to have some people who are interested in helping us to help you, and for this we are grateful. I would like to introduce to you U.S. Senator Chiles.

Senator, these are some of the people of the community, the north end of the county.

Now, Senator Chiles.

Senator CHILES. Thank you very much, Mrs. Carter.

I am glad to have a chance to be here with you today. The Senate Committee on Aging, of which I am a member, is holding hearings on problems of our rural elderly. I thought one of the best places to find out about those problems really was to get out of the city and get to where some of the rural areas are.

Century is the place that is dear to my heart, because when I was first trying to get to the U.S. Senate I started on a little walk across the State. No one knew what my name was or anything, and I thought maybe the best way to get acquainted with the people was to start up on the Florida-Alabama line and walk to the Florida Keys so I could get people to know who I was. So I started out on the highway out by Mr. Mamie's restaurant before it burned down. I started walking there and I didn't stop until I got into the Florida Keys below Miami. I remember a lot of the people I met in Century on that walk, and a lot of the people who told me they had problems—especially some rural elderly problems. It looks like some of those problems really have not changed and we are going to do something about them.

I really didn't come here to make any speech to you all this morning, I want to hear from you. We want to take a record of this so we will have it for our hearings and so we can see what kind of bills or laws we need to pass to try to work on the problems. I would appreciate it very much if you would all share with me what you see as the major things that are handicapping our elderly citizens.

Unless we can find out what the major problems are, we cannot shape a program or try to shape a program to do something about it.

So I really want to thank you, Mrs. Carter, and your staff for making this possible, and I want to thank each of you all for coming out today.

We are going to have just about 1 hour here and then we are going to move on over to Davisville and then down into Pensacola later this afternoon.

Who wants to start off now and just try to share with me some of the concerns or problems that you have?

Yes, sir.

Mr. HAYNES. I have a personal problem and my problem is hearing.

Senator CHILES. Give us your name.

Mr. HAYNES. Rayfield Haynes. R. F. Haynes is the way I sign.

I have a personal problem with hearing. The Beltone people came up and recommended a set for me—\$900 and some. I am on the low income and so I need aid fast. If there is any way you can help me along that line, I would be very much pleased.

Senator CHILES. All right. Right now are you on medicare or medicaid?

Mr. HAYNES. I am on medicare, not medicaid.

Senator CHILES. You are on medicare.

Mr. HAYNES. Yes.

Senator CHILES. You don't qualify for medicaid?

Mr. HAYNES. No. I have tried, but they say I get too much money—\$300.

Senator CHILES. Your income is still too high to help on that?

Mr. HAYNES. Yes.

Senator CHILES. All right, sir. We will try to see what we can do with that.

Who else now? If you will give your name.

Mrs. ESPIE. My name is Genevieve Espie and my address is P.O. Box 152, Century.

My biggest problem is getting around. You know, I don't see and need someone to help me go to the store, make meals, and things like that. So that is my problem.

Senator CHILES. You live here in Century?

Mrs. ESPIE. I live here in Century, yes.

Senator CHILES. Is there any kind of transportation that is provided through the rural programs now that you can use?

Mrs. ESPIE. Most of the time I get some transportation. I have to pay \$2 taxi fare to and from home for wherever I have to go and if I have to make any other stop they charge extra for that. So my biggest complaint is getting around.

Senator CHILES. It is primarily to get to the store and it is also for medical treatment?

Mrs. ESPIE. Well, I don't have too much complaint on medical treatment. I need dental work done, but I don't have too much to worry about as of now.

Senator CHILES. Thank you.

Mrs. CARTER. Senator, may I, please? I would like to bring this to the attention of our citizens here this morning. Our main concern here is to talk about the needs of the people in this community. It has been said that we would talk on the need for a transportation line. There is a great need for transportation in this north end of the county.

There is the high cost of medical bills, dental care, and all of this. We are in great need of things of this nature. This program for the elderly is very important to us and it has done a lot for us, but we

need money to keep this program going for the elderly. A lot has been done, but there is a lot that needs to be done for the people.

As a VISTA volunteer in this area for the last 3 years, I have found out that the need is really great. We need low-cost medical, low-cost doctors and prescriptions. Transportation is badly needed in this area. These are some of the things that we really need to work on.

Senator CHILES. Is the county setting up a transportation system for older Americans?

Mrs. CARTER. Not really, sir. We have outreach workers here in the program and at one time they were providing transportation or gas mileage for the girls to do some of the transporting of the people. But now they do not do that and it hindered our program quite a bit when they had to cut out the mileage for the outreach workers to transport the people in and about. A lot of the people here need to go in to Pensacola to the doctors' offices and to the hospitals and we just don't have the transportation with the high cost of gas. We don't have the means to take them in.

Senator CHILES. Tell me about your homemaker services.

Mrs. CARTER. The homemaker services have done a good job in this community, but we need more.

Senator CHILES. How many homemakers do you have?

Mrs. CARTER. Mrs. Presley, how many?

Mrs. PRESLEY.¹ We have four Green Thumb workers who work 24 hours a week each, they have one CETA program that works 40 hours a week, and then myself; I work 40 hours. Then we have one 24-hour homemaker who goes into the homes and works for 2 weeks when the person gets out of the hospital.

Senator CHILES. How much of the demand would you say you are meeting? How many people are you able to serve and what do you think the need is out there that you are not able to serve?

Mrs. PRESLEY. We are serving now 111 people in the north end of the county.

Senator CHILES. Excuse me for interrupting you, but what services are you providing for them now?

Mrs. PRESLEY. We go into their homes and clean their houses. One of their problems is they are lonely. They have a loneliness problem and we go in and clean their house, but as we go into that home we see that house that is in need of cleaning but we also see that person as an individual who has needs. We try to meet every need; not just the cleaning of the house but that personal need they have, such as loneliness or somebody to listen to their problems and somebody to sympathize with them. Whatever their need is, we try to meet that need, but we are not able to transport these people. They do need transportation. They need someone to pick up their staples, go to the doctor for appointments, and go buy the groceries and pay their bills. We need as many more homemakers as we have now.

Senator CHILES. Would you say you are serving over 100?

Mrs. PRESLEY. One hundred and eleven people.

Senator CHILES. Do you have any idea whether that is all of the people that need homemaker service?

Mrs. PRESLEY. No; that is not enough. I doubt if that is even half of it.

Mrs. CARTER. That is right.

¹ See later testimony by Mrs. Presley, page 1257.

Mrs. PRESLEY. Almost every day we get another call to go out and see about someone else, but we are pushing our homemakers now almost beyond their ability to do what needs to be done in the homes. Yet when somebody calls and says that they are in desperate need, I will go out and check with them and sometimes we really find that something needs to be done. We try, but it is pushing our homemakers beyond their ability.

Mrs. CARTER. That is right.

Senator CHILES. Now you are not able to take these people to the grocery store; you are just providing sort of an inhome service.

Mrs. PRESLEY. That is right. We don't have the transportation. We are not allowed to transport them from place to place.

Mrs. CARTER. And we need that.

Mrs. PRESLEY. We are just in the home to do the work in the home, and they also need a maintenance man. We need somebody to maintain these homes and to do repairs. That is the need in the north end of the county.

Also, we find a lot of lack of ability to pay their medical bills. It cut them short on their food and the other things that they need to pay their medical bills.

Senator CHILES. If you see a home that is in need of repair, what do you do with that? How do you refer that? Do you give this information to someone now?

Mrs. PRESLEY. I usually come to Mrs. Carter and tell her about it. The ones they have here are the only ones we have, but over in the western part of the county there is no one over there.

Senator CHILES. There is no one over there?

Mrs. PRESLEY. No one to do the maintenance work. Up until we got the green thumb workers we had no one in that area.

Senator CHILES. Mrs. Carter, tell me about the kind of repair service you can render.

Mrs. CARTER. Sir, we have two men who go into the homes and make minor repairs. Then there is Community Action; they go in and make major repairs to the home, but there is not enough to keep up the need of the people. We have homes on the list now.

Senator CHILES. Have you got a list of homes that need repairing?

Mrs. CARTER. No. What they do, they just come in and tell me they need help and we go out and try to give it to them. But we have had people on the list a year that we have not been able to get around to because we don't have enough help.

Senator CHILES. How about any kind of insulation program? Do you have anything that you are doing to try to insulate?

Mrs. CARTER. Yes; Community Action is doing that type of work, sort of insulating. That is what they are doing—really trying to insulate.

Senator CHILES. What kind of job are they doing in rural areas?

Mrs. CARTER. They go on the outside of the buildings and put on a new outside—I don't know very much about materials.

Mrs. HICKS. I am Willa Hicks, coordinator of neighborhood services.

Community Action has a weatherization program where they can send a certain amount of money to help do anything that is energy related. They can try to help take care of it, but it is the same thing that is being pointed out: There is too much that needs to be done and

too little money. For instance, they had \$28,000 a few months ago to help people to pay their light bill. They announced the program on Wednesday and on Thursday they started taking applications. That following Tuesday they were completely out of money and people were still standing outside waiting to be served.

Senator CHILES. What percentage of the people would you say got served?

Mrs. HICKS. I would say about 20 percent.

Senator CHILES. What about the weatherization program?

Mrs. HICKS. The weatherization program is where they go in a person's home—one little lady over here in the back of the school was just completely out you would say. She had no money or very little money, so they put the roof on. They also took the 2-by-4-by-8's and kind of sealed it in. They got the rain and the air off of her, but she still does not have sufficient heat. Last winter was a terribly cold winter. Whatever they can do with the meager funds they have and the small amount of people they have—they are doing a tremendous job.

A few years ago we made a survey in Century—just to give you an idea what the problem is—and we found out that of 250 homes there were only 19 that had indoor toilet facilities. That is the kind of problem that you run into in the rural area.

Now with the VISTA volunteers, they have been doing a tremendous job; but as of Wednesday there will be no more VISTA volunteers in Escambia County under the county. Most of the transportation to the hospitals, the doctors, and that kind of thing has been done by the VISTA volunteers. There is going to be a tremendous need and I just don't know what the people are going to do. They don't have the money. The county sends a bus up—I think it is once a day, isn't it? Or is it twice a day?

Mrs. CARTER. Twice a day.

Mrs. HICKS. That does not serve people who are old and cannot walk to the highway and that kind of thing. You have an elderly population up here. Ninety percent of the time when the youngsters grow up they leave Century, but they leave their parents here and the need is truly great.

Mrs. CARTER. That is right.

Sir, we have a great need up here for housing. You would certainly be surprised at the conditions that some of the elderly people are living in. Now since we have been in this program we have been able to do a little bit, but housing is something that is badly needed. We have a housing project in this area, so the people can be warm in the winter-time when it is cold.

Senator CHILES. Is there any public housing up here?

Mrs. CARTER. Not enough, sir.

Senator CHILES. At the northern end?

Mrs. CARTER. Not in Florida, no.

We have many, many of the senior citizens who come in and say, "I just don't have the money to buy my medicine after I get my prescription from the doctor." They don't have the money. We do what we can to help them, but we don't have any money to give them so they don't get prescriptions filled. If they use all the little money they have for the prescription, then they don't have the money to get the food stamps or they don't have money for other little deals that they have.

Senator CHILES. Why is the VISTA program expiring, Mrs. Hicks?

Mrs. HICKS. Mr. Henry Jibaja, who is the Florida State Director of VISTA, informs me that VISTA has been cut back so drastically in Florida that we will not have the money. They will not have the money to support all of the projects. We have had VISTA volunteers in Escambia County under CAP and under the county for a period of 9 years, so health and rehabilitative services have had the PAROLE and VISTA volunteers. I understand that these two projects in Escambia County, PAROLE and VISTA, will not be allowed to have volunteers after their termination date. Our termination date is November 25, so that means Wednesday coming up will be the last day that VISTA volunteers will be working under Escambia County.

Senator CHILES. Now those funds are coming from—

Mrs. HICKS. They are Federal funds through ACTION.

Senator CHILES. Federal funds, but they are being handled through HRS.

Mrs. HICKS. That is under HRS I understand. They have had a project for 3 years and the older projects are being phased out for the lack of money. Then Mr. Jibaja is stationed in Orlando and he could give you much more information. Mr. John Timmons, who is my immediate supervisor in ACTION, will be in Pensacola Wednesday, which is the last day of the program, but as of Wednesday there will be nobody to run this center here and I am very concerned. I have asked Mrs. Carter if she would just volunteer to give some of her time to keep it going. We have a tremendous program here and we are doing wonders to serve the people, but we will not have anyone to coordinate the entire program once Mrs. Carter is out.

Senator CHILES. How many VISTA volunteers do you have now in both of those programs?

Mrs. HICKS. I have six.

Senator CHILES. That is in the county program?

Mrs. HICKS. In the county program. We have two in the room; that is, Mrs. Carter and Mr. Brooks. I have four in Pensacola proper: one in Olive and three in Pensacola.

Senator CHILES. I see. How many are in the PAROLE program?

Mrs. HICKS. I really don't know. I don't run that program. At one time they had 63. I don't know how many they have now.

Senator CHILES. Thank you.

Yes, sir.

Mr. SALINES. My name is Henry Salines. I am from Florida.

A couple days ago I didn't have much time to get down here, but I made it my business to come down.

Senator CHILES. Can you come up a little farther? I am having a little difficulty hearing you.

If you can come up, I will come meet you.

Mr. SALINES. Senator, when my wife came out of the hospital this last May I was the most lonesome man in the world. I never knew of homemakers; I never knew of these programs. I must have been ignorant. I was so far away from reality.

This is more or less a testimonial to show what the moneys are doing in some of these programs. I can only vouch for the home nursing probably, and the homemakers, because they were the two that were

in my home and they were the only ones that came into my home. When I first took my wife home I spent the weekend all by myself. Finally a nurse came over and got me acquainted with the homemakers.

Well, not only are the homemakers doing a good job, but this one particular person did such a good job on my home she also became a very, very good friend. She made me feel as though I was not alone any more. You know, that lonesome feeling is the worst feeling in the world.

Now I would say it is a shame that we have to meet on a day like today. Have you come down from—where did you come from?

Senator CHILES. Well, I have been in the State for the week.

Mr. SALINES. So you are on a tour. Well, to bring you down here—probably you have other duties that are just as important, but to come down and find out what is going on in this part of the State is a marvelous thing. I am sure that a lot of these people probably some day, if they don't forget you and if you do what you say—you know, that is another thing. [Laughter.] You won't get that vote, and believe me you will get my vote if you take care of the senior citizens. I am far from being a speechmaker, believe me.

Senator CHILES. You are doing pretty well.

Mr. SALINES. Well, I am saying what is in my heart.

Senator CHILES. I appreciate that.

Mr. SALINES. I buried my wife only a few days ago and I am in no mood to kibitz or anything like that.

If you can add on to some of these projects—like, for instance you go through town. Probably you have gone through 29. You have not seen the side roads where the real shacks are. I have heard of certain shacks, but I had never seen them until I went into these side roads. It is a shame how some people have to live in this day and age of 1977.

Senator CHILES. Yes, sir.

Mr. SALINES. So if you can, without any hesitation, do something for this part of town—and I think I am talking on behalf of the rest of the people—I will be indebted to you.

Senator CHILES. What you are telling me is that these programs of the homemaker and the home nursing programs helped make your life with your wife much more happy and complete.

Mr. SALINES. May I take up just a few more minutes, please?

Senator CHILES. Yes, sir.

Mr. SALINES. This is outside of this meeting entirely, but I want to let everybody know here that it is essential that they have a hospital up here. They should take advantage because those people, not only the doctors and the nurses, but even the maintenance people are all people of compassion. When they talk to a patient, they talk to them from their heart.

Mrs. CARTER. Let's give him a hand.

[Applause.]

Mr. SALINES. I don't know how much more to say. I was under the impression that I was going to leave the neighborhood but I am not. I am going to hang around and I am going to do something for other people.

Senator CHILES. Well, that is very good.

Mr. SALINES. I wish you would do the same.

Senator CHILES. Yes, sir, thank you.

Mrs. JORDAN. Bernice Jordan of Century, Fla.

I am 52 years old. The green thumb program is in the 55 category. My husband works on a very low income and I have six kids at home. I would like for someone to lower that age bracket where I can do something to help out, too, because I need medical help and dental help and I need help all the way around. It is just a struggle to have just one person working with six kids in the house and going to school.

Senator CHILES. You cannot get a regular job?

Mrs. JORDAN. I have high blood pressure, I have diabetes, and I have a nervous condition, but I thought maybe if I can get on some kind of easy program—I have tried to get help from social security for disability and they look at me and know I am not able to hold down a full-time job. I am not able to hold down a full-time job, but I still need help.

Senator CHILES. But you would work on the green thumb program.

Mrs. JORDAN. I would work on the green thumb program. I feel I would do that 4 hours a day and this would help me out with the doctor and would help tremendously with the kids. I cannot get around to pay the doctor bill. I sure want to pay my bills, but I am not able to pay them.

Senator CHILES. Thank you.

Yes, sir.

Mr. NELSON. My name is William Nelson and I live at Century, Fla.

I want to speak on behalf of the whole group, not personally for myself, because I think at my age I am doing quite well.

Senator CHILES. Are you old enough to vote, Mr. Nelson?

Mr. NELSON. Yes, sir.

Senator CHILES. All right. I wondered if you were over 21.

Mr. NELSON. Yes, sir. [Laughter.]

Since you mentioned voting, I think all the senior citizens actually should, because I think we should exercise our voting privilege.

Senator CHILES. That is very good.

Mr. NELSON. Years ago we didn't have that privilege and, since we have that privilege, I think when we vote we should be sensible enough to look it through and put somebody in there who says, "I am going to do this and do this," and then if he doesn't do that, the next time around the senior citizens are going to vote for somebody else. That is the way I feel about it.

Coming back to what I would like to say, I have been here permanently ever since 1972 in Century, but this has not always been my home. This has been my wife's home but now, since I have been here and working with the senior citizens, I know what the great needs are for senior citizens in this area of the county.

A lot of the people are living in homes here where the Moon is shining through and things like that. When it starts to rain they have to move everything they have in their house to try to keep it dry. When it snows and there is the cold weather like we had last winter, we have senior citizens here 85 years old, 75 years old, and people like that who I would think should not be in those kinds of homes.

Another thing about it, I think the Federal Government, the State government, the county government should do something for these people because many years ago these people worked when maybe

they didn't make \$1 a day. Now I think something needs to be done. If we have a lot of people here, the Federal Government, the county government, and the State government are pulling money out and they don't do anything, and I feel that they should.

Senator CHILES. Anybody who is able should be working?

Mr. NELSON. Yes, sir, that is the way I feel about it. I think half the State, half the county, or whatever you might call it—we are not doing fair by these senior citizens.

Another thing is programing. We meet the third Wednesday in every month and we have a requisition coming in there for every side of this county. One lady in that meeting spoke last week that she hoped that somebody would do something because if someone got sick, an ambulance was \$60 one way. Now you know with the kind of deal the senior citizens have, they cannot pay an ambulance fee like that.

Right here in Century a couple weeks ago one of our senior citizens got sick up here at the broadcasting station on the highway going to Atmore and the ambulance was called. He had to pay \$31 to go that 1½ or 2 miles. That is the kind of thing these people are faced with and they don't have the money to pay for it.

I have another case. Here is a case that I have been informed about and I know about.

Senator CHILES. Transportation service.

Mr. NELSON. Transportation. That is a great need. There is no transportation for these people to go anywhere except this little bus they have around here. In a way it is limited just to a certain thing. The thing about it, if people have to go to Pensacola to see a doctor or the West Florida Hospital, or wherever, they have to go. If they don't have some way to go down there on their own—if they get somebody—they have to pay \$15 or \$20 to go down there.

Now I tell you what I know. I had to go down to Pensacola and I paid \$15 one way; the man didn't bring me back and I was a senior citizen at the time. I am just telling you that that happened.

Here is another case I am personally involved in. A friend of mine who was over here in the hospital—I took him over there Tuesday night. I think it was on the eighth of this month at around 9:35. He stayed in Century Hospital that night until Thursday morning until 11 or 12 o'clock when he was discharged. The hospital bill alone was \$388 and he told me that there may be some more late charges coming up. The doctor bill was \$90.

So that same day—that was on Thursday—I took him to West Florida Hospital where he had to have surgery on his hand. They told me there he had to have \$350 down. Well, I paid \$360 and I went back and he was discharged Saturday morning around 9:30 or 10. I went to the office to check him out and they told me it was \$17 more. I paid \$17 more, plus they told me that there would be some late charges for that Saturday morning on top of that. The doctor had not sent a bill yet. I went to the cashier's office and asked about the doctor's bill and the lady said it would be 3 or 4 weeks before the doctor bill comes through on the computer.

Now these people like that don't have any money; they live on insurance. To be in a hospital you will have to have some insurance like Mutual of Omaha or something like that. Now if a person gets insurance like that at my age or some of these people, they are going

to have to pay \$25 or \$30 a month, or maybe more than that according to their age. I had insurance when I worked for the Federal Government, so when I retired I kept that insurance.

So those are the things that the people here need help with. The senior citizens need help in this area of the county because they are in bad shape. They need transportation. There is a great need. If they could get low cost on doctors' bills, hospital expenses, and all like that, it might help some.

Then they have to pay a lot of the rent. They are paying \$10 or \$20 a month. If we have another winter like we had last year, I don't know what will happen to some of the people.

Those are some of the things I think we should look to the Congress of the United States for help on. The Congress of the United States should look into the welfare of the poor people who need help because there are so many people who need help, and the ones that need it can't get it.

Senator CHILES. Let me just say this is one of the reasons for this hearing. These hearings are going on all over the country and we are hopeful to have a better coordinated kind of attack on how to serve rural elderly. One of the problems now we see is that we have got a bunch of programs and they often overlap and sometimes one program gets cut off and the service may be discontinued. So we need to get better coordination and continue to provide these services.

What we are looking at is transportation, housing, a better way of doing the home health care services and homemaker services, and trying to coordinate them. So the information you are giving me is going to be very helpful in trying to do that.

Dr. MCGREW. I am Dr. R. M. McGrew.

To begin with, I hear of people who are old, who are alone. We see it constantly. I feel that this is a major indictment of every Christian church within this community that any old person can be at home alone. Now I know they have to pay \$2 or more sometimes to come to my office and this, to me, is an indictment of people who are charging that kind of fee. It does not cost \$2 to drive anywhere in Century. It does not take \$2 worth of gas to drive anywhere in this town, but these people are charged that by their neighbors and so-called friends.

Now this country was based on a Nation that loved God, that trusted God, and that performed Christian charity for their neighbors, but I don't see it today. Instead, I see a Nation that is having to hold its hand out to the Government, and the Government that can give them all the things that they want is slowly but surely taking all the freedom and all the dignity and all the pride that this Nation ever had.

Now I realize that many of the churches have not got the funds to go out and build housing, although I hear the Baptist hospital is planning to buy a hotel for elderly housing to provide housing in Pensacola. I do know that we have time that elderly people can be visited, that the Biblical function can be carried out to visit the widows and the orphans to give them love, to give them the help that they need without having to involve more and more big government which spends more and more money on the administrative levels. For every dollar at the level that you appropriated it—for every dollar, how many pennies come down to the local program?

I know in our own situation how people talk about the cost of medicine. The cost of medicine has gone up, but the cost of operating a medical office has gone up astronomically. I have been in the practice about 15 years and I made more money personally when we charged \$3 an office visit than we do now, but I had to pay less people. I had one person working in my office and we saw many more people than we see today. Today, I have two people who do nothing but take care of the forms that we have to file, forms that have nothing to do with your care but see that you are given the proper benefits. I think most of you know that we have never refused any of the elderly people.

Mrs. CARTER. That is right.

Dr. MCGREW. I admit sometimes some of these younger people go out and want to hit each other over the head with a beer bottle or what have you and I may tell them no, if they have not been taking care of their bills properly, and I don't think you can blame me for that. But those of you who are old and who need help and who have to have medical care know that you can get it in this community.

Mrs. CARTER. That is right.

Dr. MCGREW. That has not ever changed and won't change. I do feel that we need to challenge the churches in this community, no matter which denomination they are, to accept their responsibility as Christians to visit, to help take care of the homes, to help do these little jobs that should not require government help. Then we would have the money to put the roof on the house or to be able to do the other things if we were taking care of it properly. That may not be what you want to hear, sir.

Senator CHILES. Yes, it is.

Doctor, I agree with you 100 percent. An awfully lot of what the Government is doing is because the community itself and the churches within the community have not carried on those functions. They used to carry on those functions and they should be now. I think there are things that Government has to do, but an awfully lot of things, like visitation and some of those things, there is no way that the Government can do that. I cannot put in an appropriation bill with so much money for love. You just can't put that in there. You can put dollars in there, but if that is not going to come some way from the heart, there is no way tax dollars are going to do that. I think what you say has an awfully lot of bearing.

Mr. BUTTS. Senator, I am Donald Butts. I am the administrator of our hospital here.

I would like to speak on something that you touched on earlier, and that is the coordinated efforts of the many programs that are now available. I think there are some fine services available, even in the north end of the county here, but so many of our aged citizens are not aware of these services.

Now some of our aged who are possibly receiving State assistance have social workers calling on them from time to time, maybe not often enough, but possibly these social workers can see these needs and refer them. Some of our elderly citizens don't have these people coming to visit them and they don't know that maybe the Cancer Society or the Heart Association can provide them with a wheelchair or a few dollars toward transportation twice a month. Now there are

information referral services available, but usually it requires a long-distance phone call to find out. There are many citizens up here who think maybe there are some services available, but have no way of knowing.

Senator CHILES. There is no outreach program that is trying to make that information available?

Mr. BUTTS. Many services are making a small effort on their own, but we need this coordinated effort. When a patient is in the hospital or in the doctor's office and discharged, many times we try to put them in touch or to have a representative from a certain agency come and work with them in their home, but this is not always possible. Sometimes people have needs right in their own home, maybe they are bedridden or restricted to their home. So this coordinated effort—I think these are the words you used—sounds good. An outreach program—of course, here again, this can relate back to what Dr. McGrew just said that the churches could be doing a lot of this.

Thank you.

Mrs. CARTER. Senator, we don't have but a few more minutes and I would like Mrs. Hicks to speak on the nutrition program.

Senator CHILES. All right.

I told this lady she could speak and then I will get to Mrs. Hicks.

Mrs. DAVISON. My name is Allian Davison and I live right down on the road that goes around from here, and when you go this way, it is on the corner up there. My house needs some more repair and somebody to go into it and just really work hard. It needs repairing bad. I am a widow and I don't have enough money. When I was going to Pensacola, I had to pay \$20 to go around there, and most of the time I was not at the hospital and I had to get out there. I went to the hospital and then I had to ask somebody to take me out there to the doctor. When I went down there last week, the doctor told me that I had arthritis in both of my knees and they were going to have to do something. So, you know, it makes a problem for me.

I have a son on disability and he has been on disability ever since 1965. He fell three stories down on his head and crushed his brain and I have him to look after. I cannot get around like I used to. I used to run like a hawk all day, but now I cannot do that on my own and I need a little help in trying to get my house fixed where it will be comfortable this winter. We had quite a bad winter last year and it was pretty cold in the house. I need a little help to get it fixed so we can live comfortably.

Senator CHILES. All right. Mrs. Hicks.

Mrs. HICKS. I am Gladys Hicks. I am the manager of the economy meal site here, and we have a senior citizen meeting site, too. It feeds from 34 to 40 every day. The only thing that we need now is a little more money so we can have more transportation and we can add another meal; sometimes a senior citizen comes out and they have only one meal. They don't have any breakfast and they get their dinner, but they won't get any more until the next day. If there is any way possible to have a little more money so we can do more for our senior citizens to have a congregate meal, we would appreciate it.

Senator CHILES. How are the meals brought in?

Mrs. HICKS. It is a community action bus that brings them in.

Senator CHILES. What happens to that bus when it is not being used for the meals? What is it being used for?

Mrs. CARTER. It is not being used otherwise, only for transportation.

Senator CHILES. Just for the meals program?

Mrs. CARTER. Yes. When they have to go to Pensacola for meetings, sometimes they take them.

Senator CHILES. You know, if we could get that same bus and a VISTA volunteer or someone who is providing some of these medical trips, you could utilize that bus that is just sitting around.

Mrs. CARTER. It would be great.

Mrs. HICKS. We also would like to have some more things out here. We give them exercises and we would like to have more things for them. Maybe we could get a breakfast formed and we could keep them here and have more things for them to do.

Senator CHILES. Sort of a day care center.

Mrs. HICKS. Yes. The gentleman who was just talking said we would be glad to bring them up if we just could get some more money to get those things.

Senator CHILES. All right.

Mr. SALINES. These people have expressed themselves about the expenditures of getting to and from the transportation and all that—what this Government is lacking or has denied is that the people, the social security recipients—this was an insurance that would have taken care of all these needs. Do you follow me, Senator? Every social security check should have an insurance of that kind to take care of the medical needs. We are going into socialized medicine probably, in a way, but it is the elderly who really need this care. Going to an agency and getting a claim to this agency and that agency sometimes would be taken care of and sometimes would not, so there would not be a need. So if they could push an insurance for the elderly, I think that the Government would be doing a great service.

Senator CHILES. Thank you, sir.

Yes, ma'am.

Mrs. GIBSON. I am Eliza Gibson. I am a senior citizen and I try to do what I can in the community. I have a medicine problem. I am not taking medicine now because if I needed any medicine I would have to get somebody else to buy it for me. The first bill I got was \$79 and some cents after I came out of the hospital, and I got another one last week, at a raised rate—\$97.29. I get \$230—some—I have it right here—\$233.70, but I have an automobile, gas bill, and all of these different bills.

I have a husband and he is able to do something. He has been on two sticks for 3 weeks, plus me being the next stick trying to hold him up. I am not able to go on with that continually, but I thank God for it being as well as it is. I realize you are not going to get everything you want; you are not going to get everything you need. My doctor said it has been over 2 months, but I was doing so fine he has taken me off all my medicine. I don't know what it is, but it was \$97.29. Well, now, how am I going to pay it?

You are not here to get anybody out of jail. If you put them in jail, you are supposed to get them out. My husband is not able to get down, so what am I going to do?

Senator CHILES. Thank you. We don't put people in jail.

Mrs. GIBSON. That is one of the problems. My bill is so high. My husband gets a social security check. Now he pays a portion of the bill, but just how far will the money from \$233 go? I go out this door and right down there, and I don't have but 50 cents. I haven't got anything, but I am just explaining my troubles. The Lord has been good to us. My doctor has been good to me.

Senator CHILES. We will check with you. I have one of my people who works with me here. Let me just introduce Bo Johnson in the back of the room who works with me. He travels across north Florida for me and he will be in Century at times, and he will try to announce when he is going to be here. He will also be in Pensacola at times. I have an office in Tallahassee in the Federal Building, so you could reach me there. We will try to get back in touch with you. Bo will be with you a few minutes this morning and see what is needed.

Doctor.

Dr. McGREW. One thing I keep hearing is that the Government helps with the hospital bills and the medicine bills, but what about the power companies? Now, power companies are subsidized in one form or another through Government help. Why couldn't a national bill be introduced to at least have the power companies give the elderly people the same favorable rate that they give to Monsanto or St. Regis or some of the big industries?

Senator CHILES. Some provisions like that are part of the energy bill that we are dealing with in Congress right now. There were several features. One would have required the lowest rate for the elderly. Now, as I read the conference news, I think they did not make that a mandatory requirement because I think they ran into problems. For example, they interrupted the power rate that you give somebody at 2 in the morning when you are not using the power anywhere else, and you want big companies to use power at that time and to put on shifts. So if you did that, maybe you knock out the whole benefit that there might be.

What I think they are doing is requiring every State to come up with some kind of a plan. Florida is experimenting with that right now. I don't guess they are in this area. I know they are in south Florida. The Florida Public Service Commission has an experiment running at this time on giving the lowest rate, and so I think you are going to see more moves in that direction.

In addition to that part of the bill, the Senate has a provision that provides for a tax credit, and it would be a refundable tax credit, so if you didn't pay any tax you could get a refund of money for people over 65 or those below a certain income. That would have been the sort of thing that would have provided some help this winter.

There are also other provisions that we are working on. I think we just really have not come up with a mechanism yet to try to use an energy stamp method, but as we see the cost of energy going up—and it has to go up because we have got to get our domestic oil which has been selling at a lower figure—we have got to get it up to the world price so we are not using as much of the imported oil. But as we do that, we have to take care of the needy and the poor because of those additional charges.

Now, we have not come up with a mechanism yet as to whether it is going to be a stamp method or what it is going to be, but I think you will see us coming out with some kind of program in trying to help. Yes, Ma'am.

Mrs. McGREW. Mary Louise McGrew.

I don't understand why we are buying arms to kill each other. Why do we give arms to Israel and then give arms to Egypt to fight Israel when those billions of dollars could help people in their own country?

Senator CHILES. Part of the problem I think that you run into from, let's say, just being this Senator and voting on all those things, is that you never get to make those choices in a vacuum. You never get a strictly either/or choice so that you could take that money and put it all to help needy people. You are trying to look at the national interests of this country. You are really talking about the Federal tax dollar and it is a circle. You know, what percentage of the tax dollar should go for all of these things.

You say, why do we provide arms to another country? Some of the times we are doing it because if we don't, the Russians are, and if the Russians provide the arms they provide their technicians and they take over the country. You see that Egypt kicked the Russians out. When Egypt kicked the Russians out, if we were to say, "We are not going to give you any arms," they have to go back to the Russians.

We say, "All right, if you kicked the Russians out, we will try to help you some."

Somalia has just kicked the Russians out and they had two submarine bases. We don't want them to have submarine bases in the Indian Ocean so we are now going to provide arms to Somalia.

So you don't get those choices in a vacuum. What you have to end up trying to do, and it hurts your head, is to try to determine—can we take away this need but at the same time recognize that we are having to take care of those other things, too. It always ends up in a fight as to where your priorities should go. It would be nice if it were an either/or argument, but it just never comes down to that.

Mrs. Carter.

Mrs. CARTER. Senator, I have been told that our time is up. We have been told that you like singing and we are going to sing for you "Bringing in the Sheaves." We want everybody to join in.

I am sorry we do not have time to go longer. I am sure a lot more of you would like to say something. We want to let you know that we appreciate all that you have done and that you came here this morning. I think it is going to be helpful.

Senator CHILES. I certainly do.

Mrs. CARTER. We are going to sing now and we are going to give the Senator some tea. He also likes tea and we have a lot of hot tea for him. After that we are going to have to close.

[The participants sang "Bringing in the Sheaves."]

Senator CHILES. Thank you very much.

Thank you all so much for coming out and giving this information to us.

Mrs. CARTER. Thank you.

[Whereupon, at 10:37 a.m., the meeting adjourned.]

DAVISVILLE, FLA., MEETING

The meeting convened, pursuant to notice, at 11 a.m., Hon. Lawton Chiles presiding.

Present: Senator Chiles.

Also present: William E. Oriol, staff director; Thomas D. Woodbery, legislative assistant to Senator Chiles; Boley Johnson, district representative for Senator Chiles; and Patricia G. Oriol, chief clerk.

Mrs. RIGBY. My name is Ollie Rigby, and I am meals program director of the Davisville Community Center. We are really glad to have all our distinguished guests here. We have Senator Lawton Chiles, our man that we voted for and a lot of us never had the pleasure of meeting; Mr. Oriol from Washington; Mr. Clark who is the director of the Council on Aging for Escambia County; and a lot of people we are not too familiar with; the radio stations are represented; Mr. Gibb, the president of the community clubhouse and, I guess, that is about all.

You know that we have a program here that is—well, it is just so outstanding that it would take 2 or 3 hours to tell you everything that it represents. It is like a tree with many branches. We are the congregate meals; we are familiar with Meals on Wheels. We also have recreation and transportation up here—homemakers, Green Thumb, and home health. We know about home health. We had a letter last week saying everybody who was interested in dental work should turn their names in.

Senior citizens don't have to sit down and say, "Well, I am all alone; nobody loves me any more." Senior citizens don't have to look at four walls any more and get roomitis. All they have to do is get some of their friends or somebody to bring them down to the clubhouse and have dinner and join us in our entertainment. For some time we have been working on our treasurer trying to get enough money to take our group of people to Disneyworld. Many of them have never been there and I know they would enjoy going.

That is about all I have to say right now because time is short and I know the Senator wants the floor.

Senator CHILES. Thank you so much.

I want to thank each one of you for coming out today and giving me an opportunity to visit with you. I am on the Senate Committee on Aging and we are holding some hearings now across the Nation on rural elderly problems. We are trying to determine what programs are working and what programs aren't—where the need is and how we can better coordinate the programs. I find that the best way you can find that out is to go to the people who are experiencing the problems and who are using the services. That is why I really wanted to come here today.

We are going to hold 3 days of hearings in Florida—a day here in Escambia County, then we are going down to Gainesville and then to Tallahassee and try to get an idea of what is working in the State, as

I said, and what is not working. We started off in Century this morning, then I wanted to come up and listen to you.

Somebody has given me a list that a number of you have put out asking some questions, and I will try to get to that. I wonder if any of you want to start it off and tell me what is working right or what we need some additional help for.

Yes, Ma'am.

Mrs. RIGBY. I would like to know how we can get more money for transportation and communication in this part of the country.

Senator CHILES. All right. Tell me about your problems on transportation, if you would.

Mrs. RIGBY. We have one bus; it picks up a load of people early in the morning and then they have to go to Century to pick up their lunch. When they come back they take those people home and have to deliver their cooking utensils.

Senator CHILES. So that bus is available to bring people here?

Mrs. RIGBY. Yes, but it doesn't have enough time. We need another bus.

Senator CHILES. You don't have a bus that can take people if they needed to go to Pensacola to the doctor?

Mrs. RIGBY. Well, Mr. Davis does the best he can. He does carry people when he can squeeze in the time, but sometimes it is a push-push job, especially in bad weather.

Senator CHILES. Yes, Ma'am.

Mrs. HUBBIRD. Minnie Hubbard.

I have questions on this and if you put them on there for me, I would appreciate it.

Senator CHILES. All right. We will touch on that. In fact, John Clark might be the best one to talk to the dental matter because we are going to talk about that. They are going to tell me about that this afternoon.

John, do you want to tell them about the dental matter? You know more about it than I do.

Mr. CLARK. The county commissioners approved funding for a dental program which is expected to start next month and, I believe, will include a program up here in the Century area for senior citizens and adults over 18 to provide dental care. Like I said, all the city managers will be taking names and addresses of people that have dental needs to see if they qualify for the program. So if you give your name to Mrs. Rigby, we will put you down on the list.

Senator CHILES. When would that be starting?

Mr. LANCASTER. Around the first of the month. It will be operated out of the University Hospital and also the health facility. We have a facility in Century and it will be available for everyone throughout the county.

Mr. DAVIS. What does that mean when you say "dental"?

Mr. CLARK. They will be able to provide full dentures if the person needs them.

Mr. DAVIS. And repair dentures?

Mr. CLARK. Yes.

Senator CHILES. All right.

Let me just talk on the transportation. You ask how can you get additional transportation. I am sure that Commissioner Lancaster would say if the Federal Government gives more funds for that you can get it, but as you know the funds for all of these programs are a

mix between the Federal funds and between county funds. In some instances, like in Pensacola, the city is funding some and you get State funds through HRS.

We have experimented with a number of programs about rural transportation, but primarily they have been grant programs and they have been experimental programs that we have tried out in certain areas. I hope that we will get to the point where we can start providing some kind of program that can be a little more national in scope that will provide some funds, because I think one of the biggest problems we have is that we provide a center like this and if there is no way of getting people to and from it, the ones who can't get here themselves are really denied the use of the center. The same way with the dental program and the same way with the other programs that we have. I think the need for some kind of rural transportation is one of the greatest needs we have, and we are going to try to see what we can do to work on that.

You say that Mr. Davis tries to make trips down to Pensacola for medical services, but I am sure that is not as complete as what you really need.

Mrs. RIGBY. No.

Senator CHILES. Do you think one more bus would help?

Mrs. RIGBY. Yes, sir. Get somebody up here to communicate with the people. There are a lot of senior citizens in this part of the country that don't even know what is going on up here. A lot of them have the wrong attitude; they think it is a soup line and they have so much pride they don't want to come, and nobody has told them the truth about it.

Senator CHILES. You have an Outreach program?

Mrs. RIGBY. No; we don't have Outreach up here.

Senator CHILES. In some of the hearings I have sat in on from other States, they seem to do a lot of good when they have gone out and virtually tried to run a survey, knock on doors, talk to people, try to have someone explain to them some of the programs that are available and how they work. The fact that they can and should pay for their meal here if they can, or a part of it if they can, means it is not a soup line, it is a basis of sharing. I think it would be tremendously important if you could get some kind of an Outreach program like that going.

One of the other questions here on the list is the rising cost of energy—gas, electricity. Part of the national energy package that is in conference now between the House and the Senate has some provisions of interest to you. Now just what will come out, I don't know. One of the features was to require the power companies to allow the lowest rate for elderly citizens. Now that is not an ironclad requirement; it looks like it has been cut out of the bill, but they are going to require each State to come up, within 2 years, with a plan to show what they are doing to get lower rates for elderly citizens.

Another provision of the bill would have allowed a tax credit, and it would have even been refundable. If you were not paying any tax, you could still get a refund for elderly citizens on gas and electric bills. That would have been sort of an annual program, or it would have just been the first step of that program. I don't know what is going to happen to that in conference. We are also trying to determine what to do as the cost of energy keeps going up—and it is going to

go up, there is no doubt about that; it is going to go up no matter whether we pass a bill. One of the reasons is that right now, our domestic oil—the old oil—is about \$5.50 a barrel. Well, the oil that we are buying overseas, as you know, is \$12 to \$14 a barrel. What is happening is, because of the low price on domestic oil, everybody is shutting down on that production and we are just buying more foreign oil.

We are sending our dollars overseas and that is giving us a \$45-billion trade deficit this year, which is adding tremendously to inflation and hurting our economy. So we have to encourage more domestic production, and to do that we have to raise our prices up to the world price. As we do that, that begins to really pinch on people who can't afford to pay. So we will come up with some kind of a rebate to people who can't afford it, or energy stamps—kind of like food stamps. I don't know exactly what the shape of the program will be right now, but there will be some kind of program of rebates or help as those prices go up.

Now we will just have to watch and see what happens in the conference committees and try to get that information out to people. I think that will be passed by the first of next year so that we will have an energy program. I hope we will have one that the President will sign that we can agree on but, I think, part of that program will be a series of rebates to try to help as the cost goes up.

One of the other provisions here is doctor bills, medical or drug discounts at drugstores. We have been working for a good while on national health care. I can't tell you that it is any further along than it was a year or two ago—I don't think it is. One of the biggest problems is that we have not been able to do anything about the tremendously rising costs of medicare and medicaid because the theory is that you pay the doctor or you pay the hospital reasonable cost. Well, reasonable cost is what everybody is working on so that we can contain these costs and make them affordable.

What has happened is those bills have gone up faster than anything else. We have had a lot of inflation and everything has gone up, but nothing like medical bills and nothing like hospital bills. They have gone up over twice as fast. So unless we can find some way to control that, to go to national health care means that there is just not enough money in the Federal Treasury to do it, nor enough money to tax people to do it. We have to find some kind of control on those programs and we just have not come up with the right kind of mechanism or a way of doing that yet. I think we are continuing to try to take care of the costs that go up in medicare and medicaid and broaden some of the services in those programs, but we have not been able to come up with any national bill yet.

Eye surgery and eyeglasses: Well, as you know, glasses have not been scheduled under medicare and, again, the prime reason is because of the costs and what would happen to the premiums. We just have to go up and raise what people would pay under medicare right now to schedule those services, so we have not been able to do it.

Transportation: I think that is something that we can work on and I think we will try to come up with something. We have had a number of State experimental programs, but I think now we should be to a point where we can come up with some kind of national programs and try to provide something for transportation.

Insulation: As part of the energy bill, we have already passed one bill that provides some funds for insulation and part of our national energy bill now is providing additional credits. If you insulate your home, we are going to give you tax credits; if you don't pay taxes, we are going to provide some money for you there, so that will be a part of the national energy package on insulation.

Why are most commodity meats unpalatable? I think more and more we are having to go away from the commodity program because it just does not seem to work properly. We are going more to direct subsidies in the food stamps. As you know, under the food stamp program—when does that go into effect where there will be no cash?

Mr. ORIOL. I believe it is in January, sir.

Senator CHILES. I believe in January there will be no cash requirement for the purchase of food stamps. Now if you would have paid \$40 before to get \$60 in stamps, you will still get stamps amounting to \$20 but you won't have to make the cash payment in the stamp program. That change will go into effect in January.

Heaters: Again there will be some provision in there, I think, under the national energy bill—well, I am not sure it is a direct provision for heaters. I think it is more one of requiring a better certification so you will know what one heater will do as against another, so there will not be the ripoffs where they tell you a heater will do something that it won't. I don't think there is any provision for direct help in the purchase of a heater; it is more in the insulation of the home.

Yes, ma'am.

Mrs. SANDS. Rosalie Sands.

Who will be eligible for those food stamps?

Senator CHILES. Well, the eligibility will change some, but primarily it will be people below a certain income, but I don't have those figures right in my head now.

Do you have those?

I will give those to you in just a minute.

VOICE FROM AUDIENCE. What about the funds for projects such as green thumb and all these other little things?

Senator CHILES. We just heard today down at Century that the VISTA program is being cut back. I was very distressed to hear that and didn't know why, so we are going to try to find out why those funds are being cut back. As far as I know, we have been putting more money into green thumb because it is a very successful program. Everything I have heard about that program has been good. I think Congress is recognizing that and has been trying to put more funds into green thumb.

VOICE FROM AUDIENCE. I appreciate my job very much.

Senator CHILES. Tell me what you do.

VOICE FROM AUDIENCE. I am janitor at Burnbil School.

Senator CHILES. How many hours a day do you work?

VOICE FROM AUDIENCE. I work 1 day 4 hours, and 1 day 5 hours. I get 25 hours a week and I appreciate it very, very much.

Senator CHILES. It helps you out.

VOICE FROM AUDIENCE. Yes, sir, it sure does.

Mrs. COOPER. Lois H. Cooper.

I work at Pratt School on the same program. I work every day.

Senator CHILES. You get 24 hours, too, then.

Mrs. COOPER. Yes.

Senator CHILES. Well, that is good.

Mr. LANCASTER. Senator, what they are saying is we don't want a handout; we are willing to work for it if you just provide a method for the Federal Government to settle it. This green thumb program for those over 55 is one of the programs that has been very effective in this area, and the supplemental that they get is really needed.

If I may ask another question.

Senator CHILES. Please go ahead.

Mr. LANCASTER. I know that Congress has been working on the social security bill in the last few months and we are somewhat penalized—the citizens are—who have been paying their social security for a number of years. They have accumulated a little bit and then when they get ready to draw social security they are penalized. They can draw only so much per year; they have a maximum. I know that you have been working on this in Washington. Will you explain this to us just a little bit?

Senator CHILES. We have two provisions. We passed the bill and the House took the limitations for earnings off entirely so you can draw social security and earn any amount, no matter what your age is. The Senate raised it to \$4,500 initially, with it then going up in steps so that by 1982 it would go to \$6,000. It would be taken off entirely for those over 70. The Senate originally had the same provision to take it off entirely for all ages. I voted against that because I think that would benefit a very small portion of the people, but it would be people with incomes of \$5,000 or \$6,000 a year. As far as I am concerned they need some kind of earning limitation, but \$6,000 would be the cutoff. Ninety percent of the people won't earn up to \$6,000. Again, we are talking about money being paid out of the system and this is money that could go to eyeglasses or could go to dentures or could go to some other needed benefits. So I thought it was more important to raise the earning limitation because inflation, being what it is, would raise it on up to \$6,000.

Mr. LANCASTER. But at least you have it out of the poverty level.

Senator CHILES. Somewhere in between there. There will probably have to be a compromise. It will be raised appreciably. It will be out of the poverty level.

Mr. LANCASTER. The other question is social security supplements—insurance benefits. This has been a real help to a lot of the senior citizens in our area but, if they are having to get a little bit of subsidy from the family to maintain the level of living, they are penalized because that is counted as part of their income and they can lose the SSI benefits. What are you doing, or have you thought about trying to do something about trying to alleviate that?

Senator CHILES. I think there has been a lot of talk about it but, again, it is a problem of what to do. If you didn't have any provision there, then it is very easy to transfer all your assets over to the children and then have them pay back. So how do you control that situation where someone with a lot of resources, a lot of money, just transfers it all over and then can totally draw SSI? Again, the provision for SSI payments is for the people who need it. That is not funded by social security dollars, although it is part of the program. It is funded by general revenue dollars, or our general tax dollars, so it is considered

a welfare provision and that is what it should be. I think the reason it has not been expanded is to maintain some kind of control over it.

Mr. LANCASTER. The thing that really concerns me about it; Senator, is a lot of the families who really do need it—for instance, if they are put in a congregate living facility or put in a foster home facility, the majority of the families do not have the means to subsidize the income that it would take otherwise. So what I am saying is, it would be cheaper, it looks like, to let them maintain the SSI benefits and let the family assist them in the congregate or foster home facility than it would be to place them in a nursing home.

For instance, the family could subsidize \$150 a month in one of those facilities whereby, if they go to the nursing home, the State has to pick up \$580 or \$600 a month. This is something that has been concerning me and I have been running into it an awfully lot.

Senator CHILES. That is a good point.

Mr. LANCASTER. I know it is not something that can be worked out easily, but it is something that really needs looking at.

Senator CHILES. Obviously we try to do everything we can to keep people from being pushed into the nursing home if they can get by without being there, because that costs so much more. That is why we are trying to come up with a better range of home health care, visiting home services, outpatient and visiting services, so we can try to keep people in their homes. By Meals-on-Wheels and the visiting programs, hopefully, we can do that if we can get them working.

Mr. LANCASTER. Do you foresee any additional moneys in the future for housing?

Senator CHILES. Well, yes, I think so. In fact, we have been putting in some more money just in recent years to increase the number of housing units in the HUD appropriations and the HUD bill, so there will be some addition. There is a tremendous need, and I don't say it is going to take care of all of the problems, but there are additional funds that have already been provided.

Yes, sir.

Mr. GODWIN. My name is Edgar Godwin.

Do you foresee rationing for gasoline? Do you think that will come about?

Senator CHILES. Rationing?

Mr. GODWIN. Yes.

Senator CHILES. I hope not. I think that is one of the reasons, though, that we need to come up with a meaningful energy plan, one that has some real conservation in it. If we got into another situation where we are faced with an embargo, then we might well have to go to that. We have asked the President to come up with an emergency plan so that it would be ready.

We can come up with an energy package that will provide conservation by getting increased mileage on our cars. That means we have got to change our way of living; we cannot have these big cars that drink all of the gasoline in the world, or we have to make people pay if they are going to have those or get them off the roads. To start with, we have to insulate our homes better so that we are not wasting energy the way that we are. We have to use coal where we can, rather than use natural gas in needless or unprofitable ways, such as drying hay or doing something like that with natural gas where you can use

something else, and use that natural gas for home heating where we need it.

We have to go into a lot of programs like that, and then we have to provide the money to go up and develop better solar energy so we can get that mass-produced and get it cheaper. We have to find other ways of using coal and better ways to have coal mined. We have 50 percent of the world's coal under our land, so if we can develop that, we can tell these other people we don't need all of their oil. They are going to run out of oil anyway. If we don't come up with a meaningful program, then we would have rationing, and that would not help us very much, especially in Florida.

Mr. GODWIN. In addition to that, do you have the figures on when they put the speed limit on and asked the people to drive slower? I understand the figures on that showed that it saved people's lives if they obeyed the law. They have gotten to the point now where they will run over you again.

Senator CHILES. Yes, sir.

Mr. GODWIN. You saved a considerable amount of gasoline.

Senator CHILES. That was the easiest saving that anybody came up with.

Mr. GODWIN. It seems that people have forgotten about it. People don't believe they are saving, but I believe we are. I truly believe, as you said, that we are going to have to limit oil if we can and conserve every bit of the gasoline, whatever we can, just in home heating and all this. If the people heed to it, I think we could save.

Senator CHILES. Well, for example, we have about the same standard of living as West Germany and about the same as Japan, but we use twice as much energy as either one of those countries do. That just shows you how much we are wasting. Of course, they pay \$1.80, \$1.90 a gallon for gasoline.

Mr. GODWIN. That keeps them from riding some.

Senator CHILES. Yes; it does, doesn't it.

Ruth, were you going to talk about the nutrition program?

Mrs. RIGBY. We need some nutrition programs up here. However, I think the people in this particular area might be more aware, basically, but they do need some programs to show you that some of the quick foods are not always the best. I think people are starving to death on TV dinners, and you are touching on my pet peeve.

Senator CHILES. How about the meals program up here? Do you all have a Meals-on-Wheels program?

Mrs. RIGBY. Yes.

Senator CHILES. How does that work?

Mrs. RIGBY. It is brought on the bus from Century.

Senator CHILES. Would you say you are meeting the need of everybody who needs that program up here?

Mrs. RIGBY. We have about four, maybe five, on the program.

Mr. CLARK. We have, in the whole area, about 20 or 25 who we serve, but just in this area 4 or 5. In the Walnut Hill area, we serve two.

The answer to that is no. We are going to be trying out some of the meals-on-wheels programs in experimentation. Because of the problem of getting to these people every day because of the far distance and the transportation, we are going to try an experiment and use frozen and dried food where you can take a week's supply and all you have to do

is add water. It does not sound good, and I was against it, but after tasting it, it is quite good. It is the stuff the astronauts used and we hope to get that going in a few months.

Senator CHILES. There were programs in some of the States where they did an outreach survey of the community. They are doing it in some of those visiting nurses programs.

Some of those people from the northeast who we had in—how did they fund that?

Mr. ORIOL. The survey?

Senator CHILES. Yes; just went out and knocked on doors and determined how many rural areas they had, how many were low income, how many had needs, and what their needs were. They had done a pretty comprehensive job.

Mr. ORIOL. I think that was under the Older Americans Act.

Senator CHILES. Is that funded?

Mr. ORIOL. Yes; by the area agency on aging.

Senator CHILES. I will bring that up this afternoon, but it seems to me that is something that really can be useful to get out and find out.

Well, I thank you all very much for coming and giving me an opportunity to listen to you. If you have any other ideas—yes, sir.

Mr. GIBBS. Thomas H. Gibbs.

Senator, I have one question. How do you plan to vote on the Panama Canal Treaty?

Senator CHILES. We are going to hold some hearings on that after the first of the year, the Armed Services Committee and the Foreign Relations Committee. We will see how the treaty is going to affect the national security area. I want to see how those hearings come out before I make up my mind about it and also make sure that we understand all the terms of the treaty. We have been going back and forth on what the meanings were; we have some differences there. I think we have to get that completely clear to make sure what the terms of it are.

Mr. GIBBS. Do you believe the House should be involved in this giveaway?

Senator CHILES. I have not done any great research on that. The normal thing, of course, is that the treaties are the provision of the Senate, and we zealously look after our prerogatives just like they start all the tax bills—all money from revenue bills start in the House. I have not done any great research on it but I think the Constitution provides that the Senate's duty is to advise and consent to treaties drafted by the President.

Mrs. HUBBIRD. I understand we bought that land, and why should we give it back to them?

Senator CHILES. Well, I can give you some of the arguments that were raised about it. Part of the provision is that we are dealing not just with the relations between the United States and Panama, but we are also dealing with provisions about how the United States is going to be perceived by all of the other Latin American countries. Right now one of the provisions is whether we are perceived as a colonial or imperialist power. I think our concern is what is going to be the best thing for this country and what is the best way. Is it to keep the canal but turn all of Latin America against us, if that could happen, or is it to change the treaty and have a different kind of treaty. You know, times change and the feelings of people change.

Mrs. HUBBIRD. I guess I have not kept up with it very well, but I thought we bought that strip of land ourselves the same as we did Alaska, and I thought that it belonged to the United States just the same as any other part of it. I understand what you mean about world relations.

Senator CHILES. Yes, ma'am. Part of the provisions said originally that we had the right to the use of the land as if we were sovereign. The question is we never—for example, anyone who was born in the canal area did not get U.S. citizenship.

Mrs. HUBBIRD. I didn't know that.

Senator CHILES. Any other land that we have owned—if you are born there, regardless of what your parents were, you were a U.S. citizen. That has never been true of Panama.

Mr. GIBBS. They have their choice of being United States or Panamanian. It was 21 and now it is 18. So you have your choice of being a U.S. citizen. Most of them, of course, chose to be U.S. citizens.

Senator CHILES. Not if they are Panamanian citizens. We have not given them the choice.

Mr. GIBBS. No; but U.S. children born—

Senator CHILES. No; but I am talking about if you are anywhere else and you are born in this country, you can have citizenship here regardless of what your parents' citizenships are.

Mr. GIBBS. Yes. I misunderstood.

Getting back to this power question, I believe the Constitution requires that the House be involved where U.S. property is to be transferred or given away.

Senator CHILES. Then I think you get back to the question of whether it is U.S. property.

Mr. GIBBS. We bought it. We hold a fee simple title to it.

Senator CHILES. We don't hold a fee simple title to it.

Mr. GIBBS. To most of it. Not to all of it, but to about two-thirds of it.

Senator CHILES. You are talking about the buildings, not the land. The land has never been considered a fee simple. We have the rights as if we were the sovereign.

Mr. GIBBS. To the total exclusion of the Republic of Panama?

Senator CHILES. If we were sovereign, but not the land rights.

Mr. GIBBS. We have Federal courts down here. It is something we are concerned about, Senator, and I think you should know how we feel.

Senator CHILES. I am concerned about it, too, and my major concern is what is the best thing for the national security interests of this country, and that is the way I am going to approach it and that is why I want to see the conclusion of all of the hearings. I think it is important that we try to determine what are our national interests. I don't think our national interests have to be necessarily that, because you had a treaty in 1903, you have to have exactly that same treaty forever.

One way that I want to look at that is how do you think we would feel if Great Britain owned a railroad in this country, if Great Britain owned a canal in this country, or anybody else owned anything else in this country. I think you have to determine what the nationalistic feelings are and why we want the Panama Canal. Do we want it because of the land? If we want land in this country, we gave back Okinawa; we gave back Germany.

Mr. GIBBS. That was not by treaty. Okinawa was by combat, not by treaty.

Senator CHILES. I am asking you, what do we want? If we want land, we had land in all of those areas and we gave it all back. We gave back the Philippines. We have given back everything in the world, so we have never wanted to own land outside of our continental limits that I know of. I think that the canal is important to us for the shipping and for the strategic interests—for us to be able to control the shipping and to get our ships through there and to determine whether we were going to block somebody else there.

Mrs. HUBBIRD. We served the whole world through that canal.

Senator CHILES. That is right. How do we best keep that working? That is how we look at it. How do we best keep that working? Is it to say that we are not going to do anything about the treaty? Are we prepared to put several divisions down there and start trying to keep it open?

Mr. GIBBS. We kept it open in World War II.

Senator CHILES. We didn't keep it open against a hostile population, and we never had that kind of situation. When you have a water supply—

Mr. GIBBS. Sir, I have lived in the Canal Zone, and I never once encountered hostility anywhere in the Republic of Panama. I traveled from one border to the other, to every town that had an airport, in the jungles, and everywhere, and I never once encountered hostility—nothing to the degree that I encountered in Puerto Rico, for example. The people there never became upset about the Canal Zone until Secretary Kissinger came down there January 7, 1974, and made his famous, "We are going to give you the canal and we are going to meet your just aspirations."

Mrs. RIGBY. Senator Chiles, we do appreciate your coming today. Thank you for all the good news you brought us. It is really encouraging, and we hope that you will come back and visit us again some day.

Senator CHILES. Thank you. I enjoyed it. I am glad to get a chance to talk with you about our concerns for the rural elderly.

[Applause.]

[Whereupon, at 12:02 p.m., the meeting adjourned.]

APPENDIXES

Appendix 1

LETTERS FROM INDIVIDUALS

ITEM 1. LETTER FROM WARREN M. BRIGGS,¹ MAYOR, PENSACOLA, FLA., AND PRESIDENT, HEALTH CARE FOUNDATION OF BAPTIST HOSPITAL, TO SENATOR LAWTON CHILES, DATED NOVEMBER 25, 1977

DEAR LAWTON: Thanks again for coming to Pensacola to hold a hearing on problems of rural elderly. I did not prepare a written statement of my brief remarks, but they can be summarized as follows for delivery to Bill Oriol for his later reference and consideration:

(1) Transportation is the key to serving elderly rural people.
(2) Our thrust in the Health Care Foundation and at this hospital is in outreach programs in which we take doctors, technicians, etc., to the country. This is much more economical than transporting dozens of rural people from outlying communities to a general hospital in a larger city.

(3) The success of taking programs to the rural areas is already demonstrated by meals-on-wheels, congregate meals, and home nursing programs.

(4) We are already providing cancer specialists to work in community hospitals in outlying areas. On these trips, one doctor, one technician, and one counselor make visits to clinics in three or four outlying communities in the same day and treat 25 to 50 patients. We are currently covering the Century-Flomaton area, and Brewton and Atmore, Ala., and we eventually expect to branch out to Foley, Ala., and Fort Walton, Crestview, and DeFuniak Springs, Fla. These programs have been very successful.

(5) Similar programs are being sponsored by the hospital for eye care, radiology, and cardiac treatment.

(6) At least one of the doctors' groups already has a mobile van which they take to outlying communities. We are now planning a cardiac rehabilitation van for testing and treatment purposes. Use of such vehicles opens up vast areas where we can hold clinics at literally any crossroads in the community.

(7) We would like to emphasize that this sort of local outreach can best be done close to home without any further bureaucratic organization, supervision, or redtape.

(8) I would like to put in a plug for charitable, nonprofit, voluntary organizations such as Baptist Hospital and this foundation. These groups, together with limitless volunteers and the generosity of local citizens, can do much more for less time and money than more bureaucratic organizations. We are now, for instance, providing drugs and speech and hearing treatment for indigent patients, and all of the necessary mechanisms are available to determine eligibility of patients. Therefore, all we have to do is call up the drug store and buy the drugs and provide the treatment without filling out any more papers.

Lawton, thanks again to you and your Special Committee on Aging for the consideration in this most important, necessary and overlooked field of improving life. Let us know when we can help. Thanks again.

As ever, best wishes.

Sincerely,

WARREN M. BRIGGS.

¹ See statement, p. 1253.

ITEM 2. LETTER FROM EVA M. PARRISH, PENSACOLA, FLA., TO
 SENATOR LAWTON CHILES, DATED DECEMBER 8, 1977

DEAR SENATOR CHILES: I was privileged to attend your recent meeting housed at Escambia County Health Department. Since that time, I have pondered some of the problems of the aging that I have seen in Pensacola.

At present, I am employed with the Escambia County Health Department as a public health nurse and a visiting nurse with the Visiting Nurse Association. This combined role has given me an opportunity to see first hand some of the problems the aged are facing today.

According to Escambia County Council on Aging, our Escambia population, as of March 1977, was 224,893. Out of this number comes 26,660 citizens who are 60 years of age and older. This included some citizens who are over 100 years old.

The Escambia Council on Aging deserves a lot of thanks from Escambia County. This organization enables people to stay in their homes much longer than they would otherwise be able to. The greatest problem this organization has is that there is not enough of their services to go around. At times, there is a waiting list for services, and this list is becoming quite frequent. If a person needs meals-on-wheels, usually he is in need of food right away. There is also a waiting list for the homemakers and 24-hour homemaker service.

Recently, the council on aging leased a bus with a hydraulic lift. As I understand, there are more of these buses that could be put to use if funds were available to hire drivers and to lease and maintain them. Our senior citizens need transportation to keep their doctor's appointments, as well as to transport them to do their personal business and aid them in recreation. I can see where these buses could be very useful to our population.

The Pensacola Journal, on November 28, 1977, featured an editorial regarding the bill put forth by Representative Earl Hutto, Democrat, Panama City, to the State legislature. In essence, it is to require children to support their parents if their parents become destitute. The editor gave several reasons why this should not be. He states that morally we should be bound to obligation, but legally we should not be bound to obligation. Sad as it may seem, however, there are children who will not or cannot fulfill these obligations for whatever reason they may have. I have found that many senior citizens take pride in being self-sufficient, and would not allow support from their children.

One of my chief concerns for our elderly is the fact that it may be dangerous for them to live alone as so many of them do. Our nurses at times will find a client who has fallen in his home and is unable to get up. When this happens, the nurse has to find some way of entering the house to help this person. Some of our people insist on doing their own cooking and forget the stove is on. Last winter we had a man burn to death. The reason was given as a faulty heater. He was unable to ambulate well and could not escape. We see these sad things, and yet we have no way to remedy the situation.

The elderly, whose health succumbs, sometimes can go to a nursing home. If he is classified skilled nursing, he will be placed at the top of the waiting list. He can only gain entrance, however, when someone dies to create a vacant bed for him. Our nursing home situation is extremely crowded at this time. Escambia County has a new home being erected, but we need more beds for our indigent clients. I do not know if this is within your jurisdiction, but this is one of our main problems. What about the patient who is not skilled nursing and needs custodial care only? He will have a slim chance of being admitted to a nursing home facility.

I have been formulating in mind a utopia. This would be an apartment complex or a group of duplex dwellings where senior citizens could live. The rent would be according to income and meal or homemaker services would be available if needed. There would be someone near by to help in time of crisis and assess the health needs of these individuals. It would be an enlarged foster home plan, but would give these people privacy to live their lives as normal as possible. Some people would not like this arrangement, but I feel there are many who would.

Another problem with the aging that I have noticed is the fact that if these people marry, they are penalized financially. This should not be. If both individuals have earned social security, they should both be paid as before. I read an article in the Pensacola Journal a few years ago that stated elderly couples stay healthier and have fewer days spent in the hospital. This article gave the reason for this to be concern for his partner and feeling needed by someone else. Because of this

problem, the elderly couple must choose to lose some of his meager social security check if they marry, stay single, or live together without benefit of matrimony. I feel this stipulation should be changed.

I have been concerned over these problems of aging for some time now. Attending your meeting made me think more strongly about them. The matter is not going to get better, it is only going to become more perplexing.

What can be done?

Sincerely,

EVA M. PARRISH.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR CHILES: If there had been time for everyone to speak at the hearing on "The Nation's Rural Elderly," in Pensacola, Fla., on November 21, 1977, I would have said:

The following replies were received:

KAREL J. BELL, PENSACOLA, FLA.

I enjoyed the meeting very much; it will help me perform my duties well. I manage Dorie Miller Community Center and I'm very much involved with our senior citizen organization. I attend anything council on aging has.

Thank you.

MRS. H. CAPESIUS, PENSACOLA, FLA.

Housing, where seniors pay rent according to their income, is needed. We should not need to pay taxes on phone bills and Gulf Power bills. Seniors in some cases do not pay real estate tax; why not have a discount on our rent?

Congregate meals are lifesavers. I, as well as many others, had no appetite on account of living alone. Congregate meals are the answer. We need the companionship we find there. It costs money, yes. But without them, many of us would break down, and you'd have to support us in nursing homes or worse.

Why should we pay school taxes?

W. RAYMOND CHESSEY, PENSACOLA, FLA.

As usual, the veteran, his wife or widow are forgotten most of the time. They are usually told that the little pension they receive bars them from most benefits intended for the poor. No allowance is made for the large percentage of income that goes for medical expenses which are necessary for them to live in some degree of physical comfort (i.e., freedom from pain). The costs of medical expenses, as well as the cost of many other necessary items, keep going up in price, so there is very seldom any extras—just the things that are absolutely necessary for life.

TOMI CROFUT, FORT WALTON BEACH, FLA.

John Clark, of the Escambia County Council on Aging, speaking as the representative of all the county councils, has said it all.

I also thought you might like to see the program put on by the Okaloosa County Council on Aging last Saturday evening in Crestview in the high school auditorium. Approximately 50 north county seniors well over 60 years composed the cast.

OFFICER C. M. GRAMY, PENSACOLA, FLA., POLICE DEPARTMENT

As you know, a great percentage of senior citizens are on fixed incomes, and most receive less than \$200 per month, and utilities take up a good 60 percent.

Food, clothing, home maintenance, insurance, and the list could go on. Would it be possible to have the legislatures, Senators, and Congressmen bring forth some legislation to base utilities bills to the elderly by how much income they receive?

Thank you.

HENRY G. GRAY, PENSACOLA, FLA.

Subject: High hospital and medical costs for all people, especially the elderly and disabled.

My dear wife has been disabled for every kind of gainful employment for 7 years. She is now only 60 years of age. She receives nothing, even though she holds 17 quarters of social security from 1939 to 1944.

I pay \$64 each month to Travelers Insurance Co. for our protection. Though much of the charges are not covered due to her youth and a heart condition, Travelers pays some of the reasonable charges. Yet the doctors and hospitals impose an unreasonable charge of which poor people who are on a fixed income cannot pay. Please do all you can to improve these conditions.

Thank you, sir, so much.

GLADYS HICKS, CENTURY, FLA.

Please remember the council on aging congregate meal site 8 at Century. We need transportation for senior citizens to the meal site, doctors, and many other places they need to go. If there is any way possible, we would like for our site to be open longer than 4 hours, to give our lonely citizens somewhere to go and something to do. Also, two hot meals a day, because some get only one meal a day which is carried back home after 12 o'clock. The rest of the day they feel lonely and are left alone until the next day at 11 o'clock. I am site manager here and I would give the rest of my time if these senior citizens could have these services. If you all would provide the funds, I would love to give my time. I love my work and my senior citizens. Please consider my plea for our elderly.

JAKE HOUSE, CRESTVIEW, FLA.

The elderly in rural northwest Florida, and specifically Okaloosa County, have the following problems: (1) Fixed income too low; (2) utility bills too high; (3) no public transportation system; (4) housing; (5) need a clinic where the elderly medical needs can be met and paid by medicaid and medicare; (6) need medicaid or O.S.S. arrangement for persons who, after hospitalization, do not qualify for skilled nursing home care.

LARRY B. JOHNSON, PENSACOLA, FLA.

It is high time that HEW is forced to comply with Public Law 92-603, section 249, which should have been effective January 7, 1976, which HEW so set to overrule the Congress of the United States, and make a ruling that it should go into effect January 1, 1978. This is why our confined and senior citizens are not getting the proper nursing home care. Nursing homes that are trying to live on the medicaid payment in the State of Florida are in serious trouble and cannot give care to our citizens.

Excuses and so forth are not getting things done. Such things as Secretary Page of HRS, State of Florida, made public statements of how he was going to save the State of Florida millions of dollars by reclassifying patients. He reclassified patients wholesale throughout the State of Florida, cut down the payments for nursing homes, but the need for care by the patients did not change one bit. Therefore, the patient suffered. The bureaucrats have forgotten the patients are our residents of nursing homes and feel the patients are there for their benefit. They forgot the fact that their job is to care for the patients. Patients have been forgotten in our homes.

MRS. M. B. KELLY, PENSACOLA, FLA.

The program was quite good. I think meetings of this kind held at intervals would inform the senior citizens of the help provided for them.

I also think a telephone number displayed by radio and TV would help them to be able to get in touch with those people who could help them, or direct them to the proper sources.

Assistance in utility bills and eyeglasses, etc., is one of my personal needs and I'm sure there are others like me and my husband as well.

REV. GEORGE L. MILLER, PENSACOLA, FLA.

One of the greatest helps to relieve the poor elderly is the invested utilities rate structure, which also would help conserve energy.

If the elderly who generally do not use more than 750 to 850 KWH of electricity got a lower rate than those who use more, they would be helped, especially since everyone must pay \$3.50 a month just to be connected to the utility service. It is necessary not to double this to \$7 as some propose, but rather to lower it.

Those who use more, especially much more than 750 to 850 KWH, if their rate were higher, it is only reasonable that they would cut down on the use of utilities, which is so needed in America now.

Another helpful and necessary thing is legislation to control the exorbitant charges for funerals, caskets, etc., both at the Federal and State level. To this end it would be helpful to encourage the elderly and others in or close to the poverty level to join a funeral and memorial society, which is a nonprofit organization asking for a once-in-a-lifetime fee of \$10 or \$15. The officers of the society then make a contract with funeral directors for hundreds—even thousands—of members and receive sizeable discounts for simple but dignified services when a death occurs.

ELIZA WILSON, PENSACOLA, FLA.

I enjoyed everything. It was beautiful.

THE NATION'S RURAL ELDERLY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FIFTH CONGRESS
FIRST SESSION

PART 14—ALBUQUERQUE, N. MEX.
New Mexico's Senior Citizens

NOVEMBER 21, 1977



Printed for the use of the Special Committee on Aging

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- Part 1. Winterset, Iowa, August 16, 1976.
- Part 2. Ottumwa, Iowa, August 16, 1976.
- Part 3. Gretna, Nebr., August 17, 1976.
- Part 4. Ida Grove, Iowa, August 17, 1976.
- Part 5. Sioux Falls, S. Dak., August 18, 1976.
- Part 6. Rockford, Iowa, August 18, 1976.
- Part 7. Denver, Colo., March 23, 1977.
- Part 8. Flagstaff, Ariz., November 5, 1977.
- Part 9. Tucson, Ariz., November 7, 1977.
- Part 10. Terre Haute, Ind., November 11, 1977.
- Part 11. Phoenix, Ariz., November 12, 1977.
- Part 12. Roswell, N. Mex., November 18, 1977.
- Part 13. Taos, N. Mex., November 19, 1977.
- Part 14. Albuquerque, N. Mex., November 21, 1977.
- Part 15. Pensacola, Fla., November 21, 1977.
- Part 16. Gainesville, Fla., November 22, 1977.
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(Additional hearings anticipated but not scheduled at time of this printing)

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THE NATION'S RURAL ELDERLY

MONDAY, NOVEMBER 21, 1977

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Albuquerque, N. Mex.

The committee met, pursuant to notice, at 9 a.m., in Picuris-Sandia Rooms, Albuquerque Convention Center.

Present: Senator Domenici.

Also present: Letitia Chambers, minority staff director; Tony Arroyos, minority professional staff member; Deborah K. Kilmer, professional staff member; Theresa M. Forster, fiscal assistant; and Lois Pfau, legislative assistant to Senator Dennis DeConcini.

Senator DOMENICI. We are now going to open the hearing.

This is a formal hearing of the Senate Committee on Aging. It is the third hearing in New Mexico. On Friday we had a day-long hearing in Roswell, for Roswell and the surrounding counties. Saturday we were in Taos for 5 hours and had four northern counties bring witnesses and those who run the programs for the aging there.

Today we will conclude the 3d day of our three hearings here in Albuquerque.

Before I make a statement and introduce the members of the committee staff who are here, I'm very pleased that our mayor-elect in Albuquerque is here to welcome the committee. As you know, our new mayor is not yet formally the mayor, so I greatly appreciate his accepting an invitation to welcome the committee here. I'll turn it over to him for the welcoming and then we will go on with the formal hearing.

Mayor, it is a pleasure to have you, and thank you so much for coming.

WELCOMING REMARKS BY MAYOR-ELECT DAVID RUSK, ALBUQUERQUE, N. MEX.

Mr. Rusk. Thank you very much, Senator. I am delighted to be able to welcome you here and other representatives of the members of the Senate Special Committee on the Aging. I know that we will have you back many times to delve into problems of our citizens here in New Mexico, and I look forward to seeing you then and working with you on other occasions on behalf of our community.

I would like to state that I speak to you as a former board member of Older Americans Council here in Albuquerque, which is the sponsor of the "Rent-a-granny" program. I only recently submitted

my resignation from that board because, upon becoming chief executive of the city government, I would be placed in a conflict-of-interest situation with that agency, but I have long had a concern with the problems of the elderly.

I think under my administration I certainly intend to address very forcefully the problem of isolation. I know there are many problems of the elderly, problems of adequate income, problems of adequate health services, and municipal government cannot play a major role in those areas. We must have the support of the Federal Government and support of our State government, and even our county government which has the lead role in health services here.

But with regard to isolation, the problems are those of transportation, difficulty in moving around in our community, and of a role. I think if you look back over a period of 50 or 100 years, one of the problems of the elderly in urban communities is that they have become isolated, and I seek to break down that sense of isolation.

TRANSIT SERVICE IMPROVEMENT

We are going to undertake a major expansion of improvement of service of our public transit system here, including a special network of service for the elderly and the handicapped, a door-to-door type of system. With regard to developing and breaking down the problems of isolation in other ways, we hope to reemphasize the vitality of neighborhood life and to get neighbors working together, talking together, working on common problems together. In that way, re-creating for the elderly in their own communities a sense of role and contribution. Senior citizen centers are important from the point of view of the social activities that they can offer on an organized basis.

I've always thought that one of the real heart of the question is what is the role that exists between the older people and the young in their own communities and in their own neighborhoods, and we hope to emphasize this through a whole pattern of neighborhood redevelopment.

So I am very pleased to welcome you here and to welcome the other representatives and members of your committee. I know this will be a productive session. You have many, many fine citizens of Albuquerque and other areas here, and I look forward to learning a great deal from this session. I'm sorry I can't stay with you this morning. I do have a schedule of other appointments. Welcome, and it is good to see you again.

Senator DOMENICI. Thank you very much, David. Let me say, Mr. Mayor, I totally understand your having other appointments. As you know, about 6 or 7 years ago I occupied the position that Albuquerque had then that was closest to being the mayor; we didn't have him as chief executive officer. But those were busy days and yours are busier. I have not publicly had an opportunity to congratulate you—I have done that privately, as you well know, but I want to do it publicly—on your victory and also on your enthusiasm and ideas which I hope can be brought into fruition during your term because, if they are, Albuquerqueans will be better for it.

I also want to say that, not only as a member of the Committee on Aging, but on all the work I do in Washington, I hope we can work together to keep Albuquerque a vital city and improve it where it needs improving, and together see if we can make sure 20 years from now it is still a good city.

Thank you very much, Mayor. It is great to have you with us.

Mr. Rusk. Thank you very much, Senator. And I'd like to welcome all of the persons who have come here today. Thank you very much.

OPENING STATEMENT BY SENATOR PETE V. DOMENICI, PRESIDING

Senator DOMENICI. Before I summarize where we are and what we have done, let me introduce the staff members who are here from the Aging Committee in Washington.

On my left is Dr. Letitia Chambers. She works for the committee and is minority staff director. She is a New Mexican, having worked in Santa Fe for the department of education a few years ago, and we are pleased to have her with us.

And then Tony Arroyos is a New Mexican from Santa Fe. He works for the committee as a full-time employee. We are delighted that we could bring him to Washington because he has worked in the Older Americans programs in Santa Fe and around New Mexico for a number of years.

We also have three committee staffers from other States and I want to introduce them. Debbie Kilmer is from Idaho and works for the committee in Washington.

Theresa Forster is from Ohio and also is an employee of the committee.

Then we are very pleased to have a representative of Senator DeConcini of Arizona. He serves on our committee but could not be here because, as you know, I changed this schedule to accommodate a series of energy conferences I had to attend in Washington. He planned to be with us last week, but cannot be here today; he sent his representative, Lois Pfau. Would you stand up, please?

I want to say that I greatly appreciate Senator DeConcini's diligent work. He is a new member of the committee and a new Senator. I look forward to working with him, and I truly believe we have an ally from Arizona in terms of concern and genuine interest in helping with the problems of our senior citizens.

Now, I have a rather lengthy statement but I don't want to read it to my friends here. I just want to talk 3 or 4 minutes with you, but I will make that full statement a part of the official record.¹

PROBLEMS OF SENIOR CITIZENS IGNORED

We have, in the United States, arrived at a time when we are going to look again at a law called the Older Americans Act. It has been in existence for a few years. It should have been in existence for many but we ignored the problems of our senior citizens during

¹ See p. 1089.

most of the last 30 years until, finally, we did enact a law called the Older Americans Act. This is the enabling legislation for our nutrition program, most of the programs that take place in our community centers, some of our transportation money, and most of the social programs that exist directly on behalf of the senior citizen.

Next year the act is to be reauthorized and that is one of the principal reasons we are here, to see how it is working and how it might work better, what things we are not doing that we should do.

I believe there are two or three major problems for our senior citizens. I don't think there can be any doubt, having been in New Mexico at hearings for 2 full days, and having visited senior citizen centers and senior citizens on almost every trip to New Mexico, that the No. 1 problem is health care. It is complex; it is difficult; and there can be no doubt that we need a new major home health care delivery system in the United States. Too much of our health care is geared to institutions. Everyone who has looked at the problems indicate we must move in the direction of providing care in the home as contrasted with the employees almost exclusively on hospital and nursing home staffs.

Second, there can be no doubt that right now, at this particular time, a most serious economic problem is the tremendous cost of energy to the fixed-income senior citizen. Everyone is burdened in America by increasing energy costs. Our President has said it cannot come down. It will still go up, and those who are burdened most are fixed-income senior citizens.

Third, especially in rural areas, we must improve our efforts in attempting to provide transportation to senior citizens. The mayor is correct: Loneliness is one of the serious problems of older people, and is made more serious because senior citizens are generous by nature. They want to be with people and do for people. They have done for people all their lives. You know, we met in Washington with 14 people from foreign countries who studied the problem of old people in their countries. I asked them, "Do you have any indication that the young people are no longer concerned about their old people or their elders," and they said, "That is a myth. The young people still love, want to be with, and want to help their mothers and fathers and grandparents." But, said the experts, "It is true that senior people, older people, want to help young people more than young people want to help them. It is just natural," they said, and to which I said, "Thank God that our older people want—even though they've given all of their lives—it is natural that they want to give more. They want to help and to be with people." And that makes isolation a terrible problem for people with that attitude. So transportation is important and we will speak of it today.

COMMUNITY ACTIVITIES NEEDED

Community activities in community centers, be they new and modern, or old and improvised—we need to give to our senior citizens an opportunity to join together, do things together, and work together.

Let me conclude by telling you one more thing. I've been genuinely concerned about the rising energy costs for senior citizens and I think

there are two things working in Washington that might help. In the rate regulatory bill, we are working for what we call lifeline, which would assure senior citizens the cheapest possible energy rate in any ratemaking process. I have supported that and there is a reasonable chance that it will come down in the national law.

Second, since we cannot get a substantial increase in social security, I propose that we give each fixed-income senior citizen, at least for the next 5 years, a \$75 a year tax credit to help pay their energy bills. Now, that passed the Senate 88 to 2, so most of them agreed with me. But we don't know whether the amendment will become law until we finish the energy bill, perhaps in the next 25 days, and then whether it will be included in the final package with the House.

Now, having said that, let me hear from you people. We are a little behind schedule, but we have time at the end of the day. We are going to start with the first panel.

Let me make one other announcement. We have a sheet of paper available for any of you that want to make an individual comment. Write your comment down and it will be made part of the official record¹ just like the witnesses. As we move through the day, if there is something that you want to tell us about, write it down, and put your name on it. If you want a copy of this record, check the box there and you will, in due course, get that, also.

[The prepared statement of Senator Domenici follows:]

PREPARED STATEMENT OF SENATOR PETE V. DOMENICI

Ladies and gentlemen, it is indeed a special pleasure for me to convene this hearing of the U.S. Senate Special Committee on Aging in New Mexico. The Senate Committee on Aging, on which I serve as the ranking minority member, has broad oversight responsibilities that cut across the narrow jurisdictions of the various standing committees of the Senate. This broad mandate has enabled our committee to provide leadership in many different areas ranging from the search for viable alternatives to institutionalization, to combating fraud and abuse in the medicare/medicaid program, to helping older Americans cope with the rigors of the energy crisis, to improving the delivery of health care, to furthering the search for ways to expand transportation opportunities for the elderly. This list covers only a few of the areas we have focused on this year.

Today's field hearing is one of three we are holding in New Mexico. Unlike many people in our Nation's Capital, I have not yet succumbed to the belief that all wisdom and knowledge resides within the territorial limits of Washington, D.C. The Special Committee on Aging, over the years, has recognized the value of getting away from Washington so that we can gain a clearer insight into needs of older Americans and the operation of programs we enact to meet those needs.

After the Congress has enacted a law, we often lose sight of how the program operates. Information from State and local officials and the comments of individual citizens are the only way we can keep track of how well or how poorly these programs are functioning. That is why we are here today.

¹ See appendix 3, p. 1246.

NATIONAL POLICIES AFFECTING ELDERLY

We are now passing through an important period in the shaping of national policies affecting 22 million older Americans, 133,000 of whom live in New Mexico. The Congress is currently putting the finishing touches on an overall national energy policy, restructuring the financing mechanisms for the social security system, and overhauling our basic concepts of mandatory retirement at a fixed chronological age. Next year, the Older Americans Act and the Domestic Volunteer Service Act expire and must be extended and expanded by Congress.

This has been a most productive year for those of us in the Senate who are concerned about helping the elderly. Working closely with many of you in this room, we have been able to turn suggestions from this State into real legislative thrusts. For example, when many of you complained that the present mandatory retirement laws were stifling the will and wasting the talent of our older Americans, we were able to draft a bill that ends involuntary retirement. And, a bill embodying that very concept is now nearing enactment.

We hear, at various hearings throughout our State, of the desire of children to have their elderly parents remain at home. Legislation, which I authored, to give a tax incentive to families who provide a home for a dependent senior citizen, passed the Senate earlier this year. In addition, we have worked on legislation to expand coverage under the medicare program to make a wide range of home-delivered services available to the elderly. Senators Church and Brooke of this committee joined with me in a successful effort to extend and expand the vital weatherization programs for low-income senior citizens.

SENATE APPROVES TAX CREDIT

Senator Hart and I, and several other Senators, worked hard to pass a lifeline utility rate to protect the elderly. This, also, was the outgrowth of suggestions many of us received from senior citizens in our States. Finally, taking a concept that was first presented to me in Los Lunas at a meeting of senior citizens there, we were able to get the Senate to agree to provide the elderly poor a \$75 refundable tax credit to help them meet rising energy costs.

I want to stress that this kind of cooperative effort, where senior citizens and their advocates work closely with Congress, does produce results. We in New Mexico have proven that. You should all be proud of the part you have played in proving that democracy can work best when we all meet and communicate in good faith.

Here today we have another opportunity to listen to what you have to say about the workings of this Nation's laws and programs which affect the elderly. I hope that we can come away from this hearing with new ideas and suggestions that we can turn into solid legislative proposals when the Congress reconvenes in January.

The Special Committee on Aging has been actively seeking ways to improve the quality of life for older Americans. We are here today to receive your comments and to see how we can translate them into action in Congress. The testimony we receive during these hearings will help us shape the legislation, appropriations, and

public policies that will come before the 2d session of the 95th Congress. We will also pass on this information to the Human Resources Committee's Aging Subcommittee and the other appropriate committees of both the House and the Senate.

[End of prepared statement.]

Senator DOMENICI. Our first panel will be Clifford Whiting, chairman of the State Commission on Aging, and Ginger Grossetete, mayor's office for senior citizens.

Mr. Whiting, we are delighted to have you and, Ginger, we're pleased not only to have you here but to see you again.

STATEMENT OF CLIFFORD WHITING, CHAIRMAN, NEW MEXICO COMMISSION ON AGING

Mr. WHITING. Mr. Chairman, I appreciate this opportunity to present testimony to this committee on the needs of senior citizens of New Mexico. I know from experience that this committee does more to help the elderly in the nation than any other group.

I will take a few minutes to summarize some of the points of my statement. I will speak mainly on the rural elderly.

I think we should take a few minutes to examine these rural elderly. We know that they were all born before 1917. We know that they have survived two world wars in which many of them played a part in some branch of the Armed Services. We know they survived the influenza epidemic in 1918 which killed hundreds of people in New Mexico, and even whole families in some towns. We know they survived the depression years of the 1930's when parents wondered how they could get enough food and clothes for their families. We know they have survived 60 years of driving and dodging automobiles.

We know they have raised and educated families that have had a part in making the United States the leading nation in the world. Yes, they are a remarkable group and deserve a better life than many of them have at the present time.

CHRONIC ILLS CAUSED BY MALNUTRITION

They are deficient in many areas of services. First, health, food, and nutrition. I go along with the idea that we need more health care, especially for rural people. We are what we eat. Some authorities say that 80 percent of the chronic illnesses of old age are caused by malnutrition. There are many reasons for this in New Mexico. Some people have never had a knowledge of proper food or nutrition. Others have physical handicaps when they get old whereby they cannot cook meals; and others, because of isolation and loneliness, have lost the desire to cook and prepare meals.

One piece of legislation now before Congress would help the rural elderly. Senate bill 519 or other pending legislation could be the partial or even the total answer to the problem of getting meals to the rural elderly at all times of the year. The above legislation would furnish home-delivered, shelf-stable meals to those who cannot get to a meal site.

We could deliver enough meals for a week with only one visit. We could store them ahead of time for these senior citizens and, if we had bad roads, they could still get a good nutritious meal.

This would be especially beneficial in parts of the Navajo reservations where, you know, roads are nonexistent.

Second: New Mexico housing ranks 47th in the Nation in the percentage of elderly in the general population of the State. But we rank fourth in the percentage of elderly who own their own homes. This is good, and good is the fact that 80 percent of these senior citizens' homes are mortgage free. They have no debt on them. But not good is the fact that 30 percent are substandard and should be condemned or renovated. None of them were built to conserve energy. They just didn't think about energy at the time that those houses were built.

My suggestion, instead of building new housing in these isolated areas, would be to renovate sound existing structures and keep the people in the same type of architecture to which they are accustomed. This would please the people of these isolated villages and conserve energy. I don't think that we can ever beat the energy problem by trying to hold down rates. We may keep 2 or 3 years behind, but rates are going up.

TRANSPORTATION A BIG PROBLEM

Third: Transportation. Transportation in the rural sections of the State is the biggest obstacle we have to program development. I don't know the answer but I do know that it is the biggest problem we have.

Fourth: Income and employment. We know people in the rural areas don't have the same chance for employment that people in the urban areas have. What we need is some type of project that would hire one or two people at a location so that small groups in small towns could have employment. The Green Thumb project is a good example of what I have in mind, but we have never been able to get a Green Thumb project in New Mexico.

The Federal Government and the State furnish some funds for employment but most of these funds go to urban areas.

Fifth: multipurpose centers. Statistics prove that the true multipurpose center can provide more services to more people for less money than any other delivery system. But 80 percent of our centers are in urban areas. To bring the services to the rural elderly, this would need to be reversed—80 percent of all senior citizens' centers should be in rural areas.

Sixth: Preparation for old age. Another point I think we need to comment on is preparation for old age. Young people should prepare for old age. We've all heard the expression that no one expects to die, neither do they expect to get old. The fact is if they don't die they will get old, and they should prepare for this time. They should learn that a planned retirement is a happy retirement. And when they find through study that breaking lifetime work habits is not an easy adjustment without planned and constructive use of the resulting leisure, they will find a better life for themselves.

Let me summarize the rural conditions. We find that no matter how you look at rural people in New Mexico, they have poorer homes, less money, poorer health services than the people in urban areas. Rural people have less of everything that makes life worthwhile.

I have several recommendations, but I will give them in the statement I turn in.

Senator DOMENICI. Fine. Your entire statement will be made part of the record.¹ Before Mrs. Grossetete testifies, I would just like to ask you a couple of questions and then make a couple of comments on my own.

EVALUATION OF MEALS

As chairman of the State commission, Mr. Whiting, I would like to ask you what statewide procedure or process you have to evaluate the meals that are being delivered to the senior citizens around the State? Let me tell you why I ask. I was up in Taos and they have a number of small facilities that deliver meals—20, 30, 52, in that range—and I heard a little bit of rumble from the people that maybe these meals were not very good in some cases. Yet I heard from the professionals that are out there doing it that they met every standard of quality and of nutritional value. Since all of those things are done at the local level and since we are in very remote towns, I wonder what process—and it's up to the State of New Mexico to oversee the entire process—what do we have in place to evaluate whether the proper services are delivered for the money we pay?

Mr. WHITING. We have staff persons, including a trained dietitian, that monitor these meal sites continuously. There may be some meal sites that they don't get to every month. The rumbling you are talking about reminds me when I was in Las Cruces in August. One of the men that ate at the senior center stood up and said, "Why can't we have as good food like they have in Albuquerque," and the people in charge of meals started talking right away saying that Las Cruces meals were good. He said, "Well, I read the menu in the Albuquerque paper and that menu is wonderful, and we don't have anything like that in Las Cruces." I've eaten in both places. Both meals are very similar and I'd say they are both equal. But I do think that where meals are prepared at the meal sites, we have better food than we do when it is prepared at one location and hauled to meal sites. Any time I go to a meal site, I suggest that they prepare their own meals so that they can please the people that eat them. The cook knows what the people want where he is cooking, whereas if it's prepared in a kitchen somewhere or in a hospital, they just dish out a standard meal. I can see where there would be complaining about the meals.

But we do try to monitor them to be sure that they have the necessary one-third of a good daily nutritional meal.

MEALS-ON-WHEELS VERSUS CONGREGATE

Senator DOMENICI. All right. Two additional questions. You mentioned the need to have an improved system and increased resources applied to what is now known as meals-on-wheels, meaning that we deliver meals to the location of a senior citizen unable to get to the

¹ See p. 1096.

congregate site. Now, whether we're going to do it in the space mode or whether we are going to do it any other way, we still have to talk about whether we should have more meals-on-wheels delivery versus the congregate setting.

Let me tell you why I ask. The present appropriation for hot lunches, both congregate and homebound, is \$200 million for the country. I am told that in New Mexico we follow the guideline that 15 percent of the total allotment goes to homebound delivery and 85 for the congregate setting.

Now, one expert said we would rather not have the 15 percent, but instead receive more money for nutrition and let our State, in the local areas, decide how much they want to put into homebound and how much into congregate. That is one way to go. The other way would be to have congregate funding and then have meals-on-wheels separately with a fixed amount of money. Do you have any views on which might be a better approach?

Mr. WHITING. Well, my view is that meals should be delivered to homebound people but if there is any possibility to get them out, they should be brought to a congregate site because even that is medicine enough in many cases to bring them back to activity. But my idea of home delivered meals is to serve more people with money we have. Take Canoncito, they serve 17 congregate meals there. They go out south, say, and pick up three or four people and bring them to the meal site, and while they're eating they go east and pickup three or four more, and then north and south. They spend too large a proportion of the meal money for gasoline. Now, the combination I would like to see made would be where they could bring these people at Canoncito into a congregate site once or twice a week and then leave the home delivered meals with them for the other days, even meals for Saturday and Sunday.

I think we should have a combination so we could spread out and deliver more services to more people who need the meals.

Senator DOMENICI. All right, I understand. And I think what you are saying is you are leaving it up to us to analyze and determine whether there will be more of that flexibility you've just described by increasing the base fund, as contrasted with the base fund being about like it is, and setting up a separate meals-on-wheels. We will analyze it in that context.

HIGH COST OF INSURANCE

Let me ask you one other question, as chairman, again, of the commission. A rather fantastic thing has evolved with reference to transportation in the rural areas in particular. You know, first we fought for years about how to get vans out there; we passed some laws appropriating funds and found it all bogged down because we were using State highway commissions under the Mass Transit Act. We have seven vans in those two little counties I came from, but now we find they are uninsurable. We have been leaving them there because they are owned and managed by a small local organization, and the insurance is so high that they can't pay the insurance.

Now, we can't, nationally, insure all of the vans around this country, but it appears to me that we have a responsibility to try to get these vans insured under some fleet insurance plan in our State.

Mr. WHITING. I'm glad that you brought that up. At the recent commission meeting we brought this same subject up and we are now exploring the possibility of fleet insurance to cover these senior citizen vans that would be statewide, and we are contacting the different insurance companies and the State Insurance Commission to see if we can come up with some type of insurance that would cover all vans.

Now, we know in some places—in New Jersey, I think—the insurance on a van is \$2,300 a year. Some of them in New Mexico are \$1,200. The average is around \$500, but these small communities cannot even afford \$500 on a van. The answer, and I think it is possible, is to get fleet insurance in New Mexico for all senior citizen vans to be covered as a fleet.

Senator DOMENICI. Now, Mr. Whiting, I will ask you specifically, as chairman of the commission in New Mexico, if you will keep us advised on the progress of developing fleet insurance. If there is some way we can be the conduit for an incentive to get the State to insure the fleets, we would like to know what approach to take.

Now, my third concern has to do with your statement that, although the State is 47th in the percentage of older people in the total State population, we are fourth in terms of homeownership.

Mr. WHITING. Yes, we are.

HOME IMPROVEMENT PROGRAM

Senator DOMENICI. Now, we have had a rather significant home improvement program and insulation program for the elderly poor. We will soon have a major one. The funding will approach \$200 million a year nationally for insulation and energy savings repairs with a maximum of about \$800 per unit or per home. What role does the State commission play in monitoring and supervising the effectiveness of that program?

Mr. WHITING. We have no role in actual supervision. It is a human resources project. I think it is a wonderful program, but I think we should go in and evaluate cost of repairs to a home. If \$900 would do a good job, we should renovate so they don't have to do it again next year. It should be rebuilt, and it would be a one-time thing. If you renovate a sound structured home, even if it's 100 years old, and do a job, then that home will be good for another 100 years and it will cut down on energy costs. Increasing the insulation will reduce our energy costs, and I know that is the only way we're going to hold down costs for senior citizens.

I think the program that they have is wonderful, but I don't think we should restrict it to a certain amount because maybe another \$100 would make the house the way it should be where \$800 just won't quite do it. There would still be something left out. I don't say the Government should bear all of the cost; I think we should work out some plan whereby the homeowner, if possible, should do some of the work, or get elderly citizens that are mechanics to do the work. We could use it as a training program. But when we do it, let's fix the house so it is livable for the next 20 or 30 years and not just patch it up.

Senator DOMENICI. All right. Now, Mr. Whiting, I'm sorry to bother you with all of these questions.

Mr. WHITING. That is what I came down here for.

Senator DOMENICI. All right. Here is the problem as I see it. We are going to spend about \$200 million every year to insulate and improve the homes of senior citizens who are too poor to pay for it themselves. We are also going to spend about \$195 million in a program that puts our older people into public type jobs under the Department of Labor. We are going to provide those two programs. One is administered by the Energy Office and Community Services Administration. The employment program is administered by the Department of Labor.

ROLE OF STATE AGENCIES ON AGING?

Now, as we revise the Older Americans Act, should we attempt to give the State agency on aging some kind of supervision over those pieces of assistance for the senior citizens or should we leave them all out there by themselves?

Mr. WHITING. We should put it under one head, whether it's the commission on aging or whether it is another department. It should all be under one head because now they're badly scattered. This indicates that we don't really know what they are doing. I think under the new law if you put all programs for elderly together you can monitor and see which programs are working right. You can get more for the senior citizens with the dollars you spend. It will work better and be better for all of the senior citizens in the United States.

[Discussion off the record.]

Senator DOMENICI. I have two or three technical questions about title III and title VII in terms of restrictions on contracting. My staff tells me that some of the providers who are working in the field will probably answer those questions, Mr. Whiting, so I won't ask them of you.

[The prepared statement of Mr. Whiting follows:]

PREPARED STATEMENT OF CLIFFORD WHITING

How many people in New Mexico live in rural areas? How many of them are elderly? The number of rural elderly will depend on the formula you use to determine which parts of the State are urban and which parts are rural. Even if we do not know the exact number of elderly living in rural areas of the State, we do know the conditions under which they live, and that is the important thing.

Let's take a few minutes to examine these rural elderly. We know that they were all born before 1917. We know that they have survived two world wars in which many of them played a part in some branch of the armed services. We know they survived the influenza epidemic in 1918 which killed hundreds of people in New Mexico, even whole families in some towns. We know they survived the depression years of the 1930's when parents wondered how they could get enough food and clothing for their families. We know they have survived 60 years of driving and dodging automobiles. We know they have raised and educated families that have had a part in making the United States the leading nation in the world.

Yes, they are a remarkable group and deserve a better life than many of them have at the present time.

The latest census estimate of the over-60 group in New Mexico is 136,853 in 1976. If we use the lowest estimate for rural elderly of 30 percent, we would have 41,000 in the State. Most of them are not receiving their fair share of services furnished to the elderly of the State.

They are failing to receive a full share of services in the following areas:

FOOD, NUTRITION, AND HEALTH

The health problems which accompany old age are the biggest unknown factor facing the elderly, especially in rural areas where emergency health services are not available. The average cost for each older person for health care in 1974 was \$1,200. Projecting this average to our rural elderly gives us a total of \$49 million we should be spending for rural elderly. Medicare pays about three-fifths of the bill. Medicaid and the individual pay the rest. I am sure that they do not receive this much health care because the services are just not available for them.

We are what we eat. Some authorities say that 80 percent of the chronic ills of old age are caused by malnutrition. There are several reasons for this condition among the elderly. Many have never had a knowledge of proper nutrition and their ills, when they get old, are the result of a lifetime of poor eating habits.

Many are not able to cook because of a physical handicap; others because of isolation and loneliness have lost the desire to cook and prepare meals.

But proper nutrition can improve health at any age or physical condition. The U.S. Congress recognized the value of good nutrition to preserve health when they passed legislation creating the meals program or title VII under the Older Americans Act.

In September we served 3,445 meals a day at 100 sites for a total of 61,326 for the month. About 9,000 of these meals were served at 30 sites that serve only Indians. The meals at these Indian sites would certainly be to rural elderly under the 30 percent formula. Only a small percentage of the other meals served during the month could be considered rural using this formula. The people who need the meals the most are not receiving them.

The isolated elderly should be served but added costs, distances, small groups, poor roads, and even Federal regulations prevent them from receiving the same services as the urban elderly. Senate bill 519 and other similar legislation pending in the Congress could be the partial or even the total answer to this problem. This legislation would furnish home delivered meals to those who cannot get to a meals site. The best part of this legislation is that it would permit the use of shelf-stable meals developed by the National Space Administration. This legislation, if passed, would be the answer to many of our rural problems in New Mexico. It would be especially beneficial to the Navajo Reservation and isolated small communities in all parts of the State.

At Canyoncito, the number of meals served each day could be expanded from the present 17 conjugate meals. A part of the group could be brought to the meal site 1 or 2 days a week and a shelf-stable meal package given to them so they would have a good nutritious meal the other days of the week—even Saturday and Sunday. In other words, money now being spent for gasoline could be spent for food. These meals can even be delivered by parcel post to localities that have mail service. Think what this program would mean to the isolated elderly in New Mexico.

Economics would indicate that we should expand the meals program for all parts of the State. New Mexico is spending \$1.5 million a year to serve the present 3,445 meals a day. We are spending up to \$160 million on health care. If expanding the meal's program would result in better health for the participants, the result would be a saving in Federal, State, and individual dollars. At the same time the people receiving the extra meal service would be happier because they would be healthier.

HOUSING

To offset the high cost of utilities for the elderly, especially in rural areas, the Congress should allow the pioneering of solar heating systems to heat the homes of these people.

There have been several types of low-cost solar heating systems installed by individuals in many locations in New Mexico. While these systems are not

complete systems, they do save many dollars of heating bills when and where they are used. This would not only save dollars for the users, but also save on natural resources. I know the idea is worth considering.

New Mexico ranks 47th in the nation in the percentage of elderly in the general population of the State. We rank fourth in the percentage of elderly who own their own homes. This is good, and good is the fact that 80 percent of these homes are mortgage-free. Not good is the fact that 30 percent of them, especially in rural areas, are substandard and should be condemned or renovated. Not good is the fact that 50 percent of these homes are over 50 years old and waste energy. Even those that are only 25 years old were not built to conserve energy, which is disastrous in this time of high utilities.

Rather than spend millions of dollars on new housing for the elderly, we should renovate all existing homes that are structurally sound. This would keep all housing in the area the same as it was and would please all the inhabitants of the area better. This renovation could be done in many ways—as employment for older men or as training for young people.

It is impractical to construct new housing in rural areas for many reasons. Repairing old homes is cheaper and lets the elderly live in familiar surroundings for a longer period of their lives. Such repairs would be a one-time deal. The renovated homes would be liveable for years. They would also reduce utility costs and make the home a more pleasant place to live. We cannot keep utility rates low to help the elderly very much. We might keep them a year or so below regular rates, but they will still keep increasing.

If we want to improve the quality of life of the elderly we should start where they spend most of their time—in their homes.

TRANSPORTATION

Transportation in rural sections of the State is the biggest obstacle we have to program development. It does not matter what the Federal, State, or local governments provide in services if these services are not available to anyone. What good is the service if you cannot get to it? Distances, poor roads that are sometimes impassable, etc., keep people from services. It also keeps services from being delivered to people in rural areas.

I think we can use the Canoncito meal's project as an example of what poor roads and the lack of roads can do to a project. In August of this year they served 17 conjugate meals and delivered 9 home meals a day. Let's follow the busdriver as he picks up these people: First the bus goes several miles in one direction—say south—and picks up three or four people and takes them to the meal site. While this group is eating, the bus goes in another direction—say east—and picks up a few more people. These people are delivered to the meal site and the bus repeats the trips going to the west and north. When all have eaten, the process is repeated to take them home. A four-wheel drive bus is used because of road conditions. Think of the difference in cost of transportation costs at Canoncito meal site and a meal site in Albuquerque.

INCOME AND EMPLOYMENT

We do not know the exact income of most of the people in rural areas. We know it varies as it does in urban parts of the State. What we do know is that most of the people who live in rural areas have lived there all their lives. Most have just lived with minimum necessities. They just made enough money to feed and educate their children and pay taxes. They have never been able to accumulate enough to provide for their old age and now must live in poverty because conditions over which they had no control have changed.

More elderly people are living in these conditions because the younger generation had to leave the area to make a living. And they just make a living and are not able to support their aged parents, although many of them try. It has been a vicious circle and the rural elderly are the victims. There are not enough people in one place in these isolated areas for large work projects. What is needed are projects that hire one or two persons at a place. The Green Thumb projects are a good example, but we have never been able to get such a project in New Mexico. The largest part of money from Federal and State funds for employment are given for employment in urban areas.

MULTIPURPOSE SENIOR CENTER

Statistics prove that the true multipurpose center can provide more services to more people for less money than any other delivery system. These centers are almost a must to provide services in rural areas, yet we find that 80 percent of all centers are in urban areas. Because of need, this should be reversed, 80 percent of all multipurpose centers should be in rural areas. This would enable the rural elderly to be served on a comparable basis with urban areas.

PREPARATION FOR OLD AGE

Young people should prepare for old age. We have all heard the expression: "No one expects to die, neither do they expect to get old." The fact is that if they don't die they will get old, and they should prepare for this time. Most people now living will live long enough to become the elderly of their time. What are they doing to prepare themselves for this time? Nothing.

I have been intimately acquainted with some of the problems of old age for 11 years. In these years I have seen hundreds become the "elderly" and those who reach this age today have the same problems as those who reached the age 10 years ago or 20 years ago or 30 years ago. The majority of them make no preparation whatever for old age—they must expect Santa Claus to take care of them. But they soon learn that there is no Santa Claus when you are over 60 years of age.

The 1961 White House Conference on Aging recommended that we start preparing people for old age in secondary schools. Other authorities have said this is an unrealistic time to start training and that we should wait until a later date. No matter when we start we must educate people to live in retirement or the problems of the elderly will increase each year until they become insurmountable.

More money is not the total answer. The answer is teaching people to prepare mentally for this period of life. They must learn that a planned retirement is a happy retirement, and when they find through study that breaking life-time work habits is not an easy adjustment without planned and constructive use of the resulting leisure, they will find a better life for themselves and those around them. They will find that to be happy they must continue to serve society. They will find that there are unlimited ways they can contribute to the welfare of other people and still be happy.

SUMMARIZING RURAL CONDITIONS

No matter how we look at the situation in rural New Mexico, we find that the elderly who live there tend to have poorer health, less money, poorer homes than the elderly in urban areas. I think the challenge of the 1980's will be to keep the elderly in rural areas where they have always lived and are happy and bring living conditions in these areas to an equal with urban areas.

RECOMMENDATIONS

(1) Congress should reduce discrimination against rural elderly in all Federal programs.

(2) Congress should allocate a certain amount to States of OAA funds for use in rural areas before funds are allocated on a percentage basis of elderly in each State.

(3) The Federal Census Bureau should furnish States with updated census data each year to enable them to plan more effectively.

(4) Change regulations so titles III and VII can be used more effectively to serve older Americans.

(5) Change the funding for the administration of the area agencies on aging so that they will have money to do their job. If Congress does not want to spend more money for administration for these agencies, they should instruct AoA to reduce the required number in each State to where they can operate effectively with the funds that are available.

Senator DOMENICI. All right. Ginger, we are pleased to have you and we're sorry we made you wait so long.

**STATEMENT OF GINGER GROSSETETE, MAYOR'S OFFICE FOR
SENIOR CITIZENS, ALBUQUERQUE, N. MEX.**

Mrs. GROSSETETE. I think these were all vital and important questions, and I am glad to hear what is happening on the national level.

I want to express my thanks for allowing me to testify today on behalf of the senior citizens of our community.

Despite the existence of a growing body of knowledge of senior citizens' needs on the national level, the staff of the mayor's office for senior citizens felt a special survey was needed on the local situation. The reasons were many, but mainly related to the fact that Albuquerque and New Mexico have certain unique characteristics which we felt might serve to create special problems for our seniors.

Therefore, in order to determine the actual life situation of the seniors on the local level, a survey was conducted by the urban observatory in August of this year. Today I would like to briefly report on the major issues and concerns as determined by that survey.

FINANCIAL PROBLEMS OUTLINED

Those participating overwhelmingly agreed that financial problems—including taxes, the cost of living, high rent, and food prices—posed the greatest problems. Further, lack of adequate income contributes to or causes many other needs. You know, they are caught in this vicious circle with that as the hub.

Many seniors mentioned that they can't afford to buy gasoline which, in turn, interferes with their transportation. Some reported they had difficulty in paying rent, mortgage payments, and utility bills. Others had difficulty in maintaining their home. Many found it necessary to cut back on food budgets which, you know, is a terrible place for them to cut back.

Others reported the cost of medical care was a great hardship.

The income figures of those surveyed were a good deal lower than the average household of the city. The majority listed social security as their source of income.

Transportation was also one of the most frequently identified problems.

Senator DOMENICI. The majority listed social security as their sole source of income?

Mrs. GROSSETETE. As their sole source of income; that is right. More than half of the people surveyed.

A large number of the respondents, we found, depend upon private cars as their means for transportation, and with the cost of gasoline, as I mentioned, this presents many ramifications.

The remainder of those samples in the transportation question area depend upon the local bus system or the Economic Opportunities Board special transportation service for the elderly.

The survey, however, pointed out that most seniors feel the bus system is inadequate and they tend to not use it and, also, the EOB buses are operating already at capacity; so the room for expansion is not there unless we receive further support.

In addition, the survey also indicated a need for a special transportation service for the handicapped elderly and this is something we hope to be able to address in the near future.

Senator DOMENICI. Were you able to qualify that? How big is that problem?

Mrs. GROSSETETE. I can't remember the exact statistics. I think it was about 20 percent of the people interviewed—580 people were interviewed, by the way, in this survey.

Senator DOMENICI. Can you get us that exact figure and get it to us?

Mrs. GROSSETETE. Yes, we can. In fact, I want to give you one of the booklets that was printed following the survey.

Another concern centered around housing and accompanying maintenance costs, as you and Mr. Whiting mentioned. That seems to be a great problem.

Lower utility bills were seen as a top priority. A fairly large percentage reported they had trouble paying their bills. I believe 15 percent of the respondents said they actually had trouble in paying their utility bills.

Also, the need for handyman services arose frequently. Many of the people said they needed assistance in minor repair jobs. This seems to be a greater problem for senior citizens than major repair jobs.

HEALTH CARE A GREAT CONCERN

Health care was also an issue of great concern. Trouble with hearing, seeing, foot care, and trouble with their teeth were common problems. They also indicated the high cost of medical care presented a great hardship for them even though more than half of the people sampled were participating in the medicare program.

Senator DOMENICI. Tell me that last statement again on medicare.

Mrs. GROSSETETE. More than half of the people surveyed were on the medicare program and, yet, they still have these tremendous problems and, as a matter of fact, none of the people interviewed had seen a specialist in regard to these particular problems.

Finally, the participants saw loneliness, boredom, and lack of care as major problems. So it is apparent from the results of this survey that many older people require some kind of a subsidy to maintain a decent minimum standard of living.

It seems, Senator, that you are well aware of the fact as shown by your accomplishments in the field of aging. Your recent efforts to alleviate the economic needs of the older American will certainly help with some of the problems that I have identified. In addition, your sponsorship of bills to expand medicare and other programs will certainly provide needed resources to assist seniors in meeting their needs.

I want to urge you to continue to be an action person who develops policies and programs that will enable service providers, such as the mayor's office for senior citizens, to meet the needs of the elderly in our communities across the country.

Thank you.

Senator DOMENICI. Thank you very much. May I ask you who paid for the urban observatory study?

Mrs. GROSSETETE. The mayor's office for senior citizens. We felt it was a very necessary thing to do. We didn't have anything in cold, concrete terms of what the needs were in our local community.

Senator DOMENICI. I think that is just tremendous that we get that. If the things you mentioned versus the things that are fre-

quently called to my attention—two things were not mentioned by you, and let me ask you if it is because they did not come up as problems or that you just didn't include them.

CRIME A SERIOUS PROBLEM

Frequently senior citizens say that crime is a serious problem. If nothing else, it is a fear situation that is restricting their lives greatly. Did that show up in the survey?

Mrs. GROSSETETE. Yes, that did show up. But, you see, our first question to these people who were interviewed was: What do you feel is the greatest problem facing senior citizens, and since I had a brief time today to comment, I limited it to the top three. So crime is included; employment is included. You will find that many people did respond and, of course, the fear of safety, not only of their own body, but their home. It is very important and it did show up in the needs assessment.

Senator DOMENICI. All right. Now, Ginger, one other question. We frequently hear about those senior citizens who are collecting social security and want to work and have jobs where they earn rather than collect interest or dividends. However, as an earner they are burdened by the limitation which says you can't earn more than a certain amount after which you lose \$1 in social security for \$2 earned. Did that show up as a major problem?

Mrs. GROSSETETE. Yes, this did show up and, of course, in my work at the senior citizen center I hear this all of the time. People are very upset about the limitation placed on them. It is certainly a nonmotivating factor, also, for seniors. I think they want to help themselves and this is preventing them from helping themselves.

Senator DOMENICI. All right. Let me say, since Mrs. Grossetete raised that as a problem, and since we frequently hear from senior citizens on this issue, that in the social security funding amendments in the Senate we changed the earnings limitation in the following manner. The limitation is now \$3,000; over that amount \$1 is lost for every \$2 earned. The new amendment will raise the level to \$6,000 by 1981, moving in increments. Right now if you are 72 you can earn with no limitation. That age will be lowered to 70, the new mandatory retirement age. So by 1981 it will be \$6,000 and 70 years of age.

The House took off the limit totally in about 1983 or 1984. Somewhere in between is what the new law will be, so that problem will be corrected to some extent.

Mrs. Grossetete, do you work as a provider with title III of the act that restricts programs to 3-year funding and, if you aren't on your own, do you have to abandon that program and do something else?

FUNDING FOR TRANSPORTATION PROGRAM

Mrs. GROSSETETE. Yes, because our office, as you know, is the recipient for the title III funds in Bernalillo County. This certainly presents a problem. You just get something going. It's like passing out candy and then you take it away. Of course that presents a problem. People come to depend upon the services. One of the things we are

very concerned about is the funding for the transportation program because we are getting near the end of that 3 years, and we really find that is a vital need as evidenced by the testimony already presented here.

Senator DOMENICI. So you, like most of the providers in the other two hearings, recommend that we either abolish the 3-year limitation or make it significantly easier to waive it?

Mrs. GROSSETETE. Yes, I certainly do.

Senator DOMENICI. Do you have any problems with the statute language that restricts the renting of facilities by this condition, that there must be a firm lease for ten years or you cannot use a facility? That may not bother you.

Mrs. GROSSETETE. Yes. Well, it does at one of the meal sites that we work jointly with—the metro nutrition project. As a matter of fact, we were just applying for title V funds and ran into this problem because we are using a facility that is owned by the Brothers of the Good Shepherd. We did not have any kind of a lease. We do have now a letter of agreement saying that we will be able to use that facility for ten years, but we actually still don't have a tight lease situation, and I hope that will not prevent us from acquiring those title V funds.

Senator DOMENICI. We have run into the problem where, in a number of rural communities, the only facility available is a church or a building that a church owns, and they just don't lease them to anyone for 10 years. So we can't lease a meal site from year to year. I know the Congress of 5 years ago had good intentions in that they didn't want you to put all of the improvements in and then have somebody throw you out as a tenant. But I guess you concur that the ten-year limitation is rather arbitrary and we ought to find some other test.

Mrs. GROSSETETE. As a matter of fact, there are 18 meal sites in the city, and where you are going to be having lunch today was the only one that we could determine could qualify for title V funds because of that very problem. It was the only one located in a separate facility not operating in conjunction with a church or some other facility. That is the Barelas.

Senator DOMENICI. Who owns the Barelas facility?

Mrs. GROSSETETE. The Brothers of the Good Shepherd, but it is a separate little building. It is not in a church or something like that.

Senator DOMENICI. I see.

Mrs. GROSSETETE. So that was the only one that could qualify.

Senator DOMENICI. Thank you both very much.

Mr. WHITING. May I make one more statement?

Senator DOMENICI. Please.

ELIMINATION OF REDTAPE

Mr. WHITING. Concerning title III, I think the 3-year limitation should be modified. We should think of towns like Mora, N. Mex. When the 3-year funding runs out, there are no resources available for them to continue. The 3 years is it, period. I think there should be consideration given to this type of problem in our State and in

all States where local resources are not available, that there should be some way they can continue without so much redtape.

Senator DOMENICI. It isn't a question of necessarily saving money. Because the way the law has been interpreted, what we are saying is, if the local community chooses this program—program A—as the best one when they start, they cannot continue it for longer than 3 years. It isn't that their money runs out. They may get the same amount of money, but they have to choose another program, the idea being that if it is good you ought to pick up the tab yourself, locally.

Well, the chairman of the commission on aging said it right. You know, in the smaller communities there isn't enough money to pick up anything and, if you choose what was best, it would seem that you ought to be able to continue it before you abandon it and choose another one. That is the issue, as I understand it.

Thank you very much.

We are about 10 or 15 minutes late, and that is not too bad. Let me ask you if you will excuse me for about 3 or 4 minutes. Just stay where you are and I'm going to go out and talk to somebody for 1 minute and I will be right back, and we will continue on with your panel.

[There followed a short recess.]

Senator DOMENICI. All right. Our next panel is made up of representatives who come to us, not from Albuquerque, but from the surrounding counties. The first witness is David Bechtel.

Senator DOMENICI. I understand you are on the West Valencia County Advisory Board. Are you its chairman?

Mr. BECHTEL. I am the chairman, sir.

Senator DOMENICI. Thank you very much, David. We are glad to have you. If you can summarize your testimony so that—what did we tell you, about 5 minutes?

Mr. BECHTEL. Yes, more or less.

Senator DOMENICI. That would be great. Thank you very much.

STATEMENT OF DAVID BECHTEL, CHAIRMAN, WEST VALENCIA COUNTY, N. MEX., ADVISORY BOARD

Mr. BECHTEL. Thank you, Senator. It is a real opportunity to bring to you the judgment of the advisory board because we met the other night and we discussed what my observations might be at this meeting.

First, we would like to say thank you for what we do have. It is possible because the city of Grants became a sponsoring agent for services for the aging for the entire west Valencia County which was something far beyond the call of real duty. This involves services to the western part of Valencia County, an area of more than 1,000 square miles.

We have had real help from the State commission on aging and from the mid-Rio Grande COG. Without title II funds, this project would have been impossible. And I might say without some kind of outside support, the program, as it is now constituted, cannot continue because, locally speaking, in our situation we do not have this kind of resource to carry it on.

CENTER NOT BEING USED

There are about 2,000 senior citizens in our area who make little use of our center in Grants. Some of them are members of the Indian Pueblos and then there are some people who just simply feel they have no need for such a center. But the great majority of these senior citizens are people who try to live a normal life amid rapidly changing situations in an era where this is impossible. In other words, the old way of life is gone. The old connections are disintegrating, and it is very difficult to maintain stability in that situation. So in self-defense, many of these people retire from most community social activities. They go to church and that is about it—or, at least, many of them do.

The result is loneliness, the lack of mobility, isolation, and situations that often contribute to poor health situations. This is to say that nothing of those people who may be physically and mentally handicapped due to the aging process itself. For example, we know of three blind persons over 65 who simply vegetate at home. Under our circumstances a telephone contact two or three times a week is about the only help we can offer.

The loneliness, the lack of mobility, the isolation of the aging increases each year for these aging persons who the world passes by. But these same persons are distrustful of any effort to improve their situation in many cases because any agency that comes in is an outsider. The majority of these people are of Spanish cultural background. They think of themselves as belonging to another generation, and they do not quickly respond to the offer of service by even a senior citizen center. Once we can do a selling job, why we are all right. But this takes a lot of time.

Against this figure of 2,500 or more senior citizens in west Valencia County, we have 178 actually actively enrolled. We have other contacts; we have things, such as counseling; we do legal work with many of these others. But for people who are actually enrolled, there are less than 200.

Senator DOMENICI. 200 out of how many?

Mr. BECHTEL. 2,500. Of course, that 2,500 also includes, as I said, the members of the two Indian Pueblos.

I have a narrative proposal here that is a part of the COG that I will submit as a part of the record,¹ but I don't know as I need to give it here for this particular purpose. So these people will respond only when a real trust has been established, and they do not want or expect anything different from what they have, oftentimes while life stagnates. Outreach, adequate transportation, correct nutrition, personal sponsorship become very real problems.

I add as a note that the hazard of title III funding for only 3 years is a real hazard.

FAIRNESS OF FUNDING SYSTEM

Senator DOMENICI. Let me ask. Did Chairman Whiting leave? I guess he did.

¹ See appendix 1, item 1, page 1219.

I will tell you what I'd like the providers that work in the rural areas to do for me, and I'll submit this request to Mr. Whiting. One of the main issues we have to decide on in a new Older Americans Act is whether the present system of funding a State is fair. It presently is based upon population.

Mr. BECHTEL. Population, yes.

Senator DOMENICI. That would mean—

Mr. BECHTEL [interrupting]. May I make a comment? It is based upon population by law, but COG and all have weighted these factors out so that population is not the only factor or we wouldn't get any money at all, or very little.

Senator DOMENICI. But the total amount that comes to New Mexico is still governed by population and maybe the region might break out its allocation to be more fair, but the point I'm trying to get at is, could we find some way to document that there are other factors that should be included in the national formula, such as the rural nature of the people served?

It appears to us from the hearings to this point that it is not fair to treat—and I'll just take as an example, the State of Rhode Island, which probably has as many or more senior citizens than New Mexico but is about the size of one of our counties—the same way we treat New Mexico where senior citizens are, you know, 6 in a little village, and 22 here and there, because I think the service costs more.

If we could get some documentation from any of you on that, we would appreciate it very much, because we do want the input.

Mr. BECHTEL. Our advisory board for district 3 is working on that right now.

Senator DOMENICI. Good. I would say your 178 out of 2,500 is not very good.

Mr. BECHTEL. That is right.

FIFTY-PERCENT PARTICIPATION

Senator DOMENICI. At the Roswell hearing I was told there are 6,000 elderly and they have enrolled 2,890 in their senior citizen center. That is almost half. I don't know. That may be an exception.

Mr. BECHTEL. No. I think our problem is exceptional because of the combination of cultural background and town factors that we have in west Valencia County.

The proportionate response in west Valencia County to the senior citizens' program as compared with Roswell must take into account the character of—say Grants and Roswell. In one community most older Americans comprising the population are of English background. In the other, the majority are of Spanish background. One is a settled, united community. The other is a community struggling for identity and trying to solve a multitude of problems all at one time and a community that has not resolved the claims of special interests.

Also, there is a need for legal services here.

Thank you for being here and for your interest in assisting the American aging.

Senator DOMENICI. All right. Thank you very much, David.

Homer Pierson, Torrance County Advisory Board chairman. Homer, it is good to have you with us.

**STATEMENT OF HOMER PIERSON, CHAIRMAN, TORRANCE COUNTY,
N. MEX., ADVISORY BOARD**

Mr. PIERSON. It is good to be here.

In my testimony consisting of 4 typewritten pages I have attempted to acquaint the U.S. Senate Special Committee on Aging with, No. 1, the progress that has been made with regard to the senior citizen program in Torrance County since 1975.

No. 2, appreciation is expressed for the splendid cooperation, help, advice, and guidance given by the Middle Rio Grande Council of Governments. High praise we have for that staff.

No. 3, figures are given on the numbers of known senior citizens as compared to those which we know nothing about and who are not informed regarding the senior citizen program.

No. 4, stress has been placed on our soon to take place outreach search for and gathering of information on all senior citizens in the county.

No. 5, the need of a communication system whereby all senior citizens will be informed of the program, its benefits, and services. The lack of TV, newspaper circulation, et cetera, is cited. To elaborate there I would like to point out that we have a very small readership of the Journal that comes out of Albuquerque. We have a small citizen weekly paper which only has 1,400 circulation, and many of the people in our age group don't have TV.

No. 6, emphasis has been placed on the need of transportation. This is a very high priority. It is the means by which all other facets of the program may be made effective.

No. 7, mention is made of the status of a present grant for transportation system now held in limbo through failure of the grantee, the Torrance County Senior Citizens, Inc., to take the required steps and to make the required decisions.

Senator DOMENICI. Wait a minute. That is a nice statement but I don't understand what happened. Who didn't do what?

APPLICATION "PIGEONHOLED"

Mr. PIERSON. The Torrance County Senior Citizens, Inc., is a nonprofit corporation and through that possibility they were awarded a grant from the highway commission. The application is pigeonholed somewhere and the officers and board of that corporation, in spite of all the urging of the senior citizens in Torrance County, have gone to sleep on it. The last word before I came up here—I talked to the vice president yesterday, and the president has completely deserted the organization. I can't use the language he used to express his disgust with the whole thing. So the vice president, Lola Daher, of Mountainair, has worked hard and I understand she is going to have a meeting the day after Thanksgiving of the senior citizens and try to get a final decision on whether or not the Senior Citizens, Inc., want to operate a transportation system themselves or, as is required, contract it out to some other entity.

Senator DOMENICI. All right. What you are saying is, as I understand it, in Torrance County we have two senior citizen groups, one that you are representing, and one that was, heretofore, chartered as a nonprofit corporation, and the latter has an application for a van

and they are in kind of a muddle as to what their role is and, therefore, the old people in that community are not getting the van; is that correct?

Mr. PIERSON. That is true.

Senator DOMENICI. Let me ask you this. Are you suggesting, if we are going to continue with the van funding under the Urban Mass Transit Act through the State highway commission, that we clarify who ought to have the right to apply for transportation; that it ought to be the official senior citizens' institution in the region?

Mr. PIERSON. As I understand it, there could be several entities making application for transportation, and in this particular instance the corporation did make application. They got it and then failed to follow through. Hinging upon that is a facet of it that I didn't think I would go into.

Senator DOMENICI. That is all right. I understand the dispute going on up there and the problems. I'm just wondering if we ought to get more information and, thus, establish some rule as to who has first preference among applying entities in the county. But we will go into that in more detail later.

PROOF OF FINANCIAL WORTH?

Mr. PIERSON. I think one thing that would be an asset would be to determine before the application is submitted that whoever is applying for it is financially able, if they get it, to operate it, because that is the problem with Senior Citizens, Inc. They don't have any of their own, they don't have personnel, and they don't know where to get money for the operation of it.

Senator DOMENICI. All right.

Mr. PIERSON. No. 8, I have a belief, which I believe prevails among most senior citizens, that our newly established system involving the municipal government in the joint powers agreement and the county commission on aging advisory board provides the best possible means of administration and progress.

No. 9, I pointed out the need for repeal of the State law, Senate bill No. 96, and I've asked Pete to assist in any way he can to end this unfair law.

Senator DOMENICI. Tell me what that law is.

Mr. PIERSON. I have an editorial¹ written by the assessor of Torrance County to us. Senate bill No. 96, chapter 361, of the 1977 laws of New Mexico—more widely known as the 10 percent property tax limitation law.

Senator DOMENICI. All right. I understand it.

Mr. PIERSON. You know what we are talking about?

Senator DOMENICI. Right. I just didn't know it by number, but 10 percent rings a bell.

Mr. PIERSON. In my estimation it penalizes the homeowner who might build a new home. It penalizes the man who wants to add a room or bathroom, or improve his home, and that is in agreement with what the assessor contends.

No. 10, mention is made of the outrageous cost of hospitals, doctors' fees, medicines, and how medicare fails to cover these costs sufficiently to prevent financial ruin for the average senior citizen.

¹ See appendix 1, item 2, page 1220.

No. 11, inflation and taxes are eating up the fixed incomes, and most senior citizens are on fixed incomes—mostly on social security alone.

Thank you very much.

Senator DOMENICI. Thank you very much. The medicare-medicaid comment that you made, I want you to know that in the two previous hearings there is no question but that there are serious problems with both programs. Different rules apply to home health care under each of them; one requiring more institutionalization than the other before you qualify. Qualifying under one permits you to get certain things under the other, different services. There is an income test in one and not the other. People are very confused.

PEOPLE FRUSTRATED BY LAW

For instance, I went to see a man across the street from the hearing room in Taos and I couldn't believe what I saw and heard. A brother and sister, both in their sixties, taking care of a totally invalid, paralyzed brother, and because the sister is the legal guardian with a legal piece of paper, she owns that house and she has a job. If you add up the value of the house and her income, which is not a lot, they get absolutely no help for that man who is a total invalid, because she makes more than medicaid permits and he is not old enough and doesn't have social security. It is no wonder that people would be frustrated. The man is the one entitled to health. He has no one. It happens by a guardianship proceeding that his sister decided to take the fellow in the home and take care of him. Now she probably ought to have some legal advice. I just can't believe there isn't some way that the man as an invalid isn't entitled to some help regardless of that relationship, which is really a legal action for her to have the right to have him in her house. But we run into a neighbor who makes \$10 too much and gets no help as compared with the neighbor next door who makes \$10 less and is entitled to medicaid help.

We found so many of those, to tell you the truth, I introduced a crazy bill. Dr. Chambers prepared it, and I did it almost embarrassed. But we find so many people who get a \$12 social security increase and then aren't entitled to any of the benefits they were receiving before for medicaid or for food stamps. I introduced a bill saying that anybody who doesn't want to take their social security increase can refuse it, which is a crazy thing, isn't it? But it seems they might be better off if they refused it than if they took the \$12.

We are trying to work that out. It is very complicated because some social security law was there ahead of the others and the others set limits that are not related to social security. But that is the kind of thing we are running into with these regulated health care bills.

[The prepared statement of Mr. Pierson follows:]

PREPARED STATEMENT OF HOMER PIERSON

Since early 1975, the senior citizen program in Torrance County has made admirable progress. Under new state laws, which place the program with political entities, in cooperation with the Middle Rio Grande Council of Governments, we can foresee that excellent progress will only be hampered by the failure of the senior citizens to do their part. The council of governments has

been, and is continuing to be, a definite source of help and guidance to the senior citizens of Torrance County.

Torrance County is a totally rural area of about 3,400 square miles and a population of about 7,000. The main population centers are Encino, Estancia, Moriarty, Mountainair, Willard, and the mountain towns of Manzano, Torreon, and Tajiue. There are approximately 1,200 residents age 60 and over. Twenty-six percent of these live on farms; 74 percent are rural nonfarm residents; 51 percent of all aged residents live on incomes below the poverty level; 71 percent of the Spanish have low incomes; 52 percent of the aged are Spanish. Nearly all of the Spanish reside in the mountain towns in substandard housing.

Torrance County has a small, weekly newspaper, *The Citizen*. It has a circulation of 1,400 per week. This is not a media which reaches all our senior citizens. Many of our rural residents do not have television and do not subscribe to the *Albuquerque Journal*, nor do they all have telephones. Therefore, we have a real communication problem. Our only solution to this problem is the mailing of a written senior citizen activities bulletin once per month, at least. Torrance County senior citizens are now organized into seven chapters totaling a membership of 246 persons. Very few men participate, so it is mostly a women's organization. As you can see from the above figures some 950 senior citizens are scattered over the county. We know little about them. They know very little about the senior citizens programs.

Soon we will begin an outreach search for all senior citizens living in the county. Information will be gathered by interview and the filling out of a questionnaire form. This will result in a knowledge of each senior citizen's needs, wishes, ability to take part, and much more. It is hoped that this search will be an ongoing effort—a once-a-year project. Due to the distances that must be traveled, the time involve by volunteers who do the search, I submit that funds should be provided to pay for hours worked and mileage traveled.

Once we have a census of our senior citizens, we face the problem of transportation. The success of all other facets of the program depend upon participation by the people and if they cannot get to and from the points of services and social functions, all is of no avail.

TRANSPORTATION SYSTEM FUNDED BUT NOT OPERATING

Transportation here has been long sought after, but never yet realized. The Senior Citizens Inc., a nonprofit corporation, was granted funding for a transportation system many months ago. However, to date they have not seen the application through to its completion. Numerous efforts have been made to spur them into action. They have not decided whether or not they want to operate a transportation system. The general consensus of opinion among the senior citizens is that the corporation is not capable financially or personnel-wise to operate it. The system, if and when it might be in operation, will not serve senior citizens exclusively, and requires that fares be paid by riders. It calls for definite set routes. The last two factors cause it to be difficult for senior citizens to make use of it.

Once our communications and transportation problems are resolved, all the senior citizens of Torrance County can share in the program. Taxpayers' money will then be accomplishing its intended purpose. At present it is mostly fun and games and not enough participation in that.

Due to the sparse population of Torrance County, and the criteria used in allocating funds, Torrance County receives a small portion of the funds available. I dare say that the need per capita is greater than or equal to that of any other area.

We have our goals—our determination and our faith that someday, on our meager "fair share," we will reach most of them.

We are learning—the council of governments is training us. The parties of the joint powers agreement have been very helpful. The advisory board is functioning, and the future appears to be filled with worthwhile accomplishments.

On behalf of all the senior citizens of Torrance County, I want to express our thanks to you for letting us tell of our needs in this very rural area, where needs are very great and the methods for meeting them require an approach quite different than those of heavily populated urban areas.

Addendum

Mountainair needs a hospital badly. Torrance County needs nursing homes and rest homes for the aged. These, too, are high on the priority list.

Senate bill 96 of the 1977 Laws of New Mexico should be repealed. All citizens need your help in doing what you can to bring about its end. It penalizes new home builders. It discourages building and home improvements. It's unfair.

Now let's talk about hospitals, doctors, and medicine costs. Senior citizens are on fixed incomes for the most part. Even a short stay in a hospital can bring financial ruin to the average senior citizen. Medicare and its interpretation of what is called reasonable charges does not do the job. The difference between what medicare pays and what the senior citizen pays is staggering.

Inflation and taxes: Increased costs of gas and electricity, food and clothing are reducing the average senior citizen into extreme poverty.

My personal Dreams are not included in my testimony, but I would like to mention them now:

I dream of the day when we will have a full fledged hospital in the Mountainair-Estancia area; fully staffed with all facilities for all residents within reach of it.

I dream of housing, new and modern complexes, for the aged and the handicapped of Torrance County.

I dream of nursing homes of the highest quality, open to all regardless of race, color, religion, etc.

I dream of transportation, the kind that will provide a free ride to and from all activities and services and the delivery of services where necessary.

I dream of multipurpose senior citizen centers with nutrition facilities, room for activities, and private counseling. We've seen these in other counties and in other States. Why can't we have the same?

These are the real needs of Torrance County senior citizens. All are possible. We only need the determination to make them come true.

Thank you.

Senator DOMENICI. Our next witness is Cornelius Bennes.

STATEMENT OF CORNELIUS BENNES, RIO RANCHO, N. MEX.

Mr. BENNES. Thank you, Senator. I'm fairly new at this. I have been working mainly with the program at Rio Rancho and I think we have one of the finest sites in the entire State. Perhaps I'm bragging, but it is. We serve a large number of people. Last Thursday we put out nearly 165 meals. We have plenty of help there, volunteers. It is all cooperation, no bosses. This is the way we keep our volunteers.

Our problem up there is mainly transportation to get people into the site. A lot of people would not qualify for insulating of homes and that is because most of the people there are a little better off than the average person. I'm not too familiar with the rural goings on because I haven't been in and out enough. I have a very able woman here who is familiar with the county—Ms. Ophelia Rinaldi—and I'd like her to take the floor because she is up on all this stuff about the people in Rio Rancho who are not too bad off.

Senator DOMENICI. Ms. Rinaldi.

STATEMENT OF OPHELIA RINALDI, PROJECT DIRECTOR, ELDERLY SERVICES, SANDOVAL COUNTY, N. MEX., EOC

Ms. RINALDI. Mr. Chairman, my name is Ophelia Rinaldi. I am the project director for elderly services with Sandoval County EOC. That is the Economic Opportunity Corp.

I am pleased to have this opportunity to represent the elderly of Sandoval County.

Sandoval County is a rural county in north-central New Mexico. There are approximately 2,500 people over 60 years of age. Over 50

percent of these people are low-income minority, with most of them being of Spanish descent and native Americans.

We have about 350 persons registered in our program. That does not include the Indian program.

The levels of health, income, and housing are all below national standards. It is a multilingual and tricultural county.

There are many problems facing the elderly. According to a recent needs assessment, transportation and isolation continue to be the greatest. There is need for more medical facilities and assistance in paying their utility bills.

Transportation is a great problem to those elderly who are isolated in the rural communities. For many of these elderly residents, the only way that they can get to the services—

Senator DOMENICI. Where are the services that you speak of provided?

Ms. RINALDI. We have meals, social activities, and transportation services in Cuba, and this includes the community of La Jara and Regina. We have the same services in Canon and this includes the whole Jemez Valley, Ponderosa, Canon, and San Ysidro. We have meal services in Pena Blanca, in Corrales, and Rio Rancho. In Bernalillo there are meals, social activities, and transportation services. Meal programs are also provided in six pueblos.

PROPOSAL SUBMITTED FOR NEW VANS

Transportation is provided only in Cuba, Bernalillo, and Canon. We are in the process now of submitting a proposal for UMTA assistance and this will be for two additional vans to replace the ones we now have.

Senator DOMENICI. How many do you have?

Ms. RINALDI. Right now we have two vans, one in Cuba and one in Canon. The one in Cuba is in very bad shape. The one we have in Bernalillo is an old 40-passenger bus that services that area, but it is still not enough. We are not able to provide transportation to all the elderly.

Senator DOMENICI. As part of your meal program, do you have any private transportation—volunteer, or otherwise?

Ms. RINALDI. No.

Senator DOMENICI. All right.

Ms. RINALDI. Medical services need to be expanded. Albuquerque and Santa Fe have the nearest hospital facilities. The high cost of health care is making it increasingly more difficult to seek medical care. For medicare participants the allowable cost of unit of care is much less than the actual cost. For an elderly on a fixed income who doesn't have any other medical insurance, this is the great problem. Medicaid should be continued to provide medical care for the supplemental security recipient.

NUTRITION PROGRAM DOING WELL

The nutritional program is doing very well in the county now. We are serving approximately 280 meals daily at all 12 sites. This includes the six Pueblo sites. The nutritional meal program is funded

by title VII and matched by State funds. Supportive services moneys are received from title III. We are also applying for title V funds, but have not received any as yet. The problem is, we don't have any facilities available for acquisition and alteration and we are limited by the leasing agreement.

Also, the agency has received moneys for weatherization and for the crisis intervention. Of this money, over 60 percent has been spent for senior citizens.

Senator DOMENICI. That is on both programs, Ophelia?

Ms. RINALDI. Yes.

Senator DOMENICI. Both the insulation and the crisis intervention?

Ms. RINALDI. Yes.

Senator DOMENICI. Now, with reference to the insulation: Who administers that program in your area?

Ms. RINALDI. Our agency does, which is Sandoval County Economic Opportunity Corp.

Senator DOMENICI. Could you supply me with information as to how many have applied versus how many you have been able to take care of and, if you have a needs assessment, if that has included the entire scope of need? We would like the three figures if you can get them to us.

Ms. RINALDI. OK.

Senator DOMENICI. Then the average cost of improving the home; include in that average cost any gratis program like a CETA employee that you don't count in the cost. Try to give us some average there of where that is coming from.

Ms. RINALDI. OK. We have also received money from the community food and nutrition program and this has been to help with the emergency food, self-help, and the county canning center up in Canon. Last year we received \$25,000 for the total program. This year our moneys were cut back to \$8,000 for help-help and advocacy. There will inevitably have to be a cutback in services for senior citizens.

CETA employment provides us with additional personnel which is a great help.

My recommendations are to continue to support more legislation that would assist the elderly in paying utility costs, support for developing an adequate comprehensive health plan for medicare and medicaid, increase the allocation of moneys in title VII, title III, title V, weatherization, and community food and nutrition, and that the State agency on aging administer all programs for senior citizens.

Senator DOMENICI. All right. Thank you very much.

You have a written statement in front of you. Did you read it all or are there some items you did not read?

Ms. RINALDI. There are some items I did not read.

Senator DOMENICI. Would you mind giving us the entire statement so we can put it in the record? You summarized it. Don't worry, if it is written in your own handwriting. Don't worry about the English. It will be corrected before it is put in the record.

Ms. RINALDI. Thank you very much.

Senator DOMENICI. Thank you.

[The prepared statement of Ms. Rinaldi follows:]

PREPARED STATEMENT OF OPHELIA RINALDI

My name is Ophelia Rinaldi. I am the project director for elderly services with the Sandoval County Economic Opportunity Corp. I am pleased to have this opportunity to come before you on behalf of the elderly of Sandoval County.

Sandoval County is a rural county in north-central New Mexico. There are approximately 2,500 persons over 60 years of age. Statistics show that over 50 percent are low-income minority of Spanish descent and native Americans. The levels of health, income, and housing are all below national standards. It is a multilingual and tricultural county.

There are many problems facing our elderly. According to a recent needs assessment, transportation and isolation continues to be the greatest. Next are more medical facilities and help in paying utility bills. Transportation is a great problem to those elderly who are isolated in the rural communities and for many of the residents of Bernalillo and Rio Rancho. In order to avail themselves of the services offered to them, they need transportation. The Sandoval County program for senior citizens now provides services only in Cuba, Jemez Valley, and Bernalillo. We are in the process of submitting a proposal to the State Highway Department for UMTA funds to purchase two additional vans, one as a replacement. These will help in the problem to some degree.

Medical services need to be expanded. Albuquerque and Santa Fe have the nearest hospital facilities. The high cost of health care is making it increasingly more difficult to seek medical care. For medicare participants, the allowable cost per unit of care is much less than the actual cost. For an elderly on a fixed income who doesn't have any other medical insurance, other medical care and services like homemakers and visiting nurses are needed. In New Mexico, medicaid needs to continue to provide care for 551 recipients.

The nutritional program is doing extremely well, the participation has increased at all sites. The Pueblos have increased participation so much that the amount of money they have received may not be enough to carry the program until June. We are serving 380 meals daily at 12 sites.

NEW RULING WILL BE HELPFUL

Many nutritional problems of the elderly are due to their limited income. A couple receiving \$286 per month must now pay \$74 to receive \$94 worth of stamps. To some elderly, it is hardly worth the trouble applying for it. Hopefully, next year when the new ruling goes into effect more elderly will apply; they will then receive only the bonus stamps.

The meals program is funded through title VII of the Older Americans Act, matched by State funds. Funds for supportive services are received from title III of the Older Americans Act. In the past, community food and nutrition moneys from CSA have been used to provide services at the Jemez Valley Canning Center and Canon meal site, and for use in the emergency food and self-help program. However, our allocation for these moneys was drastically cut from \$25,000 total program for last year to \$8,000 for advocacy and self-help for this year. There will inevitably be a cutback on services available to senior citizens.

Weatherization and crisis intervention moneys were helpful in easing the housing and energy problem. Over 50 percent of the monies received by Sandoval County EOC were used to help the elderly. CETA employment has provided the program with additional personnel to carry out its objective.

An advisory council made up of participants provides us with input into the planning process. However, one of the demands made by the local funding agency suggests involvement of the advisory council as a non-knowledgeable group. The elderly rural person would have to compete with a more educated and knowledgeable urban non-minority person. The older Hispanic and native Americans from rural areas are needed to give input into the program planning if their needs are to be addressed.

My recommendations are:

- (1) Continue to support legislation that would assist the elderly in paying energy costs;
- (2) Support for developing an adequate comprehensive health plan for medicare and medicaid;
- (3) Increased allocation of moneys in title VII, title III, title V, weatherization, and community food and nutrition;

(4) That the State agency on aging administer all programs for senior citizens right now. Too much time is spent on developing AAA plan and other demands. This time could be better used in planning and implementing the local program;

(5) No time limit on title III programs, if it were enforced. Our program would be cut because there are no other resources available to pick it up.

Senator DOMENICI. Ernestina Sanchez, Eastern Valencia County Advisory Board chairman.

STATEMENT OF ERNESTINA SANCHEZ, CHAIRMAN, EASTERN VALENCIA COUNTY, N. MEX., ADVISORY BOARD

Ms. SANCHEZ. Thank you very much.

The needs of senior citizens of eastern Valencia County do not differ greatly from those in other areas of New Mexico.

The lack of transportation in the area of a rural nature has resulted in the creation of several small organizations that duplicate services, and this brings lots of problems in our area. Because these organizations are small units, adequate funding has not been made available, and activity expansion is limited.

Although eastern Valencia County is located near Albuquerque, again the transportation problem does not allow our area elderly the opportunity to take advantage of the centers in Albuquerque. There are 4,000 older Americans in our community with limited resources out of which only 400 participate in senior citizen activities. This is low. We have many, many others participating. In one center we have over 300, but they're not all of lower income. But these are the ones, the ones with the low income, that we are concerned with.

We feel that the majority of the 90 percent of nonparticipants would make use of the services if they could only get to the centers. We don't have transportation.

Because of the need of a cooperative effort between the scattered service, and service groups, a transportation system which would provide services easily accessible, we propose the following: Construction of a multipurpose center which would provide nutrition services, legal aid, medical services, socialization, recreational activities, education, employment services, information, and referrals.

COORDINATION OF TRANSPORTATION SYSTEM

Transportation could be provided areawide on a continuous route running daily. The program would consolidate services under one administration, thus creating a coordinated system serving the senior citizens, at the same time cutting down on administrative costs.

Recently, eastern Valencia County was allocated Federal and State money for services to older Americans. The services being fragmented as they are will benefit only slightly once they are distributed.

The six organizations which presently administer the basic needs have been established within the last 6 years. Despite the problem of adequate funding, these groups continue to exist and increase in membership, providing that there is a definite need and interest among senior citizens and the community to provide for basic needs and activities which contribute to a more dignified and purposeful lifestyle for the senior citizens.

Thank you.

Senator DOMENICI. Thank you very much.

Ernestina, did you give us the whole statement—did you read it all?

Ms. SANCHEZ. Yes, it is all in here.

We have many more problems than what we have in here but, I don't know, maybe we should write them all to you.

Senator DOMENICI. You gave us what you and your board thinks are the principal problems.

Ms. SANCHEZ. This is for all of eastern Valencia County. There is one center in eastern Valencia County, and that is Belen, and that's Del Rio Plaza Senior Citizens Center, which doesn't have any transportation whatsoever. We are using people that come to the center; we are using them to bring other people, and I think this is risking too much.

Senator DOMENICI. Thank you very much.

Ms. SANCHEZ. Surely.

[A supplemental statement of Ms. Sanchez follows:]

SUPPLEMENTAL STATEMENT OF ERNESTINA SANCHEZ

I must mention to you my personal gratitude to Gloria Bruno, Al Pierce, and Ken Robinson from the council of governments for all their help and encouragement. Without their help, I couldn't be operating my unfunded senior citizens center at Del Rio Plaza in Belen. I am also very thankful to Edythe Pearson of the Commission on Aging for her wise and encouraging words. Just recently, Joe Perea came in as our eastern Valencia County coordinator and is doing wonders to contribute in helping our center to exist and expand. The commissioners and county managers are trying their best.

All these fine contributions have helped me with my struggles as a volunteer director in our center.

The problems in our community are many and serious, but I have faith that, in the future, with the help of all these able persons and COG, some benefits will come our way. I feel this is already happening.

I am very happy to be a member of the advisory board in COG. I hope to continue my participation in these duties. Thank you.

Senator DOMENICI. Another thing that came to mind that I would appreciate the staff asking the Commission on Aging in New Mexico to get for us is: What are the cities and counties doing for the old people with city and county money? If we can get some specific indication of what the municipalities and counties are doing with general revenue sharing and the moneys that they get, we might get a broader picture across the board how much is being done. We should have asked Mr. Whiting that and I forgot.

We thank the panel from Torrance, Sandoval, and Valencia Counties for the information they have given us and we appreciate it very much.

Now we are going to hear from representatives of our Indian people. Wendell, do you want to lead off, from your side? We have you listed as the first witness. Are you ready to go first? Let's do that.

Before you give us your testimony, I might say that in Taos, Mr. Abeyta, who was representing the National Indian Council on Aging, gave us a rather detailed statement. He included the text of your speech given to the Indian Conference on Aging that was held in late 1976 on the west coast, as I recall. That entire summary and

statement of the problems as you saw it then is incorporated in this committee's record through Mr. Abeyta. We were also told that the final report that that conference started will be forthcoming in January, and the executive director of the aging council said they would get that to us. It will be the conclusion of all of the work for the year, and I wanted you to know that background that we've received.

I appreciate your coming and we are glad to hear from you today.

**STATEMENT OF WENDELL CHINO, PRESIDENT, Mescalero
Apache Tribe, N. Mex.**

Mr. CHINO. Before we begin, Senator, I would like to give recognition to Mrs. Narcissus Gayton, from the Mescalero Apache Reservation, who has devoted a good bit of her time and energy in working with our Indian elderly on the Mescalero Apache Reservation. What I have to say here would be a compilation of what she has put together. So I would like for her to at least stand here and take a bow.

Senator DOMENICI. Where is she? All right. Thank you very much.

Mr. CHINO. My name is Wendell Chino. I am the president of the Mescalero Apache Tribe. It is a privilege to appear before you distinguished gentlemen. I am delighted I have this opportunity to speak on this subject most dear to my heart, the American Indian elderly, and for a more effective response to their needs and rights.

Before we get into the heart of the matter I would like to relay certain preliminary remarks and facts about the Indian people of this country.

The American Indian people are the least numerous of all of the minorities. However, they are the only minority group in this country to enjoy a unique relationship with the Federal Government. This unique relationship is not without basis. It has a strong historical and constitutional foundation.

The Indians were the original owners of this land. The coming of the white man reduced their land base and, in many cases, they were being rapidly deprived of their land by deception, theft, swindle, and by treaties quite often not honored.

To preserve their diminishing land base it became necessary for the Federal Government to assume a protective role for the land base by establishing areas now called Indian reservations.

ELDERLY INDIANS BEING VICTIMIZED

The plight of the Indian elderly today needs the concern and the attention of the Congress of the United States. Chronic unemployment, the dire need for improved health services, the tremendous need for safe and adequate housing: These are the needs of our people which are so great, that they yet are being overshadowed by the present power struggle in this country, the Indian tribes, and the opponents of tribes, and their sovereignty, so that, inevitably, the Indians are the ones that lose. It is a cruel paradox that the Indian elderly to whom we are indebted for the preservation of our heritage and pride are once again being victimized by being shunted

aside in the renewed struggle for Indian sovereignty upon which our frame of reference represents our very existence.

Perhaps I can best convey to the group the situation of the Indian elderly by presentation of a few graphic examples of the plight of the Indian elderly of which I have definite personal knowledge and which exists at the very moment this presentation is being offered.

A man and his wife in excess of 80 years of age exist on a total monthly income of merely \$300 derived from social security and veterans' benefits. Both family members are in poor health and their chronologies reflect lives of hard work and hardships. Their income is insufficient to meet even their basic needs or to enable them to live with piece of mind and dignity which they have earned. Their declining years are being spent in a climate of apathy, depression, and dreary surroundings, as well as the constant anxiety brought about by ill health and concern which always accompanies a hand-to-mouth existence.

They were fortunate in securing one of the housing units recently constructed specifically for the elderly. However, their satisfaction with their new living arrangement has faded to discouragement for the following reasons. They are now confronted with increasing rent costs. They are unable to furnish their home with even the simple basics of daily living. They feel that they have become socially and emotionally isolated from the community due to transportation needs.

While it may seem a matter of minor consequence to those of us here to learn that an old lady has a sewing machine in need of repair, you may be assured that it is of major concern to the elderly lady to which we have reference. The machine is her prized possession from which she has derived several decades of feelings of self-work and accomplishment.

"SYMBOL OF THE FUTURE..."

As I speak to you today, I ask that you be cognizant that at this point in time an old lady living in the conditions described above is viewing her inoperative sewing machine as a symbol of what is now and what lies in the future for herself and her husband in their declining years.

We cite another example of a widow lady approaching 80 years of age who secured employment for a brief period with the traditional counseling program of the tribe as she had hoped to better her living conditions, and felt she could be of service to her people. Due to limitations of health and other factors she could not continue as an employed person.

The result was precluded from regressing even to her former subsistence level of existence because her brief period of employment had resulted in termination of her social security and veterans' payments, leaving her destitute and dependent upon friends and relatives, plus general assistance from the BIA under current standards is in reality food only.

The reinstatement of benefits is in exceedingly slow progress that is characterized by classic bureaucratic redtape which would return this elderly lady to her former subsistence level of existence.

Her feeling is one of bewilderment due to the fact that she is in reality being deprived of even a minimal living standard which to her seems severe punishment for working which she assumed as an esteemed virtue in American society. In the meantime her grocery bill grows larger, her home deteriorates, her rent continues, and the water situation for her home has become inadequate to a point where living conditions become increasingly primitive.

We feel she, and many like her, deserve better conditions but receive worse without positive and immediate action of sympathetic and interested officials like those gathered here.

The two examples given above are actually quite mild by comparison to many specific situations that could be provided. My purpose is not to shock or make any emotionally charged appeal to those present, though this would be possible, but rather to dogmatically state that the Indian elderly are a voiceless group who are experiencing deprivation in every sphere of their existence, and that the situation can only become worse without the efficacy of persons such as yourself speaking and acting on their behalf.

AREAS OF NEED LISTED

In the interest of brevity we would list areas of need, not in order of priority, as all are concerned and considered to be of paramount interest: Housing, nutrition, transportation, income, health, alternatives to off-reservation nursing care, communication, social programs, safety, direct funding to Indian tribes, and perhaps my next remark will hinge on this particular request; that is, that quotas in the counties are not adequate. We waited 3 years in turn to get our share. Yet we have been counted as territory people.

The positive social economic progress of Indian tribes which has occurred over the last few years has diminished and detracted from our point of view because of the present life of the Indian elderly. It would seem the answers reside in the legal and judicial relationship of the tribes to the Federal Government working directly on the situation needs. Comprehensive effort would seem to be the key word upon which to formulate programs to meet the immediate and acute needs of the Indian elderly.

Please be assured of our gratitude for your interest and your willingness to address yourselves of the problems very close to the hearts and minds of Indian people.

Thank you very much.

Senator DOMENICI. Thank you very much, Wendell. When you spoke of direct funding, I assume you were referring to the proposition that we should have bypass and direct funding for the Indian people under the Older Americans Act?

Mr. CHINO. Yes, sir, because I think that by the time you start running these funds through the various channels of various levels of government that what you are doing is, you are claiming the funds that are primarily intended to provide program services at the local level.

Senator DOMENICI. Now, when this first came to our attention, I personally thought the Older Americans Act permitted this. I

wasn't sure. But in having the staff check it, it does. It isn't mandated, but it permits it. The present law says that if the national Commissioner who oversees this program makes certain determinations with reference to continuing a program under the State versus bypass, he can so direct that program to be managed. Now, I assume this is being looked at right now, but if I understand correctly, you and the other Indian leaders who have testified to this point are saying it isn't working this way, so whatever the share is, let it bypass and go direct; is that correct?

DIRECT FUNDING PREFERRED

Mr. CHINO. I think this is correct because at the National Conference of the Indian Elderly I think it was a national consensus of the Indian people that they would prefer direct funding, but I'm not so sure either that the Commissioner is that vitally interested to go ahead and comply with the request of the Indian elderly. Therefore, maybe it might be better to mandate it.

Senator DOMENICI. Certainly, as that law is reviewed next year, direct funding will be an issue. I notice—if you will forgive me, panel, for just a moment—I notice that Mr. Whiting did return. Did you hear my question about trying to get an estimate of what local government is doing in terms of aging assistance aside from the Older Americans Act funding? Is anyone doing that kind of compilation statewide?

Mr. WHITING. I would say that the cities and counties in New Mexico have done a tremendous job in funding Older Americans Act programs. The State, until the past 2 years, has not done its share. In the past 2 years they have appropriated money, but before that we had nothing from the State. I have nothing to say against the counties and localities because I think they have gone far beyond what they were required to do. I have nothing but praise for the counties and localities in New Mexico on what they have been doing for the elderly in helping out on these Older Americans Act projects.

Senator DOMENICI. I understand that, and you and I both understand that was one of the purposes of the Older Americans Act. It was to stimulate consideration of older citizens' problems by local units of government. No one ever thought the Federal funding would do the whole job. I agree with you, generally, that they are, but my question is, has anyone attempted to run a compilation statewide to show that even with efforts of this type there is a substantial need base that cannot be supplied; is someone doing that, do you know?

Mr. WHITING. I don't know whether we have the exact figures on that or not, but I do know that if we expand the programs in New Mexico, the localities are hard put to come up with the match. Especially those like Mora. I use Mora because I'm more acquainted there, but they just don't have the money to match.

We do have a shining example of the 3-year limitation and that is in Clovis. They had their full funding the first year, 50 percent the second year, and 30 percent the third, and that was about 10 years ago. The program is expanding every year. That was what they hoped would happen, but Clovis was lucky they had the funds to do

this. Too many of the smaller places, the Indian reservations, don't have these funds.

Senator DOMENICI. I understand.

ABOVE-AVERAGE FUNDING

Mr. WHITING. And you asked a question about revenue sharing. At one time, nationally, they said that less than one-half of 1 percent of revenue sharing was being spent on the elderly. I'm sure we are above that. We are up to 2 or 3, or maybe more, percent in New Mexico because they have used revenue sharing funds to build several senior citizen centers. I know that New Mexico is ahead of the average State in using revenue sharing funds for the elderly.

Senator DOMENICI. All right. Could I ask you, Wendell, if you know, from other moneys available to the Indian people, Indian tribes, and nations, are there any resources in the aging problems aside from those received from the Older Americans Act?

Mr. CHINO. I think these are the funds, as you know, that are restricted by legislation, and quite often there is no flexibility to apply some of these funds to critical needs, like the needs of the elderly.

Senator DOMENICI. So what we're saying is, even to the extent that you might, there is an added problem that most of the resources are specifically earmarked for certain uses?

Mr. CHINO. Right.

Senator DOMENICI. You know, I think some of the people here would be interested in the statistics on how short the life expectancy of the Indian people is, compared to others. You know, in a sense we have less of an aging problem with the Indian people because the truth is that they are dying very much younger than the non-Indian. Does somebody have a statistic on that?

Mr. CHINO. I think it has been established at about 45 years of age.

Senator DOMENICI. Whereas ours is well over 65. In the United States the average of our population 65 or over is now 17 percent. Among the Indian people it is down around 4, which is a rather dramatic disparity in longevity between the two peoples living side by side. Is that a correct figure?

Mr. SMITH. I would like to add something to that.

Senator DOMENICI. Please.

Mr. SMITH. The expectancy on our reservation has risen the last few years and it is from 45 to 49.

Senator DOMENICI. 45 to 49.

Mr. CHINO. Senator, perhaps from a national perspective I would like to add some more points, and that is that, for instance, on social security and other programs, they were rather late on arriving in the Indian community. Therefore, many Indian people were not able to complete all of the requirements of social security programs to qualify them. I think this merely adds to the severity of the need of the elderly Indian people.

Senator DOMENICI. Yes. Thank you very much.

Mr. SMITH, do you want to amplify on anything that Mr. Chino said?

Mr. SMITH. He said everything to be said.

Senator DOMENICI. All right. Fine. You are here if we have any questions.

Our next witness is Stanley Paytiamo, governor of Acoma. We are very pleased to have you. We have had many occasions to talk with you. We are glad you are here today, Governor, and we look forward to your testimony.

**STATEMENT OF STANLEY PAYTIAMO, GOVERNOR,
PUEBLO DE ACOMA, ACOMITA, N. MEX.**

Mr. PAYTIAMO. Thank you. First I would like to recognize my first lieutenant governor, Frank Ortiz, is here, and Ron Martinez, our program coordinator is here. Velma Vallo, who is responsible for putting a lot of our material together, is probably here also.

My name is Stanley Paytiamo. I am the governor of Pueblo of Acoma. First of all, in line with our Indian custom, may I extend to every person present a sincere heart-felt handshake. I also bring to you the friendly greeting of the Acoma people. May I extend my profound thanks to the committee members and Senator Domenici for the invitation which has provided me an opportunity to be with you at this public meeting.

We have some of these problems. Senator, if you are following me, I'm on page 2. The Acoma elderly have endured a greater degree of deprivation because of the lack of education. Some of this deprivation includes no job experience, unemployment, no certificate to prove age and birth place—this means no identification. Eligibility most often does not apply to our Indian elderly. Medical service most often does not meet the needs of the elderly. Malnutrition is slow death. About 75 percent of the Acoma elderly are receiving supplemental security income. Their income is very limited because of extended situations.

As it was already pointed out, the Indian tribes and groups should be allowed to contract directly with the Federal Government. I think the Federal Government should take the example of the WIC—women, infants, and children—program of the Food and Nutrition Service. USDA. The WIC program now funds directly to Indian tribes. I think they are the first agency that has started this program. Also, Indian groups should not be required to provide matching funds to obtain grants because the Indian people do not have any matching funds. They should be given 100 percent funding.

\$10,000 CUT IN FUNDING

Speaking of funding, last year the CSA funded us with \$25,000 and this year they are cutting us back to \$15,000. Also, we have attended many hearings, one that was held in Texas, one that was held in Arizona, and one that was held here in Albuquerque by people from the Washington level. I was just wondering what is happening to all those statements we have made.

Senator DOMENICI. What were these on, Governor?

Mr. PAYTIAMO. These were all on aging, and some of the recommendations we are making here were made at that time.

I, personally, have gone to the commission on aging office in Santa Fe where they have referred me to the county in Los Lunas, and I

went to Los Lunas, and they refer me back to Santa Fe. I indicated to them that Mondragon's office did send me down to the county in the hopes that our county would apply for a grant. To this date we are not benefiting through any services of the county office.

We have met with Mondragon's office and his organizations, and we have pointed out to them that we prefer to have direct funding.

Also, it was mentioned that the life expectancy of an Indian was 42. I think, if this is true, that by the time the Indian people are 35 years old that we qualify as senior citizens.

Senator DOMENICI. How old are you, Governor?

Mr. PAYTIAMO. About 46.

Senator DOMENICI. You are an elder.

Mr. PAYTIAMO. Some of the priorities and needs fall in this sequence: No. 1 is medical services; No. 2, nutrition; No. 3, social services; No. 4, transportation; No. 5, housing, and then next is environmental health and resources centers.

Senator, I will not go through all of these that I have listed. I hope maybe you will consider all of these things we have given you. In conclusion we, the people of Acoma, thank you for your sincere attention and leave with the hope that our testimony will be taken into consideration of the needs that need to be recognized so Acoma elderly will live in health, decency, and dignity for the rest of their lives.

Thank you, Senator. I will be glad to answer any questions you may have.

DIRECT FUNDING ADVOCATED

Senator DOMENICI. Thank you very much, Governor.

The Governor has presented a rather detailed statement for his people. The statement was prepared by a professional and was summarized by the Governor. We will make the whole statement a part of the record. We very much appreciate your testimony, and I think your last statement about going to the State and back to the county bears on the issue of whether or not the funding should be for the Indian people. Even if Acoma did not receive a lot of money, if it came directly rather than going through the county and the State—that is the issue described by President Wendell Chino, is that correct? You are advocating direct funding rather than going through redtape?

Mr. PAYTIAMO. That is right and we did point that out to Dr. Flemming when he was out here, that we preferred it, and he supported that direct funding be included in the law when it was due to come out.

Senator DOMENICI. Well, Dr. Flemming will probably recommend that. We hope he does, but we will have to see. Nonetheless, it will come to the committees of the Senate and your testimony will be helpful.

[The prepared statement of Mr. Paytiamo follows:]

PREPARED STATEMENT OF STANLEY PAYTIAMO

The Acoma Indian Reservation is located south of U.S. Highway I-40 between Grants and Albuquerque, N. Mex. The principal communities are Acoma, Acoma, Anzac, and McCartys.

Acoma is located atop a 365-foot mesa and is known as the Sky City. It is a major tourist attraction and only a few elderly people reside there who act as

caretakers. The rest of the population lives on its land-holdings in the rural villages of Acomita, Anzac, and McCartys, where schools and employment are nearby to serve the people.

Farming and stockraising, once the main occupation among the elderly and before the nearby uranium boom, are now of secondary importance. Many of the men are employed in mining, welding, truck-driving, heavy equipment operating, and other labor positions. Although many have permanent jobs, the unemployment rate is still generally in the 50 percent range.

The total membership of Acoma is 3,200, with 2,098 residing on or near the reservation. Of that figure, 169 of these persons are age 65 and over.

The majority of the elderly live in extended family situations with their children, grandchildren, and great grandchildren. The Acoma elderly have always been a part of the extended family. Being the heart of that Indian family, the elderly, with great pride and dignity, unite families in a very sacred way. The Acoma elderly have always been the preserver of Acoma culture, history, and tradition. They hold some of the greatest gifts of life: wisdom, respect, and faith. The elderly are considered teachers. They teach the younger generations to try and carry on the traditional way of life.

Our Acoma elderly have endured a greater degree of deprivation because of a lack of formal education. Other areas of deprivation include the following: No job experience means unemployment; no certificate to prove age and birthplace means no identification; eligibility criteria most often does not apply to our Indian elderly; medical services most often does not meet the needs of the elderly; malnutrition means a slow death.

Seventy five percent of the Acoma elderly are receiving supplemental security income. Their income is very limited because of extended family situations.

Some elderly women are potters and are trying hard to keep up with inflation, but they are denied any small luxury, such as retirement.

These recommendations for action indicated below are basic needs to help design a multipurpose delivery system for our Acoma elderly. Direct funding to the tribal government will help achieve these goals.

Medical services

Nurses to assist in providing medical services; medical examinations for eyes, ear, throat, and dental care; physical therapy; community health homemaker, specialized in caring for the elderly; health education and prevention workshops.

Nutrition program

Adequate for nutrition and feeding program; adequate facility; adequate transportation and catering services; adequate staff.

Social services

Counseling in financial assistance:

- (1) Social security;
- (2) Supplemental security income, for the aged, blind, and disabled;
- (3) Aid to family with dependent children;
- (4) Retirement and pension.

Legal welfare assistance:

- (1) Consumer education;
- (2) Wills and testimony;
- (3) Interpretation in the Acoma language on all matters.

Recreation:

- (1) Field trips;
- (2) Arts and crafts;
- (3) Teach education to preserve heritage, tradition, and culture.

Transportation

Purchase of vehicles, adequately equipped for the handicapped and adequately equipped to cater lunches; operators; indirect costs, such as insurance, maintenance and repairs, fuel, and plan of activities.

Housing

Renovation of old traditional homes to preserve traditional structures; extension for home improvement which including supplies, building material, and labor.

Environmental health

Adequate funds are needed for the following environmental health services:

- (1) Sewage;

- (2) Water;
- (3) Plumbing, indoor/outdoor;
- (4) Garbage;
- (5) Education and sanitation;
- (6) Staff to perform the above services;
- (7) Equipment, supplies, etc.

Resource center

Adequate funds are needed to construct a building which will include the following: Kitchen, dining area, living area, recreation, first aid room, classroom, resource room, administrative office.

In conclusion we, the Pueblo of Acoma, thank you for your sincere attention and leave with the hope that our testimony will be taken into consideration and statements of need recognized, so that our Acoma elderly will live in health, decency, and dignity for the rest of their lives.

Thank you.

Senator DOMENICI. Frank Tenorio, I understand you're here and you are going to testify in place of Tim Kevama.

Mr. TENORIO. Yes.

Senator DOMENICI. Is he here?

Mr. TENORIO. Yes, Tim is here.

Senator DOMENICI. All right. We welcome you and we are glad to hear from Frank Tenorio.

Frank, are you here representing the All Indian Pueblo Council?

Mr. TENORIO. Yes.

Senator DOMENICI. Fine. Thank you very much.

**STATEMENT OF FRANK TENORIO, SECRETARY-TREASURER,
ALL INDIAN PUEBLO COUNCIL, NEW MEXICO**

Mr. TENORIO. Senator Domenici, my name is Frank Tenorio. I am the secretary-treasurer of the All Indian Pueblo Council. I am from the Pueblo of San Felipe represented by 19 New Mexico Pueblo governments.

I would like to preface my remarks in my presentation here today to recognize Mr. Tim Kevama who has provided me with information for my presentation.

Senator DOMENICI. Tim, would you stand up? Thank you very much for coming, Tim, and for your work.

Mr. TENORIO. Without question the recent developments throughout the Nation in the form of a backlash, especially the introduction of legislation adverse to the Indians of this great Nation—the reaction of our Indian elderly regarding this development is with utter shock, disbelief, and dismay. For they consider themselves one-time tenants of this great country of ours, only to find again the renewed thrust directed toward them in a final attempt to rip from them their last holdings.

So I make this presentation with a sincere plea and emotion from the elders from whom we gain the wisdom and courage to face the future with renewed dedication.

My concerns are focused on the needs of the elderly of the 19 Pueblos of New Mexico. The areas of need vary from housing, health, legal problems, transportation, nutrition, and social welfare.

Each individual Pueblo has been asked to prepare written testimony to express their particular needs from their respective Pueblo. I would like to address this issue today.

No. 1—HEALTH

The state of health of the Pueblo elderly and care for their illness and the social wellbeing of the aged is a continuing concern and need. There has never been sufficient funds to meet the total health care needs of the elderly. Due to inadequate funding levels, health needs of the Indian elderly are often given the lowest priority. Many of the Pueblos have a clinic provided by the Indian Health Service. Hospitals are located in Zuni, Santa Fe, Albuquerque, and a new hospital has been constructed in Acoma. No Pueblo has day care, intermediate, or extended care facilities for the elderly. When such services become necessary, the elderly are relocated to an urban area. The relocation can often be traumatic because Pueblo elderly suffer emotional shock in medicine homes far from their familiar environment. This situation often accelerates health problems or premature death due to the isolation from loved ones.

The distance to some of these care facilities inhibit family members from paying regular visits. For these reasons the use of these services are negligible and the majority of our elderly remain in their homes with their family. This action carries with it all of the problems experienced by any family that attempts to provide this sort of care to an elderly member of the family. It bears a tremendous stain of financial, physical, and emotional resources of the younger members, and the feeling of "being a burden" on the part of the elderly person. Yet the Pueblo people seem more willing to assume this burden than the general population, perhaps because of a stronger family tie and the lack of a culturally acceptable alternative.

Nursing homes must be established on all individual reservations or at least in the proximity with the local cultural background. Funds for this facility should come directly from the Federal Government to the Indian communities.

No. 2—LEGAL PROBLEMS

The elderly Pueblo people are not normally provided with legal services. Therefore, many Pueblo elderly are taken advantage of because they are not familiar with legal matters. The major problems are the result of two factors, the language barrier and the cultural change that has occurred within the lifetime of the elderly person. Regarding language, the majority of the elderly speak their native language with Spanish as a second language. Few speak or read English. Thus, they are at an immediate and considerable disadvantage when required to interact with anyone speaking only English or Spanish.

A second problem is that many of the services available to the elderly are relatively new, so the elderly have no understanding of the guidelines and/or requirements of such services. Many elderly are confronted with non-Indian judicial and law enforcement system, and are handicapped because of the lack of knowledge of their rights and available support services.

Many Pueblo elderly are subject to municipal and county courts but have no access to defender services due to lack of funds for

such services. Other areas where legal assistance is required by the elderly are consumer fraud, credit, estate planning, wills, taxes, repossession, and rights to trust land. It is recommended that the Law Enforcement Assistance Administration direct funds to the Indian communities for efficacy of the elderly and their legal problems.

No. 3—TRANSPORTATION

Transportation is a major problem for most of the Pueblo elderly. Because of the lack of transportation, the elderly cannot acquire those necessities which would assure them of a normal and healthy life. The Pueblos in all cases are located some distances from cities and towns. In general, there are few facilities on the Pueblo, so the elderly must have transportation to nearby towns or cities to obtain medical services, food, and clothing. The elderly depend on family members for transportation, but may not have it available to them during the day when it is most likely to be needed for nonemergency trips. The vehicle is often used by family members for transportation to and from work, so it is not available to the elderly during normal working hours. Most family members are employed off the reservation and must use the family vehicle to and from their place of employment.

Public transportation—that is, busses and taxis—is nonexistent on reservations. Other transportation systems available to the elderly include the CHR vehicles which are used to transport the elderly to and from clinics, hospitals, and doctors' offices. Often the CHR will provide transportation to meal sites, delivering meals to the homebound elderly, and will take elderly to town for shopping. However, the CHR's in all Pueblos have large caseloads and must serve all age groups on the Pueblo. A few programs also have vans which are used to transport the elderly. In some cases the vehicles that are borrowed are not adequately equipped for the elderly. It results in great discomfort in riding in them.

At present, a few Pueblos have vans rarely holding more than 12 passengers, although the majority of Pueblos provide no transportation means for the elderly beyond the CHR vehicles. Even among the Pueblo vans there are problems. First the failure to have the specialized equipment for the elderly and, second, the size is inadequate since the level of participation far exceeds the capacity of a single van. In addition, poor road conditions, lack of a communications system, absence of public conveyances, and isolation compound the problem.

Some of our problems could be alleviated by providing vehicles to overcome the existing conditions. Funds for transportation should get priority from funding agencies—that is, the Office of Aging, and other appropriate agencies.

No. 4—HOUSING

The newer housing creates some interesting problems for the older person. The traditional homes are often without running water, indoor plumbing, electricity, or telephones, whereas, most of our newer homes have those conveniences, and many of the Pueblo

elderly live in the newer homes. Some remain in the traditional Pueblo as a caretaker or maintain two homes—one traditional and one modern—thus, on the surface it would appear that the newer homes have much to recommend them. However, there is a strong tie for the elderly to the traditional home and a reluctance to leave it. The problem is further compounded by strong family ties since many of the younger family members are moved to the newer homes, leaving the older person with a conflict between being with the family and remaining in the old home. For the most part, the situation has been resolved by the elderly opting to move with their family and a few remaining in the traditional home.

However, there is reluctance on part of the elderly to accept newer housing and prefer a program for renovation and repair of their traditional homes rather than move to a new home. Where the elderly people live in individual dwellings, they suffer from ill health due to the lack of adequate facilities—that is, inaccessible water supply, poor condition of buildings, lack of heat, and lack of indoor plumbing.

No. 5—NUTRITION

Although each of the 19 Pueblos have a feeding program for the elderly, there is a lack of adequate funding to carry out a comprehensive program. Funding for the programs vary, with some funds being received from the area agencies on aging, the All Indian Pueblo Council, and some assistance in cost-sharing from Head Start, CETA, and the community health representatives. The location of the sites also varies, with some sharing facilities with Head Start, some located in general recreation/community centers, and some having their own facilities.

Few could be said to have adequate facilities, in terms of kitchen space and equipment, dining areas, social/recreational materials and space, or safety equipment—handrails, halls wide enough to accommodate wheelchairs and walkers, entry ramps, etc. Some have the additional disadvantage of not being centrally located on the Pueblos. Other problems encountered are the lack of funds to sufficiently train our cooks in food preparation, especially when special diets are prescribed by physicians for elderly patients. Most of our programs don't have adequate transportation to support our feeding programs, and staff is inadequate to carry out a sufficient program.

The needs of our elderly feeding programs can best be met if all Federal funds presently being allocated to existing nutritional programs be directly funded to tribal groups or organizations to carry out a more meaningful and comprehensive nutritional program.

No. 6—RECOMMENDATIONS

The first and most important recommendation is that direct Federal funds be made available to Indian communities to consolidate and build resource centers for the Pueblo elderly. There is a need for consolidation in terms of personnel so overlapping or redundant functions can be integrated and to insure that no function is inadvertently omitted. At present, on most of the Pueblos there

is little formal coordination and often one service agency is unaware of the activities of another. Some of the services are delivered to the homes, others are available at specified sites. However, the service agencies are often located in different buildings, a practice which reduces access for the elderly and prevents the coordination of space, equipment, personnel, and/or duties.

More specifically, it is recommended that a person be appointed as coordinator of elderly services, and that this person's duties would include familiarizing himself or herself with all of the programs available to the elderly and be responsible for coordinating these services.

Second, it is recommended that funds be sought to build or prepare a resource center for older persons, which would house representatives of all the agencies serving the elderly. This center would house the meal site, information and referral, consumer services, crafts programs, health checkups, referral program, day care, and legal/income assistance ombudsman, as well as the coordinator for elderly services. By being centrally located and providing an integrated service program, the existence of the center would reduce one of the major problems for the elderly—transportation. Further, the integration of services, under one roof, would substantially reduce duplication of equipment. Finally, participation by the elderly would improve, since they might come to the center seeking one service, but, in the process, become aware of other programs and participate in them.

Third, it is recommended that all persons serving the elderly receive training in gerontology or geriatrics as it relates to their special area and to the overall program, and in the general purposes and functions of the other agencies participating in the program.

I would like to take this opportunity to thank you again, Senator. I know your concern for us has been demonstrated in the past, and I certainly feel that this is no exception here, that you will take this information and use it to promote the general welfare of the elderly.

Thank you.

Senator DOMENICI. Thank you very much.

Our last witness on this panel will be Erma Lopez representing the Six Sandoval Indian Pueblos.

This afternoon we have five more panels on all the other issues. We have about 10 more minutes, so let's give our attention to the witness, and then this afternoon will be the other issues that some of you came to hear. She came a long way to testify, so let's pay attention.

Erma Lopez, from the Six Sandoval Indian Pueblos, we are glad to have you.

**STATEMENT OF ERMA LOPEZ, MANAGER, FOOD PROGRAMS,
SIX SANDOVAL INDIAN PUEBLOS, INC.**

Ms. LOPEZ. Thank you. My name is Erma Lopez. I am from Santa Ana Pueblo and I am employed by Six Sandoval Indian Pueblos, Inc., as manager of food programs. I have been involved with the

elderly programs at Six Sandoval for the past 2½ years as food manager.

Six Sandoval Indian Pueblos, Inc., is a nonprofit corporation and an intertribal organization comprised of six tribes—Cochiti, Jemez, Sandia, San Felipe, Santa Ana, and Zia—who have worked together as a coalition of tribes on various social service and economic development programs since 1965.

Six Sandoval is presently the sponsoring and administrative agency for these elderly programs serving the six pueblos.

The needs of our elderly persons are similar to those of other Indian rural elderly and have been documented and presented by others on other occasions.

In order of priority our general needs for the elderly are food and nutrition programs, transportation, home health care and/or nursing homes located in rural communities, consumer education, legal services, income supplement, health maintenance programs, improved housing, recreation, and employment. Because these problems have been touched on before, I'll continue on to our recommendations that we wish to present here.

RECOMMENDATIONS

Our recommendations are as follows: Direct funding from the Federal Government to tribes and Indian organizations. More flexible funding mechanisms that meet the needs of individual communities, especially the rural areas. Adequate funding to pay—fully pay—for given programs. Funds for coordination of various elderly services, and comprehensive planning should be made available to hire full-time staffs and made available directly to the tribes or organizations who are operating the programs. Funds should be made available for advocacy purposes.

Social services programs such as legal aid, SOS, retired persons' programs, and others, should be allowed to be run by the tribes on the local level and not as outreach from other metropolitan areas or county agencies. There should be no pay or donation requirement, nor means to improve eligibility.

If high nutrition standards are required, provisions should be made for the cost of meeting these standards. There should be no limit on the percentage of home-delivered meals in any given community, provided no additional cost is necessary. There should be more money—more money is needed for a number of new programs and services that are currently not available, including home health care, housing improvement, employment programs, locally situated nursing facilities at each Pueblo, and community centers for the elderly.

None of these recommendations are new. As far back in 1971 at a White House Conference on the Aging, recommendations were made for such things as direct funding, old-age homes, and transportation. In June 1976, at a national aging conference in Phoenix, Ariz., attended by a significant number of tribes and tribal leaders from all over New Mexico, the recommendations were made clearly calling for direct funding to Indian organizations and stating all of the same needs and priorities that are being stated at this hearing.

We thank you for the opportunity to present this testimony on behalf of the Six Sandoval Indian Pueblos governing board and the governors and tribal representatives of the six tribes.

CONGRESS MAKING EFFORT

Senator DOMENICI. Erma, let me thank you for your testimony. While the needs expressed here today continue to indicate we have a long way to go, let me make sure that everyone here understands that Congress is making a rather substantial effort. This has nothing to do with whether we should have direct funding or not. That is a separate issue. But in order for people to know that we have been making efforts in the last few years, I will give you a couple of figures.

For the nutrition program in the country we have appropriated \$200 million from the Federal Treasury. For the jobs program for the older people in public service type jobs we have appropriated \$194 million. As a special fund for community centers—that doesn't take into consideration community development money or revenue sharing, just direct funding for centers—about \$40 million in the first major effort nationally. Title III that we've discussed here at length for programs developed locally, \$153 million, and this doesn't include transportation that comes through the Department of Transportation.

Given all of this, we still understand that we can improve and perhaps do a much better job when we redraw the law, and let's not forget that this doesn't include medicare or medicaid, which are this Nation's principal health delivery systems.

[The prepared statement of Erma Lopez follows:]

PREPARED STATEMENT OF ERMA LOPEZ

My name is Erma Lopez. I am from Santa Ana Pueblo, and am employed by the Six Sandoval Indian Pueblos, Inc., as manager of food programs. My duties include food management of meals programs for the elderly. I have been involved with the elderly programs at Six Sandoval for the past 2½ years as food manager and prior to that as community developer in Santa Ana, which included work on gathering population data and information on the needs of the elderly.

Six Sandoval Indian Pueblos, Inc., is a nonprofit corporation, an intertribal organization comprised of the six tribes of Cochiti, Jemez, Sandia, San Felipe, Santa Ana, and Zia, who have worked together as a coalition of tribes on various social service and economic development programs since 1965.

Six Sandoval Indian Pueblos is presently the sponsoring and administrative agency for those elderly programs serving the six pueblos.

The needs of our elderly persons are similar to those of other Indian rural elderly, and have been documented and presented by others on other occasions. In order of priority, our general needs for the elderly are: Food and nutrition programs; transportation; home health care and/or nursing homes located in the rural communities; consumer education and legal services; income supplement and health maintenance programs; improved housing; recreation; and employment.

Serving these six pueblos at varying degrees of adequacy, we have the following programs:

(1) Community Services Administration.—Food and nutrition program grant for supplemental only, may not be used as basic support for a meals program, and do not have any renewal commitment of funds. This program helps feed 600 persons 1 day per week at six sites.

(2) Title VII under Older Americans Act.—A feeding program for a total of 35 persons daily at two sites and a total of 125 additional persons once a week

at the other four sites. This allows an average of 60 persons to be fed per day over the six sites, approximately 10 percent of the eligible persons.

(3) Title III (Older Americans Act).—Provides an extremely limited amount of supplemental moneys for utilities and travel.

(4) A home weatherization project.—Limited to a maximum of 120 homes and \$250 worth of repairs per home.

(5) An Urban Mass Transportation (UMTA) grant.—Recently purchased three vehicles to be used for transporting elderly and handicapped persons spread out over six pueblos as far as 60 miles away from each other and 50 miles from the nearest urban area.

(6) Supplemental staff support services from other Federal programs not primarily concerned with the elderly such as the Administration on Native Americans and the Indian Health Service community health representative program.

(7) Senior opportunity services (SOS).—Social security and SSI outreach alert program which was suspended this year due to lack of funds.

(8) Legal services out of Albuquerque recently made available, via a mobile unit, sponsored by the Middle Rio Grande Council of Governments, serving a multicounty area.

(9) Part-time employment, through the American Association of Retired Persons.

INADEQUACIES OF PROGRAMS

As I stated before, these programs are not adequate and are very inadequate in many respects, which I shall explain: There are no facilities to house these programs and no funding to provide community facilities for the elderly. None of the program grants and contracts I have named have provisions for full-time staff positions of any type. No one program, from whatever the Federal or State agency providing it, can stand on its own as a complete project without borrowing from or tapping resources from other projects, resulting in a delicately balanced pyramid of blocks of partial programs for the elderly, the loss of any one block having the possible result of collapsing other services. For example, our elderly meals program depends on the following blocks and pieces of resources:

Raw food for meals from title VII for approximately one-half of food costs needed; supplemental food costs required from the CSA programs;

Loss of either program would cause a serious dilemma in how to feed eligible people who come to the meal site;

Utilities costs partially paid by title III;

Buildings, kitchens, and serving areas from Head Start program, tribal facilities, and ANA programs;

Professional nutritionists and dieticians from ANA programs and Indian Health Service;

Transportation services from volunteers, community health representatives, CSA grant funds, UMTA vehicles, Head Start buses, etc.;

Social services and outreach from a variety of other sources.

To continue explaining some of the inadequacies of programs for the Six Sandoval area elderly: Programs and services come from a number of agencies, Federal departments, local governmental units, and private organizations with no provision for coordination and outreach to the rural elderly. Many of these providing agencies are not run or housed at the local, rural community level.

No single program is adequately funded, forcing the communities to severely limit the number of participants. For example, the weatherization program limits the number of homes to be fixed and the amount per home, and does not pay for labor costs. Title VII limits the number of meals per day to be served, regardless of how many arrived at the meal site. None of the programs provide budgets for administrative support or bookkeeping, yet each has strict accounting and reporting requirements to be met. None of the programs described provides for comprehensive planning or advocacy for the elderly.

PLANNING GRANTS

In regard to comprehensive planning, if Indian tribes are to run programs for the elderly, they ought to receive planning grants, so that planning goes along with operations; instead, funds are going to universities, All Indian Pueblo Council, and other gerontology groups who are not involved with running the

programs. What is not needed is any more studies of what the elderly need. At various meetings, national conferences, hearings, and through surveys, data has been collected and documented on what the elderly need. Also, planning should be done using actual figures and not old census reports.

Recently, title III fund allocations have been distributed based on 1970 U. S. Bureau of Census data acquired from UNM Bureau of Business Research, even though our local count of elderly persons was nearly 50 percent higher than the old census. One of the most outstanding difficulties in acquiring and running these elderly programs is in regard to titles III and VII of the Older Americans Act; specifically, we must go through four layers of government. AOA Federal offices in Washington and Dallas, State commission on aging, the Middle Rio Grande Council of Governments, which is the area agency on aging, and the county before the funds reach the tribes. Each layer retains a percentage of funds for administration, and each layer displays different degrees of understanding and awareness of problems peculiar to Indian reservations. In case of title VII, there is no money left for administration, only for raw food and part-time cooks. The various title VII agencies and subagencies with which we deal just assume that we have the following:

- (1) Funds for accounting and contract administration;
- (2) Transportation for the elderly and field monitoring;
- (3) Logistical services for acquiring, storing, and distributing foods;
- (4) They assume we have supplemental food monies to feed people in addition to the 35-person-per-day limit. For instance, Cochiti and Santa Ana feed 5 days a week and are limited by contract to feed 20 per day in Cochiti, and 15 per day in Santa Ana, even though our average attendance is 40 per day in Cochiti and 25 per day in Santa Ana;
- (5) They are also assuming we have fully equipped kitchens, which we just happen to have due to existing Head Start programs, but which are not really adequate for elderly meals and which are not supposed to be serving elderly programs;
- (6) They assume we have a purchasing system with a food purchasing agent;
- (7) Finally, they assume we have nutrition and dietician staff to provide menu planning and nutrition education which are required to meet title VII specification.

We are required, by threat not having the contract, to feed 5 days a week even though it was not in the Federal regulations for rural areas, and even though there are not sufficient funds to feed 5 days per week.

When we reported this problem to our sponsoring organizations, we were told to lay off cooks and find CETA manpower trainees in order to continue the program. CETA is not a realistic solution. It was also suggested we discontinue our 1-day-a-week meals in the other four pueblos so that the 5-day-per-week meals could be continued; even with limited money from the title VII, we still have to use our Head Start cooks to complete the job of feeding the elderly people because the title VII cooks can only work 6 hours per day and have even been told to cut back their hours further.

ACCUSATIONS OF MISMANAGEMENT

This dilemma of too few funds versus too many eligible participants has even resulted in our being accused of mismanagement. We reported the dilemma to our sponsoring agency the first month of our contract and we were advised to continue providing more meals than were on the budget, which we did, rather than turn people away at the meal site. The sponsor then alleged mismanagement when they began receiving the billings for meals in excess of contract amount. The fault in this case is in the limitations of the contract itself. It should never have required meals 5 days per week. The title VII person, as it has been administered and contracted, is degrading and lacking in respect toward the participants in our opinion. Two examples of this are:

- (1) The requirement of providing income when it is national statistics that a high percentage of persons over age 60 are already below poverty income levels. This is especially true on Indian reservations. We estimated that nearly 100 percent of the six pueblos population over 60 has income below poverty standards.
- (2) The requirement to solicit cash donations on the meal site from the low-income elderly participants is contrary to cultural attitudes, and contrary to

the intent of the program which is to provide nutritional services to elderly persons who are assumed by the legislation to be in needs of these meals.

Regarding title III contracts, the problems and limitations are similar. Title III assumes that you have meals, social services and other programs for the elderly and provides you administrative support funds.

We had hoped at Six Sandoval Indian Pueblos to have used title III funds to employ a director for elderly programs since we have none. When our proposal reached one of the layers of government, it was proposed that we could employ an elderly program director through CETA Department of Labor which is not a program equipped to hire permanent administrative staff for programs but is rather a temporary training opportunity program for unemployed people. When the title III funds were finally distributed at the tribal government level, we received a total of \$9,820 as the elderly administrative support money, making it impossible to hire a qualified elderly director. We divided \$9,820 up into the six pueblos to help defray the cost of transportation and utilities.

There are other gaps in programs intended for the elderly. For example:

(1) For transportation, one may acquire Government funds for vehicles without a source of funds for their maintenance and operating costs, or vice versa. There is no one comprehensive source of transportation programs available to tribes.

(2) In social services—areas such as legal aide, social security assistance, SSI, medicare, etc.—there are no local people available to interpret, explain, or assist elderly persons to acquire these services. We must rely on mobile vans provided out of the metropolitan area or other agencies such as the council of governments, home education livelihood program (HELP), county legal aid, to furnish helping agents in these areas. Two years ago, HELP provided to our six pueblos two full-time staff persons to work on problems on SSI through the senior opportunity services program. In 1976, the staffing was reduced to one person to serve all six communities and, later, further reduced to a three-fourths position. When that individual resigned, HELP did not replace him and hundreds of elderly case files were left unattended at the local level. We presently have no SOS staff person, even though the program was an outstanding success in acquiring benefits for the elderly.

PROGRAM FUNDING DOES NOT ALWAYS WORK

The mechanism of programs intended to reach Indian population in a given county by funding the county and expecting the services to reach the reservations does not always work, even though Indian population statistics are used by the county and the area agencies in determining funding levels. For example, the Sandoval County Economic Opportunity Council received crisis intervention (emergency utility payment) funds from the Community Services Administration to serve all of the county, including the Indian population, yet that county agency assumed that the pueblos had our own crisis intervention funds, which we did not have. Consequently, Indian elderly received no help from either agency.

Our recommendations are as follows:

(1) Direct funding from Federal Government to tribes and Indian organizations.

(2) More flexible funding mechanisms that meet the needs of individual communities, especially rural areas.

(3) Adequate funding to fully pay for given program. For example, a feeding program should include a budget for space, kitchen, equipment, staff, transportation, logistics nutritionist, bookkeeping, purchasing and contract administration, and enough money to feed all the eligible participants in a given site.

(4) Funds for coordination of various elderly services and comprehensive planning should be made available to hire full-time staff and made available directly to the tribes or organizations who are operating the programs. One of the goals for comprehensive planning programs at the tribal level should be to acquire accurate census population data. More planning and research moneys should be available to Indian tribes to do their own studies and less moneys to universities. Tribes can hire their own expertise, as needed.

(5) Funds should be made available for advocacy purposes. Elderly people should not be expected to advocate for their needs on a purely voluntary basis, neither should they have other people speak for them.

(6) Social services programs such as legal aide, SOS, retired persons programs, and others should be allowed to run by the tribes on the local level, and not as outreach from other metropolitan areas or country agencies. Specifically, we need a minimum of three SOS workers at Six Sandoval Indian Pueblos, Inc., to respond to the needs of the elderly.

(7) Meals programs should serve all eligible persons at one site or none at all. There should be no pay or donation requirement nor means test to prove eligibility. If high nutrition standards are required, provision should be made to pay for the cost of meeting these standards. No agency should force a community to feed a set number of days per week. The Federal regulations regarding rural areas should be applied in New Mexico. There should be no limit on the percentage of home delivered meals in any given community provided no additional cost is necessary.

(8) More money is needed for a number of new programs and services that are currently not available including home health care, housing improvements, employment programs, locally situated nursing facilities at each pueblo, and also community centers for the elderly.

None of these recommendations are that new. As far back as 1971, at a White House Conference on the Aging, recommendations were made for such things as direct funding, old age homes, and transportation. In June 1976, at a national aging conference in Phoenix, Ariz., attended by a significant number of tribes and tribal leaders from all over New Mexico, the recommendations were made *clearly* calling for direct funding to Indian organizations and stating all of the same needs in priorities that are being stated at this hearing.

We thank you for the opportunity to present this testimony on behalf of the Six Sandoval Indian Pueblos Governing Board, and the governors and tribal representatives of the six tribes.

Senator DOMENICI. The county of Bernalillo has given us a written statement from the chairman of the commission. We appreciate it. It is a good summary of what they see the problems to be in terms of managing the program here along with the needs. We will make it a part of the record.¹

So you people in the audience will know what is going to happen the rest of the day, we will return and start again at 1:15. We will have five more panels that will spend time with me and answer questions. We should not be through until about 4:30 this afternoon, at which time we will spend an extra half hour or so answering questions that you might have.

I want to make two announcements. First, there is a sheet of paper available for you, individually, on which to make your own comments, if you have any, about unattended problems you see or ways we could do things better.

In addition, from my own standpoint as your Senator, not as the chairman of this hearing, we have some staff people here. If you have some personal problems that you want to discuss, meet with one of my staff people right out that door [indicating]. I'll introduce the two people here in a minute. They will take the information down and try to help. If I'm needed, we will get together later in the afternoon.

Mr. TENORIO. Senator?

Senator DOMENICI. Yes.

Mr. TENORIO. We have some Pueblo delegates especially from the Pueblo of Zuni that I would like you to recognize.

Senator DOMENICI. I will be right with them now.

Lou Gallegos, if you will put up your hand there. If any of you have some personal things, he is here with some other staff people.

¹ See appendix 2, item 1, page 1232.

They will attempt to help you if you have problems you need personal attention on.

Now, Frank Tenorio wants to recognize some additional people. Keep the mike in front of you, Frank.

Mr. TENORIO. The Pueblo of Zuni—will the delegation please rise to be recognized? Do you have testimony to present? I think the Senator will take your testimony.

Senator DOMENICI. We thank you very much for coming.

Mr. TENORIO. Is the Pueblo of Isleta here for representation? I don't guess so. That is all.

Senator DOMENICI. Thank you very much. A young man named Mark Romancito has prepared testimony presented to me from Zuni along with his own remarks, and they will be made part of the record.¹

We will reconvene at 1:15. We stand in recess.

[Whereupon, the committee recessed at 11:35 a.m., to reconvene at 1:15 p.m.]

AFTERNOON SESSION

Senator DOMENICI. Let's go ahead and start, even though it is a couple of minutes early. Our witnesses are ready and I am sure that the few that have not returned from lunch will be here shortly.

I will use the first few minutes for some announcements. We have a statement from Mrs. Esther Candelaria on nursing institutions or nursing homes. She asked that we consider this. She has entitled her statement "Nursing Institutions: A Nightmare," and I am sure that she explained the difficulties that we have with the rules and regulations. That will be made part of the record.²

There are two people here that I would like to introduce.

We have a young man here, Michael Brown. Mike, would you just stand up and then I'll tell them why you are here. Michael Brown is here as a representative of Equitable Assurance Society of the United States. His company, the Equitable, is the part B medicare agent or provider. He came up because he knows that we frequently have questions about the Equitable Life Assurance and what you are entitled to in coverage. He is going to be here if anyone wants to ask him questions. He will step out in the hall with you and answer them.

We have an organization here in New Mexico that is headed by Randy Romero. Is Randy still here? All right, Randy just stood up. I just want you to see who he is. He is going to let Cayetano Barela testify for the Asociacion Nacional Pro Personas Mayores. Randy is just going to be there in the audience and Cayetano will testify. This is our fourth panel. Cayetano, if you will lead off, we will then take the other two witnesses.

STATEMENT OF CAYETANO BARELA, ASSISTANT REGIONAL CO-ORDINATOR, ASOCIACION NACIONAL PRO PERSONAS MAYORES, ALBUQUERQUE, N. MEX.

Mr. BARELA. I would like to welcome the U.S. Senate Special Committee on Aging to New Mexico, the "Land of Enchantment."

¹ See appendix 2, item 2, page 1232.

² See appendix 2, item 3, page 1234.

I am appreciative of the opportunity to speak before you today. My name is Cayetano Barela and I represent the Asociacion Nacional Pro Personas Mayores in the southwest regional office located in Albuquerque, N. Mex. Although this office covers seven States, I will attempt to limit my remarks to the State of New Mexico, although some of the topics pertain to the Hispanic senior citizen in particular, and others to senior citizens in general. The goal of the association is to articulate the needs of Hispanic senior citizens. It is the only national Hispanic elderly organization.

To reiterate what has been said by many before on many occasions, our ancestors, the Hispanic people, have been in the Southwest and in New Mexico since 1609, which means that our Spanish-American ancestors have been in this country for more than 300 years, thus we have been in this country longer than any other group, with the exception of the native Americans.

PROBLEMS OF HISPANIC ELDERLY

It is a sad and unfortunate situation when, in this country of ours with all its modern technology and wealth, there are still some senior citizens that sign their social security checks with an "X," and a shaky, unsteady X at that. The significance of this is that the X simply means that these Hispanic senior citizens have never learned, and do not know, how to spell their names. Consequently, it means that these senior citizens do not know how to read or write. In usual verbiage, the term would be "illiterate." I am not going to belabor this point but it will establish a premise that becomes a problem to some Hispanic elderly.

Some so-called expert gerontologists have said that a person suffers from what is termed "triple jeopardy"—being a senior citizen, being poor, and belonging to a minority. In regards to Hispanic senior citizens the jeopardy can be extended fivefold—being monolingual and having a poor education.

The number of senior citizens in the State of New Mexico is about 132,000 which represents 30 percent of the State population of those 60 and over, and of this number, those in poverty number about 66,000. These figures are extremely conservative since the Census Bureau does not have an accurate measuring instrument to adequately give an exact count. The numbers may exceed the above, but these are the figures that are currently being used. In Bernalillo County, according to the statistics from the mayor's office for senior citizens, the number is about 37,900 and about 10,000 of these are under the poverty guidelines. In fact, any senior citizen who is on social security and supplemental income is consequently poor. It is hard to understand how these senior citizens manage to subsist on such meager sums.

OUTREACH WORKERS ASSIST

We can speak of the problems that plague the Hispanic elderly such as those relating to income, transportation, nutrition, health, etcetera, but what purpose do these serve, even if they had a solution, if the Hispanic senior citizens cannot understand the information that is being furnished by the service agencies? The good

that is being accomplished is mainly due to the work of outreach workers who inform the Hispanic senior citizens on a 1-to-1 basis. Thus, written materials become ineffective, and it takes a bilingual person to explain the programs to the Hispanic senior citizens.

Take, for example, the weatherization and emergency assistance programs. The only seniors that take advantage of these programs are those who are informed by the various agencies through their outreach services or by the nutrition site personnel, if and when the Hispanic elderly attend the meal sites. Unfortunately, the benefit of some good programs does not channel down to the Hispanic elderly because of their cultural difference.

One of the misconceptions prevalent today is that the Hispanic senior citizens do not actively participate in meetings and that those on advisory councils never take part in the decisionmaking process. Sure, the Hispanic elderly attend meetings and they do not say much. Culturally, Mr. Chairman, our people were trained to be respectful and polite; our very religious background dictates this. So when a senior citizen of Hispanic background attends a meeting and says nothing it does not mean that he/she does not want to participate; it simply means that they do not understand what is going on. Usually, the person who is conducting the meeting misunderstands the Hispanic senior citizen, taking his silence to mean acquiescence. As far as a monolingual Hispanic senior citizen is concerned, the meeting and what is being said is foreign to him. It is only a bilingual person—Spanish-English—who can be helpful in this situation.

To further illustrate the plight of the Hispanic senior citizen is the problem of transportation. This problem reaches national dimensions and is common to all senior citizens. The main point I want to make is the inability of the Hispanic elderly to understand bus schedules either in Spanish or English. Thus, the use of public transportation, where it is available, is not practical. Some public transportation is discounted at offpeak hours, but if the Hispanic senior citizens are not aware of this information, then the system becomes impractical.

RECOMMENDATIONS

The above will serve as an introduction since any aspect dealing with senior citizens could be expanded endlessly. Hopefully, these remarks may serve as a premise to the following recommendations that are made to the U.S. Senate Special Committee on Aging. They are the following, although not in order of priority:

One: That transportation funds be made available to those areas that either have a poor system of transportation or no transportation at all. Some southern counties of New Mexico do not even have taxicabs. Since the appropriations are made by formulas of population, some other system should be devised and implemented to serve sparsely populated areas, for example rural areas.

Two: That bilingual—Spanish/English—personnel be employed at all levels of programs dealing with Hispanic senior citizens. Bilingual/bicultural personnel would be ideal.

Three: That training moneys be made available for the purpose of training senior citizen advisory groups to learn how to participate

actively in the decisionmaking process. If necessary, to expand this training to include those who work with the Hispanic elderly.

Four: That a higher limit be allowed for weatherizing old homes belonging to the Hispanic senior citizens. One of the greatest prides of the Hispanic senior citizens is that of owning their homes, even though their homes are substandard.

Five: That title V funds be increased and even expanded to include actual construction of neighborhood centers.

Six: That a special effort be made to encourage the nutrition sites to prepare ethnic meals at the sites to better serve and encourage the Hispanic senior citizens to attend the meal sites.

Seven: That adequate housing be developed that meets the needs of the Hispanic senior citizens. This is a universal concern voiced by all segments of society on a national basis.

Eight: That a Federal requirement be legislated that all agencies serving senior citizens comply with official cooperative agreements that will serve to centralize services to include program planning, implementation, service delivery, and evaluation. This would hopefully prevent fragmentation of services.

Most of the above recommendations were voiced at the Second National Hispanic Conference held in Washington, D.C., on October 23-26, 1977.

I will end with this thought: There are 37,900 senior citizens who are 60 and over in Bernalillo County. The meal sites are serving about 1,000 persons per day. If these 1,000 represent the same individuals, who is serving the other 36,900? If they represent different individuals, who is serving the other 32,900?

[The foregoing statement was given orally in Spanish by the witness.]

Senator DOMENICI. Thank you very much. We are not going to have the entire testimony in both languages. But the association that Cayetano represents was formulated for the purpose of gathering information on how many senior citizens cannot understand English and to make it known as to how this affects them. So it seemed to me that it would be appropriate for many of you who don't understand Spanish to sit there because it is estimated that—what would you estimate the percentage is of our senior citizens who don't speak English or don't understand it well?

Mr. BARELA. About 50 percent.

"HOW ARE WE GOING TO SERVE THEM?"

Senator DOMENICI. Somewhere around 50. Now, that isn't to say that they don't understand any English, but how would you like it—you who are out there that didn't understand a thing he said, how would you like to get to a meeting for your benefit and have everything said in a language that you didn't understand? These are people 60, 65, 70, and we cannot go back and ask the question: "Why?" We just have to answer: "How are we going to serve them?"

I am going to quickly summarize what he said, and for those of you who want to read the testimony in English, he has it in detail. I am not going to interpret what he said literally; I am just

going to run through it very quickly. First, he recalled for us that for more than 300 years, since 1609, the Spanish language, culture, and people have been here. Then he commented that his organization represents the Southwest, which is more than New Mexico. They are gathering and helping in all of the mentioned areas, but he would limit his remarks as best possible to things that affect New Mexico. To explain the significance of not being able to understand Spanish, he commented on the significant number of old people who still sign their check with an X, and that means not only that they don't understand what they sign, but most certainly, if they don't know how to sign their name, they would be, to use his word, in English, for all intents and purposes, illiterate. This still exists in significant numbers in the State of New Mexico. I commented about the gerontologists who say that the senior citizens suffer under what is called a "triple jeopardy." Mr. Barela indicated that when you add the problem of not being able to understand English it may be fivefold jeopardy instead of three, that of being undereducated and only speaking one language.

Suggestions were made in detail, and I will not read them other than some observations given by Cayetano regarding participation in meetings. Cayetano indicated that many people would go to a meeting where senior citizens who don't understand English were in attendance and they might very well wonder: "What is wrong with them? They don't say anything and don't seem to participate." The conclusion that some might draw is that they don't care. Cayetano's observation, from his association, is that they care very much, but they don't understand, so it's very difficult for them to be active participants. Likewise, with transportation, these are matters that require information, understanding of schedules and the like, and it is very difficult when they don't understand what is going on.

BILINGUAL SCHEDULES AND INFORMATION

The recommendations that were made in detail, eight in number, basically address the issues stemming from New Mexico citizens who don't understand English. Suggested was that transportation schedules and information be bilingual, that we try to get people who operate programs to have a working knowledge of both English and Spanish, and third, that we have some kind of training program for participation, so people would understand proceedings of the meetings.

He drew a conclusion about the weatherization program. I am not going to challenge it. I am just going to tell you what he said, that most of the people in this State who avail themselves of weatherization were one of two kinds: either those who understood English very well, or those who outreach workers went out and found. If outreach workers were not going out, many hundreds would not understand anything about this program because they don't understand English and, therefore, they would not have even participated.

The remainder of the suggestions I don't believe we have to go over. He closed with the statistic that there are only 1,000 people out of 37,900 being served meals in Bernalillo County; and with a

question—he wonders if that 1,000 is all who need the meals, and if not, who is serving the balance.

The mayor has arrived. He was going to open our meeting with a welcome. Mr. Mayor, for the first time in history, your friend, Senator Domenici, was not only on time but he was early, so we are going to delay the other two witnesses and let you welcome the committee here and say whatever else you would like about our senior citizens.

STATEMENT OF MAYOR HARRY KINNEY, ALBUQUERQUE, N. MEX.

MAYOR KINNEY. Thank you very much, Senator. Maybe for the first time in my life I talked too much at lunch. I don't know what is happening to both of us. I sincerely want to welcome you and the committee here. Your interest in senior citizens and what government, both local and Federal, can do for them is of long standing and we in Albuquerque recall some of the steps you took 7 or 8 years ago that have followed through to a tremendous program here. I think we are very fortunate within Albuquerque and we see around here today some of the involved seniors within our senior citizen community who have helped make one of the best programs that local government has, but without the help of the Federal Government and Federal laws and Federal money, what we can do is relatively limited. I know the results of this hearing will identify weaknesses in our program and how you, through the U.S. Senate, can help us do our job better.

One of our greatest concerns and one that has been identified as being of great importance and great concern time after time is that of transportation of senior citizens. You are very familiar with our proposal and the problems facing it. I think there is nothing right now in Albuquerque that is so badly needed as transportation, door to destination, reasonably priced transportation for senior citizens. I just hope that within the next year, through the Federal Government and our local government, we are able to work out the details and make this come true.

STILL HAVE UNANSWERED NEEDS

I sat in committee hearings in Washington and observed your interest and your knowledge, especially in those affairs of medical problems. We have made more strides as to providing medical attention for senior citizens than many communities, but we still have a lot of unanswered needs. I know of your concern of the ability of our medical system to deliver the services that we need. I think that with a fine medical school and some very good programs that have proven themselves from shaky starts to very effective programs, we are in a position now to continue improving our medical services to senior citizens.

I just want to express my appreciation for what you have done in a committee that maybe 5 years ago was not one of the glamour committee of the U.S. Senate, but I think because of the attention that our senior citizens and others throughout the Nation have brought to this problem, maybe it is a little bit of a glamour

committee, one where some real steps forward can be made. Certainly we in the city of Albuquerque and the citizens who are here today want to express our appreciation and know that a great deal more can be accomplished. Thank you for coming.

Senator DOMENICI. Thank you very much, Mayor. We appreciate it.

Let us proceed with the two remaining witnesses. Mr. Mayor, you can do whatever you would like. If you want to stay, you are welcome to be here. We understand your busy schedule, if you have to leave. We want to thank you right now for your genuine concern, and I think you are correct. With all the problems we've got, the municipal government in Albuquerque stands high on the list of cities in terms of managing and allocating resources for the older people. We know we can always do better and we hope to have a better Older Americans Act by mid-next year that will make your job and the job of municipal officials around the country easier and more effective—all to the end of helping out older people, and to enable our elders to live a more happy, involved life. Thank you so much.

Mayor KINNEY. I think I will remain a while. I may not have the invitation next month.

Senator DOMENICI. All right. The next witness is the national field vice president of NARFE—the National Association of Retired Federal Employees—Mr. Eursell Cordell. We are glad to have you here and we are glad to welcome you in your capacity of national field vice president for NARFE. We know of your genuine interest in the problems of aging and in particular the problems of the retired Federal employee. Thank you very much for being here.

STATEMENT OF EURSELL CORDELL, NATIONAL FIELD VICE PRESIDENT, NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES

Mr. CORDELL. Senator, Lois, and Mayor Harry, it is good to have this opportunity. I would like to expand to include one other group that I might represent, the HUB Resource Conservation and Development Council. I will make some reference to that in my remarks here.

Malnutrition and facilities of the people in rural areas is a very critical problem. Many areas are badly underserved and a variety of needs are uppermost and are unmet. Six percent of the housing in the HUB R.C. & D. area are without complete plumbing. HUB area includes Bernalillo, Valencia, Torrance, Sandoval, and the southern part of Santa Fe Counties.

Senator DOMENICI. What was the percent again?

Mr. CORDELL. Six percent. The rural areas are thought to be even a higher percent than that. Housing is considered crowded where there is more than 1.01 person per room, and 14 percent of the housing in this area is considered crowded.

Many small communities of suburban areas depend on wells, on-site sewage disposal systems, and arroyos for trash disposal. This contributes to an environmental and health hazard. The water in

many areas is becoming very scarce and/or of poor quality for domestic use.

The population in New Mexico has increased about 13 percent since 1960. The population shift has been from rural areas to city. I might add, there are some that are getting tired of city life and moving to the rural areas, at least for a while, but Mayor Kinney, they soon come back to the city. This is due to the employment opportunities in the city areas and they are shifting to the cities. Our elderly tend to follow their children in this movement, maybe not immediately, but sooner or later they make that trend of movement.

NUTRITIONAL NEEDS NOT BEING MET

The recreational facilities for the elderly in rural areas are very limited and not readily accessible. Staring at four walls leads to loneliness, depression, and deterioration. It has been found that many elderly do not get the wholesome balanced diet they need. They get tired of preparing meals, especially where they end up with one person in the family group. When they receive a balanced diet, they enjoy better health and less sickness. Meals at nutrition sites or meals-on-wheels would provide this need, as was demonstrated at noon today. However, these facilities are insufficient, the transportation is inadequate, and the number of elderly in the rural areas are too few to justify such facilities. It creates a double problem. The lack of accessible transportation becomes a greater problem with a person increasing in age. This is more so in the rural areas where markets, doctors, and health facilities are a greater distance from the client.

Limited income is an increasing and distressing problem with some aging citizens. In Wyoming, Utah, New Mexico, Colorado, and Arizona—the region I serve as field vice president for the National Association of Retired Federal Employees—there are approximately 4,700 Federal retirees, survivor annuitants, and spouses living in the rural areas. This is only a small percent of the elderly in the rural areas, as you would anticipate. Many of these retired when salaries were relatively low and the retirement computation was made on their 5 high-year salary. Consideration should be given to the computing of these retirees' annuity on the 3 high salary years.

Also, the adoption of Senate bill 2128, tax relief credit for elderly, would assist many of the aging, and we appreciate, Senator, that you are now cosponsor of that bill, along with at least four other Senators. In the House, that same bill is cosponsored by 84 Congressmen in the last check I had on it.

Every practical move should be used to make it possible for the aging to remain in their homes instead of being placed in institutions. This should save funds, and the elderly are happier in their homes in family surroundings and near relatives.

At times, it might appear that the problems for the real elderly are insoluble. However, I believe they can be largely overcome if we accept the attitude of one great U.S. Senator, Hubert H. Humphrey, when he said:

The great unit of life is not knowledge, but action. It is a waste of time, of resources, and of energy when men build barriers between themselves or when they miss the opportunity to improve mankind's general lot on earth.

These are brief statements that I think cover the field in which I serve as representative to the Federal retirees of these five States. Senator DOMENICI. Thank you very much.

Let me ask, have you had an opportunity to review any of the pending bills on home health care?

Mr. CORDELL. No, I haven't.

Senator DOMENICI. Not that you would be expert on it, but you seem to agree with most of the people that have been in the field that one of the major deficiencies in the health delivery system is home health care.

HOME HEALTH CARE NEEDED

Mr. CORDELL. Yes, and the mayor here gave me the opportunity of representing him at a conference at Highland University and I had the opportunity of bringing back a paper to him of my reactions. I see there is a need of home care. To me, it is the best place, if it could be done, to make that care there. People in institutions—and I hope that I never have to be in one, that we don't know—but it is a terrific problem upon the individual. Funds should be made available for home care and even some better facilities, I mean more adequate finances for those that do have to be in institutions. As an example, I had correspondence with a person and then got to talk with them personally in Washington, D.C. They said:

As long as I was under the doctor's care in the hospital, I had my bills pretty well covered, but when they transferred me to a rest home, then I lost the benefits I had. It's draining on my family. It depleted our entire savings just prior to my husband's death. I've got very little to live on now. It is a real problem.

Senator DOMENICI. Well, I just want to make a couple of observations with you. I think for you who are here this morning, I told you that we had a hearing in Washington with national experts on aging from 14 foreign countries. The countries were European, Soviet Union, Canada, Japan, and the interesting thing is that regardless of what system they have, a couple of facts come out that make the problem almost the same everywhere.

One is that we are not only growing old in America but the human race is growing old. That means it's not the graying of America, but the graying of the world. The statistics are really startling. Other than the very new developing countries, we are approaching 15, 17 percent of the population everywhere being over 65. To put that in perspective, just 30 years ago it was 4 percent and, if the graph is right in about 2010, it will be over 20—or one out of every five. The other interesting thing is that everywhere in the world that they talked about delivering health care, every single expert at the international meeting indicated that home health care was the best delivery system and that they were all moving in that direction.

Now, in the United States, what we did when we developed medicare and medicaid was to take existing institutions that deliver

health care—principally hospitals—and build the system around that, so we have utter confusion when it comes to home health care. For instance, under part A of medicare, you have to have been hospitalized 3 days before you qualify.

HOSPITALIZATION QUESTIONED

Well, when we talked to the committees about improving the scope of home health care, you can't make them understand that we are not talking necessarily about a brandnew cost item but, rather, how many people are going to be put in the hospital for 3 days so they can qualify for home health care afterwards, and wouldn't it be better to start the home health care in the beginning and maybe save the \$120 or \$150 a day for the 3 first days.

There are all kinds of problems of that type. I can predict with a certainty that home health care will be addressed next year in depth in the Senate. I feel confident that it will be so in the House, also.

With reference to nutrition, there isn't any doubt that the congregate setting is needed, along with delivery at home. This is a difficult problem, and I am pleased that you mentioned specifically how difficult it is in rural areas—very difficult. I can tell you that there is a genuine concern. We spend \$200 million, as I indicated this morning, on that program. The issue will be, should we have separate meals-on-wheels or should we just increase the scope of the one program and then assume that the local governments will allocate the money between home delivery and congregate settings. I haven't concluded in my own mind which way I prefer to have us go.

Mr. CORDELL. This area out here that I represent, this rural area, really goes to stretching out, especially in some sections of the States. It is a long distance between houses. To deliver a meal to all those houses is expensive, and yet urgently needed.

Senator DOMENICI. Our next witness on this panel, and we look forward to hearing from him, is Larry Reecer. He is a managing attorney for the Senior Citizens Law Office in Albuquerque, and we very much look forward to his testimony.

STATEMENT OF LARRY M. REECER, MANAGING ATTORNEY, SENIOR CITIZENS LAW OFFICE, ALBUQUERQUE, N. MEX.

Mr. REECER. The Senior Citizens Law Office not only is here in Albuquerque, but we contracted with the local area agency on aging this year to provide our services to the four-county area, which covers Sandoval, Valencia, Torrance, and Bernalillo Counties. To do that, we have what we call a mobile law office. It is a van that we take around to visit each one of the communities in the four-county area on a monthly basis. To back that up, we have a toll-free number that people can reach us on an emergency basis and we can schedule individual outreach. We also do ombudsman work where we visit each of the Institutions providing residential care to the elderly on a once-a-month basis, and we do individual outreach to shut-ins. Our staff is bilingual so that we do not have

the problems as far as the Spanish-speaking people are concerned in serving their needs also.

I prepared written testimony which I will not go into in any great depth, but I want to review the most important areas that I feel are covered in that written testimony.

The first area is in the area of energy. All the senior citizens here know that conservation to them is not a luxury; conservation is a need to them. Each of them is faced with a certain amount of fixed income per month and they are forced to live within that income. When you are talking conservation to an elderly person, they are conserving as best they can already, just in the necessity of having to pay for their energy needs. I have had a chance to review your rebate proposal and I am in favor of that \$75 rebate. However, I don't want to see the Federal Government subsidizing the utility companies with this \$75 payment where the utility companies would say, "We won't reform our rate structures, but the Federal Government should pay for those people who can't afford their utilities." I would like to see some type of rate reform for senior citizens and the consumer, because that person right now is paying the highest rates for the least amount of energy, both electric and natural gas. I would not want to see this rebate system upped each year to cover the cost of energy to the consumer. I would rather see this rate restructuring to equalize the cost over all energy users.

ENERGY TAX CREDIT FOR ELDERLY

Senator DOMENICI. Let me make sure, now, that we understand each other. The \$75 refundable tax credit, which we will call rebate—the reason the amendment which I introduced carries the title that implies that it is to pay for energy bills is so that it would be understood on the Senate floor that up to that point we've done nothing to alleviate energy expenses for the fixed-income people, although everyone talked about it for 18 months. It does not go directly to anyone but the income tax payer or the person that files the return. If they don't want to use it for energy, they don't have to, so I don't think it is a subsidizing. Rather, it will be part of helping older people with the exceptionally high rate increases, percentage wise. I agree with you on the rate reform, and we will talk about that a little later as you go through it.

Mr. REECER. Senator, I would like to carry on a little bit further in that area. People will be using this credit for their utility bills, but any type of program that sets up a one-time payment that comes with the tax returns has definite problems to it because the energy bills are extending over November, December, and January. If you have ever dealt with the utility companies, you know that where you and I would be given extensions of credits to pay these large bills and the city gives extension of credit on the water bills in the areas of their good consumers, the people that are on fixed income are not so lucky. The utility companies know what you and I know: The people on fixed incomes live on budgets and if they don't have it this month to pay, they're not going to have it next month to pay. So any type of one-time payment presents a problem,

and if the Congress is going to get into this area, I would like to see the payments made during the regular monthly pension checks or social security checks to enable those people to plan their money and use it during the month that those bills occur.

Another problem that we are really seeing by going out in the most rural areas of the State, there are many homes out there that do not have any type of utilities whatsoever, as Mr. Cordell was speaking about. We are seeing people, Indians and the most rural Spanish families, having wood-burning stoves, no telephone, and no electricity. The hook-up costs of those utilities are astronomical and are prohibitive.

Also, there are problems in the winterization of homes under certain Federal programs. There is a problem in the State of New Mexico where the Spanish land ownership concept and the common law concept of land ownership have come into conflict because people do not have clear title to their homes. They have problems where, for generations, their families have not probated the title to their homes to the succeeding generations, so any program that faces this winterization and weatherization in the State of New Mexico has got to take this into consideration because this is one of the few States in the country that faces this problem.

Senator DOMENICI. Can we talk about that a minute?

Mr. REECER. Yes.

Senator DOMENICI. Now, let's assume that we take the existing weatherization program. If a person thinks they own this home and they qualify as an individual under the poverty guidelines—be it 100 to 125 percent—is the administrator of that program demanding that they prove legal title for a \$500 or \$600 improvement?

LEGAL HELP GIVEN

Mr. REECER. Not for the smaller programs—the \$500 or \$600 programs—but the model cities programs and the programs involving major winterization, because you cannot do that on \$500 or \$600. We are talking about \$1,500 to \$3,000 costs in these homes. Sometimes there is the requirement that this person has clear title to the property. We have handled a number of cases where individuals who are eligible for these programs face this problem. In the model cities program we have done the probate and the quiet title suits for those individuals.

Senator DOMENICI. That's right in the city?

Mr. REECER. That is right in the cities, and that was mainly when there were many urban renewal projects and many model cities projects going on at that time. I just do not want to see that as a problem in these new programs. There are many homes in the State of New Mexico that are owned by the children—where the parent or grandparent, thinking they can get around the probate laws, have deeded the property to their sons or daughters. At the time that those homes become eligible for winterization or weatherization, they found out that they do not have ownership and they will not do that winterization or weatherization for the younger individuals which they would do for the parents if they were still owners of the property.

Senator DOMENICI. Did you cover that in the written in-depth statement?

Mr. REECER. Yes, I did. I covered it briefly in that area, because it creates a real problem to the Spanish culture, particularly this concept of passing of the property to the first son or first daughter. Many times this is done before a probate process, in a deed or in a gift before death, and that presents a real problem to the ownership of the property when the senior becomes eligible for that program.

Senator DOMENICI. Let me ask you on this point, let's just stay on it for 1 more minute. Can we send you the two programs that have been passed for weatherization and the proposed regulation for the administration of them, and could you, if we do that, check to see if there are any suggestions to cover the problems that we are discussing?

Mr. REECER. Yes, Senator, I'd be more than glad to help.

Senator DOMENICI. I really believe you hit on something important. If this new \$800 maximum weatherization, which is substantial—this could approach \$400 million nationally a year—if they are going to be sticklers on legal title, we could be eliminating tremendous numbers of people in rural New Mexico.

Mr. REECER. That is correct, Senator, and I would much rather do it at the preventive stage in the writing of the legislation than try to do it individually through litigation. I think their resources could be saved for other areas and have this taken care of in the legislation.

Senator DOMENICI. Very good. Thank you.

"MULTICARE" FACILITIES CONSIDERED

Mr. REECER. The second area I would like to address is the area of health care. Again, it is a problem that we see because seniors have that problem, and it is the same problem that Mr. Cordell has spoken about. It is the same problem that probably many of your testifiers today will speak about and have spoken about, and that is that present institutional care does not work. It does not help the health of the aged; it is not rehabilitative. It is more of custodial-type care and "let's store these people here until they are gone." We would like to see certain institutional alternatives explored like there are in certain Scandinavian countries, the multicare facilities. But much more, we would like to see the families not be penalized by caring for their elderly and their loved ones at home.

The present demeaning policies of SSI are atrocious. People are being penalized because they are helping their parents by providing them with the money that they do not have for food and utilities. Each dollar that a child gives to their parent or their grandparent is now being deducted from SSI. We have seen families just get totally fed up with the whole supplemental security program, refuse to help their parents or, worse yet, they say, "Well, we can't help you because you will be penalized," so the parent is left up in the air. Once a person has been reduced under SSI, it is almost impossible to get them back to the original level an individual or couple should receive, because the Social Security Administration says, "You can't support yourself on \$130 a month and you must be getting support from a child, so we'll pay you \$130." Once the support ends from the child, they come around and say, "There is no way anybody can

live on \$130 a month, so you must be getting support from somewhere, so we are not going to give you back up to a full individual's level." It gets to be a vicious cycle.

There are three or four specific cases that I have set out in my written testimony that you will want to look at. Many times, through our help, we are able to tell families the way to provide the care to their parents or grandparents without facing this reduction in SSI. However, that is probably just the tip of the iceberg that we are seeing. Once the people get into this cycle, there is no telling how many just get so fed up with it that they don't help the parent, and the parent is the one who suffers. It's not the family that suffers; it's not the Social Security Administration that suffers; it's the elderly person who gets stuck at this lower income level.

Senator DOMENICI. Larry, tell me an example of what you mean by a child helping a parent. You mean if a son, even on an irregular basis, provides something to his parents—\$50 this month; 60 days from now, \$75—that that has to be listed for SSI purposes as income?

Mr. REEGER. That is correct, Senator, and that would mean a reduction to that individual recipient in their SSI payment. One particular case that I found really atrocious was with an elderly woman who was living alone in her home. She was receiving the individual's level of SSI, which is \$177. With that amount of money, she could not pay her taxes, her utilities, and buy her food—even with food stamps. Her son was really worried about his mother because she didn't have a telephone. She could not afford a telephone, so he said that he would pay for the purchase of a telephone. She had a definite medical problem; she needed the phone for an emergency basis. Here was a real need. The telephone costs were \$9.82 a month. Social security found out that she was receiving \$9.82 a month for the telephone, so they cut back her payment. Now she can no longer live on \$167 a month, because her bills were right at \$177 a month. Not only was she cut for the \$10 she received for the telephone which she couldn't afford, she was cut \$10 out of her own budget that was going to cover these other costs. The only way presently to stop the cycle which the Social Security Administration utilizes is their maximum of a one-third reduction plus \$20, but I would hazard to guess there is nobody in town that could live on \$120 a month, no matter what their circumstances were. It is such a vicious cycle.

SUPPORT PAYMENT BILL DEFEATED

There was a bill last year that was defeated in the House, I think it was House bill 444, that would allow for a \$200 support payment, where they would disregard \$200 in family support per month. However, that bill was defeated, but something in this area needs to be done so that the families who are helping their parents—like Mr. Cordell said, there are studies that have proven that seniors are healthier in their own home. That should be a goal of ours, to keep them in their own home, but through this policy we are forcing these people right out of their homes because they can no longer afford to live there because of the high utility costs and whatever. They are being placed in institutional settings where most of them don't need to be. Most of them do not want to be there, I might add.

The third area that I wanted to cover just briefly was the whole concept of the Federal agencies' transportation programs and the coordination of these programs. The agencies right now are insensitive to the problems of the elderly. We need to have a combination Federal eligibility office where an individual can go there, can apply for his SSI, his social security, his veteran's benefits, his food stamps—go to one place—because presently as the programs are set up, there is not this coordination. A senior citizen would have to apply for benefits at three or four different places where the information is the same at each one of those.

We need more outreach done by these agencies. We need for them to go out in the communities. We are seeing, by going out to places like Fence Lake, which is 4½ hours from here, that those people out there will not apply for food stamps because it costs more for them to come in and get the stamps than the benefits that they receive. We are finding this up in the mountain communities of this area, around Tijeras Canyon, Cedar Crest, Escobosa. Those people get a \$12 or \$15 bonus on their food stamps and it costs them that much to arrange for the transportation to come and get them, so their solution is, "Well, we don't want to apply because it is such a hassle to get them."

The second area is this whole idea about the multicultural presence that we have here in the State of New Mexico. We have 19 Indian Pueblos, each with their language, we have the Spanish community with its language, and we have the Anglo population. The Federal agencies are insensitive to this. They send out the same SSI or social security notices to each of these individuals, even though that by going to the Pueblos, which we are going to now, we find out that the Indians do not open these letters, they do not know what they say because they don't read them, they put them aside. The first time they know it's a problem is when they go to the mailbox and that social security check or SSI check is not there or it is a lower amount.

DISSEMINATION OF INFORMATION NEEDED

We need some sort of compromise to the Privacy Act statutes that will inform the consumer liaisons in these Pueblos when there is a notice and change of benefits. By notifying the community worker that there is a change of benefits for somebody residing in their community, they can get the necessary help to appeal that reduction or they can get somebody to explain to them what is going on before they face this loss of income. Once their income is lost, their bills continue, and the loss of income means they have to live in debt, they have to borrow from their sons and daughters, and in the State of New Mexico there isn't all that much money to pass around in these families. That is a real problem.

Senator DOMENICI. Larry, you've got to kind of expedite your testimony.

Mr. REECER. OK; just two further things. One, we've got to prevent the long delays in benefit determinations and the appeals process. In one case I have a lady who has applied for a civil service pension. There is no Federal law now—there is no regulation—that requires the Civil Service Commission to make a determination

within a specified time like there is in social security. The same thing with workmen's compensation; the same thing in the area of black lung benefits, which we have many problems with in the State of New Mexico.

Senator DOMENICI. Now, black lung—you will be reporting on whether the new law expedites this. The first couple of cases you get the next year, you should find that significant changes already have occurred on that. The other two, no.

Mr. REECER. OK. Finally, Senator, the area I would like to cover is the present bill in front of Congress about the legal services. Even though legal services probably does not rate the highest when you put it up against transportation and nutrition, it is a very needed service. It's not an immediate need, but it is the type of need that, if an individual is facing a problem with one of these programs, they should have somebody to assist them to redress those problems. If they are facing the problem of loss of income, loss of their home, problems with consumer goods—these types of problems are very, very detrimental to a senior. Based upon his own limited income, the ability to purchase that legal service, and the whole process of injustice to them, is a greater problem than the injustice to ourself, because it affects their health. Dealing with our clients who face a consumer problem, it goes beyond the problem itself and goes to their own mental well-being. That is what I would like to end my oral presentation with.

Senator DOMENICI. Thank you very much. Your entire testimony will be made a part of the record. Not only today have you given us the benefit of your experience in the field, but on previous occasions, when we have talked together, you have always shared some real concerns because you are out there living with them, and I appreciate your coming today and testifying.

[The prepared statement of Larry Reecer follows:]

PREPARED STATEMENT OF LARRY M. REECER

The Senior Citizens Law Office is a separate unit of the Albuquerque Legal Aid Society which exclusively serves the elderly in Bernalillo, Sandoval, Torrance, and Valencia Counties. The SCLO has been in existence since 1974. During that time we have served over 2,000 individual clients and many senior Citizens groups. For the first 2½ years of our existence we served only the senior citizens in Bernalillo County, but in July 1977 we contracted with the local area agency to serve all the elderly throughout the four counties in this planning district. This planning district is distinctive in that it has a large urban center and some of the most rural areas found in New Mexico. In Bernalillo County there are approximately 60,000 elderly, and in the remaining three counties there are approximately 8,000 elderly.

In this planning district we are serving elderly that live in an urban setting, in Indian Pueblos, in small mountain communities, and in towns and cities of smaller size. We make regular monthly visits to each of these communities in the four-county area. The four-county area is nearly 200 miles wide by 120 miles long. These huge spaces with sparse population create some unique problems for the elderly that live in the rural parts of this planning district.

I have been an attorney with the Senior Citizens Law Office since April 1975. I have been the managing attorney for the office since September 1976. I have been working exclusively on problems concerning the elderly individually, have represented senior groups in administrative and judicial hearings on utility questions before the Public Service Commission, and legislative matters before the State legislature.

ENERGY

A major problem facing the elderly, like all of us, is the problem of energy. I would strongly suggest that the Senators on this committee work very hard to get a National Energy Act passed as soon as possible. The last two winters, when the cost of natural gas went up so greatly in New Mexico, senior citizens here were forced to choose, many times, between food and heat. Our office handled several cases where individuals were found by visiting nurses or meals-on-wheels workers lying in bed under stacks of blankets to keep warm. In one particular case, a lady that we had represented in several matters gave us a call because she had received a notice that her utilities were to be cut off for nonpayment. This elderly woman had borrowed \$50 from her daughter to pay a portion of the bill. She owed another \$10 or \$20 on the bill and the utility was threatening to turn off her gas. The woman involved has emphysema and was confined to an oxygen tent continually just to breathe. The loss of her utilities would have meant dire health problems to her. During the last legislature we were able to use her example to get the legislature to pass a non-termination of utilities for health endangering circumstances bill. However, this does not reach the real problem where the elderly on fixed incomes are being priced right out of the energy market.

As Senator Domenici stated in the Congressional Record for Tuesday, October 27, 1977: "Social security benefits have increased only 30 percent in the last 3 years, but during the same period the cost of electricity rose 42 percent, natural gas 53 percent, and fuel oil 83 percent." In New Mexico the cost of natural gas has gone up over 100 percent during those 3 years. Very few homes in New Mexico are heated by heating oil, but the other most prevalent fuel is propane, which has risen even at a greater rate than natural gas. The elderly are not really part of the free enterprise system. The laws as now written require them to retire mandatorily at 65 and they are no longer able to get work in the job market. Therefore, inflation has a much greater effect on them than other groups in our economy.

Higher prices to the elderly to force them to conserve are not the answer. The elderly are presently using as little natural gas and electricity as possible. They already are forced to budget as much as possible when you consider that an individual on SSI must try to live on \$177 a month. Others on social security must budget or they'll never get by on a month-to-month basis. The elderly have little money to insulate their homes. Their homes are generally the oldest and least insulated of all the housing that is present in this country. No program of higher energy prices to force conservation will work in this area unless there is a like program to pay for the insulation of these older homes belonging to individuals unable to afford to do so. What we have seen in our office in dealing with the elderly is that these individuals are being priced out of their own homes. The life expectancy and health of seniors are at stake because it is proven that these are much improved when the elderly remain in their own homes as opposed to those living in group or institutional settings. The result of any energy program must not be to force these people out of their homes.

Each State must pass life-line rates and restructure rates so that larger users are not given breaks by lower prices for increased use of natural gas and electricity. Some type of credit or rebate relief to the elderly to assist them in their utility payments must be given. Senator Domenici has introduced a proposed \$75 tax credit to the elderly to assist them with their utility bills. We view this as a very good proposal, but the mechanism to get the \$75 to individuals should be reconsidered. Most elderly people in the State of New Mexico do not file Federal income tax returns. The State of New Mexico presently offers a low income tax rebate to State residents. The problem with this rebate is to get people to file a State income tax return to receive it. The bureau of revenue has stated that all the individuals who qualify for these rebates are not getting them because of the reluctance of these individuals to file income tax returns. Another problem with the tax rebate concept is that these one-time payments generally come in February, March, or even later, after the high utility bills actually occur. Most utility companies don't even like to wait 10 days after a billing date, let alone 2 or 3 months after these high bills for payment. Utility companies have different standards for individuals on fixed income and low incomes for extending credit than people like yourselves. They'll wait longer for payment from us before cutting off our utilities than they do for

poor people or people on fixed incomes. We would much rather see this \$75 paid out in three or four monthly installments during the winter with regular SSI, social security, or retirement checks. This would be getting the money to the people when they need it and through a mechanism in which elderly are already participating.

Another problem that we are seeing more by going out in the rural counties in central New Mexico is lack of utility hookups, including telephones. Telephones are essential to the elderly who have increased medical needs and more medical emergencies. The hookup costs for these utilities are prohibitive in the State of New Mexico. There are many homes in the most rural parts of the four-county area that do not have utilities and need such to bring them up to the level of 20th century existence. We are finding that the elderly face this problem frequently because they are living in the oldest homes heated by wood-burning stoves or fireplaces. These homes also are the least insulated and, in many instances, titles are clouded. As a consequence these homes are not eligible for Federal assistance for upgrading or insulation. Any program aimed at the insulation of homes should take the questions of clear title under consideration in this State. We have found that even in the cities families have failed to have the real estate probated through succeeding generations. This has always been a problem here in this State because of the nature of Spanish law ownership concept versus the common law concept.

HEALTH

The second area that I would like to discuss is health. Senior citizens have greater health problems than the general public at large. The problems that frequent doctor visits and hospitalization cause to the elderly are compounded by the fact that they are on fixed incomes. We have had several senior citizens come to our office after lengthy illnesses with doctor bills in the range of \$25,000. We have done bankruptcies for these people to help them get out from under the debts of these doctor bills. Even the most minimal doctor's care or hospitalization result in large bills to the elderly. Even with medicare paying 80 percent of \$1,000 to \$5,000 presents a difficult problem to someone on income of \$200 to \$300 a month.

The incomes of most senior citizens do not cover any unusual expense such as large medical bills. Their budgets barely cover the cost of their food, utilities, taxes on their homes, and other personal needs. Senior citizens go without insurance on their automobiles and frequently without insurance on their homes because of the great cost these premiums are to them. Minimal doctor bills present payment problems and generally cannot be paid in lump sum, but are paid over time and are financed. Doctors have senior citizens over a barrel because they can threaten not to see individuals any longer if they do not pay their bills.

Senior citizens become victims of the fly-by-night insurance companies that deal in the areas of supplemental medical policies to medicare coverage. I have handled, in the last 3 years, approximately 5 to 10 cases a year of clients coming in with supplemental policies. Salesmen or ads in the Sunday newspaper promise these policies will cover everything that medicare does not cover. Senior citizens pay from \$30 to \$40 a month for these medical insurance policies, only to find out once they're hospitalized that the policy will pay a maximum of \$5 per day in benefits. We have had several salesmen come into the more rural areas of the State on door-to-door sales programs. These salesmen have sold medical insurance policies to medicaid recipients. They promise the purchaser that these policies will cover anything that medicaid does not. Until just recently, medicaid paid all the medical bills of recipients and the policies were absolutely worthless. The policies stated that anything that is picked up by medicaid or medicare would not be covered.

As for sales to medicaid recipients, we were able to get action from the State insurance commissioner to block future sales of these policies. However, there is always one company from outside the State that will come in and do a number of these until they are caught, each year. This represents only the tip of the iceberg, though, as to the problems that these supplemental medical insurance policies present to the elderly. These policies take a large chunk out of their incomes, promise them security, but then present to the individual finally needing benefits under these policies long delays in payments or non-payment. Some type of legislation is needed to make these policies easily

readable to the common consumer and to offer remedies to customers that have been promised full supplemental coverage to medicare and then later find out that this is not what the policy offers them at all.

I would like to discuss with the committee institutional care provided the elderly. Nursing homes, adult residential shelter care homes, intermediate care facilities, and boarding homes are not doing the job that we are paying them to do. Our office has been doing ombudsman outreach to each of those facilities in Bernalillo County in the past 2 years. We visit each of these facilities on a monthly basis. Over the last 2 years we have had complaints of over-medication of residents and patients. We have had complaints that nursing homes and intermediate care facilities would only take the easiest patients on medicaid and turn those away that have greater medical problems. We have had complaints of individuals who have been neglected or abused in these facilities.

The State of New Mexico has frozen the hiring of inspectors for the facilities. These inspectors are unable to make frequent and unannounced visits to insure proper quality of care. More money for care is not needed, but a greater concern by the agency that is making medicaid payments to these facilities must be exhibited to insure that those facilities are delivering all the services that they have stated, and that they are providing care for the individual that is both reasonable and rehabilitative.

What is needed in this area is for the Federal Government to set aside by legislation a certain amount of money for alternative methods to institutionalized care. A concept that needs to be explored is the multicare facility such as is present in Scandinavian countries where care from ordinary apartment living through skilled nursing is available in one center. The individual is evaluated for the type of care that he or she needs and no greater care is provided. In these facilities a person can live in their own apartment and get assistance with cleaning or cooking as needed and, if anything greater is required later on, he or she can move into another part of the facility to receive it.

PENALTIES MUST BE RELAXED

Another approach that needs to be tried is to no longer penalize those families that attempt to care for their parents or grandparents at home. At present, individuals receiving SSI are penalized when they receive support from other family members. What happens is family members will no longer care for their parents but put them into institutionalized settings. Institutionalized elderly have been shown to be less healthy and live shorter lives than those who remain at home or with relatives. Recently, House bill 444 which would provide a \$200 disregard of family support was defeated in Congress. This legislation or like legislation needs to be passed so that we can have more families caring for their parents and grandparents at home rather than removing them to the more costly institutionalized care with resultant greater health problems to the elderly living in these facilities.

Our office has represented many SSI recipients facing benefits reduction because of outside "support." For example, last summer the local social security office determined that SSI recipients living in adult residential shelter care homes were receiving care there at a lower cost than private paying patients. The adult residential shelter care home operators were taking in SSI recipients at a lower rate than their general private paying patients. The social security office sent out notices to all the SSI recipients in these facilities that they were going to have their benefits reduced because of the support that they were receiving from these operators. We were able to prevent this by litigation and negotiation because these arrangements for care were arms-length contracts and the operators were actually performing a civic duty by providing this care at a reduced rate for SSI recipients.

A major problem SSI recipients face is the reduction for support provided by family members and others and the fact that the family gets fed up dealing with the SSI people. Family members try to help their relatives and then recipients' benefits are reduced by one-third or by the amount of the support that is being provided. The only people hurt by this is the SSI recipient who in many cases no longer receives the support of the family and is stuck at the reduced rate of SSI by the "Catch-22" in the system. The paradox presented is the individual cannot show he or she is not providing full support for himself at the reduced level so he can never get full benefits. He no longer gets family

support but he cannot show that he is supporting himself at this reduced figure so he will no longer be eligible for the full amount of SSI.

Further examples of support problems we have dealt with are as follows:

A woman living in a trailer court in Cedar Crest in her son's trailer was notified that her SSI was to be cut \$10 because she was paying \$90 rent to her son who had told SSA that the fair market value (FMV) was \$100. Besides paying rent to her son, she was also paying space rent of \$40. The actual FMV was only \$90, which we proved. However, SSA then questioned how she met her expenses without outside help. Her income was \$94 from social security and \$90 from SSI. With a total rent of \$130, utility payments, and no foodstamps (the bonus value wasn't worth going in to Albuquerque), SSA said she *had* to be getting outside support. Her son was paying her telephone bill (\$9.24 per month) because he wanted to make sure she could get help in case of an emergency (she had very poor health because of her age—69). Our client's son transferred a joint-interest in the trailer to his mother so she wouldn't have to pay rent, and she agreed to pay her own phone bill. The assumption of unstated income leads to a vicious circle. If they cut her back because of unstated income, her expenses don't change but her income does, so she is that much less able to meet these expenses. In turn, SSA could say: "To meet the same expenses, you must now be getting that much more support," and cut her benefits again. The only thing preventing a termination is the maximum reduction of \$79 for outside support.

A 66-year-old woman lived rent-free in a duplex owned by her brother who lives in Washington State. She managed the duplex by performing such tasks as renting the other units, collecting rent, arranging maintenance, and paying expenses out of collected rent, etc. She was even involved in legal action because of an unruly tenant. She now receives social security of \$95.20 and SSI of only \$23.34 because SSA held she was "receiving rent-free shelter." We argued that it wasn't rent-free because she worked for the shelter and the case is now being appealed in Federal court. As a result, she has been trying to live on \$118.54 a month for the past year. She is in very poor health in general and because of the reduction she made ends meet by eating only pancakes for 2 months.

TRANSPORTATION AND COORDINATION

The next area I would like to bring to the committee's attention involves the problems in transportation that the elderly face in most rural areas of this State. This problem is compounded by the lack of coordination of Federal programs. Take for example, the individual who just turns 65 and applies for his or her social security. That individual would have to make another application for SSI if he was eligible. The social security office does not inquire whether an individual has other retirement income and leaves it up to the individual to ask about the supplemental program. That same individual who is automatically eligible for food stamps if he is eligible for SSI must make another application for food stamps at another government office. Much of the information provided to each of these government agencies is the same. This elderly person must wait in long lines and the application process for food stamps in particular is demeaning to elderly people. We have come across many cases where our clients are eligible for food stamps but just refused to go through the process that is required to receive them.

The problems facing these individuals are much greater when they live in rural parts of the State and must come into a centralized office. The individual must make arrangements for rides because in many cases the elderly have no automobiles and little public transportation available to them. Most often the bonus that a senior would be entitled to under the food stamp program is lost by the cost for transportation to get into the food stamp office to purchase the food stamps or to be certified for issuance.

Federal programs must set up some kind of coordination effort where an elderly individual once he applies for food stamps, SSI, or social security can make all applications at one place at one time. The various Federal benefits programs need to do regular publicized outreach into the rural areas of this State instead of expecting elderly individuals to come to them.

We find from going out in the mobile law van that many individuals are eligible for these various programs. These individuals, when informed that they would be eligible for food stamps or SSI, often relate to us that they have applied for these various benefits but find that the redtape involved in

receiving them is not worth going through. These people are proud and independent and refuse to take anything that might be considered charity, or that robs them of their dignity in the application process. Much of this feeling can be overcome by the effort of agencies to take their programs to these people and to make them as convenient as possible for those individuals to supply the necessary information to receive benefits. We have found through our experience that people who would never come to a centralized office in Albuquerque because of transportation problems or their inability to get into the city, participate in our program because of the mobile law van. The agencies should be mandated to provide this type of service. While a person is applying for social security or SSI there should be a detailed analysis of possible eligibility for other Federal programs completed at the same time. There's nothing to prevent certification people from going out into the field on a more regular publicized basis.

Another problem that we have faced in dealing with Social Security Administration and other government benefit programs is that they don't take into consideration the different cultures present in the State of New Mexico. The Social Security Administration in particular thinks that they can deal with the various cultures in this State by the same computer notices they send out to Anglo recipients. We have found that, in the pueblos in particular, SSI notices for statement of financial situations are ignored by Indian recipients on SSI. Many elderly Indians cannot read these notices and do not comprehend the importance of these regular SSI inquiries. Individuals are cut off of SSI frequently because they have failed to return these forms, because they cannot read the notice that is sent out. We are able to assist these individuals, but usually sometime after their checks have stopped. We have discussed this problem with the local consumer liaison in the Pueblos who suggest that when notices requiring a returned form are sent out to individual tribal members that a copy be sent to the liaison office so the individual can be assisted in filling them out. This same problem is present in many of the Spanish-speaking areas as well. The notices come in English and fail to take into consideration the language spoken by the recipient. We have found that many times rights to continued benefits during the appeals process are lost because the individual does not understand the importance of asking for a reconsideration within a 10-day period.

Appeals procedures available to the individual are ineffective or unused when the recipient does not understand how to start the process. The Social Security Administration can develop a program whereby community service people are notified of reduction or termination of benefits without destroying the confidentiality of the recipient. A simple statement that an individual living in a particular community faces a change in their benefits would be sufficient to alert the aging network or programs that provide this type of assistance to recipients that there is a problem that these individuals face. This simple notice as to a change in benefits would notify community workers without telling them exactly what the benefits are or the nature of that change unless the recipient chooses to do so.

LEGAL SERVICES

The fourth area I would like to discuss with the committee concerns the provision of legal services for the elderly. Presently in the House and in the Senate there are bills to provide special funding for legal services to the elderly. This would be a separate funding source to replace the title III funds that are presently being used to provide special legal services programs to senior citizens. These bills would end the competition for title III funds by legal services programs. In the State of New Mexico our program is the only one currently receiving title III funds that has been set up as a separate office specializing only in the problems concerning senior citizens. The advantages of specialized legal services for the elderly are extensive. The elderly in a community have experts to deal with legal problems that the private bar never see and refuse to deal with because there is little money in it. The aging network has legal experts available to assist it in developing broad programs, instituting impact litigation for the benefit of all seniors, and providing legislative knowledge. Many senior citizens go without these vital services due to the sparse population in their particular areas or the lack of sufficient title III funds to purchase this type of expensive service.

Having available legal help to seniors means their rights to benefits from Federal programs are assumed if they are eligible and they can effectively participate in our justice system, where without these services they could not afford needed legal help. The problems in fighting injustice are compounded by fixed incomes which limit the resources to sustain a fight and which makes even the most minor injustice deeply significant. By passage of these bills the continued availability of legal services can be assured and the extension of these services to all seniors can be obtained.

TITLE XX

The elderly in New Mexico and nationwide have problems in receiving a fair allocation of title XX funds. Seniors have been found nationwide to be receiving only 7.2 percent of title XX funds in a Public Service Administration survey, even though they comprise over twice that percentage of actual eligibles. Federal legislation is needed to modify the current law and regulations to insure a greater participation of the elderly in the title XX needs assessment and planning processes. Seniors neglected by present title XX program choices have little ability to get needed programs when the needs assessment conducted by the State is only a survey of current agency personnel and current title XX eligibles participating in those programs. This lack of participation is compounded by State agency policy only to fund past programs even before opportunity to submit new proposals is given. The elderly cannot break into the title XX cycle when faced by this State policy.

BENEFIT DETERMINATION DELAYS

The final area I would like to bring to the committee's attention deals with the long delays the elderly face in getting Federal agencies to make determination of eligibility. We have had one elderly man who has applied for black lung benefits, waiting 3 years so far without getting a hearing on his claim. He has faced long delays in getting necessary authorization for medical tests and doctors performing these tests threatened him with legal action because the Federal agency responsible for paying for those tests delayed payment. That gentleman is still waiting for approval for necessary tests, has still not had a hearing, and is living on \$165 a month. The black lung benefits program is worthless unless there is speedy resolution of claims.

Our clients have faced these long delays in other Federal benefits programs. One widow, denied her civil service pension, has been waiting over a year for a decision by the appeals review board. She is having to live on SSI and may lose her home because she has trouble meeting her taxes. Another case in which our client finally received his benefits concerned a claim for Federal workman's compensation. The gentleman had to wait almost 2 years for notification his claim was valid. He came to our office approximately 6 months ago. We wrote three or four letters and finally got action by having a member of our congressional delegation make an inquiry.

This committee needs to consider broad legislation to require agencies to make determinations within specific time limitations of reasonable duration. Elderly individuals waiting on benefits generally can no longer work (mandatory retirement or disability), and most do not have other sources of income. They end up in debt because they must borrow to live and may face loss of life savings and their homes.

Senator DOMENICI. We have completed our panel No. 4 and you are excused. We are now about 15 minutes late and I apologize to our fifth panel, but I think you have some very genuine concerns to share with us, so while we want you to be brief, we have an extra half-hour at the end of the day, so don't cut it too short.

Marion Cottrell, who is the chairman of the Rio Grande Council of Governments, will be our first witness. Let me just say before you testify, Marion, that it is very enlightening and helpful to me to find that councils of governments are working in New Mexico. As you well know, they are some kind of a new creature and there are many who thought they would not work—too burdensome, no one in

control, no local elected officials to make the tough decisions that elected officials must make—but the one you are chairman of has worked well for a long time. I am also very pleased to tell you that in a number of parts of the State, the only technical help that senior citizen groups that are formal have been able to get has been from councils of governments, and I am very pleased and supportive. I hope you will enlighten us a little more on the activity. Thank you for being with us.

STATEMENT OF MARION COTTRELL, CHAIRMAN, MIDDLE RIO GRANDE COUNCIL OF GOVERNMENTS, ALBUQUERQUE, N. MEX.

Mr. COTTRELL. Thank you, Senator. I think the success of our council of governments, to a great extent, depends on some of the early enlightened leadership that it had. You were chairman of it, and Mayor Kinney, and others. There are still many in this community who don't believe councils of governments will work and do everything they can to impede it, but we are still here and still working at it.

We have a written statement here, Senator.

Senator DOMENICI. Thank you very much.

Mr. COTTRELL. Senator, these comments are to supplement our letter of October 17, addressing the subject of the special problems of the elderly living in rural areas. A copy of that letter and the attachments thereto are attached and made a part of this summary.¹

Making services available to all senior citizens who are in need in our society is an extremely important matter, deserving very careful attention from all those involved—from the Congress of the United States to the local elected officials who must be involved in decisions regarding the kinds of services and how services can be delivered most efficiently within the existing resources.

Although the intent of Congress was clearly to make the maximum services available through an efficient delivery system, bringing together the resources and efforts of both the public and private sectors, it appears that considerable work remains to be done to make this a reality.

There are many Federal programs administered by a number of Federal agencies, along with various State and local programs, which are providing monetary and other resources to accomplish these objectives. At the same time, there are many quasi-public and private organizations working toward the same goal.

DUPLICATION OF SERVICES EVIDENT

The major challenge to all of us today seems to be in the improvement of our delivery systems. As the various programs have evolved over the past years, a wide variety of organizational and institutional structures have emerged. The result in many cases has been that there is considerable duplication of effort and fragmentation of resources. This, in turn, results in resources not being used as wisely

¹ See app. 1, item 3, page 1222.

as they might be and a disproportionate amount being filtered out in the system before being converted to direct services.

Much of this can be traced to the various Federal acts, which are designed in part to include services to senior citizens within specific programs that may relate to such specific areas as health, transportation, housing, legal, and so on. The rules, regulations, and guidelines promulgated to implement these programs often require or encourage the creation of separate organizations at the Federal, State, and local levels, some to be administered and operated through and by public organizations, some by private or quasi-public organizations. Although local determination is suggested or allowed under many of the Federal acts, in reality, the assembly of resources at the local level to effect efficient delivery systems is a very difficult and, at times, a near-impossible task.

There can be no question that each segment of our society, each group with special needs and the organizations and people working diligently to fulfill these needs, must be respected. The major question focuses on how to bring together these diverse groups and organizations into a more effective and efficient delivery system. One of the major challenges, from the local government's viewpoint, seems to rest at the national level. The suggestion here is certainly not the creation of another bureau or department, but rather identifying those portions of the various Federal programs which are intended to assist in making services available to senior citizens and in finding ways to cause the Federal agencies to direct these resources in some systematic, uniform manner in order that the concept of representative government may prevail and the competition between various interest groups may be reduced.

I might add parenthetically here, Senator, that a great deal of the competition between the interest groups and the efforts in community services occurs in the more urbanized areas, the result being that the rural senior citizen is deprived of adequate attention and an adequate share of those resources that are being made available.

The major suggestion here is that a detailed, in-depth, and broad-based evaluation should be undertaken to identify what public resources are being authorized and appropriated for services to senior citizens, and how such resources are, in fact, being utilized. Such an evaluation would provide the basis for setting clear, more definitive standards and guidelines regarding the use of public funds and delivery of services. Such things as definition of types of services, eligible and allowable costs, should be more clearly defined and provide the basis for improvements in our delivery system.

During the past year, the local elected officials within the middle Rio Grande area have been dealing with these questions at the local level. We have attempted to develop a program within the constraints of existing law.

Questions of an equitable distribution, fragmentation, and duplication led to a request in late 1976 to the local officials to enter the system and develop plans for improvement. Policies were set and a system defined to provide for the allocation of available resources through the local officials, with the full advice and counsel of the citizens for which the services were to be made available.

SERVICE AREAS ESTABLISHED

Five service areas within the district were established. Local governments within each service area were asked to form citizen advisory boards and agree upon and identify a service agency, a city, county, or other legal entity established under State law. In the Middle Rio Grande COG area we established five service areas, Senator. We have two service agencies in Valencia County, eastern Valencia County, and western Valencia County. These have both worked out agreements between the appropriate cities and the county for the delivery. Then we have the city of Albuquerque/Bernalillo County joint effort, and then Sandoval County and Torrance County agencies. These are all functioning now, whereas a year ago in this area we had an agency in Bernalillo County, only partial service being rendered in Sandoval County, and some very limited services in eastern Valencia County.

Senator DOMENICI. Is there still a problem between east and west Valencia?

Mr. COTTRELL. No, I think it has worked out quite well. Perhaps some of our staff on COG will comment on it. There is a question, I think, of meeting the needs of those in eastern Valencia County, which is somewhat more populous in the Rio Grande Valley than the western part of the county. It is near the Grants-Milan area. It seemed that two separate agencies could handle that—it is a very large county, as you are well aware—rather than one county-wide agency, and they were in agreement and they worked out their responsibilities.

Senator DOMENICI. They have a tendency to act like two counties, anyway, don't they?

Mr. COTTRELL. Generally speaking, that is right.

The local officials of area advisory boards and the COG created an Older Americans Advisory Council with membership appointed by the COG board from the membership of the five service agencies. Annual plans, programs, and projects developed by the advisory boards and staff in each service area will then be assembled by the district advisory council with the assistance of the COG staff and recommended to the COG board of directors. Allocation of Federal and State funds will be made through the COG board, based on the appropriations and allocations to the GOG for service programs in the district plans.

A most important part of the process is that all plans, both service area and district, will be comprehensive. I made the comment a moment ago that in many of these cases they are not comprehensive, this needs special attention. Our plans will be comprehensive, in that they will include a display of all services available by both public and private agencies, the source and use of funds, and the type and extent of services being provided.

The process is designed to be both open and objective, providing for the maximum involvement of citizens who best understand their needs, and provide the maximum "local determination" through local elected officials.

CITIZEN PARTICIPATION NEEDED

Senator, the basic concept, again, is the maximum involvement in the process by the citizens, who best understand their needs, and we feel that our responsibility is to provide the staff assistance and the means through local elected officials for determination of needs and the allocation of resources to these five service areas.

Again, Senator, I would like to express on behalf of our board, our appreciation for your interest, and I would like to assure you of our full support, cooperation, and assistance as you move forward with your work on the Senate Special Committee on Aging.

Senator DOMENICI. Thank you very much. I know we've got some of the people, like Al Pierce here, who actually are the executives in COG that do the daily work, but let me ask you just one question. When you suggest this in-depth, broad-based evaluation, are you suggesting that COG is doing that or is that suggesting that we do that nationally?

Mr. COTTRELL. We are suggesting that you do that nationally. There is such a proliferation of moneys to different programs for the aging, that a great deal of it ends up in not reaching and providing the services to the people which the Congress of the United States intended.

Senator DOMENICI. One other question. Could the Middle Rio Grande COG be the source of information on the disparity in costs between furnishing services to rural versus nonrural older Americans?

Mr. COTTRELL. Yes, we can compare that. We've got some of those figures available, I think. I think the staff could discuss those, but we intend to gather more of an inventory of resources, programs, and needs. It is one thing to talk about resources, but we also need to look at those needs.

Senator DOMENICI. What I am concerned about is that now the basic distribution of funds is on a population basis. We are getting a lot of people who are involved in delivering services to rural areas who are saying services cost more in rural areas. I don't know that we ever have to prove it; maybe that's enough, maybe everyone would believe that. If it is available in some quantitative way, it would be very helpful.

Mr. PIERCE. Yes, sir, the plan for next year is being formulated. We will at that time have more information available than was available for the initial plans. If I may, Senator, The letter¹ which went to you from Councilor Cottrell on October 17 addresses some of that. The basic idea expressed, of course, is perhaps obvious, that there seems to be very little difference in the needs of elderly people in rural areas and the urban areas and the cities. It is primarily a matter of the distribution system, which, to a large extent, involves the tremendous cost in transportation. As an illustration of that—you've already heard from Larry Reecer—and I think the system for areawide legal services that was developed here is a giant step forward in that regard.

¹ See app. 1, Item 3, page 1222.

TAX BASE INADEQUATE

Mr. COTTRELL. Senator, we might add to that, in terms of costs, and you are well familiar with the fact that as limited as the tax base is in the urban areas, we do tend to find a little more local support to add to those programs that are available. Whereas in New Mexico, most of the rural counties—Torrance County, for instance—have such an inadequate tax base and such a small revenue that in order to supplement any program, it would just be beyond their capabilities.

Senator DOMENICI. Let me just ask the two of you one more question. Did we want Al to go next or Ken Robinson?

Mr. PIERCE. Senator, if I may, sir, we're here as staff resource people and I would like to defer to Ken Robinson, the chairman at the COG Board of Directors Advisory Council.

Senator DOMENICI. All right. Then let me ask you and Marion a question first. For instance, probably by February of next year we will have two or three huge programs in providing home insulation and renovation aimed at energy conservation. The basic \$200 million program will be based on 125 percent of fixed income, no more than \$800 allotted per dwelling or unit. In addition, under the Youth Employment Act, there is an experimental program for 1 year that is going to provide about \$250 million to employ young people between the ages 17 and 19. The purpose would be to employ them as the work force for the weatherization of homes.

It is assumed there would be a journeyman carpenter or the like and a team of 10 of these young people. They would be available to do local community improvement work, but the reports clearly indicate that we consider this to be a supplemental resource to the fixed \$800 per unit, \$200 million insulation program. The problem that I see developing already is that that second program I just described is run by the Department of Labor. The first one is going to be run by two entities: Community Services and the Department of Energy. Now, how could you be of assistance to help us find out, as early as possible, that these two programs would be run in some sort of coordinated manner? You can see the problem that is going to evolve.

Mr. PIERCE. Senator, this seems to exclude a major Federal agency concerned with housing programs which, of course, is the Department of Housing and Urban Development. For many years, under their section 701 program, we've been maintaining a "housing element" which has done little more to date than identify the needs for the total housing supply in terms of building new housing, rehabilitation, and this type of thing. It seems to me the challenge, once again, would be to bring the resources which would effect improvements through the public sector in line with the private sector activities, under some kind of overall program to provide perspective as to what actions were actually taking place to address the needs which have already been identified. But as long as they are operated by separate entities and not channeled through one delivery system, I think you are quite right, sir; we are going to have continued chaos and confusion on issues and funds.

SINGLE AGENCY CONTRACT SUGGESTED

Mr. COTTRELL, Senator, the EOB local community services grants through CSA and other Federal agencies have been carrying active programs. I think one of the things we would do at the level of the local officials, such as the COG level, would be to try to channel all these funds together and contract, perhaps, with one agency that already exists. One of the fears that I have, if it is not coordinated, is that cities and service agencies might create new components to deliver the insulation and weatherization programs entirely separately of what is being done by the Department of Labor and the Community Services Administration. I think this is very clearly where local officials, working together, can identify and bring these grants and these various sources together to try to meet the needs that exist—perhaps by contracting with one agency to do it instead of several.

Senator DOMENICI. Well, if we don't communicate with you about this in writing, Marion, would you watch for its evolution? Feel free to contact us if the regulations are not adequate to permit the situation which you have just described, in that you take a service unit area and combine the units into one program with the labor ingredients, the multiple-grant ingredients, and have it run in one direction. There is no way we could have kept it from happening, short of not having the programs. We're just in the muddle of committee jurisdictions. One program gets passed, then another one comes along, and it is with the same strength as the first one because it's not all in one place, committeewise.

Mr. COTTRELL. We'll be glad to comment, Senator, as it evolves, and if you have any questions or anything you want to communicate with us on further regarding our presentation, we'd be glad to assist in any way. We've never been bashful about commenting, whether you solicit or not.

Senator DOMENICI. Thank you.

Mr. Robinson, chairman of the Council of Governments Older American Advisory Council. Would you give him the microphone, please?

**STATEMENT OF KEN ROBINSON, CHAIRMAN, OLDER AMERICANS
ADVISORY COUNCIL, COUNCIL OF GOVERNMENTS, ALBUQUERQUE,
N. MEX.**

Mr. ROBINSON. Thank you, Senator. I do appreciate the invitation to serve on this panel. I do hold a rather unique position as being the chairman pro tem of the Mayor's Advisory Committee and also chairman of the Council of Governments for the COG. My remarks may be somewhat on the other side of the question. As you readily know, the problem in Albuquerque is probably great and profound.

Concerning the actual needs of the rural elderly, I believe that these needs are very similar to the urban elderly. Both groups suffer from inadequate housing, health care, nutrition, and employment opportunities.

I feel the major difference between rural and urban elderly is the nature of the environment, the community, and the governments that effect the solution to these problems.

As chairman of the Mayor's Office for Senior Citizens Advisory Board and the Council of Governments Older Americans Advisory Council, I have noticed that the philosophy, the affluence, and the availability of expertise is acutely different between the city of Albuquerque and the counties of Sandoval, Torrance, and Valencia.

The combining of a rural and urban area agency on aging has created competition between the rural and urban elderly programs. There are never enough funds to meet either unless both meet.

The Mayor's Office for Senior Citizens which oversees all elderly planning in Bernalillo County will be requesting title III and State funds to service several programs and pay salaries of over 50 persons. This means that the smaller rural villages may not get adequate funding to operate necessary programs. Bernalillo County has 28 percent of the elderly population of the State and all headaches and problems that go with the State's larger elderly population. As a result, the Council of Governments urban/rural area agency must attempt to come up with some equitable solution that leaves neither the rural nor the urban elderly feeling neglected and underfunded.

COMPETITION FOR FUNDING HAMPERS EFFICIENCY

I believe it would be more beneficial to both groups if each could deal with their respective problems without having to compete for funding in an advisory council that is made of 50 percent urban members and 50 percent rural members. I feel that Albuquerque should be allowed to return to its former status of area agency. This will allow the Council of Governments to concentrate its manpower and energy in serving the rural elderly.

Senator DOMENICI. Thank you very much. The issue you've described about Albuquerque handling its own aging programs will come up—not as Albuquerque, but obviously as part of the Older Americans Act scheme that is presently in the law. I am sure much debate will occur on which way we should go. I appreciate your comments.

Do I understand that Gloria Bruno is merely here as backup staff? Do you have anything that you would like to add?

Ms. BRUNO. Sir, I am here to answer any questions that you might want to put before us.

Senator DOMENICI. All right. On the transportation issue that we discussed this morning, as it is impacted by high maintenance and insurance costs, do you have similar problems or has it been solved in some way? I heard the day before yesterday that in a rural area there were only seven vans in two counties, and one of them was parked because there wasn't enough money to pay the insurance bill. It's just sitting there and can't be used.

Mr. PIERCE. If I may, Senator, I'll try to give you perhaps three answers to the same question. Yes, we have a problem, very definitely, throughout the entire area, whether it is urban or rural. The second deals with the total complex mix of public, private, and quasi-public

transportation services. What we are attempting to do at the present time in the second area is develop, as part of the urban transportation planning process and program, one aspect of how to bring the triangle together, that is, the public transportation system along with the private transportation system. More importantly, how to integrate the quasi-public sector public transportation system, for which a lot of public money is coming in through such programs as UMTA's 16(b)(2) program providing Federal moneys to buy vehicles but with no operating support, therefore depending upon either the public sector or private agencies for operations, including insurance, maintenance, et cetera.

UTILIZATION OF SCHOOL BUSES DISCUSSED

Senator DOMENICI. Is there any relationship in that to the school bus transportation system?

Mr. PIERCE. We will be including school bus transportation in the evaluations of this urban area. Certainly, the questions relating to the Albuquerque public schools will be included because, as you know, they provide, through the contractual services, school transportation. That is part of the quasi-public sector operation.

Senator DOMENICI. Now, I assume you are familiar with the Urban Mass Transit section that is supplying funds through the State Highway Commission for the purchase of vans and transportation for the elderly.

Mr. PIERCE. Yes, sir, all those move through the clearinghouse here.

Senator DOMENICI. That, too, will be looked at next year. Will you give us some observations and suggestions later on what we should do about that? I'm not even sure it ought to stay there. I'm not so sure it ought to be in UMTA, and I'm not so sure it ought to be State Highway Commission. So if you have any observations or thoughts on that I'd greatly appreciate it. You don't have to do it today.

Mr. PIERCE. I would be perfectly willing to, if you'd like.

Senator DOMENICI. Well, if it is simple.

Mr. PIERCE. Well, it relates to the third answer to your question, and this is, once a vehicle is purchased, the questions become: Is it fully utilized? Is it part of a fully operating system to serve everyone? Is it properly maintained? Is there adequate insurance, adequate drivers, and are those vehicles adequately equipped? As we ran through the last group, for example, we had to deal with the question of handicapped persons, a very important element, and the question of ramps versus lifts, and whether these privately owned vehicles purchased with public money would be so equipped as part of the total system.

Senator DOMENICI. What is your observation on that right now? They are not, are they?

Mr. PIERCE. No, sir; they are not, but one of the local recommendations, because it is not a Federal standard, it is left to the States, and in New Mexico we do not have a standard for such vehicles. The recommendation made by the COG Board to the State Highway Department was that a standard be created to assure that any ve-

hicle used for public transportation purposes would be accessible to elderly and handicapped people. It would not mean that it would have to be used for that purpose, but the equipment would be available.

Senator DOMENICI. Well, if that is a study and it is anywhere accurate, the handicapped are a very large portion of the senior user in such transportation. I think it is 20 percent. That may not be right, but that is still a lot.

Mr. COTTRELL. Oh, at least that much.

Senator DOMENICI. Let me ask you one other thing. I really couldn't believe what I heard in Taos, but you may know something about it. I didn't have an expert there who had been in that case, so I couldn't ask it. I heard of a small community that could not get a van because of the way the Federal law has been interpreted. When they applied for a van, the State of New Mexico's commission that handles certificates of convenience for, you know—if a Pierce Truck Co. has some taxicabs and maybe a small bus route up there for money, well, they can object to the commission in New Mexico that handles that kind of certificate.

A little old community senior center has to go before this commission to prove whether they are going to inconvenience private transportation. In this instance, I understand the commission ruled they couldn't have a van because it was going to compete with somebody's taxi business in Penasco. I don't know how they have any cabs from Taos go way out in that little town. Is that the way it is being interpreted?

PROFIT VERSUS NONPROFIT OPERATIONS

Mr. PIERCE. Yes, sir, I think it is. I am not familiar with that particular case, but there is conflict between the private profit and nonprofit operators and one which has arisen at many of our meetings dealing with the three-part questions. The private operators insist that they are operating a 24-hour, 7-day-per-week service and on call. And then, of course, if it is a system with regular routes, anything that is done in the public sector possibly detracts from their total operations and their profit margins.

Essentially, the argument is that it puts them out of business, so one of our challenges is to find ways that the total system can operate effectively and efficiently and each part fit into the total system. I might add, Senator, that this is perhaps one of the reasons that section 16(b)(1) of the Urban Mass Transportation Act has never been funded. We are operating under section 16(b)(2), which is the money going to the private sector.

Senator DOMENICI. 16(b)(1) is not being funded because of this conflict?

Mr. PIERCE. Well, those are the moneys which are going into the same total system but to a local government to provide the services.

Senator DOMENICI. I see.

Mr. COTTRELL. Senator, on that question I would like to add that locally we have worked with our private carriers quite well and we do not have a situation where they have objected before the State corporation commission on this. At the same time, there are a number

of unanswered questions. In terms of some of the pickup services serving the senior citizens and handicapped people, on a per-unit cost basis, the private sector operation can pick them up more economically than the public sector can or the quasi-public sector.

One of the things that we've tried to work out is to get cooperation between these various agencies in the city of Albuquerque and Yellow Checker cabs. It is true that if we took all their business away, even though it would cost the taxpayer more money per unit than what it would cost if we did it through contract at certain times of the day and week, it would not serve the best interests of this community because there is still a sector of society that has short-notice needs for the private sector transportation that we certainly don't want to put out of business. We have been trying to work with them. One of the things I think which needs to be examined very carefully at the Federal level is the integration of the private sector in some of these services we are trying to provide for the elderly and handicapped.

Senator DOMENICI. Absolutely. Obviously, you are finding the question of utilization a serious one, is it not? I mean, the need is there, every witness will tell you, but then when you get the van in a rural area, somebody has to assess its utilization versus its cost, especially if there is some other way to do it. Is that what you are saying?

Mr. COTTRELL. A 10 or 11 p.m. call in Belen, for instance, or on the outskirts of Belen, to pick someone up at the end of a meeting or something like that, generally speaking, could quite possibly be more expensive for one of the quasi-public sector groups than if we just had a program whereby we would contract with the taxicab company.

Senator DOMENICI. And pay them.

Mr. COTTRELL. And pay them. They already function; they are in business 24 hours a day. They are paying someone for that shift.

Senator DOMENICI. That is something that we ought to really address, at least get it out there in some experimental area where we could find out.

I have no further questions. I thank both of the witnesses and the two staffers for joining us. It is good to have you here.

Mr. PIERCE. Thank you, Senator.

Senator DOMENICI. On our sixth panel is Peggy Folk, coordinator of District 1 Area Agency on Aging. We are glad to have you here.

STATEMENT OF PEGGY FOLK, DIRECTOR, DISTRICT 1 AREA AGENCY ON AGING

Ms. FOLK. Thank you very much, Senator. I think the major problem facing the rural elderly, especially in New Mexico, is the present funding formula for the distribution of title III, title V, and title VII moneys. They are very discriminatory against the rural areas. Districtwide, approximately 70 percent of the people I serve live in a rural setting. Of those 70 percent, 65 percent live below the poverty level. So we are trying to provide services to people who are in dire need, but yet are penalized for the fact that we are in a rural area and are not urban.

In addition to that, another problem is that I am also multicultural in my district. It does take more money to service different cultures. I service a great deal of the Navajo Reservation and I am very happy to announce that this year is the first time we have had title III funds on the reservation. We, at the present time, have three sites and will be getting sites in Zuni, N. Mex., in 1978.

I would say that our rural needs are the same as everyone else's in the State. Transportation and health care seem to be the two that top the list. Transportation is a major problem. Purchasing the bus is only the beginning of the problem. It does not alleviate the fact that it does take money to buy tires, to purchase gas, and to provide maintenance for that bus.

In an urban area such as Albuquerque, a senior center van may go 2 miles and pick up 10 people. It is not uncommon at all in my area for my van to go 12 miles and pick up two people. With the present funding formula, we are getting penalized for doing that.

VISITING NURSE PROGRAM SUCCESSFUL

In addition, on health care, I have gone over some of the bills that you have sent to me in regard to home services. I think home services are desperately needed. I was happy to be able to put together the first visiting nurse program run by AAA in the State of New Mexico. It is being run in the city of Gallup and is staffed by one full-time registered nurse with an outreach worker. They are bilingual. We figure we have been in existence about 8 months and have saved the people of the city of Gallup probably \$4,000 to \$5,000 in outpatient hospital visits and doctor visits. We are going to have one countywide in San Juan County. People 60 and over will be provided free service, the rest of the population will be serviced on a sliding-scale basis.

Senator DOMENICI. What is your profession? What was your background and training?

Ms. FOLK. My background is in health care.

Another problem for the rural areas is that the medical services are at a distance. For example, in McKinley County, at the present time, there is one medical clinic for non-Indian people located in Gallup, and it is the Gallup Community Clinic which is staffed by a National Health Services Corps physician and receives moneys from United Way, et cetera, to stay afloat. There are clinics out in such areas as Crownpoint and Thoreau, but they are limited to the native American people. There again, a lot of the elderly native American people live out away from the clinics and the lack of transportation makes it a problem for them to get there.

Transportation seems to come into every problem, not only health care, but trying to get them to a senior center, to get them into an environment where they can learn from adult education, and even in regard to home repair. We have been working with some of the Zuni and Navajo agencies trying to make our money stretch as far as possible. ONEO this year did get a \$60,000 grant from McKinley County to provide furnaces and stoves, and such things as coal and wood to native American residents in McKinley County.

I only hope that on a national level they will take a look at the present funding formula. I cannot give you a formula, per se, which would make it a little bit more equitable, but I hope that if the formula cannot be changed, perhaps setaside moneys could be allowed for rural areas to be able to apply for, or else start rural areas out with a base and then divide according to population.

We have a lot of problems where people see something in Albuquerque and want to know why they can't have it in Crownpoint. When you talk about funding, well, it's been a problem and I think it will continue to be a problem until we can alleviate it at the national level. I am housed in the McKinley County Area Council of Governments. COG, to me, has been very, very good. They have subsidized me over 50 percent, and I've had a very good working relationship with them. I would also like to see COG continue in the working relationship throughout the State.

LOCAL COOPERATION NECESSARY

San Juan and McKinley Counties were at odds with each other when I came into the program in February. At a public hearing last year, a man from San Juan County wanted to spend all their money to build a fence to keep McKinley County out. I think we have gotten over that this year. I think they are working much more closely together.

Another thing that hasn't been taken into consideration is, we are an energy-impact area and, granted, most of the people coming in are young people who will be employed in the mines or the coal companies. But there again, they do bring family in, and this is a problem.

Something else that I really would like to see passed that has been brought up is prescriptions included in medicare. Prescriptions are very expensive. In district 1 there is a tremendous amount of latent diabetes. You have a 65-year-old Spanish gentleman go to the doctor. He's told he is a diabetic and he has to take insulin every day the rest of his life. He comes out of that doctor's office and he doesn't know what diabetes is any more than he knows what pneumonia is, and he runs out of insulin so he doesn't take it. He ends up in the hospital comatose, and someone then has to explain to him why. Some of my people are presently spending 20 or 30 percent of their monthly checks on medication, such as blood pressure and diabetes. I think it is a much-needed service.

Our goal for home services this year is to try to retain as many people in the home to preserve their dignity and well-being and not institutionalize them. They have proven in many areas, particularly mental health, that institutionalization is not the answer. It just does not serve the purpose.

District 1 is getting a nursing home this year. It is being built by a company which owns all the nursing homes in Alaska and they have nursing homes in Arizona that have worked very closely with many of the Indian tribes. They are trying to take away the warehousing effects of nursing home care. We've heard too many elderly people say: "If I go to the nursing home, that means I am going to

die there," and we have tried to change that. I think, though, that if we can get some change in the funding formula on a national basis, that the rural elderly certainly will receive more services.

Thank you.

Senator DOMENICI. Let me ask you just one question. You are familiar with the Federal facilities that Indian health won in your district?

Ms. FOLK. Yes, I am.

Senator DOMENICI. How serious is the problem created by the fact that even if there is a resource unused—rooms in a hospital, doctors available—they are not available to non-Indians? How serious is that problem in terms of over-all proper use of resources, in your opinion?

Ms. FOLK. It is a tremendous problem. For instance, the non-Indian people in McKinley County cannot receive any services in cardiology, in neurology, in psychiatry, in any of the specific surgeries such as thoracic, or plastic. Those services are nonexistent. Medical care is very deficient, particularly in McKinley County.

DOCTORS REFUSE NEW MEDICARE PATIENTS

In San Juan County, the problem is that a lot of the physicians will not take any more medicare patients. They are overloaded and will take no more. I have people going into Colorado for health care. I'm stuck. I can go to these doctors and beg and plead and they say: "Well, we've got to pay staff; we've got to pay electric bills, this and that, and medicare gives us *x* amount of dollars." But back to the non-Indian not being able to be served at the medical facilities, this is a major, major problem, especially in Thoreau, N. Mex., which is primarily Anglo right in the town itself. They have to come to Gallup. They cannot go to Crownpoint to receive services unless it is on an emergency basis.

A lot of them don't understand that. The Spanish-speaking people in Gallup want to know why they can't use that facility and it does take a lot of explanation and, unfortunately, I don't think it is a good way of utilizing all the resources. I think that we are sort of losing out there on some of the resources we have available.

Senator DOMENICI. It would seem to me that this is a major problem which should be addressed because we are not trying to deny Indian people the utilization of the services. The point is, if there is a facility that can handle twice what it is handling, what we are going to do is make the non-Indian population there build a whole new facility, buy new equipment, or not have any of the modern things provided in that facility. Is that correct?

Ms. FOLK. Yes, I think that is very true. I think where it shows that services can coordinate very well is in the nursing home. There is one nursing home presently in McKinley County. It is a 60-bed facility, intermediate care, and they are probably about 82 or 83 percent Indian-filled. The 100-bed facility that is coming in will work very closely with the Indian people in the area to provide that service.

Senator DOMENICI. If I understand correctly, so that no one leaves with the wrong impression of our dialog, we aren't talking about providing that service for free?

Ms. FOLK. No.

Senator DOMENICI. We are talking about third-party payments or private payments which would go into the dollar-resource base of the Indian facility, right?

Ms. FOLK. Yes. Like, for example, there is no ophthalmologist for non-Indian people in McKinley County, and ophthalmology is a major need of most elderly people. It would be much cheaper for them to be able to utilize the service in Gallup and pay for it than to have to find transportation to Albuquerque and receive that service here. It certainly would be very beneficial.

Senator DOMENICI. Thank you very much.

Ron Montoya, executive director of the Mayor's Office for Senior Citizens in Albuquerque. Ron, we are glad to have you. You've been very patient. You've been here a long time today.

STATEMENT OF RON MONTOYA, EXECUTIVE DIRECTOR, MAYOR'S OFFICE FOR SENIOR CITIZENS, ALBUQUERQUE, N. MEX.

Mr. MONTOYA. Thank you, Senator.

Senator, you have heard the needs of the rural and urban areas—everything from transportation to health care, to isolation, to income—so I thought, when I was putting together my presentation, that maybe I should touch on a different area, and that is the area of administration of elderly programs, especially within the large urban area of Albuquerque-Bernalillo County. I have talked to people nationwide who run major urban elderly programs, and the comments and recommendations I make are the same that they would make if they could appear before your committee. I understand that a few of them have appeared before your committee in Washington and have made some recommendations.

I will start off by saying that, of the nearly 600 area agencies on aging, only 12 of the whole Nation's cities have been designated as area agencies on aging. Presently, these AAA's remain chiefly a collection of private entities, parts of council of governments, multi-county urban and rural groupings. Very few of these designations are likely to survive any critical reduction in title III funds without the assistance of local governments. A council of governments cannot afford it, private entities cannot afford it, and rural and urban groupings cannot afford it. Therefore, it is essential that local governments assume the planning, coordination, and the funding for aging programs. We all know that not all governments can afford these things, especially rural government, so I will address myself specifically to the urban governments of 100,000 or more.

"JOINT POWERS AGREEMENT" INITIATED

At present, there are cities throughout the Nation that have taken the lead in attempting to develop and maintain a stable delivery

system for senior citizens through comprehensive planning, monitoring, and funding. The city of Albuquerque is a case in point. Recently, we have completed an area plan that required a staff of about four or five people—city staff, that is. Although we are not designated as a metro AAA, the city has entered into joint powers agreements with the county of Bernalillo, the village of Los Ranchos, and the village of Tijeras to provide planning expertise, to provide program development, and to run programs for elderly within the whole metro area of Albuquerque.

The city has appropriated approximately \$975,000 to elderly services. This does not include a capital improvement program of over \$2 million for this next fiscal year. Of this total amount, the State office on aging has appropriated \$289,000 to senior services of Bernalillo County. Now, the major financial commitments of municipal governments to elderly services, I contend, should be taken into consideration when the Older Americans Act is reauthorized next year.

Efforts should be maintained or efforts should be developed to strengthen the role of local governments in planning and developing elderly programs and encouraging local financial support. That is a very important point, that we must encourage the large local governments to participate in case title III funding is ever cut or in case it is eliminated to such an extent that it cannot really provide much of a resource. At present, it is not clear whether local governments in view of the complex network of intergovernmental relationships is a full and equal partner with State and Federal Governments in the setting of priorities, the shaping of program administration, the funding of elderly programs, or whether local government is the hapless "guy in the middle," having to conform to policies and procedures established elsewhere but bearing the burden of dissatisfaction when things go wrong.

Now, as we all know, local government is that government which is truly closest to the people. You yourself were a city commissioner for many years. You served as chairman of the city commission. You probably had many telephone calls late at night and early in the morning when people had garbage they wanted picked up or their water stopped running or the street had a hole in it somewhere in the neighborhood.

Senator DOMENICI. Or it rained too much and we had a flood.

Mr. MONTROYA. So local governments are looked upon as the advocate, the spokesman, and the provider of citizens' essential needs, even though local government many times lacks the authority and the funds to provide those vital necessities.

POLITICAL LEADERSHIP SHOULD BE UTILIZED

I believe that if local governments are to have any impact on elderly services, they must utilize their political leadership to generate and improve services, policies, and agencies responsible for the delivery of elderly services. Now, that does not necessarily mean an increase in cost, but it means that somebody has to take a look at

these agencies that are responsible for delivering services and make sure that they are doing just that—delivering adequate, comprehensive services.

Local government must assume the responsibility of examining the responsiveness and maximizing the effectiveness of existing elderly programs. This can be done through legislation, through policy decision, and management control. In order to give local governments more authority in the planning and development of elderly services, I recommend the following amendment to the Older Americans Act.

No. 1, the allocation process of the Older Americans Act should parallel the Department of Labor's allocation for manpower and OCETA programs. Funds should flow directly from the regional office on aging for cities of less than 100,000. This will provide the larger cities with the necessary authority for the planning and administration of elderly services within their boundaries, and it will allow the State office on aging to administer the funds to the smaller cities, whether they go through COG or some other means.

I also recommend that, if possible, the present Older Americans Act be amended to include municipalities in section 304(a)(1)(E) which provides for the designation of municipalities. I feel that this section should be amended to include that, in the event that a municipality which has a population of 100,000 or more and which contains 15 percent of the State's population aged 60 and over is denied designation as a planning and service area, that municipality may appeal this decision and request a public hearing by the State office on aging within 90 days.

Senator DOMENICI. Ron, would you repeat your statement?

Mr. MONTROYA. This is an amendment that was made by the U.S. Conference of Mayors Task Force on Aging. It is an amendment to the section 304(a)(1)(E). It says that in the event that a municipality which has a population of 100,000 or more and which contains 15 percent of the State's population aged 60 or over and is denied designation as a planning and service area, that municipality may appeal this decision and request a public hearing by the State office on aging within 90 days. If such designation is not made, the municipality may appeal this decision directly to the commissioner on aging.

Senator DOMENICI. I understand exactly.

Mr. MONTROYA. After section 304(a)(2)(A), I recommend that States shall be encouraged to designate as area agencies on aging municipalities of 100,000 population or more which have 15 percent of the State's population of 60 or over.

I recommend that a new section 304(c)(5) be added which states further that area agencies on aging shall pass through proportionate funds to municipalities within their jurisdiction which have at least 20 percent of the planning and service area's population of persons aged 60 and over.

Senator DOMENICI. The same old fight.

Mr. MONTROYA. Yes, this is probably the most controversial one. I think this is the one that will have a lot of comment from the smaller rural areas, although as I said earlier, I am speaking for the large cities—the cities of 100,000 or over.

I also recommend that we add a new section 304(f) which states:

States are directed to distribute their allotments under this title to the area agencies on aging, based on a formula share directly reflecting the proportion of persons aged 60 or over on a per-capita basis, as compared to a state's total population aged 60 or over.

Again, another controversial one.

LOCAL PRIORITIES SHOULD TAKE PRECEDENCE

Section 305—I recommend that the national priorities be eliminated. I feel that priorities should be determined at the local level. I feel that some of the priorities set at the national level certainly apply through the entire country—transportation being one, possibly nutrition being another. There are priorities within the local area that may not be similar to those set by somebody in Washington, D.C., or on the east coast—I think especially those areas that are in the Sun Belt and the small, rural Southwestern States.

I believe that section 305 should also be amended to provide for a 3-year planning cycle. As it is now, every year you have to have a planning cycle, which means that it just takes numerous hours of staff time every year. I recommend that the limit on the 3 years of funding in the Older Americans Act be eliminated and that it have, if possible, no limit whatsoever.

My next recommendation is that the Older Americans Act should be amended to give the Federal Commissioner on Aging more status and authority in order to be able to effectively coordinate with the other programs within HEW, such as social security, health care, welfare, et cetera. I feel that the Commissioner needs the visibility and the authority to deal with outside Departments that affect the elderly, such as HUD, Labor, and Transportation. I recommend that this position be made directly responsible to the Secretary of HEW.

I also recommend the consolidation of title III, title V, title VII, and title IX into one bloc grant that will go directly to the State office on aging and to cities of 100,000 or more. I recommend that each Department within the Federal Government—HUD, Labor, what have you—that each Department within the Federal Government establish elderly model project funds that will impact aid to those cities that have a high concentration of elderly. These funds could assist in the housing, the transportation, the employment, and nutrition crises facing the Nation's elderly.

Senator DOMENICI. Did you leave out any of the written testimony as you went through?

Mr. MONTOYA. I read most of it, yes.

Senator DOMENICI. I want to ask you just one question. You are absolutely right in suggesting that I lean in the direction of what you have testified to, for the large cities. Is it true that some of the problems we are running into, such as how to pay for insurance on buses with a CAP agency running it, and supervision of the quality of meals, et cetera, that a city as sponsor and manager of the program might do these better than the current fragmented approach?

PLANNING AGREEMENTS INSTITUTED

Mr. MONTOYA. I think there is no doubt, Senator, that when you have one entity dealing with the planning process and the evaluating

and monitoring processes, that you have more comprehensiveness. I think the city of Albuquerque has combined many planning functions throughout the entire city government. We've entered into letters of agreement, for example, with all city departments that fund elderly services so that we can do the planning for them, the monitoring, and evaluation, such Departments as Transportation, OCETA, Community Development, and Housing.

Senator DOMENICI. Let me ask just one last question. When you speak of a city of 100,000 or more, have you personally given any thought to a city and county combining to reach a population level where they may be entitled to this kind of management?

Mr. MONTOYA. I think, in my knowledge of the Southwest, the population is concentrated mostly in the city governments, and that is why I referred to cities. I understand that in other parts of the country, the county has the major population and the county government is responsible for it. I see nothing wrong if one of the governments, especially the government that has the majority of the population, be designated as the area agency.

Senator DOMENICI. I greatly appreciate your testimony.

Now, under the CETA Act, even though a city of 100,000 population is considered a prime sponsor in a mandatory manner, they also permit the consortia of units to reach the figure. I think that was my question. Are you saying to me that might very well work?

Mr. MONTOYA. I didn't realize that was the question. Yes; I think COG could enter into it very effectively there for the rural areas, the smaller areas of the northern part of the State, and the southeastern part of the State. At that point, I think the State area agency could designate a COG to create a consortia.

Senator DOMENICI. Ron, we really appreciate your testimony. I am sure that many of the suggestions will be endorsed by the National Conference of Mayors and perhaps even the Municipal League, nationally. We appreciate your giving us your own personal views.

Lester Rigby, director of the Southern Rio Grande Area Agency on Aging, we are glad to have you.

STATEMENT OF J. LESTER RIGBY, DIRECTOR, SOUTHERN RIO GRANDE AREA AGENCY ON AGING, SOCORRO, N. MEX.

Mr. RIGBY. Senator, I would like to comment on a couple of things that were said earlier.

Senator DOMENICI. Please do.

Mr. RIGBY. First, I also have some feelings about the UMTA program. We have been able to obtain several UMTA buses about 1½ years after we had applied. It seems strange to me that anybody who could walk into any automobile agency in the State of New Mexico and come away with a car would have to wait 1½ years to get delivery of an UMTA bus. There must be some mechanism that could speed this up. By the time we get it, we are tired and don't have a full appreciation of our gains.

Second, I would like to comment also on the fact that under 16(b) where small municipalities or cities are allowed to apply an UMTA busses, they must have had a transit study, and it might take about half of the cost of the bus to be able to get the transit study made. I don't see any reason why they should have to do this when, in fact,

the private organizations can contract for one, just so long as they have the 20-percent matching funds.

I would like to describe the area that I serve because I think it has a great deal to do with what I say.

We have the highest pro rata population of senior citizens, not only in this State, but also in all of the United States, except in certain areas of Florida and also of Arizona—Scottsdale, specifically—and that is in Truth or Consequences. Thirty-one percent of the people who live in Truth or Consequences are over the age of 65 years. In the wintertime when there is a greater influx of people into this poor man's spa, so to speak, we have as many as 50 percent.

I also serve Dona Ana County, which is the next largest county, and I object to Mr. Montoya's statement that it should be limited to cities of 100,000 and over, because I don't think that is practical. We are fast approaching 100,000 in the county of Dona Ana and I think that we should have the same privileges as the metropolitan areas. In Dona Ana County, we have a mixed population and we have a lot of elderly people who need special attentions. We are close to the Mexican border and have more than 4,000 migrant farm help during the peak agricultural season.

"FEW ADVANTAGES TO GROWING OLD . . ."

There are very few advantages to growing old in New Mexico, except perhaps the nice clean air, the great visible sky is blue, and the wildflowers and the wildlife may be abundant and beautiful.

Many of the elderly have been the victims of adversity for so long they are inured to the injuries to body and mind. They become entrapped in the contentment so that they may endure the deprivations and the disappointments as a way of life in a so-called affluent society. They help their young to escape to areas of greater opportunities, making the ultimate parental sacrifices in doing so.

Despite the fact that there are no busses, no cutrate grocery stores, no drug or hardware stores, no Red Cross or YMCA, no doctors or dentists, they rarely carry placards denouncing society or show their righteous indignation for being forgotten or cry out for affirmative action. They just shrug it off. They become complacent about the things that do or do not happen to them.

They remember hearing about clinics, but clinics rarely ever become visible. They are not concerned with the identification of podiatrists or gynecologists or cardiovascular or thoracic surgeons or a multitude of other specialists whose first question is, "How do you expect to pay?" To many, a doctor is someone who is called in at the last minute to officially pronounce that one is dead, and they must do this according to the law.

Good health is happiness and laughing is good medicine. Did you ever laugh with your mouth closed to hide the embarrassment of no teeth? Or have you ever had to cup your ears with your hands to hear the noises going on round about you? How can these things be corrected at costs ranging from \$300 to \$400 for hearing aids, or \$600 or \$2,000 for dentures on an income of \$2,000 or \$3,000 per year?

One might ask who is to blame? The doctors, The public health officers? The 40, 50, 60, or 70 miles distance from the next big town?

The legislature? Or the disparity of economics peculiar to a well-fed society? Whatever it is, an adjustment needs to be made. There are no ears that should be turned deaf to this.

When asked to set the priorities on the unmet needs of the rural elderly, I always feel it is like trying to find a new path over a 17,000-foot glacier. All unmet needs are interrelated. Nutrition, housing, transportation, winterization, health services, employment—name it, and they need it. Seemingly, they can't have one without the other, and the large item is the lack of money.

RURAL COMMUNICATION PROBLEMS ILLUSTRATED

At the present time, the problems are not of identification of unmet needs, but rather how to spread the resources to where the needs are most urgent. To illustrate, a simple need very rarely mentioned—the telephone. The urban dweller can pick up the receiver, talk to his or her friends all over the town, all under the local-call cost. If the rural dweller is fortunate enough to have a telephone and he wants to inquire about protective services, food stamps, or any of the other needs that he must find in the next largest town, he has to pay on the nose, inasmuch as businesses, as well as services, are open only during prime time, and prime time means the highest rate. In fact, it is cheaper to call New York City from Hatch, N. Mex., after 5 p.m. than it is to call Las Cruces any part of the day, and Las Cruces is only 37 miles from Hatch and is the focal point for their needs.

I was born more than 70 years ago in a coal mining town in western Pennsylvania. My family had no running water, no electricity, no automobile, no airplane, no radio, no telephone, no hydrogen bomb, no scholarships, and no televisions. How can we forget these things when they continue to exist around us today?

Thank you.

Senator DOMENICI. Thank you very much, Mr. Rigby. I didn't know there was that large an elderly population in Truth or Consequences.

Mr. RIGBY. Truth or Consequences has 8,000 people and they have a permanent population of about 2,700, who are over 65. Most of them, also, come to Truth or Consequences because they want to avoid the rigors of the winter and the weather in Nebraska and Kansas. It's a migrant population, really. It's not always a population that needs money, but they need care.

Senator DOMENICI. Thank you very much for your excellent statement.

JoAnn Buck, executive director of Share Your Care, Inc.

STATEMENT OF JOANN BUCK, EXECUTIVE DIRECTOR, SHARE YOUR CARE, INC., ALBUQUERQUE, N. MEX.

Ms. BUCK. Thank you, Senator.

I am the executive director of Share Your Care, Inc., a private nonprofit corporation that offers a day care program to the elderly and dependent adults in Albuquerque. It is on behalf of those dependent elderly and their families that I would like to speak today. The senior day care center, the first of its kind in New Mexico, now

meets the needs of 30 families each week. The program uses the simple but effective therapy to improve mental and physical health, increase individual self-image and self-motivation. The program supports the families of the elderly with regularly scheduled rest periods from 24-hour care responsibilities, counseling, referrals to related services, and on-going series of workshops designed to educate middle-aged children in the art of elder care.

The success of our program is obvious and visible. A typical family situation begins with a dependent elder who is confused, withdrawn, depressed, anxious, and incapable of being left alone. Physically, he is diagnosed as well, in spite of a poor appetite, poor circulation, insomnia, low strength, low stamina, poor motivation, and generally no interest in daily living. The family starts to feel the strain of their increasing inability to provide demanding types of care. They are uncertain regarding alternatives available to them. They suffer from guilt, frustration, and a sense of helplessness.

IMPORTANCE OF PROGRAM PARTICIPATION

Results of program participation are soon evident. The elderly become less anxious, more relaxed, more outgoing, and willing to participate. He experiences a renewed sense of humor, an improved self-image, and renewed interest in daily living. Stamina, strength, coordination, flexibility, digestion, sleeping, and circulation are all improved, resulting in an improved general physical well-being.

Through regular rests from 24-hour care responsibilities, the family experiences a sense of relief. Emotional tensions lessen and problems regain a clearer perspective. With time available to meet personal needs and support from the program staff, solutions to the problems of elder care are more easily achieved. The elder is more pleasant to live with and the emotionally gratifying relationships are reestablished.

The financial benefits are great. Day care costs 25 to 30 percent of the expense of institutional care. In Albuquerque, there is a minimum difference of \$400 a month. Where institutionalization is inappropriate, chosen only for the lack of an alternative, the family and the taxpayers carry an unnecessarily expensive burden. While it is true that day care programs do not cover all of the expenses, in every situation where the elderly can live without daily medical attention, their expenses at home will be a fraction of those incurred in an institution.

The benefits to the community are not only financial. With a renewed sense of purpose, we see elder care as the art of loving, appreciating, cherishing, and nurturing those now old, who at one time did the same for us. Restored appreciation for our elderly renews our own sense of confidence as we accept the aging process in our own lives.

I understand that the purpose of this hearing is to identify the needs of the Nation's rural elderly. My experience, to date, has been with the urban elderly. These dependent elderly and their families need transportation, day care, financial assistance, medical facilities, doctors who make home visits, home health care, chore services, live-ins, training in elder care, legal aid, and insurance counseling. These services need not be complicated nor expensive.

The rural dependent elderly and their families have the same needs. Solutions are frustrated, not only because of distances and sparse populations, but also because of the prevalent economic situation.

In small communities, adult day care can be provided, since it is most effective when offered to small groups. It is, obviously, impractical for families living in remote communities in that transportation time is often too lengthy to be acceptable.

FAMILY SUPPORT ESSENTIAL

The primary need of the rural dependent elderly is a care provider. In most cases, the family of that elderly individual is the best qualified for this responsibility. If the family needs are met so that they can provide the basics—good food, fresh air, exercise, socialization, and understanding—the elderly are going to be a happier and more healthy population group. For the dependent elderly, then, I cannot overstate the importance of a family support system. If the only capable care provider is economically forced into the role of the wage earner, then inappropriate institutionalization is inevitable, and it is an expensive situation, both emotionally and economically.

Care providers in rural situations have need for relief from 24-hour care responsibilities that are complicated by distance and travel time factors. They have the same need for support services, guidance, education, information, and referral as their urban counterparts. I want to remind you that it is estimated that, at any one time, only 6 percent of those over 65 years of age are dependent and living outside an institutional setting. However, many more than 6 percent will, at one time or another, find themselves in that category.

Senator DOMENICI. Would you please repeat that statement?

Ms. BUCK. Only 6 percent of those over 65 are dependent and living outside an institutional setting; however, many more than 6 percent will, at one time or another, find themselves in that category.

The direction I would recommend, then, is toward the family. The families of today are, in ever-increasing numbers, wanting to care for and live with their dependent elderly as long as possible. They benefit from the presence of an elder. They know and appreciate the accomplishments and dreams. They love and cherish that individual. Many families need help. Modern economics are stacked against their staying together and caring for each other. The family must have a wide spectrum of services available as resources for their elder care experience. It is my hope that uncomplicated and inexpensive services, such as day care, can be implemented soon, while solutions are being developed for the delivery of the much more complex services.

Thank you.

Senator DOMENICI. Tell me more about your day care center and how—you say it's the only one in existence?

Ms. BUCK. It was the first in the State. We helped the senior citizens program in Los Alamos begin a similar one.

Senator DOMENICI. Who pays for it?

Ms. BUCK. Well, it's private, nonprofit, Senator, and we have the major funding coming from CETA in the form of personnel. The participants themselves are charged an hourly fee, which is on a

sliding scale with \$2 an hour as the maximum rate, with no extra charges. We have good support from the community and from private foundations, such as the Levi Strauss Foundation, and a mental health need grant from the Department of Hospitals and Institutions. At this point in time, we are operating in the red.

Senator DOMENICI. I first saw a day care center for senior citizens in South Bend, Ind., about 3 years ago, when I went there to speak to a class at the request of a New Mexico professor who was on leave there. If my wife and I had her mother in our home and we both had to go to work, if there was a day care center for that person, we would take the person there when we went to work. She would be in a setting for the daytime and we would pick her up on the way home and she would be with us.

Ms. BUCK. That is correct.

Senator DOMENICI. Much like day care for children.

Ms. BUCK. That's right.

Senator DOMENICI. Why aren't we doing more of this?

SERVICE GAP EVIDENT

Ms. BUCK. I don't know. In New Mexico, we have a well developed system of senior citizens centers which are meeting the needs, I feel, fairly well of the just retired, completely capable, self-motivated person who is over 65. Between that and the nursing homes, there are not well developed services at all. What happens is, when the individual suffers a deterioration, particularly in the physical limitations—doesn't see so well any more, doesn't hear so well any more—we see a drop in the participation in the senior citizens center. They sit at home for 4 or 5 years, after which time they belong in an institution because they haven't the skills to get through each day any more.

Senator DOMENICI. Now, just as certain as we develop a new name and provide specifically for senior day care centers, as in a law, we'll be back here in about 3 or 4 years, and you will be telling us how we have fouled it up. Because, we'll have some new regulations and you'll have to have 23 people where you were able to get by with 8, or you will have to remodel every center that's in existence and put sprinklers in and four doors and 14 restrooms, where you are getting by with what you think is right. Now, do you think we ought to put a separate category in for day care centers, define them, and then let HEW draw the regulations? That may be why it is not moving.

Ms. BUCK. You know, I can agree with you on the problems that will abound, but, you see, there are population groups in this State that are not going to be able to afford it on the private basis. Here in Albuquerque, with a wide spectrum of economic situations, we are operating in the red, so I don't see how a smaller community—

Senator DOMENICI. Well, I'm agreeing with you, but you call yours "private," but it really isn't private in the sense that—

Ms. BUCK. [interrupting]. Quasi-private.

Senator DOMENICI. Yes. You don't intend to make a lot of money at it, but you want to get what you can from existing sources and charge a nominal fee and run it?

Ms. BUCK. That's right, and we do make it available, without charge, where necessary.

Mr. RIGBY. Senator, may I comment?

Senator DOMENICI. Yes, please.

"HOME SITUATION" SHOULD BE DEVELOPED

Mr. RIGBY. Most of the centers don't look like homes. They look like institutions, even our senior citizens centers. They are white and they are sanitary and they have a lot of things missing, like comfortable chairs or divans, and things like that. I think, until we can create a home situation in the centers, we are not going to have satisfactory day care.

Ms. BUCK. And that has been a suggestion, Senator, that perhaps the existing senior citizens centers could offer this service within their facilities.

Senator DOMENICI. Now, let me ask you a couple more questions. What institutional certification or minimal certification exists to see that you are doing your job right?

Ms. BUCK. In the State of New Mexico, none. There is no licensing regulations. There is no license. There is no office to handle such a license.

Senator DOMENICI. Who, then, makes sure that you are doing the basic things right?

Ms. BUCK. My board of directors.

Senator DOMENICI. That's super, and where do they come from?

Ms. BUCK. They are community volunteers—people from here in Albuquerque.

Senator DOMENICI. Who decides what level of professionalism you need in the institution?

Ms. BUCK. In the institution or in the day care center?

Senator DOMENICI. Excuse me. I'm institutionalized, also—in the day care centers.

Ms. BUCK. That was a policy decision by the board of directors. The criteria that we use is that the participant needs to be able to get through the day without nursing care, and that hopefully he can feed himself, although we do find ourselves assisting with that.

Senator DOMENICI. Do you have prepared, for your board, some implementing rules that are in writing?

Ms. BUCK. Yes, sir.

Senator DOMENICI. Could you give those to us?

Ms. BUCK. In writing, yes. I don't think that I could remember them, now.

Senator DOMENICI. That's what I mean. Could you provide them to us?

Ms. BUCK. Certainly.

Senator DOMENICI. Will you find such a thing in there, as your last statement, of your policy as to who would be admitted—is that in writing somewhere?

Ms. BUCK. I can see that it is added to this, yes.

Senator DOMENICI. Would you give me the rules, regulations, and policy decisions¹ that you think caused that to work properly and cause you to equip and run it properly?

¹ See appendix 1, page 1225.

Ms. BUCK. Yes, sir. I would be glad to.

Senator DOMENICI. I would appreciate that.

Thank you very much.

Ms. BUCK. Thank you.

Senator DOMENICI. I think your points are well taken, and there is no question that we should be doing this. There is no question about it.

ELDERLY STILL WANT TO HELP

Incidentally, I, too, was concerned as to whether or not young people want to take care of their old people. I'm convinced there has been no significant change in human nature and they still do, and that the older people very much want to take care of anyone that they can show their love to, in probably greater doses than young to old, which I think is natural. I am concerned, however, that the best information I can get reports that 25 percent of our older people over 65, who are the least bit incapacitated, have no relatives.

Ms. BUCK. Yes. There's no reason, however, why a program such as mine couldn't be offered in an institutional setting, because this is a mental health program.

Senator DOMENICI. On the other hand, you have tied this to a family. But I would say there is no reason that an adult, with no relatives, couldn't be helped greatly in the day care center. The question of who gets the person there would be another issue, but day care would be helpful to the old person just the same, even if the son or daughter didn't take her there, or even if she didn't return to their care, but rather to her own place.

Thank you very much.

Ms. BUCK. Thank you.

[There was a short recess.]

Senator DOMENICI. We have four witnesses on our seventh panel and, then, our last panel is here on the right.

Jack Kuffer, from Palo Duro Senior Center, Northeast Heights, will lead off.

STATEMENT OF JACK KUFFER, PALO DURO SENIOR CENTER, NORTHEAST HEIGHTS, N. MEX.

Mr. KUFFER. Senator, I would like to touch briefly on the employment problems of senior citizens.

The first thing is low wages—the belief by employers that social security recipients will be willing to accept substandard wages. Private business employers refuse to consider senior citizens for most of their job openings. If they consider us at all, they do so only after they can't find a younger worker to do the job.

In most cases, they want us to work graveyard shifts and split shifts. We are seldom offered jobs as office clerks and salespersons, unless it is where it is commission sales—where we do all the work, take all the risks, and the employer reaps all the benefits. Many times we were told we are overqualified, but they do offer us lots of jobs as babysitters and yard workers.

There should be some means, sir, to encourage private businessmen to hire senior citizens in daytime jobs—for example, through their affirmative action plan or special tax incentives for hiring older citizens. Some good jobs are available, but not many.

Naturally, we don't like mandatory retirement. Our ESC workers are doing an excellent job, but funding and staffing for older worker programs are on a very shaky foundation.

Senator DOMENICI. What was the last statement about shaky foundations?

PROGRAM FUNDING DEFICIENT

Mr. KUFFER. Our ESC workers are doing an excellent job, but funding and staffing for older workers programs are on a very-shaky foundation.

Senator DOMENICI. What does that mean?

Mr. KUFFER. In other words, the way I've understood, Senator, the funds may be there tomorrow, but next week there may not be any funds.

Senator DOMENICI. Well, I thought they were, at least, annualized.

Mr. KUFFER. I do not think so, sir.

Senator DOMENICI. OK. You are aware that we will be changing the mandatory retirement one way or another. It appears that the Senate has passed one bill and the House has passed another, but it seems safe to say that mandatory retirement will go up to age 70.

Mr. KUFFER. That's fine, sir.

Senator DOMENICI. Now, that does not mean that people must work until they are 70, nor does it mean that they cannot be part of a retirement plan which provides them with an opportunity to retire earlier. It just means that no one can, from and after a certain date, force the retirement in any plan earlier than 70, with possibly two exceptions—mandatory retirement will remain at 65 for a very highly paid executive and, if the Senate bill continues, institutions such as universities will remain at 65. Both of those will remain at age 65 because there appears to be lack of upward mobility and an over-abundance of those who need the incentive of moving up. You are also aware, I assume, of the problems of senior citizens in getting outside employment when they earn more than \$3,000 a year—you understand that also will be changed?

Mr. KUFFER. Yes, sir.

Senator DOMENICI. And I think for the better. I think part of the conditions you described have arisen because of the earnings limitation. We have forced both senior citizens and their employers to conduct the business of employment and payments sort of sub-rosa, where they just pay a little cash and no one reports it. The system promotes that practice, because of the earnings limitation. By raising or eliminating the limitation, it would seem we could move toward normal employment relationships and people would not be so fearful. I appreciate your testimony.

Now, we will hear from Del Chavez, of Metro Nutrition Program. Dr. MacKay, who was going to testify, I understand, is ill, and we look forward to your testimony in his stead, Del.

**STATEMENT OF DEL G. CHAVEZ, METRO NUTRITION PROGRAM,
ALBUQUERQUE, N. MEX.**

Mr. CHAVEZ. Thank you very much, Senator.

I am here representing Dr. Donald MacKay who is ill, and unable to testify today. He has asked me to tell you that he will forward, at a later date, the complete text of what he would have said here today. I spoke with him around noon and I took notes on some of the highlights that he would like me to speak to. At the end, I would like to add a few comments of my own.

Dr. MacKay is the chairman of CASA, a coordinated action for senior adults, a nonprofit organization of people 55 years of age and older, incorporated in 1959.

CASA sponsors the nutrition project here. Dr. MacKay asked me to outline some of the activities that we are involved in and to lead into some of the problem areas that we need some assistance in.

We have, first of all, 18 senior citizens centers here, 5 of which are in a rural or a semirural area. They are all within the confines of Bernalillo County. We also sponsor a meals-on-wheels program that is limited because the title VII regulations state that there shall be a maximum amount of between 10 to 15 percent of the total meals allowed to be delivered to homes of the elderly. Senator, we feel that there is a great need to deliver more hot home meals to reach those frail elderly whom the title VII program has not been able to reach, because they are not able to get to a meal site. Even if there should be a bus available, many of them have difficulty in getting on and off of a bus, or a car. We know that there will be, soon, some very positive steps taken in the transportation area, but there are still quite a few senior citizens who are 75, 80, or 90 years old, or even older for whom the title VII program of 1973 came too late. We would like to see something like a separate title passed, a separate amendment to take care of those who are not able to get out of the home.

Senator DOMENICI. Now, if we do that, do you suggest, where possible, it be run by the same entity?

CENTER MEALS PROGRAM SUCCESSFUL

Mr. CHAVEZ. Yes, I think that the title VII's have already consumed some of the front end costs, shall we say. Also, if the same menu were to be prepared for the congregate meal sites and the home-bound meals, then I think there would be a considerable savings. In the 18 senior citizens centers, we are serving an average of 826 meals a day. There has been, since July 1977, the beginning of our current fiscal year, 1,533 seniors served, either at a senior citizens center, on the home meals van, through the transportation system, through outreach or various home help type of activities.

We have three meal centers that are serving the native American population. You will hear a little more about one of these centers later from another witness.

In regard to the menu preparation, we subcontract 15 of the 18 centers to a private firm, because we feel that subcontracting or having a central kitchen saves money in the long run. If we order, for

example, 700 to 750 meals, we pay \$1.05 per meal, before USDA credits—that's delivered and includes the raw food costs, storage, purchasing, and the preparing of the meals, along with the paper plates, napkins, and so forth. The more that we purchase, then, the less that we pay per meal. Subcontracting to a private firm places the food service details into the hands of a professional group, accountability is handled more efficiently, and the project staff is afforded the time to attend to the psychological and social problems of the seniors.

We feel that the amount of USDA food surplus should be increased. We, now, on the average, reduce the cost per meal somewhere from 4.8 cents per meal up to a dime a meal. Too often we don't know the amount or the particular items that we're going to get under the food surplus program and that makes planning a menu difficult.

There is a new program that we've started here and we think it is meritorious. We feel it will be looked at closely by other projects and probably implemented in other regions. We have been able to implement this program through the help of the OCETA office. It's a 1-year program. It's a special home services program for the frail elderly. The program is too new to make any predictions about some of the good that it's going to do, but we expect that possibly within 6 months we can begin to identify the number of people who can be called frail, within the Albuquerque area, and document some of the types of frailty that exists among the elderly living in Albuquerque. Once we know these facts, we'll be able to develop a comprehensive gap-filling project with cooperation from several agencies such as the DVR, Las Luminarias, and others.

HOME SERVICES EMPHASIZED

This special program's emphasis is placed on helping seniors right in the environment where they spend the greatest percentage of time—their homes. There are numerous elderly who cannot perform simple everyday tasks you and I can, like changing a light bulb, raking up leaves, painting, sweeping, mopping, and minor repairs, either because they are physically or mentally handicapped or just simply because they are too old. These elderly are the prime candidates for our special program.

Senator DOMENICI. Who's managing that program?

Mr. CHAVEZ. It's managed out of my office. I hired Maria Costa, who has a masters degree in ethnogerontology, as the project coordinator. She has a staff of 15 persons.

Senator DOMENICI. And that staff comes from CETA?

Mr. CHAVEZ. Yes, it does, sir.

Senator DOMENICI. Do you know which funding title under CETA, they are using to pay for those?

Mr. CHAVEZ. That's title VI, phase 2.

Senator DOMENICI. OK.

Mr. CHAVEZ. I would like to mention about four other items that I think deserve attention on a national level.

I would like to see the whole area of qualifications re-examined, particularly in terms of age. There are too many programs with different entrance age requirements. Lets make the entrance age uni-

form throughout. The minority groups don't live as long, you know, as the dominant groups do, and so, therefore, many of them do not even get to the age of 60 when we begin to serve people at the meal centers. Should the age entrance requirements for all aging programs be made uniform among them, then it should be between 50 and 60 to compensate for the shorter lifespan of minority groups, particularly native Americans. This would be consistent with the objectives of the Older Americans Act since the emphasis is to reach isolated, low-income, minority elderly. I suggest lowering the entrance age requirements to allow minority individuals, who may not live to 60 years of age, to participate; then, hopefully, through the interpersonal contact by socialization, improved health through good nutrition, and a better self-concept through education, we can indeed extend their lifespan.

I would like to see more done in the area of health education. Here, in this State, there is what is called a New Mexico Health Education Coalition. It was incorporated by private individuals, about 3 or 4 years ago. It has received some Federal funding from the CETA, from the cancer research, and other places. An important part of their work has been to go into the meal centers in Albuquerque, at first, and then it expanded to other meal sites to make available health education to the seniors.

LANGUAGE BARRIER CAN BE OVERCOME

An important element, I think, is that it was in a language seniors could understand. They hired some very capable people who were able to relate and identify with the seniors. They even tried breaking them up into groups so that they would speak to the males and to the females, separately, and they've just bent every way that they can to make the program that they have more accessible. The Commission on Aging has funded that program, to a small degree, for last year and my understanding is that they have another grant this year. It isn't funded enough and I think that it should be.

About the transportation area, you've heard enough testimony already, so I'll just say that it is a problem area that needs priority attention.

Last, I think that someone ought to look at the possibility of changing the regulations to allow handicapped children who are under the care of senior citizens to consume a meal at the meal sites. I don't know if this is just a situation prevalent in the Southwest or if it exists elsewhere, but I know that in this Southwestern culture some of our Mexican-American senior citizens get charged with the responsibility of taking care of a mentally handicapped child. Families see this charge as a way for elderly parents to have companionship and it also provides care for the child which working parents cannot always provide. When these elderly want to participate at a meal site, we have to say to them that the child must bring his own meal or that they can't participate. If it is a husband and wife, then one must stay home to care for the child, while the other one comes to the center. I think that that tends to separate the family ties, which we don't want to do. The physical and social mobility of our present-day society has already induced enough dramatic and

backward changes for our Mexican-American elderly without adding the disjunctions, of whatever family ties may exist, by Federal programs.

In most cases, guardianship of a handicapped grandchild represents the only link to the family leadership and guidance role which our elderly had expected to fulfill, and indeed for which they spent their life in training, when they would finally arrive at that long, happy period of time preceding death known as old age. The era of the extended social family will probably never return, but we must be careful not to legislate total family breakdown.

That concludes what I have to say today, Senator.

Senator DOMENICI. Thank you very much, Del.

Nate Parker, director of Albuquerque Urban Indian Center.

STATEMENT OF NATE PARKER, DIRECTOR, ALBUQUERQUE, N. MEX., URBAN INDIAN CENTER

Mr. PARKER. For the record, I would like to make my presentation based on a reading here, which will not take a great length of time.

Senator DOMENICI. All right.

Mr. PARKER. The Albuquerque Urban Indian Center, for the record, is a nonprofit corporation, as part of the metro nutritional program here in the city of Albuquerque.

As a representative of Albuquerque's urban Indian population and staff member of the Albuquerque Urban Indian Center, I'm most most appreciative and thankful for the opportunity of presenting this testimony before the Special Committee on Aging.

We at the Indian Center are keenly aware of the magnitude of the committee's task and as the committee forges ahead, we wish its members Godspeed.

Population trends during the past decade have shown substantial movement by American Indians from reservations and rural areas to metropolitan urban areas. The city of Albuquerque has experienced rapid growth in its Indian population. The estimated urban Indian population in the Greater Albuquerque area is approximately 17,500 individuals. Of this total, a projected and estimated 1,200 are elderly persons, aged 60 years and older.

It is this segment of the population that is of concern to us today. American Indian elders residing in an urban area are confronted on a daily basis by a myriad of problems. Without adequate resources to solve or alleviate their problems, these elders are often trapped in a vicious circle of poverty and insensitivity of service providers.

DREAMS VANISH INTO REALITY

The pursuit of the great American dream—a better life for one's family—is the overwhelming reason cited by Indians for migrating to an urban area. More often than not, the dream quickly vanishes and is replaced by the harsh reality of coping with a new and indifferent environment. Services once provided on the reservation as part of the Federal Government's trust responsibility are, for the most part, not available in urban areas. Consequently, urban Indians, and elders in particular, do without basic services. Without financial re-

sources to fall back on, that segment of the population is effectively excluded from participation.

Employment and income statistics for Albuquerque's urban Indian population provide inrefutable data in support of this theory. A recent needs assessment, conducted by the Albuquerque Urban Indian Center, determined that 32.5 percent of the respondents surveyed had incomes below the poverty level and 38.6 percent of the respondents were unemployed. These two factors alone severely restrict Indian people from full participation in those areas that most of us take for granted. Elder American Indians, faced with the humiliation of poverty, the lack of proper housing, nutrition, and medical care, are for all practical purposes nonparticipants.

The Albuquerque Indian Center strongly believes that these conditions need not exist and, for this reason, we urge the members of this committee to support the Older Americans Indian Relief Act of 1977—an amendment to the Older Americans Act of 1965—providing for direct funding to American Indians.

We further urge the committee to support the inclusion of non-profit urban Indian organizations whose program objectives include the provisions of service to elderly American Indians. This legislation proposed by the National Indian Council on Aging would provide the mechanism through which elderly Indians will have the opportunity to participate on a greater scale in programs created by the Older Americans Act. Passage of this proposed legislation by Congress would make possible greater program impact on Albuquerque's elderly Indian population.

Traditionally, government service providers—be they Federal, State, county, or city—have been guided by the misconception that the Bureau of Indian Affairs provided for all Indian needs, at all times, in all situations. We know, of course, that this is not the case; never has been, nor ever will. The fact remains, however, that bureaucratic insensitivity has severely restricted programmatic impact on a deserving and eligible segment of the populace.

A case in point is the number of urban Indian elderly served by the metropolitan nutrition program—the MNP—funded by the New Mexico State Commission on Aging, is charged with the responsibility of administering title III and title VII programs funded by the Older Americans Act. A recent survey conducted by our agency discovered that of the 442 participants served at 10 urban meal sites, only 5 Indian elders were being served on a regular basis and 8 were served on an irregular basis. These totals constitute 1.1 percent and 1.8 percent, respectively, of the total client population.

ELDERLY INDIAN PARTICIPATION LOW

In contrast, the percentage of Indian elderly participants in relation to the total estimated urban Indian elderly population is 0.6 percent, a disgraceful total considering Albuquerque's proximity to and historical contact with estimated 72,000 Indians residing in the State of New Mexico.

The Albuquerque Urban Indian Center has directed its efforts toward alleviating this situation. A subcontract has been entered into

with MNP, for the purpose of creating an urban Indian elders' meal site. Program goals and objectives include increasing the number of Indian participants, providing these participants with supportive social services, and providing an atmosphere in which these elders can have fellowship and cultural activities.

This positive step, initiated by our agency, took approximately 1 year to accomplish: A year spent in sensitizing the MNP, the State of New Mexico Commission on Aging, the Mayor's Office on Senior Citizens, and other agencies, to the unmet needs of Albuquerque's elderly Indian population—a year spent in bureaucratic hassles with these agencies.

Three presentations have been made before the State of New Mexico Commission on Aging in the past 12 months with no identifiable or quantitative commitment made by that agency in response to the needs of the elderly urban Indian. Two presentations dealt with funding requests, none of which were granted, and a full year was wasted in which the level of urban Indian participation in programs, funded by the Older Americans Act, remained pitifully low.

Passage of the proposed legislation mentioned above will accomplish the following: (1) Enable Indian tribes, Indian tribal organizations, and nonprofit urban Indian organizations, such as ours, to receive direct funding to develop, administer, and operate programs, specifically geared to and for the Indian elderly; (2) correct the disparity between the number of non-Indian and Indians currently served by programs under the Older Americans Act; (3) to enhance and augment the concept of Indian self-determination; and (4) provide the mechanism through which programs based on cultural, spiritual, nutritional, and emotional needs of Indian elders can begin satisfying the heretofore unmet needs of this segment of the population.

It is common knowledge that measurements of social and economic factors most often place the American Indian in the lower categories. Living conditions of Indians are poor; those endured by Indian elders are worse—but this can be changed. The Senate Special Committee on Aging can act as the catalyst needed to usher in a new era for the Indian elderly.

COMMITMENT SHOULD BE REAFFIRMED

The proposed amendment to the Older Americans Act of 1965, as prepared by the National Indian Council on Aging, provides the opportunity for Congress and the Federal Government to affirm, once again, its commitment to the older American, and, specifically, to the Indian elder. We realize that one act of Congress cannot address all the ills confronting the older Indian, nor can one solution resolve the complex problems that face the older Indian. Rather, this amendment and congressional support for the principles it embodies can provide for and will insure a better way of life for the American Indian elderly.

I wish to thank the committee once again for its invitation to present testimony on behalf of Albuquerque's urban Indian population. It is our sincere hope that this committee and Congress, as a

whole, will be receptive to the wishes of the American Indian and provide for direct funding of programs.

Before I conclude, Senator, I would like to make some verbal observations and comments. Sitting here through the testimony, I heard different agency representatives talking about the kinds of services, the kinds of changes and innovations that are needed. I would like the record to show that as far as the city of Albuquerque relates to urban Indian, per se, I would say that we are probably the lowest on the totem pole in terms of services, employment, the planning process as it relates to the council of governments, and as it relates to the State commission on aging, in particular. Yet, thousands and thousands of dollars are being spent in this State with absolutely no provisions for American Indians.

I am particularly concerned about the situation here in our city and, through the efforts of the mayor and the Mayor's office on aging, we were able to get a very humble grant—a grant of about \$13,000—to operate an 8½-month contract. I think that is a tragedy. I would like to see this committee provide the conditions, the mechanisms, or the recommendations to whatever source—whether it be the State of New Mexico or whether it be the Federal regional office down in Dallas—that they cannot bypass, eliminate, or omit the American Indian situation here in our city. There is a great need. Our agency is a nonprofit corporation. We are not in this for profit, but it pains our agency to see that the urban Indian elderly have been totally neglected. With all the agencies in this system, in this city, in this county, and in this State, nobody is breaking our doors down to assist the urban Indian. It has taken us 4 years now to try to create some kind of system for an advocacy program or an agency that could facilitate these unique needs of not only the elderly, but Indian people in general.

I thank you very much, Senator.

Senator DOMENICI. Let me ask you two questions. How accurate are your statistics indicating 17,500 nonreservation Indians live in Albuquerque, in an urban setting?

IN-DEPTH STUDY UNDERWAY

Mr. PARKER. Well, Senator, we take these figures from sources, such as the amount of Indian children that are participating in the Albuquerque Public School System. We work very closely with some local social welfare agencies, church groups, and we work with other Indian agency affiliates in the community, like the National Indian Youth Council, Indian Health Service, and so forth. We will know very firmly by September 1978, as our agency is currently undergoing a in-depth census survey and needs assessment study on the Indian situation here is our city, but this figure of 17,500 could ultimately turn out to be a conservative figure.

Senator DOMENICI. All right. One other question. While we could spend a long time discussing the issue of urban Indians in terms of their relationship to the Bureau, the trust responsibility, and the like, and I'm not going to do that with you—I just want to ask you, specifically: Have you attempted to assess the needs of the urban

Indian that you are speaking of? I only ask it in this context. It could be that a substantial number who have decided to live in the city do not have needs significantly different than the needs of other elderly people living here. I think you will agree to that to some extent, that there is an assimilation process. The choice made by some to live here must in part indicate that.

MR. PARKER. Yes, Senator. I think that, for clarification purposes, Indian people and those Indian people who leave other metropolitan areas, rural areas, or reservations—probably the major problem is the lack of awareness, the lack of understanding and sensitivity about this particular part of the population. We can take a look around Albuquerque, in general, and we can rapidly assess that. When you take the Older Americans Act programs, under titles III and VII, here in this county, you'll be very lucky to find Indian people on those kind of staff structures or board structures, where all the decisions are made and where all the services are rendered. You can take a careful look at the State structure, on the State commission on aging—I think they've got one Indian on their total staff, and that's a clerical person. I think the problem is that Indian people are not being allowed to get in the door. I think that is where the problem lies, where the decisions are made, and where the pie is cut up is on these plans—whether it be on a county level, city level, or State level. Again, the Indian voice, the Indian recognition concerns are being neglected. So it is a two-way process: It's Indian people who are struggling to get into the system and it's the system finding ways to keep the Indian out.

NEEDS ASSESSMENT NEEDED

Senator DOMENICI. But I think that in any assessment of Indian elderly living in a city, it should be determined whether their needs are any different. I am not arguing that they may be or may not be, but the point is that if we are going to allocate so much money to Albuquerque on a population basis and then allocate so much to another area that perhaps has an Indian reservation in it, on a population basis, then I am saying to you: How much different are the elderly Indian needs in the urban area? Because we have 17,500 Indian people and because we only have a specified amount of money, is the need different, or should half of them be considered informed, and for their own reasons—just like another minority group in Albuquerque are not heavily represented in attendance. I don't think one can conclude that urban Indians definitely have been left out for some other group with a cultural background or an ethnic heritage. I don't know the answer, but I think you need to try to address that when you get us facts.

MR. PARKER. I think the needs assessment will show that. I think that, in terms of nutrition, in terms of fellowship, in terms of social service, and supportive services—the Indian person is no different than any other person in the community. The problem that we have here in Albuquerque is a unique problem and it is that, until we receive this very small grant, there was no agency dealing with any

problems of Indian people, successfully, except our agency and social services.

Thank you.

Senator DOMENICI. Thank you very much.

Severiano Sisneros.

We are very glad to have you and we appreciate your patience. You have been waiting a long time.

STATEMENT OF SEVERIANO SISNEROS, ALBUQUERQUE, N. MEX.

Mr. SISNEROS. Thank you for inviting me to come.

I want to talk about transportation, of course, and that has been pretty well covered, and energy.

I only want to ask: Is there any way that senior citizens could have the same opportunity on energy as some of these big companies, say, the company that uses gas or electricity—the more gas they use or the more electricity they use, the lower the rate. Would there be any way that senior citizens would have that opportunity?

Senator DOMENICI. Well, let me answer you generally, and then, specifically.

Generally, the statement you have just made is correct. You know, we grew up in an energy abundant society, and the rate structures allowed a set charge for the first amount of gas or electricity, and then the next unit was cheaper and the next one still cheaper. That has led to the situation where a small home always used the minimum amount and paid the maximum for it. A specific approach being taken to remedy that is called "lifeline," which is directed principally at giving households the benefit of the cheapest unit rate that a utility company allows to anybody. The Federal Government is promoting this concept, hoping that utility commissions and utility companies adopt it. The Senate passed a bill requiring it. The House did not. How it will come out, in the next 15 or 20 days, I don't know.

From a general standpoint, the Federal Government is involved in trying to force the innovation and modernization of rate structure that we get away from bulk rates and low prices for big, big users, unless there is something very peculiar in the community that demands it. But the answer, generally, is that the Federal Government is pushing it and it may very well be part of the bill that goes to the President for signature.

DOCTOR SHORTAGE CRITICAL

Mr. SISNEROS. Also, what possibility would there be that the U.S. Government start in their program to educate young men and women for registered nurses or practical nurses so that they will help in the senior citizens facilities? We are so short of doctors in this part of the country; will there be a possibility that some program like that could be started in the future?

Senator DOMENICI. Well, I think we have experimented with those kinds of programs. It is very difficult because we have to break the barriers of tradition, where being a doctor was required to provide certain care. We have attempted experimental programs through the medical school, which we've helped pay for, to have the nurse prac-

tioner do very specific work. We've had them in a number of communities, but I would be telling you an untruth if I said there's an answer across the board. There is not. It is moving in that direction, but will take a long time. I think you make a very good point, however, that a large portion of the service could be delivered in another way, but it is going to take a little while longer to get it done.

Mr. SISNEROS. What I was getting to is that the nursing homes, as much as they have helped, have not helped completely. It seem to me that nursing homes are all right for people who are bedridden, but people who can get along, I think, would like to stay at home. I remember an old Spanish person saying: "Mi casita, mi olgancita." That means: "My home, my pride," and I think that these people want to be at home as much as they can, you know. That's why I thought that maybe some kind of schooling for nurses, young men and young women, could also be developing some of the talents that some of these young boys and girls have.

Also, it would not only help the senior citizens, but also would help in this country here when there are flood victims, fire victims, or any kind of disaster, you know, since there is a shortage of doctors. That's one of my points.

Senator DOMENICI. Let me say that the training of them is one thing. The question is, if there was training, could you use them and could they be paid for the service? If you are just talking about having more of them educated, I don't think that we'll ever get to the point where we will have nurses around homes doing other things, but having nursing expertise to help the old people.

HOME HEALTH CARE IS HIGH PRIORITY

The answer is to promote both the training and the program, so when they do the work, they could be paid for it, just like you would pay for care in the hospital. You are aware that that is called home health care. Nurses, therapists, and others do the work in the home—the doctor never goes, he writes the prescription—and under some situations that is paid for, but it hasn't developed to the extent that paying for hospitals or nursing homes has. This next year should be a year when home health care is really looked at. I would say it is chicken and egg. If we have the program, then I think we will need more paramedics, nurses, and others. Since they could make a living at it, we would then begin to educate more of them to do it. So I think that's the way it is going to go, and it should happen, at least some strong motion, in the next year to 18 months.

Mr. SISNEROS. Thank you very much, Senator.

Senator DOMENICI. Thank you very much. It is good to have you.

Let me say to the Navajo representatives here—some of you have been here during the day. You know that at various times, since about 9:30 or 10 this morning, we've been talking about various Indian problems as they relate to aging. We thought it best to put the Navajo representatives on all at one time. We are sorry that it is so late in the day. We appreciate your patience. You have heard some of the problems discussed today. I'm sure that some of them are the same as you have in the Navajo Nation. We have 25 or 30 minutes,

so we can listen to what you have to say. I understand Bobby George wants to lead off, is that correct?

Mr. GEORGE. Yes, I do, sir.

Senator DOMENICI. Fine. Am I right that you are the executive director of the Navajo Tribal Division of Social Welfare?

Mr. GEORGE. Yes, I am, Senator.

Senator DOMENICI. Thank you.

STATEMENT OF BOBBY GEORGE, EXECUTIVE DIRECTOR, NAVAJO TRIBAL DIVISION OF SOCIAL WELFARE

Mr. GEORGE. I'd like, on behalf of the Navajo Tribe and the chairman of the Navajo Tribe, Peter McDonald, to extend to you his greetings and, of course, thanks for all the things that have been done for the Indian people of this country. I would like, on behalf of our tribal government and the tribal chairman, the Honorable Peter McDonald, I take this opportunity to briefly go over our written statement that is being submitted to you today, before the Special Committee on Aging.

I hope that we will be able to continue our understanding, Senator, of one another, as citizens of this country, State, and county government. To promote this understanding, I would like to share with you your own definition of "aged," as found in the Webster's Dictionary: "To acquire a desirable quality by standing undisturbed for some time; to become mellow or mature; to bring to a state fit for use or to maturity."

In comparing the definition to the current status of the elderly, in both contemporary and American society, and Indian cultures, it is ironic that the Indian attitude toward its elderly is far more compatible to the above definition than is that of the American society.

The two lifestyles clearly demonstrate the difference in an industrialized culture versus an agrarian culture or mechanization versus humanism. Industrialization with all its wonders and luxuries is accompanied with the notion of replacement—parts are easily forced aside and discarded if slightly worn. Unfortunately, the process has extended itself to people and, today, you find the elderly deteriorating in nursing homes across the country, somewhat of a forgotten people.

OLD PHILOSOPHY DISHEARTENING

Although we realize that our perception of aging is more compatible with your own definition, we are painfully aware that there is a tragic reawakening of mid-1800 American philosophy toward the American Indian population. This philosophy can be clearly understood through the 1889 Commission of Indian Affairs statement to the first session of the 51st Congress, and I quote:

The logical events demand the absorption of the Indian into our national life, not as citizens, not as Indians, but as American citizens. The Indians must conform "to the white man's ways," peaceably, if they will; forcibly if they must. They must adjust themselves to their environment and conform their mode of living substantially to our civilization. This civilization may not be the best possible, but this is the best the Indians can get. They cannot escape it. They must either conform to it or be crushed by it.

It is disheartening to us, as American Indians, Navajos, and American citizens, that today this type of genocide has become part of this country's philosophy toward its own people, when publicly and worldwide we hear the country declaring humanity, justice, and human rights for all. It is unfortunate that the philosophy today toward American Indians has been rekindled; however, we cannot, have not, and will not become victims of such misunderstanding and contradiction.

We appreciate the American dream. We are patriotic. We are proud of this country—your country, but my country, too—for the white man and American Indian both. As a result, we feel the critical need exists that a recommitment to a fuller understanding of our life plan and people must be realized by you, our leaders, our government, and our country.

Our culture is part of your legacy. We joke about that and say: "Where would John Wayne be without us?" but we like to think that our culture is part of what is perceived, as distinctly and authentically American, around the world. And this Nation's treatment of our culture is, in many lands, the precept by which our Nation's commitment to freedom, democracy, and equality is judged.

For better or worse, we are now bound up in the same future; if only out of self-interest, we must be committed to each other's survival—neither can flourish without the other. We cannot win respect around the globe without respect for each other at home.

We, the Navajo people, the Navajo Nation, strongly believe that a broader understanding and deeper respect can only come from stronger commitments filtering through to all levels of our governmental system. Our ultimate intent as a self-determining government is to increase our strength in the decisionmaking mechanisms, governing and controlling various elements of our lives. To this attempt to increase our voice in our country's decisionmaking processes, we have begun developing mechanisms to strengthen such policies and concepts for the purpose of developing the necessary skills for administering programs in our locale.

This type of involvement in decisionmaking is not a new concept. Such a concept has been put into action by the social security's title XX programs for all needy people; Public Law 93-638, an Indian Self-Determination Act; Public Law 94-437, Indian Health Improvement Act; and title II of the Social Security Act grant to States for social security, which permits the American Indian governments to establish their own standards in American society, for reservation day care centers, institutions, and foster homes.

NEEDS NOT BEING MET

Although there has been some progress toward total Indian involvement at decisionmaking levels, we cannot be satisfied with what little has been accomplished. It is the belief of the Navajo Nation, as evidenced by continued insufficient services to the elderly on its reservation, that the needs of rural elderly Americans are not being fully addressed or alleviated; therefore, we should all be concerned and interested in working toward new service delivery for the rural elderly.

In so doing, two major concerns must be a continual concern to us: Participation in administration and funding mechanisms, as well as how to direct the impact, quality, and quantity of local service delivery.

Since the intent of the Older Americans Act is to develop plans, conduct and arrange for research in the field of aging, and implementation of this act, it stands to reason that the implementation plans of the Older Americans Act would reflect more involvement of the rural elderly by recognizing the appropriate government entities—State, local, and tribal—which can provide relative appropriate direction otherwise, to a very capable and well developed administrative mechanism. This would, indeed, foster and strengthen the democratic principles of the right to govern one's self, of changing the service delivery system to focus more realistically on problem areas and resolve them. It is important to recognize that any older American legislation not infringe upon State government authority or jurisdiction, but just as important, we must avoid infringement upon Indian tribal government and its jurisdiction.

The rural elderly population of this country faces a multitude of problems inclusive of reduced mobility, poor nutrition, low income, and deteriorating health. The Indian elderly population face similar conditions, but at a rate three or four times more severe than the general rural population. Not only are they faced with such problems as stated above, elderly Indians are witnessing the destruction of the unique lifestyle and traditional beliefs.

The service extended to elderly Indians should be built around family unity and dignity, the major element of the Indian culture. The focus of service delivery should be changed to allow for compatible adjustments with an American society addressed to the diversified nature of our elderly population.

The concept of program delivery should be directed to the elderly within their environmental lifestyle, and accommodation according to their needs.

To exemplify focus change in the area of home health care service as a protective service for the elderly, it could be strengthened so that institutionalization could exist as only one viable alternative of the three equally feasible choices.

The current approaches in providing comprehensive service to the elderly Americans, through planning processes and administration of human services program, gives the State and Federal Government a significant role in regulating distribution of resources. Neither of these alternatives recognize the decisionmaking capacities of tribal governments, nor the capacities of our American Indians. Such regulatory measures do nothing more than promise to erode in the decisionmaking processes or capacities of our tribal government.

ASSIMILATION ATTEMPTS HAVE BEEN TRAGIC

The elderly Indians have suffered injustices in addition to deep demoralization with this country's attempt to assimilate them into American society. All that has been sacred and dear to them has, virtually, been ripped from them in our efforts to force them into the melting-pot ideology.

If the intent of this Nation is, indeed, to continue in pursuit of such an ideology, some humanistic consideration will have to be made regarding the severity of physical and emotional conditions elderly Indians have been forced to endure. Our country and our government has the reciprocal duty to protect our future, to see to it that the claim of our country's history and its cornerstones, our elderly, are not forsaken.

We realize that, as the minority of the minorities of this country's elderly, we are vulnerable.

We are concerned and we ask that you become concerned, that this vulnerability is not exploited, and that wherever possible alternative means are developed so that our history and our hope for the future are not treated as the most expendable.

We ask that you, our country, our government, our leaders seek alternatives, that we together seek alternatives before we become victims of each other's misunderstandings and confusion.

In closing, I would like to convey to you a rather unique verse a poet in your culture once wrote:

“Though you have shelters and institutions,
Precarious lodgings while the rent is paid;
Subsiding basements where the rats breed,
Or sanitary dwellings with numbered doors;
Or a house a little better than your neighbor's,
When the stranger says,
“What is the meaning of this city?
“Do you huddle close together
Because you love each other?”
What will you answer?
We all dwell together to make money from each other,
Or this is a community?”

A few years ago, N. Scott Momaday, a Kiowa, wrote:

“This is a house made of dawn.
It was made of pollen and of rain.
And the land was old and everlasting.
There were many colors on the hills
And the plain was bright,
With different colored sands.
“Red and blue and spotted horse grazed in the plains,
And there was a dark wilderness and the
mountains beyond.
The land was tilled and strong.
It was beautiful all around.”

I do not know if we'll ever come to a common understanding of our land, country, and community, but I do know it is the land, country, and community that we must all live in together.

Senator DOMENICI. Thank you very much, Mr. George.

Kenneth Cody, president of the Navajo Nation Council on Aging.

STATEMENT OF KENNETH CODY, SR., PRESIDENT, NAVAJO NATION COUNCIL ON AGING

Mr. CODY. Senator Domenici, I am Kenneth Cody, Sr., president of the Navajo Nation Council on Aging.

The Navajo Nation Council on Aging is the advising body for the aging programs within the Navajo Nation, as recognized by the

Navajo Tribal Council. It represents 14,000 elderly Navajo people. I'm the official representative from Crownpoint chapter, representing the elderly people of this New Mexico and Navajo community.

It is a privilege for me to be here and introduce testimony for my people. This is the first time for a Navajo elderly to testify, since the National Indian Elderly Conference in June of 1976. This conference was sponsored by the National Tribal Chairmen's Association held in Phoenix, Ariz., under the law of the Older Americans Act of 1965.

The law focuses on the right of the elderly to congregate for means of transportation service, for social services, employment, adequate income, health and medical services, homemaker service, and home health programs, to all the nursing care homes and many more.

With these services, our elderly can be responsible for self-care, enhance their independence, and gain their self-respect as a Navajo citizen of the United States. They are given a voice to their needs to make them known, and a personal decision to self-care, independent living.

In the United States, many programs have been developed for the elderly under the Older Americans Act of 1965, but it is in the beginning stage for us Navajos. We are just beginning to know what we as senior citizens are entitled to, and what we can do for our elders. With this law we can learn to help ourselves and request more services and plan how those services can be delivered most effectively in our community.

PROGRAMS FOR ELDERLY CITED

In Crownpoint, we began a nutrition program at our community chapter in 1974. This came from the title VII in 1975. The chapter has contributed space for the program, chapter CETA staff, and many other volunteers, and the chapter pays the major part of the utility costs for this program.

Today we have a service with the bus for transportation of the home-delivered meals. The chapter has purchased a quonset hut which is being remodeled for a senior citizens center. As you know, in your visit recently to Crownpoint, we are very interested in getting some permanent senior citizen centers which can deliver good services to our elderly people, but at the present time, we are lacking many services which can help the elderly. These are: Employment for the elderly, home health care services, more transportation to get out to the isolated elderly, more home-delivered meals, hearing aids, eyeglasses, and other things that the elderly need to continue to live with their families.

Also, to encourage for the betterment of long-lasting service, support needs to be given to develop a permanent senior citizens center with many services. Support is needed to have the program in the way of the Navajo people, so the program will be understood and run by the local people.

Crownpoint also needs a new hospital, which it has been needing for a long time, and an extended-care facility. The elderly do not want to leave their home in their old age. Therefore, now we shall

learn how the Federal Government will assist us in the Navajo Nation and how they will help us in the future.

It has been recognized that there are 40 chapters in the New Mexico portion of the Navajo Nation: 46 in the Arizona portion; 6 in the Utah portion; and 13 chapters that have the State line running through them, that are requesting senior citizen programs. Of these 102 chapters, 13 have a nutrition program, but there is no money allocated for opening any new centers. As a Navajo elderly, I feel we must challenge this decision by strongly organizing among ourselves and beginning to advocate for our own needs. We are making action plans to program for our future needs as elderly Navajo people and we need everyone's assistance.

The majority of the Navajo elderly reside in the remote areas, speak Navajo only, maintain the traditional homelife, and pursue the old ways of our culture. It is recognized as a problem that is faced by our elderly, but is not the same as the problem faced by the elderly residing in other parts of this country.

DIRECT FUNDING REQUESTED

The Navajo Nation has held three conferences this past summer. The people testified at these conferences. From what I have learned from the elderly people, I recommend: One, Provide services to the family—help the family take care of the elderly at home; two, the Navajo tribe is the larger family of the Navajo people. The Navajo tribe should be given the direct funding for these programs as the elderly can be taken care of at home in the Navajo Nation; three, funds should be given for home health, transportation, and other services to have the elderly live in dignity; four, there should be a nutrition program in every community as this is what the people have requested; 98 percent of Navajo elderly do not receive these services; five, there should be permanent senior citizens centers; six, additional funds should be given to help the Navajo people to help their own elderly. The Navajo elderly people could not travel to this hearing because it is so far from their home; however, they wish to tell you themselves of their need.

Chairman Peter McDonald, of the Navajo tribe, is requesting more programs of the Older Americans Act in the Navajo Nation. We hope that you will support this also.

Thank you.

Senator DOMENICI. Thank you very much, Mr. Cody. Let me give you some facts, which indicate we have a greater need than we have been taking care of, even in the non-Indian people. We have 137,000 senior citizens in New Mexico and we are serving meals to 3,000.

Mr. CODY. Yes, Senator.

Senator DOMENICI. So I hope you understand that we can't take care of all of the problems—the issue of whether we are doing enough or being fair with the Navajo and the other Indian people certainly is why you are here, along with trying to convince us that you should run the programs yourself. But I hope that—and I think that you know this—we aren't able to provide the services to all of the older people, whether they are Indian or non-Indian. The question is whether we are being fair in terms of total problem, but that's a

pretty big statistic: 3,000 meals a day for 137,000. Now, granted, the Indian people may be poorer, so there may be a larger percentage that need it, but I think that is a very important fact that we've got to keep under consideration. I do hope that as we examine a bypass in direct funding that it's a thoughtful consideration in regards to how much the direct funding would be. Obviously, if it is not very much money, yet is proportionate to what we are giving to the non-Indian, that is what we would try to do. We want to make sure that everyone will understand the amount, because we aren't taking care of the total needs of either, but the passthrough would be only the money that the Indian elderly would be entitled to and I think you know that, as you testified.

Mr. CODY. Yes, I do, Senator.

Senator DOMENICI. I thank you very much for your testimony.

Mr. CODY. Thank you, Senator.

Senator DOMENICI. David Lundberg, director of the Navajo Aging Service.

We are glad to have you with us and we are sorry that you have to talk so late in the day.

STATEMENT OF DAVID LUNDBERG, DIRECTOR, NAVAJO TRIBAL AGING SERVICE, NAVAJO NATION

Mr. LUNDBERG. That's fine, thank you. I am very happy to be here.

Again, my name is David Lundberg and I am the director of the Navajo Tribal Aging Service of the Navajo Nation.

The testimony I am submitting is upon the advice of the Navajo Nation Council on Aging, which represents 14,000 elderly of the Navajo Nation.

The needs of Navajo elderly people were first brought to the attention of the Administration on Aging at the 1971 White House Conference on Aging. Many promises were made to the Navajo delegation by President Nixon and the Commissioner on Aging. These promises have not been fulfilled. The needs were stated again at the 1976 National Indian Conference on Aging in Phoenix, Ariz. To this day, the Older Americans Act has not made a significant impact upon the needs of Navajo elderly people.

For example, 13 percent of the elderly people of the United States receive title VII nutritional services. In the Navajo Nation, where the nutritional needs of the elderly are so great, only 2 percent of the elderly are receiving nutritional services. Navajo elderly, as other U.S. elderly, need transportation services, home health and chore services, legal services, and home repair services. But, because of their extreme isolation and the high cost of service delivery, most Navajo elderly have survived without benefit of these services.

Survival is possible. However, the Older Americans Act guarantees to native American elderly an equivalent level of services to that which other older Americans receive.

In working in the Navajo Nation's aging programs for the last year and a half, it's very obvious that in the Navajo Nation implementation of the services of the Older Americans Act is 12 years late

and many dollars short. At the present time, there is an unequal distribution of Older Americans Act funds to the Navajo Nation and there are inadequate funds to provide the services requested and needed.

FUNDS NOT FORTHCOMING

The Navajo Tribal Council has funded an Aging Service Office with 93-638 funds through the Indian Health Service. This office is under the Division of Health Improvement Services to address the many unmet needs of its elderly citizens. The funds for an aging office have never been forthcoming from either the State of Arizona, New Mexico, or Utah.

The Older Americans Act is a good law with excellent objectives for senior citizens. The law should be extended, but with certain provisions to insure that older native Americans receive the services mandated by Congress. The Navajo Aging Service of the Navajo Tribe requests provisions for the following:

(1) Direct funding to the Navajo Tribe of all Older Americans Act and other programs. At the present time, even though there could be coordination of services with direct funding of the Older Americans Act programs to the Navajo Nation, there couldn't be coordination with title XX services, unless those were also directly funded. There couldn't be coordination with medicare and medicaid unless that was directly funded. Therefore, meeting the needs of the elderly Navajo people require direct funding of all programs and the special recognition of the Navajo Nation.

(2) Local control of finances and setting of service priorities. Again, there are many unmet needs. There are national service priorities, at the present time, under the Older Americans Act. I feel that these should be set locally, with the local government setting priorities as to how they want to use funds whether they are title III, title VII, title V, or whatever.

(3) Multipurpose senior citizen centers in each geographical area. Fortunately or unfortunately, there have not been many services to Navajo elderly people in the past; therefore, many Navajo elderly people are not in institutions. More institutions are being planned. If the institutional development which occurred in the greater United States could be skipped over, if the Navajo Nation could get funding to develop multipurpose senior citizen center, this could help to keep the elderly in their homes, in the family, and in the community, rather than placing the elderly in institutions.

(4) Nutritional services for every hungry elderly person. These could be coordinated with direct funding through title VII, meals-on-wheels, USDA Community Services Administration, and title XX; however, at the present time, because of restricting regulations and eligibility requirements, the coordination is almost impossible.

(5) Access to health and other services. It is very obvious that, in rural areas, what elderly people need is access to services, whether it is home health services and chore services going directly to the home, or the provision of transportation services to providing agencies. There should be some method discovered or found, and funded.

(6) Guaranteed funding for all prosthetic devices: Hearing aids, false teeth, canes, and wheelchairs. Many Navajo elderly people do not ever get the benefit of these resources because Indian Health Service does not have the funds to provide them.

NAVAJO ELDERLY NEEDS LISTED

The needs of the Navajo elderly coincide with those needs of America's rural elderly. The ways that they coincide are as follows:

(1) Coordinating all services through the family and the local community.

(2) A national insurance program for elderly vehicles and the programs which provide transportation services to the elderly. Again, this is a problem specifically in the Navajo Nation, where there are people who can provide services, but do so in their own vehicles without insurance.

(3) Common eligibility requirements for all Federal programs for the elderly in a geographical area.

(4) A national percentage of rural elderly to be guaranteed Older Americans Act services. I think that Congress has shown that elderly urban people are receiving a certain level of services or are the focus of the services; however, the rural elderly are not guaranteed any kind of services, unless they somehow fall under the system.

(5) A guaranteed funding for a base level of services at senior centers. There is no reason to have a senior center if the only thing that you are providing them is a lunch, without supportive services that are needed by the elderly people. One of the present problems in the Navajo Nation is that there is nutrition—there's lunch—but there is not much more than that, and there's no money for more than that.

In conclusion, it is very evident that Navajo elderly people are rural people and the cost of providing services to them will, therefore, be greater. We need to work together to make sure that the Older Americans Act gives services equally to rural and urban elderly people.

Many Navajo elderly people, in Navajo communities, are requesting help and I've submitted a lot of the chapter resolutions, requesting services.

Senator DOMENICI. Thank you very much. We will take them with us and put them in our files.

Mr. LUNDBERG. The Navajo Tribe cannot respond adequately until action is taken by Congress. The Navajo Tribe is eager to see what impact the Older Americans Act will have upon the elderly people's needs, if implemented properly and funded as Congress intended.

Your support is needed, Senator Dominici, if services are ever to reach the elderly of the Navajo Nation in a manner that truly meets their needs and in a manner that respects the uniqueness of the Navajo ways. I would also like to comment on some of the statements made at the hearing today and some of the questions that you asked the panel participants. First, on the question of Indian Health Service facilities being open to non-Indians: At the present time, it is very obvious that the Indian Health Service facilities are not even

meeting the needs of the Navajo people; therefore, opening them to non-Indians would only lessen the services that the Indian people would receive.

Senator DOMENICI. Now, wait a minute, now! What about the—

MANY DON'T BENEFIT FROM SERVICES

Mr. LUNDBERG. What I mean by that is that the Anglo people who could receive services through the Indian Health Service hospitals or clinics can get to those services very easily because they have transportation. They would not be living on the reservation, unless they were in a job or had a form of transportation. The rural Navajo people, and especially the elderly, do not benefit from those services. They don't have eye clinics, et cetera.

Senator DOMENICI. I understand that and I wasn't trying to deny the Indian people anything that they are entitled to. I was only talking about a facility paid for by the Government, with equipment and professionals, that is being used 65 percent of the time. I am only saying, is it not logical to say first preference to Indian people—it's built for them. However, if the capacity is not utilized and there are non-Indians who would pay, and some of it is Federal money that they pay with, why couldn't we consider using it? Now, I know the answer. It's not forbidden.

Mr. LUNDBERG. Right.

Senator DOMENICI. All right. You know, I didn't tell the whole story. It is just that the Indian Health Service has a regulation that they won't do it. We don't have to change the law. They just have to consider it as a matter of policy, to see if it would be helpful.

You have been speaking as head of Navajo Aging Services, and all of our Indian friends today, about cooperation, about more understanding, and I'm just suggesting that the understanding and cooperation and consideration can run the other way. You ought to consider it. I think it would be a tremendous thing. The Navajo leaders, in an area where there is an over-capacity, could issue a public statement that so long as they don't need it for the Indian people, why, take that little hospital at Ramahand, make them get all this new equipment so medicaid can pay for it with the same dollars or an insurance policy—you know, you are all very worried about Mr. Mead's bill. You are worried about Mr. Cunningham's bill. Well, we ought to open our eyes, too, and think about the other approach. When we can extend a hand, extend it in the other direction. That's all I meant.

PRIMARY CARE SERVICES LACKING

Mr. LUNDBERG. I think, in working with Navajo elderly people, that they would be very willing to extend a hand, but the problem is that there is not the services there now that they need, because it is primarily ambulatory care and acute care and it is not primary care or preventive services.

Senator DOMENICI. And I totally understand that.

Mr. LUNDBERG. Unfortunately, if there were adequate funds, perhaps it would be possible, but that's a question that is not resolved.

Senator DOMENICI. All right. I know that you are not trying to argue with me. But let me ask you, how is an underutilized facility in Gallup going to help that problem 90 miles away that you are talking about?

Mr. LUNDBERG. I think, primarily, because the Navajo people did not request the facility to be built in Gallup.

Senator DOMENICI. It's there.

Mr. LUNDBERG. Unfortunately, it is located there.

Senator DOMENICI. Well, do you want to blow it up and not have any?

Mr. LUNDBERG. I don't think so.

Senator DOMENICI. All right. That's all that I am talking about. To say that we are not taking care of an area 80 miles away in a rural setting, and, therefore, we want to say, "Don't use the one in Gallup or Phoenix until we have taken care of the others," this is the very kind of thing that a lot of people don't understand.

You know, you are not going to make the decision. You just work for the Navajo people. But I am delighted to have the dialog, because I hope someone takes it back and discusses it. If it begins to get notorious, it isn't all over the papers and it won't be now, if my guess is right. The reporters aren't even here. That's all right with me and you, but I just think those things ought to be looked at.

Mr. LUNDBERG. I think they are being looked at by the Division of Health Improvement Services at this time.

Senator DOMENICI. Good.

Mr. GEORGE. Excuse me, Senator. May I respond to that recommendation that you just made? Apparently, it was thrown out earlier today and I wasn't here.

Senator DOMENICI. Yes.

Mr. GEORGE. I think the Navajo Tribe and its officials and its governing body would be open to any suggestions that you might make to it.

Senator DOMENICI. Right.

Mr. GEORGE. But before we could even venture into such a possibility, I would think that the Federal Government should consider the possibility of turning the control of its medical services that are existent to the tribe, and then let the tribe decide for itself whether or not the general public would be able to use it. I think the problem is not in whether Indian Health Service can change its policy, but whether or not the tribe and its governing body and its people have any authority or direction to determine for themselves what is best for them, along with people who might be able to benefit from their services.

IMPROVEMENTS HAVE BEEN MADE

Senator DOMENICI. Well, I think we are making some strides in the implementation of the Self-Determination Act—not as fast as some people would want, in terms of turning over functions and facilities. In fact, I don't know how long you have been the director, but I would guess that if the Navajo Social Services went back just

8 years and then said, "What were we doing then that we had control over?" and "What are we doing now?"—I am not even going to take an inventory—but I am going to suggest that you have made some pretty fantastic strides. I would assume you are doing some things for yourself, running them, that no one ever imagined 6 or 8 years ago that you could do. So we are going to move as quickly as everyone wants and as is prudent. Don't forget, however, that it isn't unanimous among the Indian people that every kind of service should be under Indian control, and it isn't unanimous at all that we should turn hospitals over, either, at this point in time. But I tend to agree with you that we've got to move in that direction. I hope that we are not saying that before we could consider the utilization of—in anything but a dire emergency—such facilities as I have been describing, that the Navajo Nation is going to put a condition in that we turn the hospital over to the Navajo Nation. I don't think that is what you said, but I don't think that that would be a very reasonable response. We ought to get on to the next issue.

Mr. LUNDBERG: Thank you very much.

Bessie Smith, I saw you last year in Santa Fe, when we talked, and I met you in Farmington before. I'm pleased to have you here, and I look forward to your testimony.

STATEMENT OF BESSIE SMITH, REPRESENTATIVE OF THE NAVAJO ELDERLY

Ms. SMITH. Senator Domenici, I am not going to speak now your language. I am going to speak Navajo. I guess you can hardly understand, now.

Senator DOMENICI. Why are you going to do that? There are about five Navajo here.—

Ms. SMITH. Well, if you need the vote during elections, you come running, and then we can talk Navajo.

Senator DOMENICI. We'll be glad to let you do that. I'm not going to be able to understand it, but I'll be glad to have you do it anyway.

Ms. SMITH. Senator Domenici, I am Bessie Smith from Shiprock. Also, I stay there, in the State of New Mexico.

My problem is—well, I just speak Navajo. Navajo is my language. I'll give you a tape recording in Navajo of my testimony. So I'll try to say what I mean in English.

I've been working with the Navajo elderly for quite a while—with the Navajo Tribe throughout New Mexico. Something happened there, and then the State picked us up again, almost 2 years ago. This is the senior citizens at Shiprock, a nonprofit organization. We are working with the senior citizens in Shiprock and we have a little piece of ground there. We have a trailer and they are going to add another trailer—not as a trailer but as a home for the senior citizens. We are working with their chapter—working with the elderly. They want it that way. Title VII helps us with the food. Title III helps us to buy the furniture and facilities in McKinley County. They never say how much—we are using the money for San Juan County, but

I don't know how much they give us from two counties—\$82,000—for the meals. I think it is \$45,000 for the title III, so we are using some of that.

“ONCE A MAN, TWICE A CHILD”

Everybody was saying, you know, what kind of things the elderly need—home service, and you've got to fill out all the papers. You know what the elderly needs. You grow and then you go back down to the level of the child. The white man says, “Once you're a man and twice you're a child.” I think this is true. The elderly won't come around and help me in all this. They have done away with everything. They do with what support they have for themselves or their families.

We need lots of things for the elderly on the Navajo Reservation. You said there are so many thousands of the Navajos in New Mexico. I guess we are counting all these elderly, but we can't find anything for their shelter, shower curtains—or whatever you call them. So, the elderly in San Juan County now numbers 3,591 Navajo.

Senator DOMENICI. What was the last number?

Ms. SMITH. About 3,591. Is that right for the elderly Navajo—3,591 for San Juan County? McKinley County has 4,570 elderly, 55 on up to 105. That's why it is so marvelous here.

We have some resolutions here. Maybe my daughter is going to read all these in or something.

Senator DOMENICI. You are going to give us the resolutions?

Ms. SMITH. Yes.

Senator DOMENICI. Who did they come from?

Ms. SMITH. The resolutions came from the Shiprock chapter.

Senator DOMENICI. All right. Fine.

Ms. SMITH. Then I was supposed to bring several resolutions from the chapter, but they didn't turn them in to me so it is already too late. I think we'll send some of the resolutions to you to Washington, D.C. I know I always get your letters.

Senator DOMENICI. Yes, do that, and we'll put it in as if you brought it today, so it'll be all right.

Ms. SMITH. Then, another thing that I want to tell you about is the congregate meals we are having at Shiprock, Crownpoint, Farmington, Bloomfield, and Aztec. This is the whole nation. They pay donations—\$1.50—and they eat there, not the elderly, but this is the counties. They take this money out of the bank and take it back into McKinley County. The elderly are really upset about this. We want to keep our money in our own bank. How are we going to run our program without money? Everybody is upset in San Juan County. We like to keep our donation in San Juan County.

Senator DOMENICI. Where are they taking it?

Ms. SMITH. McKinley County.

Senator DOMENICI. To Gallup?

Ms. SMITH. To Gallup, yes. They say that you can have your bank there—maybe it was planned that way, I don't know.

This is my problem, Pete Domenici. We need your help on the reservation for our elderly; we need transportation; we need nutrition; we need nursing homes for the elderly; their houses—half-done houses—help in their homes and their health.

Senator DOMENICI. Can I ask any of you if you are aware—perhaps you or Mr. George—of the status of the Shiprock Hospital planning now? Do you happen to know?

RENOVATION MONEY AVAILABLE

Mr. GEORGE. The funds allocated through Public Law 94-437, which came into effect this past year—eligible for allocation of money—there is money available for renovation there of the facilities. There is not any money there for a new facility.

Senator DOMENICI. Wait a minute, now, at Shiprock?

Mr. GEORGE. Yes, it is just adding on to the building—just adding on presently to the building there. There is money allocated to do that. If I am not mistaken, Dr. Lewinston, in his evaluation of the situation in our area health board there in Window Rock for the Navajo area—we are very concerned about the fact that there has to be some new work done on it. Of course, we don't want it to delay the project. I don't know what the complications there were, but we know the money is there for adding on to the present facility and renovating it somewhat, but there has to be new work done on it; that's what I understand.

Senator DOMENICI. No, I think they may be adding on some temporary additions, but the plans for the new hospital at Shiprock—we did get the \$800,000 for this year's planning and to have the first phase of the building started. That's where the very large hospital is going to be built and I just wondered if anyone knew the present status. That's the next new hospital that is going to be built at Shiprock, and that money was put in at my request. It was left out. Then you got a start at Chinle, which was not on the list, but through a lot of effort it is started. But Shiprock is next, and the \$800,000 should finish the plans. The only problem was that GAO studied that plan and said that there was too much in-patient and not enough out-patient. For that reason, we were going to get delayed, but instead we put the money in and said, "When you are really redoing it, fix it the way it ought to be, but keep going." That's the status, but I thought maybe somebody knew how far along the plans were.

Mr. GEORGE. No, there hasn't been a modification to the plan at this point in time, as far as I know. The area health board is supposed to endorse whatever the Indian Health Service is going to do and it hasn't presented any type of modification to the board.

Senator DOMENICI. I got it. All right. Now, let me ask about Crownpoint. I was there; I was at Crownpoint just 10 days ago, I guess, or less than that. I saw the hospital and I understand that the problems there are very serious. We have spent a lot of money to put new equipment inside—wire and water—but does the Navajo Nation have a priority as to where Crownpoint is, for a new facility? Is it next after Shiprock, or do we have that kind of thing yet?

Mr. GEORGE. As far as I know, Crownpoint was supposed to have been third on the list of priorities, with Winslow being second—I mean Winslow area facility—then Chinle, and then Shiprock and Crownpoint. I should say Crownpoint is fourth on the list. But the way the 437 plan was submitted, Crownpoint was not on the list at all—as was submitted to Congress for appropriations.

Senator DOMENICI. Thank you.

[The prepared statement of Ms. Smith follows:]

PREPARED STATEMENT OF BESSIE SMITH

Hello, everyone. My name is Bessie Smith. I am director of the Shiprock Senior Citizens in Shiprock, N. Mex. I'm also a member of the State Advisory Committee for the New Mexico Commission on Aging.

I am submitting my testimony on behalf of my Navajo Indian elderly, I am very glad and thankful for inviting us to be at this hearing and also given the privilege to tell you about the many important needs of the Navajo elderly people.

We really need a lot of things for them. According to the July 1977 Bureau of Indian Affairs census, there are 9,161 Navajo elderly in both San Juan and McKinley Counties. There are 3,591 Navajo elderly people in San Juan County. The majority of these elderly live on the reservation away from the town and people. They are unable to do things for themselves because of physical disabilities and age. Their main needs are:

(1) Home improvement: There are a lot of elderly citizens who live in homes that were built when they were in their younger days. These homes are very old and are in much need of home repair. There are a lot of elderly homes who have no heating systems, no bathroom facilities, no utilities, and most of all they live alone with no one to provide these needs for them.

(2) Another need: health care. A special clinic should be set up at the local hospitals where they can get medical attention immediately. There are times when they have to sit and wait for hours to be seen by the doctor. There should be a doctor and nurse to visit each center and give daily checkups to the senior citizens.

(3) Transportation is another need. They need services to be taken to the store, hospitals, and to the meal sites. There are a lot of elderly who live on the reservation away from relatives and people who can help.

As for progress: Out of four meal sites in the New Mexico portion of the reservations, the Shiprock Chapter is the only center serving the needs of the elderly not under the chapter. We need more meal sites on the reservation.

A lot in the New Mexico chapter have submitted resolutions to our district I AAA office but they're always given the same answer—no money. There is no money from title VII and title III. So this is the problem we're facing. We really need all your support to help us and serve our Indian elderly. Please deeply consider our testimony. We ask of you members of the Senate Committee on Aging: Help us meet and overcome the many needs of our Indian elderly people. Thank you very much.

[Addendum]

There are over 8,000 Navajo senior citizens, 55 and older, in the San Juan and McKinley Counties in northwestern New Mexico. Most of these elderly Navajo people speak and think in the Navajo language and Navajo ways. Changing lifestyles for younger Navajo people have affected traditional ways in which Navajo people provided for the elderly. Now many Navajo elderly are not able to receive human services. These Navajo elderly people want to receive human services useful and meaningful to them in their local environment. They want to be contacted and served by their own people, who speak their language and understand them in the Navajo ways.

At the local community or chapter house level, many Navajo senior citizens feel that neither the State of New Mexico nor the Navajo Tribal Government is able to provide services based on past experiences. Navajo senior citizens feel that too much money at government levels go into talking about problems and not providing for the actual needs of their people.

Navajo senior citizens on the New Mexico side of Navajoland want to be able to contract directly with the Federal Government as nonprofit organizations. Services to be provided at a local, community site would include: (1) nursing and domiciliary care; (2) transportation; (3) meals; (4) clothing and footwear; (5) lodging for the indigent; (6) counseling in the native language (including legal, medical, psychiatric, medicine men and women, and other professional services); (7) entertainment (television, films, library, games, guest presentations, field trips, etc.); (8) vocational activities (art, handicrafts, etc.); (9) home improvements, modifications or construction; (10) healthful and

sanitary living conditions at home (including potable water supplies, sewage disposal, garbage removal, electrical power, heating and cooking fuels, heating and/or air conditioning); (11) educational activities with other Navajos, particularly Navajo youth and adult education programs; (12) cultural and social exchange with other senior citizens groups outside the Navajo Nation.

The establishment of eligibility criteria for the estimates 8,000 Navajo senior citizens will present problems both in collection of data and analysis of need. For many years we Navajos have seen serious cases of need, but those needs were never met. We must develop a client identification system for the purposes of identifying need. Local Navajo social workers, fluent in Navajo and knowledgeable in the Navajo way and known to local senior citizens, can obtain accurate data. Through client identification data, we can specify what people need which types of services. Sources of services can be matched to actual needs including self-help. We need a contact and outreach system to document actual individual needs, wants, and costs. The contact and outreach system can provide a basis for determining staffing and support funding levels.

[Attachment]

RESOLUTION OF THE PEOPLE OF THE SHIPROCK CHAPTER

Whereas The people of the Shiprock chapter are very aware of the many problems that the senior citizens of this country are confronted with;

The people of the Shiprock chapter realize that there are various types of much needed services that are available to the elderly folks through different Federal programs such as the Older Americans Act;

The people of the Shiprock chapter know that only a minimal number of senior citizens actually receive benefits from these programs and that there are a multitude who are in dire need of these services; and,

The people of the Shiprock chapter can verify that there are at least 1,500 Navajo senior citizens in San Juan County, N. Mex., and that only a maximum of 250 are able to obtain or utilize the basic services as provided through the older Americans Act and similar Federal programs.

Therefore, be it resolved, That the people of the Shiprock chapter hereby wholly express their support and gratitude for all efforts to obtain an increase of available services for senior citizens so that a majority may benefit from Federal program such as the Older Americans Act, and

The people of the Shiprock chapter hereby certify that there are at least 1,500 Navajo senior citizens in San Juan County, N. Mex., and that only a maximum of 250 are able to obtain or utilize the basic services as provided through the Older Americans Act and similar Federal programs.

Senator DOMENICI. All right. Mr. Howard McKinley, Sr.

STATEMENT OF HOWARD MCKINLEY, SR., VICE PRESIDENT, NAVAJO NATION AGING COUNCIL, ARIZONA

Mr. MCKINLEY. Thank you, Senator Domenici.

I just have some brief remarks. I'm from Arizona by about a half-a-mile.

Senator DOMENICI. That's pretty close.

Mr. MCKINLEY. But our political activities are just as vigorous in Arizona as in New Mexico.

Senator DOMENICI. I understand.

Mr. MCKINLEY. All of our commerce and trade goes into New Mexico and all our sales taxes go into New Mexico.

I'm vice president of the Navajo Nation Aging Council, and also vice president of many others: chapters, boards, and committees. I'm still vice president of all of them. None of them have died, so I haven't been promoted. I've been self-employed all my life. I didn't know that I was one of the senior citizens until about a year ago.

I've heard about it. I didn't know, but they told me. I was invited to what they call a congregate meal. The name didn't attract me. I thought it was some kind of an inducement to another religious organization or some kind of a livestock feeding program. I thought it should have had a more appetizing name—even football games have better advertising names, you know, like the Orange Bowl, the Salad Bowl, and the Vegetable Bowl.

Senator DOMENICI. We should have put you on earlier in the day.

Mr. MCKINLEY. I suggested that we name all our senior citizens centers, regardless of how small they were, and give them a real fancy name like "Grandfather's Chow Line" or "Grandma's Rib Steak Griddle," or something like that—something attractive and appetizing.

PROGRAM PARTICIPATION CITED

So I went down. Then, being active all my life in public service as a volunteer and in all these different activities—being a tribal councilman for 12 years and chapter officer for some 40 years—why, I took an active part in the senior citizens' various programs. We had the most active and most progressive chapter of the whole reservation. We are supposed to be the most affluent and most active chapter on the reservation. We have our chapter open 5, 6 days a week, and sometimes 7 days a week. We have all the main service programs and delivery programs at the chapter house and we support our public school programs, elderly programs, and all these other programs.

Being here is certainly an inspiring and very challenging and very joyful experience. I went to school here at the Indian school and then I graduated up here at the University with many other students in 1934, when all of these other pretties were nothing but a dust bowl, with tumble weeds, and we could buy land just for the taxes. I used to hunt rabbits up there and go across the river and butcher mutton over there and have a real great feast.

Senator DOMENICI. Whose mutton was it?

Mr. MCKINLEY. It was some of these Spanish shepherders.

Senator DOMENICI. Was that with permission or—

Mr. MCKINLEY. Not always.

Senator DOMENICI. You can admit it now that the statute of limitations ran out a long time ago—they can't do anything to you.

Mr. MCKINLEY. We thought we were patronizing the city, and working for some of the people here. That would be sort of a bonus.

Anyway, we are here in the spirit of trying to help others, both in New Mexico and as 25 percent of the affluent grandfathers. As I hear all these testimonies, it seems that we're all a burden of society, which isn't true; 25 percent of the elderly citizens are self-supporting. They are the most stable, most dependable. They are babysitters. They are just everything at the home. If it wasn't for the elderly citizens, these people who go off the reservation would have no place to go, and they would have no place to come back to.

So, regardless of whether they're behind in payments on cars, rent, or buying insurance, it goes back to the grandparents, and the grandfathers, to make these payments. When they get behind the

bars, behind their fathers, in tears, and they say, "Grandfather, please, Grandmother, bail me out." The next day they come and ask for a quarter because they still—"Please, give me a quarter; I have a splitting headache. I have a hangover."

HOUSING PROGRAMS NEED REALINEMENT

In that spirit, the affluent people are very interested in helping the other deprived people. In our community, the greatest problem is the lack of coordination and the lack of priorities, the lack of know-how to coordinate and set priorities. For example, our leaders ask us why we are building four-bedroom homes or \$100,000 homes by labor that was to provide housing for the needy, while 300 yards from there, there's an elderly blind man who still sleeps in an old wrecked car.

It seems to me that this is a very deplorable and disgraceful situation, when it is all our fault. You can't blame just one Senator or one program. It's the duty and it's the responsibility of every individual to see that these programs are administered properly when all these programs—why, with the Health Improvement Act we have some 37 services—some have some 100 services—to provide these services for elderly as well as for hungry children.

That is the state of confusion. We are supposed to be in Arizona and the Navajo Nation, but that is something that can be adjusted locally. Not only that, but we have a lot of services—for example, manpower under the labor program—inclined to be dictatorial. They tell you to do this project, when we vote and discuss it and plan our own projects—to haul and deliver wood or coal to deprived people. They say, "No, you do this other." The result is, today, people have—their needs are very simple. They need wood or they need coal. I haul coal all winter long, just as a volunteer. I haul wood all winter. I load hay and coal for people, even for young people.

They ask me what I eat or what kind of drugs I take to be healthy and to be strong. Today—I wish you would pardon the political spark—but we are here to go all the way to reelect our Domenici. He's as good a man as I've ever seen, not because he is here, not because I have an ax to grind because I am retired—I don't work for anybody—I don't never ask for a job. Everywhere I go, I am offered a job. Anybody who wants to work, can—no matter where they are. There are very interesting and fascinating things to do. So, today, I'm here to express our appreciation to some of our very able leadership under David Lundberg, Senator Domenici, and others, and I think we are on our way, ladies and gentlemen, to make the best years of our lives the golden age of our lives.

Thank you very much.

Senator DOMENICI. Thank you very much. Now, you weren't even on my program. We had to write you in. I want to be sure that I've got you right. Howard McKinley, is that right?

Mr. MCKINLEY. Correct.

Senator DOMENICI. Where do you reside?

Mr. MCKINLEY. Fort Defiance, right in the middle of the metropolitan area of which Window Rock is a suburb.

Senator DOMENICI. The reason I am asking you, Mr. McKinley, is because with the endorsement that you just gave me, I want to be able to go out there and find you, when the time comes.

Mr. MCKINLEY. You don't have to look very hard, because I'll be on the radio. Campaigning is my recreation.

Senator DOMENICI. Let me say to Mr. George and Mr. Lundberg, I hope our discussion about the facilities is understood. I don't claim to be an expert on either the facilities in Gallup or Phoenix or anywhere else. I really wanted very much to make the point that we all have a very serious problem.

COOPERATION NEEDED AMONG CITIZENS

The Indian people ask me if I will support them and if I will help them, and, you know, I'm going to tell you what I tell the leaders of the Pueblo: "Of course, I will. That is what I was elected for." But then we have to also understand that I represent 96 percent of other people that are not Indian, and so we have to work together so that the 96 percent understand what I'm doing, and so that the 96 percent understand what the Indian people need. We can't pit 96 percent against 4 percent and expect to come out with Senators representing 4, unless we do it right. We have to be looking for ways to let everyone understand this and that we are moving ahead together.

I want to thank a couple of people, specifically. First, let me say that the record of this hearing will be transcribed and the witnesses who participated will get copies. Next year, we will have two or three major laws in our country that have to be reenacted—the Older Americans Act is one; it expires. So the proceedings will be very valuable for us to determine what we ought to do and how we ought to change it.

We will, for certain, be addressing welfare reform sometime during the year and, obviously, many of the issues we discussed cross over in that area. There is no question in my mind that we'll be looking at medicaid and medicare and the home health care that we have spoken of today, from the standpoint of the older people only. It will be very valuable to us.

So I thank you all for your wonderful testimony.

I want to thank Ginger Grossetete and Ron Montoya, from the mayor's office here, for their tremendous help in setting up the meeting today. I think Ron is gone. We'll thank him, personally, but Ginger, here, I want to thank you publicly for all your wonderful help and the way you help senior citizens in Albuquerque.

There's no one here to hear this but the few of us, but I want to say that in my front room, in my home in Rockville, Md., is a beautiful painting. It's a scene somewhere between here and Santa Fe. If you look down on the bottom of it, you'll see a funny little name that no one knows, "L. B." Well, that's Louise Burke, my wife's mother. She's a senior citizen and, through one of our senior citizens' activities here, she learned how to be an artist. She had a natural inclination so they put her in classes to learn from very good artists and she drew up this beautiful painting for our house. So I have a particular knowledge of how the people, when given help, can

develop and be happy, and, at the same time, do what they want to do best, and that's to give to other people.

I want to close this hearing, again, thanking the city of Albuquerque for letting us use this wonderful facility and the witnesses who helped here.

Ms. ROACHE. Sir, are there going to be questions from the floor?

Senator DOMENICI. We can do it, if you like. I didn't know that—go ahead, ma'am.

STATEMENT OF CATHARINE S. ROACHE, ALBUQUERQUE, N. MEX.

Ms. ROACHE. It's really short. I know you're tired, and I'm really tired, too, but I did have a question.

My question has to do with a group that hasn't been represented in this hearing, and almost never is on a Federal level, and that's the volunteer group.

It has been pointed out today that one of the big problems has to do with loneliness and getting a person-to-person contact. Legislation cannot solve that. Volunteers do, and can. But we lose a tremendous amount of volunteers because they don't have the training and the information that they need to be effective.

Some volunteer organizations have brief training programs for those who will be working with old people; others have neither the resources nor personnel for this much-needed basic training. It would be more efficient for geographic areas to share resources and personnel to provide the needed training, also the quality would be improved by a center. When many volunteer organizations try to do training, the drain on expert instruction in an area is great and limited resources are unnecessarily strained.

Such a volunteer training center would do two things: (1) Train volunteers. A 4- to 6-week course of instruction—twice a week—would cover: First aid—specific to the needs of the older person; visiting techniques; personal services; referral services; psychology and physiology of aging; differing cultural attitudes toward aging, death, and dying; nondirective counseling techniques; and spiritual needs of the aging. (2) Seminars. Once every 6 weeks a seminar would be conducted for all volunteers in an area to continue education—lectures, films, tapes; for discussion of work and assistance with problem areas; and for exchange of ideas among volunteers who instruct and who are engaged in the outreach.

I wonder if there is any title—I work with the elderly; I don't work with figuring out all the elaborate titles. Which title could provide minimum funding for volunteer centers that all these other groups could feed into and get training and support so that our volunteers will be more inclined to stay with the effort?

Senator DOMENICI. Well, I don't think you'll find it in the Older Americans Act; you'll find it over in the agency called ACTION. The law created ACTION, which is basically a national umbrella for volunteer programs. Within ACTION you will find a program—RSVP—for the elderly, that is funded there, but I don't think we really have progressed to the point where we have volunteer training.

Ms. ROACHE. RSVP doesn't have that.

Senator DOMENICI. No, it does not. I did not say that. I said that's the volunteer arm that is funded, specifically to and for senior citizens. But I know of no program where a volunteer kind of center is funded anywhere in New Mexico, that I am aware of, nor any statute that promotes such.

You've given me an exciting idea. I'm sure the reporter is taking it down. If you have some testimony on it, I'd like to see it.

Ms. ROACHE. OK. I could write some up.

Senator DOMENICI. Very good. I appreciate it.

[The prepared statement of Ms. Roache follows:]

PREPARED STATEMENT OF CATHARINE STEWART ROACHE

I would like to reinforce testimony of the representative of the All Indian Pueblo Council. I have worked in boarding homes, nursing homes, and an extended care unit, and the trauma to the Indian elderly who are displaced is very great and detrimental. Day care centers and other health care resources available at the Indian centers are needed very badly so that the Indian elderly can grow old with dignity and feel a part of their community.

The only group which suffers almost as much as the Indian elderly are the Chicanos, and Chicanos come from a culture which has traditionally considered the old as persons to be cared for until death. Hospitals and being transported are not as much a part of their life experiences as are these experiences to non-Indian, non-Hispanic persons.

Language is no small part of the problem. For Indians to be removed from their communities is bad enough, but to be placed in a non-Indian environment with no way of speaking and being understood in their language is cruel—placing physical well-being ahead of the well-being of the whole person. Indian languages in New Mexico are varied and it is not possible for the urban centers to provide staff familiar in these languages.

Senator DOMENICI. Did you have a question, sir?

STATEMENT OF JOSEPH M. GALLEGOS, ALBUQUERQUE, N. MEX.

Mr. GALLEGOS. Senator Domenici, my name is Joe Gallegos. I'm from South Valley.

Senator DOMENICI. Yes, Joe.

Mr. GALLEGOS. I've been here all day trying to get to talk to you. I have a comment, an observation—I mean, I have an observation and a couple of comments.

Senator DOMENICI. Now, Joe, did you want to talk about something personal, also? We'll do that, if you like.

Mr. GALLEGOS. Well, no, I would like to have it aired.

Senator DOMENICI. Good.

Mr. GALLEGOS. My observation, Senator, is that we didn't have anybody adequately representing the South Valley. It seems that all the representation is out of the city of Albuquerque. That's my observation. That's the way I saw the panel, today.

My two comments—I bear witness and substantiation to what Larry Reecer said today about social security supplemental income. I take care of my mother-in-law. I used to take care of my father-in-law until he died, and they were on supplemental income. They first came to live with us in 1975. Since that time, they've been reduced to \$88, \$55, a month. They've even gone to the point where they declared an overpayment of \$2,295, without any change in their economical setup. In other words, what they were doing is that they were harass-

sing them with paperwork. I have this paperwork with me, Senator, and I'd like to turn it over to you before I leave. I have worked closely with Mr. Reece on that, and he can furnish a lot of details.

PRIORITIES FOR ELDERLY EMPHASIZED

There is another item along that line that I'd like for you to consider for us. I'd like to see a priority system to assist in helping the aged, so that we would have help. The priorities of the aged—for the aged suffering and uncared—give those the highest priority. Next, the aged hungry and uncared. Next, the aged needy and handicapped, et cetera.

I would like to see some priorities to the highly needy first, and then go on down the line. This is my statement on that. I have another short item here, Senator.

Senator DOMENICI. Just hold that and give it all to me at once.

Mr. GALLEGOS. OK. On this one here, I had a group of civil service employees come to me with a petition. Now, what they want is for you to consider holding meetings before you combine civil service retirement with social security.

That is all I have, Senator. Thank you very much.

Senator DOMENICI. Let me say, with reference to representation, I really think that anybody here today couldn't possibly conclude that we didn't have the kind of testimony that crosses all the problems. This was supposed to be principally on rural elderly and, yet, we did take some testimony away from the rural counties and say: "Let's hear about Albuquerque and Bernalillo County."

The chairman of the county commission submitted a written statement about the county. So I do hope that we might, in the future, do better at that, but I think that since you've been here most of the day, you probably are a pretty good witness to the fact that we covered the basic problems and that they would be somewhat similar in the South Valley to what they are in Grants and Milan.

I think we have a good general picture, but we can always try harder, and in that spirit, I appreciate your comments.

Mr. GALLEGOS. I talked to Santillanes and I'll be working with him.

Senator DOMENICI. Thank you very much.

[The prepared statement of Mr. Gallegos follows:]

PREPARED STATEMENT OF JOSEPH M. GALLEGOS

I am concerned about the problems of the aging, but especially those who cannot care for themselves—the shut-ins.

I am happy for those who can go to the meal sites, for those who can dance and enjoy the gatherings and music. At this time I wish to pass on to you the specific evolutions that I have experienced. This experience involves my father-in-law, Manuel A. Vigil, and my mother-in-law, Maria E. Vigil, both born in the early 1800's in Trinidad, Colo.

They lived in Colorado for many years and when they became eligible for old age assistance, the State of Colorado took good care of them. When SSI came into being, they received both the SSI and the State of Colorado benefits. They resided with their daughter and son-in-law, shared the living expenses with them, and received both SSI and the Colorado benefits.

In late 1974 and early 1975, the daughter in Colorado—my sister-in-law—became ill and it became necessary to bring them to Albuquerque, N. Mex. We

lived in a small house, adequate for us—my wife, teen-age son, and myself—but not large enough to include them. I am retired and live on a small pension plus what I can earn on my small farm.

Being afraid of zoning and other local government requisites, I suggested to my wife that we buy a used mobile home—which we did—and we brought them to live with us, living in the mobile home and using the small house as an overflow of living space.

In 1975 we reported to Colorado the change. Colorado dropped them from their Colorado benefits and SSI was transferred from Colorado to New Mexico SSI. We reported in true form, as required. They would receive their checks, sign them, and we would provide them with lodging, clothing, bedding, food, transportation, etc. They were receiving \$118.30 each, barely enough to keep body and soul together.

Everything went well—or, shall we say, the same—until June 21, 1977, when we received a notice (SSA-8155A) reducing the payments to \$88.90 each because, "From information provided, both members are living in another person's household, not paying any amount. You should refund any amount above this to prevent additional overpayment."

Meanwhile my father-in-law had been taken into Presbyterian Hospital and one of his legs removed below the knee.

APPEAL PROCESS PROBLEMATIC

I went to the local social security office to try and get the action corrected. I explained there were no changes, physically, monetary, or otherwise. I was told that if the claimant did not like it he could appeal it. I answered, "How can the 97-year-old man, with one foot literally in the grave, appeal it?" The government representative came back at me, "Why don't you appeal it for him?" I responded, "I would be fighting you, on a government salary, on government time, with all of the resources of the Federal Government. While I would be on my own time, on my own expenses—and even if I should win, by that time the aged one would be dead." Mr. Vigil died July 26, 1977.

On July 5, 1977, Mrs. Vigil received notice that her check would be reduced to \$85.89. "The amount of income you and your spouse have affects the amount of your check. Because your combined income has changed, we have refigured the amount of payment due you," was the explanation. (Ref. SSA-8151 July 5, 1977.)

On July 14, 1977, Mrs. Vigil received the following notice: "Your checks will stop August 1977. Reason: To get supplemental security income checks, the combined countable income of you and your spouse cannot be more than the legal limit. As long as your income is more than this limit, no checks can be sent to you." (Ref. SSA 8151, dated July 14, 1977.)

On August 4, 1977, Mrs. Vigil received the following notice: "Due to change in your circumstances, a change is necessary in your SSI payments. Your SSI payments will be computed at the individual rate (\$177.80). Since it was previously determined you received in-kind support and/or maintenance, this amount (\$59.26) will be deducted. Your correct SSI payment will be \$118.54 July 1977 on."

On August 30, 1977, she received the following notice: "We have determined that you received \$2,295.22 more in supplemental security income payments than you were due. This was caused by the value of support you received from July 1975 on. Since your spouse was also overpaid, you are also being held liable for that overpayment. * * * If we do not hear from you within 30 days, we will hold \$63.75 from your monthly payments beginning October 1977 to recover the \$2,295.22.

Through the help of the Legal Aid Society of Albuquerque, Inc., Senior Citizens Law Office, the overpayment was forgiven and we received a notice on November 21, 1977, which states: "We have determined you were not completely at fault for this overpayment; we are not going to require repayment of \$2,161.87. We have already withheld \$133.35 from your deceased spouse's record. We will not reissue this amount. You do not need to do any further action concerning this overpayment." (Ref. SSA 8174.) During the period, the deceased Mr. Vigil was in the hospital, we were required to return all checks to Social Security. (Ref. SSA forms 1395.)

At this point, I must allege that this is evidence of a bureaucratic conspiracy to intimidate these incapacitated, ancient citizens from getting the bare necessities of life.

My family consists of my wife, a teenage son, and myself. We live on a small pension and what I earn on my small farm. I must and have contended that my obligation is to my wife and son and not to my mother-in-law. My wife has no income. Anything I do for my mother-in-law is charity. Charity as I would do for the person across the street. I cannot be a source of income to her.

During this period, 1975 to date, I had a welfare worker come and visit the people to examine the possibility of food stamps or making them eligible for the nutrition program. She added my income to theirs and declared them not eligible. There have been no visits to this aged couple by any outreach worker.

On one occasion my father-in-law had a stroke. My attempts to get a nurse took 3 hours on the telephone and, after she arrived, we found that she could do nothing except take his blood pressure and pulse. We could not get the nurse to come out to see him because they need the order from a doctor, and doctors do not make house calls. We finally got a friend of the family, Dr. Laurent, to authorize her call. That has been the only visit by the nursing service.

In conclusion, I would like to see more representation on these programs of the aged by the aged poor, priorities for the aged suffering, uncared, aged hungry, uncared, aged needy handicapped, etc., and leave meals to the high-rise apartments, dancing and merrymaking, jaunts (trips) to Hawaii or foreign ports, etc., to the work of nongovernmental entities.

[Whereupon, at 5:45 p.m., the hearing adjourned.]

APPENDIXES

Appendix 1

MATERIAL SUBMITTED BY WITNESSES

ITEM 1. PROPOSAL OF THE WEST VALENCIA COUNTY (N. MEX.) SENIOR CITIZENS CENTER, SUBMITTED BY DAVID BECHTEL,¹ CHAIRMAN, WEST VALENCIA COUNTY ADVISORY BOARD

The West Valencia County Senior Citizens Center began 6 years ago as a weekly meeting of older persons in a church basement. The effort was sponsored by a group of local citizens concerned with the welfare of their aging compatriots.

The first group was incorporated in order to have an identity and fiscal responsibility. Then, in April of 1974, the city of Grants agreed to sponsor a center for all older Americans in West Valencia County. The city has continued to help with this program for all in the west end of the county, without any help except from State and Federal sources. Recently the village of Milan has contributed \$500.

At present, 173 persons are enrolled at the center, and represent the three major ethnic components of West Valencia County. The majority of the center's clients are of Spanish-speaking background. Weekly attendance at all programs averages 76 separate individuals. Many of these people are there 5 days a week, and women outnumber men 4 to 1.

The senior citizen's center is open 5 days a week, 9 a.m. to 5 p.m. The program includes arts and crafts, information and referral for all who make inquiry, socializing occasions such as dinners for all, bingo parties, dances, birthday parties, trips and excursions, social services, nutrition activities, and needed transportation.

Services for benefit of the elderly sponsored by the West Valencia Senior Citizens' Center include guidance in planning for better nutrition, a monthly blood pressure clinic, the scheduling of legal services, housing for the social security representative, income tax services and assistance, a program of telephone reinsurance, home services in cooperation with New Mexico Social Services, home insulation and weatherization in cooperation with Midwest CAP, hot noon meals, transportation, information and referral, and outreach.

The noon meal is offered to senior citizens in cooperation with the public schools. A small fee is suggested to help toward the cost. A 1976 Dodge 15-passenger bus is in use almost constantly, transporting clients to the center, to the meal site, to doctors' offices, to the supermarket, and home again.

The administrative and service personnel include the director, Leta Baca; the full-time bus driver made available through CETA, Shannon Elkins; the part-time secretary, Olive Vermehren; and the part-time custodian, Lula Babaldon. Dick Griffin of the city of Grants Recreation Department is a helpful resource person.

An advisory board, duly constituted, appointed by the city of Grants and representing the area, culturally, ethnically, and geographically, is helping to guide the development of this program. It operates under an approved set of by-laws.

The West Valencia Senior Citizens' Center plans for 1978-79 a continuation and improvement of all the activities and services that now exist. In addition, we propose to put increased emphasis upon outreach. We are now trying to

¹ See statement, page 1104.

develop two satellite centers at San Mateo and Cubero, each community being 20 miles from Grants. We shall train volunteer helpers and assist the development of these centers to meet discovered needs. We anticipate the greatest needs will be in areas of nutrition, transportation, and socialization.

We shall intensify our efforts at outreach and coordination with other service and government agencies in the total area. There are about 2,000 senior citizens who make little use of the center in Grants. Some of these people may have no need for such a center. But there are many who can be reached with the proper approaches, such as: visitation, publicity, sponsorship, education, more adequate transportation. West Valencia County Senior Citizens' Center is dedicated to overcoming the loneliness, isolation, poor health situations, and stagnation in the life of the aging in the community.

**ITEM 2. NEWSPAPER MATERIAL SUBMITTED BY HOMER PIERSON,¹
CHAIRMAN, TORRANCE COUNTY, N. MEX., ADVISORY BOARD**

[From The Citizen, Oct. 6, 1977]

EDITORIAL

Senate Bill No. 96, Chapter 361 of the 1977 Laws of New Mexico, more widely known as the 10 percent property tax limitation law, is, in fact, a bad law. The headlines and other publicity are very misleading. What is not told is the really bad part of the bill: the conditions which waive the limitation:

(1) The addition of improvements, whether by declaration of the property owner or user, or any other action including the action of a county assessor to add previously omitted improvements, or the remodeling or renovation of existing improvements (absolutely no definition of improvements: painting, repairs, cleaning?);

(2) Any rezoning or similar action of a governmental body;

(3) Division of property into two or more parcels for any purpose; or

(4) Any other factor resulting in an increase in value other than appreciation resulting from market conditions.

The average property taxpayer sees the whole property tax scene as a mystery; this is not necessarily so. The basic premise is that every property should be assessed according to its market value. This is, in fact, the law, and this bill does nothing to amend this premise.

Article VIII, Sec. 1 of the State Constitution states: "Taxes levied upon tangible property shall be in proportion to the value thereof, and taxes shall be equal and uniform upon subjects of taxation of the same class." This law cannot change the Constitution. The key to fairness is how your assessment compares with the assessments of other comparable property in your community. Does this law constitute fair and equitable treatment? The answer is no.

Example: Two homes with same market value:

	Market value	Assessed value (1/3 of market)	Current taxes ¹
Home, new, in 1977.....	\$40,000	\$13,333	\$468.54
Home reappraised in 1970.....	17,000	5,666	199.12
Home reappraised in 1970-plus 10-pct limitation.....	18,700	6,233	219.04

¹ Using Moriarty mill rate.

HOW DOES THE 10 PERCENT LAW AFFECT YOU?

(1) If you have built a home since 1975, you are paying more than your fair share taxes.

(2) If you have enclosed your patio, reroofed your house, or added a den, your taxes could have been doubled.

(3) Winterizing your house will save fuel, but it may cost you several hundred dollars each year in taxes.

¹ See statement, page 1107.

(4) If you have built a garage, the value of your new garage is taxable and as a result of the garage, your home is eligible for revaluation, and your taxes on your property could increase up to 80 percent.

Your assessor knows that this is not fair equalization.

The only way that the assessor can serve the taxpayer fairly is by the repeal of Senate Bill No. 96.

Every taxpayer should speak to his legislator and ask him to review his motives in the passage of this bill which locks in all of the existing inequities and compounds the injury to the already overtaxed citizen.

[From The Citizen, Sept. 29, 1977]

AN OPEN LETTER

According to Assessor Barbara Wallace, the rollback of property values for Mountainair and Moriarty is about to put the whole staff in the nut house.

The rollback is as per Senate Bill 96 passed during the last legislature and subject to 1977 taxes limiting a 10-percent increase in valuation. Therefore all the work done in Moriarty and Mountainair last year is of no value.

Valuation in Mountainair will go from \$1,527,274 back to \$774,778 plus 10 percent and in Moriarty from \$2,172,231 back to \$961,367 plus 10 percent. The valuation of Estancia is \$1,056,648 and this is "locked in" as the valuation was put on the tax roll in 1976. The same goes for the town of Willard.

The staff is having to go back to the 1968 reappraisal card (some of which were very incomplete) and get information on individual lots and adding the 10 percent. The reason for having to go back is that in the past if a person owned several lots and houses in the particular community, all this property was lumped together on one assessment, therefore the value was not known for one particular lot or one particular house. Under the new coding system each lot is given a different code and has to be valued separately.

Some lots, especially in Moriarty, are being rolled back from the new market value of \$1,200 to \$35 plus 10 percent, or \$39 located in the commercial district. The taxable value is \$13 and the taxes will be 46 cents. In Mountainair some lots are being rolled back to \$26 and \$80.

Another example:

In 1976 the lot was revalued at \$700, the house at \$16,106 for a total of \$16,806. Now with the 1968 value plus 10 percent, the land is valued at \$338 and house at \$2,569 for a total of \$2,569 or \$30 in taxes.

Here's another inadequacy of this law: A three-bedroom house with double garage, storage buildings, and five acres has to be rolled back to \$3,300 total value. Take one-third of this and you have \$1,120, with taxes or \$39.36.

An income producing property sold for \$70,000 plus and it is on the tax rolls for \$10,000 with taxes of \$127.04 for the year.

Here's the reason the values should be kept up. In 1969-70 the total valuation for the county was \$18,235,805—the taxes collected, \$547,819.63, and the levies ranged from \$23.95 to \$36.13 per \$1,000 of value.

In 1976-77 the value was \$25,826,231—taxes collected, \$743,017.90, and the levies ranged from \$20.42 to \$35.52.

This shows that with the valuation going up and spread equally about, the levy remains low. Compare our levies with some back East that range from \$252 to \$500 per \$1,000 valuation. There is no limit to how high the levy can go.

For 1977-78 budgets, including county, schools, and municipalities, the 1976-77 values were used because of the uncertainty of this bill and the levies now range from \$20 to \$38. The \$38 per \$1,000 applies to the town of Mountainair because the old values were used and not the new values. Our county is growing and people are demanding more services, therefore budgets have to increase and in turn levies increase. As this law now stands, those of you already locked in and those of you building new homes will be carrying more than your fair share of the tax burden.

The assessor's office staff feel that more thought should have been given to this bill before its passage or had it limited to Bernalillo County. The valuations in Torrance County need to be equalized first, then the 10 percent would be all right. But, as it is now our tax problem will just mushroom.

Your legislators need to know your feelings about this law. If you have any questions on anything pertaining to the taxation process, don't listen to the grapevine—come to the assessor's office and let us explain it to you.

ITEM 3. LETTER AND ATTACHMENTS FROM MARION COTTRELL,¹
 CHAIRMAN, MIDDLE RIO GRANDE COUNCIL OF GOVERNMENTS,
 ALBUQUERQUE, N. MEX., TO SENATOR PETE V. DOMENICI, DATED
 OCTOBER 17, 1977

DEAR SENATOR DOMENICI: Approximately 1 year ago the local governments and their officials within New Mexico State Planning and Development District 3 were asked to assume a leading role in the development and maintenance of plans and systems to make services available to older persons in the area.

One of the primary reasons for this change was to insure that services are available to all eligible persons and that programs operating to provide these services are more directly responsible and responsive to local elected officials and to insure greater participation by citizens through the representative governmental process.

The board of directors of the Middle Rio Grande Council of Governments, responding to this request, assumed certain responsibilities and set forth some general policies which are illustrated on the attached chart. These included the identification of service areas in which, by agreement among local officials, a single service agency would be identified. We also established an Older Americans Advisory Council whose membership is drawn from appointed advisory boards in each of the service areas. Most importantly, the development and maintenance of plans for the district are being designed and maintained in a comprehensive format to identify all resources being made available from both the private and public sectors, including the various Federal, State, and local sources.

A primary objective of our program is to reduce duplication of effort, which results from a wide variety of individual programs, through consolidation of programs and functions which will insure the most cost effective delivery of services.

Although this effort is in a formative stage, there is considerable evidence of success and much more is yet to be accomplished.

Programs centered in major urban areas can be structured to reach out and serve the more rural areas as part of a total system. For example, during the past year we have expanded the services of the Legal Aid Society's Senior Citizens Law Office to extend into the rural areas and provide a vast variety of services previously unavailable. In addition, the sharing of information among various staff people, advisory groups and elected officials is enhancing all of the efforts and certainly making them individually more effective.

Although this may not be true in other areas which are not as diverse as district 3, which contains the major urban area of the State of New Mexico along with some of the most rural areas, the concept of sharing and program consolidation is deserving of very special attention.

The objective of making the maximum services available with our limited resources cannot be fully implemented, however, until the programs administered by a variety of Federal agencies are brought together within a comprehensive framework. Resources must be channeled and allocated through a system based upon a comprehensive plan and program developed with the full participation of the citizens who are in need of such services and adopted by the local elected officials.

The needs of older persons in rural areas are certainly different, but at the same time not unlike those of older persons in central cities or urban areas. The needs for nutrition, legal services, health care, etc., are the same, the major difference is the delivery system.

It would seem that the interest of the Special Committee on Aging should at least be in part directed toward a review of all of the programs currently operated by a wide variety of public and private agencies and being administered in a wide variety of ways by various State and Federal agencies. It would also seem that such a review should be concentrated on the question of how to establish a better delivery system, reduce duplication of effort, and make the best use of available resources. This seems to have been the intent of Congress in creating the Older American's Act rather than providing for the creation of a multitude of individual institutional arrangements, both public and private, with duplicative administrative and planning structures.

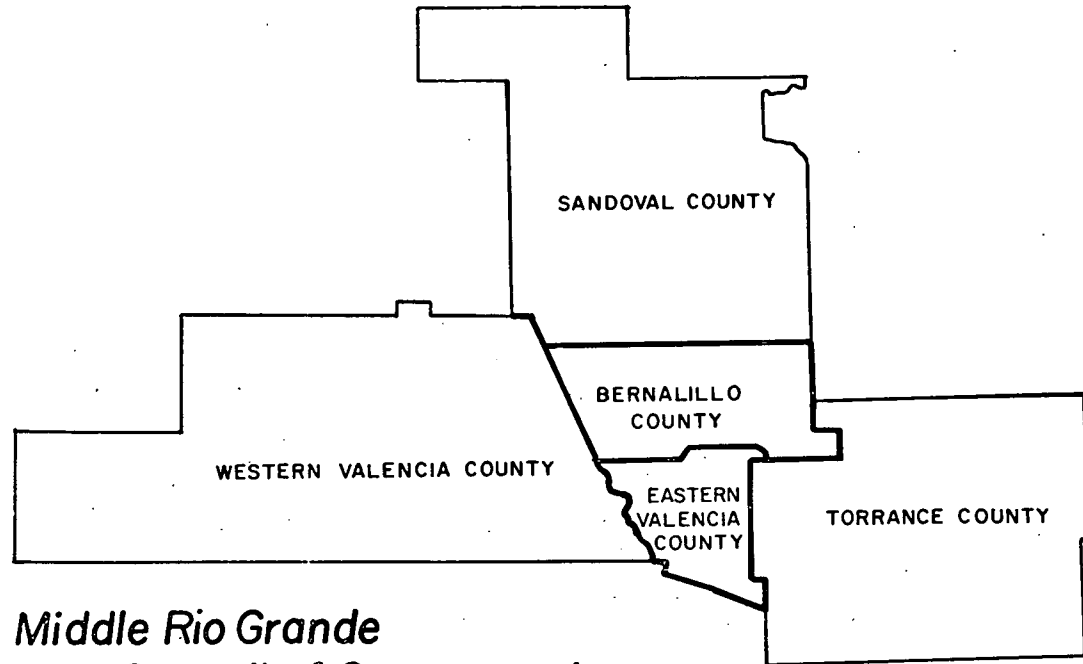
We would also like to assure you of the full cooperation of the Middle Rio Grande Council of Governments, its board of directors and staff, and our willingness to assist in any way possible to improve our services to older Americans.

Yours sincerely,

MARION M. COTTRELL.

[Attachments]

¹ See statement, page 1158.



***Middle Rio Grande
Council of Governments***

**SUB-SERVICE AREAS
FOR THE COMPREHENSIVE COORDINATED
SERVICE SYSTEM FOR OLDER PERSONS**

Middle Rio Grande Council of Governments of N. M.
Possible Organization for Conduct of Areawide Human Services Related Programs

Plan and Program

Approval and Intergovernmental Coordination

Resource Allocation

District Board

Appointment From Nominations By Local Govts

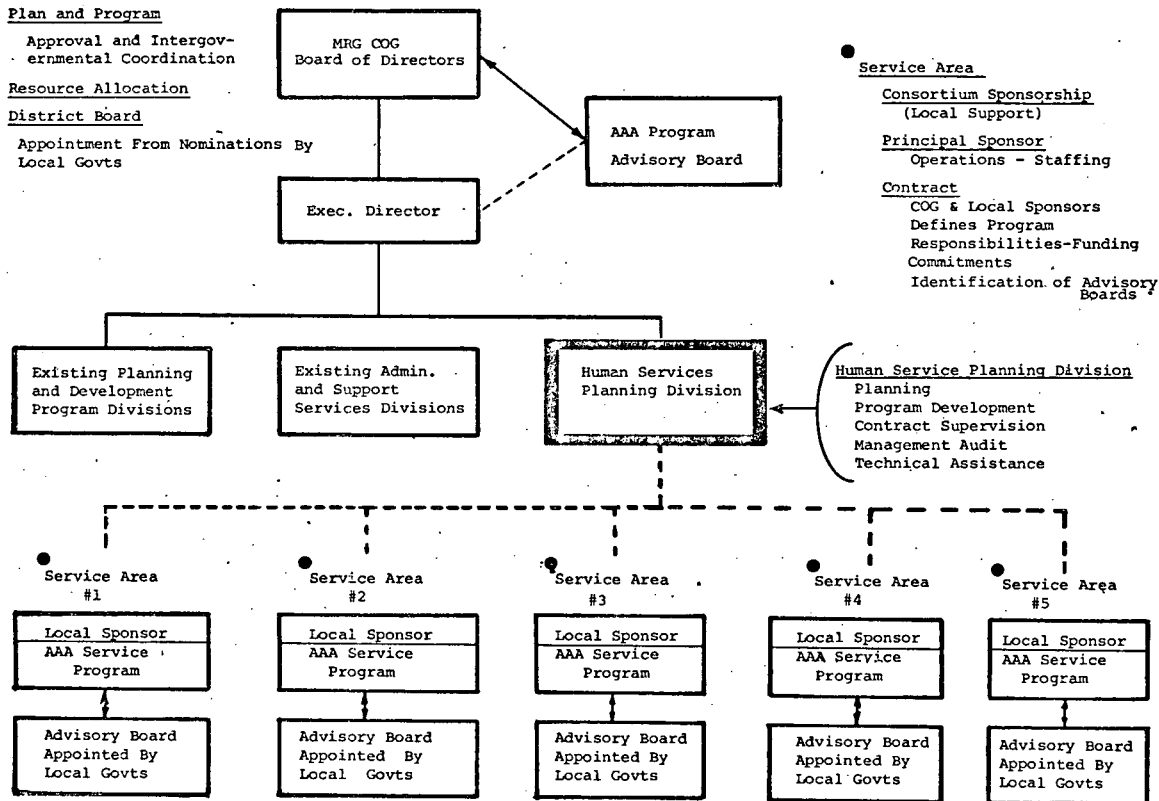
Service Area

Consortium Sponsorship
(Local Support)

Principal Sponsor
Operations - Staffing

Contract

COG & Local Sponsors
Defines Program
Responsibilities-Funding
Commitments
Identification of Advisory Boards



ITEM 4. LETTER AND ENCLOSURE FROM JOANN BUCK,¹ EXECUTIVE DIRECTOR, SHARE YOUR CARE, INC., ALBUQUERQUE, N. MEX., TO SENATOR PETE V. DOMENICI, DATED DECEMBER 23, 1977

DEAR SENATOR DOMENICI: I am enclosing a copy of adult day care center standards for your information. The National Association for Adult Day Care Centers makes this available. This document will outline the operational policies and participant criteria. The day care program offered by share your care complies with these in spite of the fact that there is no licensing system in New Mexico at present.

I want to thank you for your interest and support. It is exciting to be a part of the rapidly developing field of elder care, to see these much needed services available for New Mexicans.

In the next project year we hope to be involved in a second day care center, to offer our daily program to the residents of a nursing home, and to study the feasibility of a "parent care association," organized to bring together families of the dependent elderly for their mutual support.

If I may be of service, please call me.

Yours truly,

JOANN BUCK.

[Enclosure]

ADULT DAY CARE STANDARDS—LICENSING STANDARDS AND PROCEDURES APPROVED BY THE NATIONAL ADULT DAY CARE ASSOCIATION

DEFINITIONS

- (1) "Division" means the Division of Family Services.
- (2) "Director" means the director of the Division of Family Services.
- (3) "Adult day care center" means any facility, however designated, which is held out or maintained for the express purpose of providing daytime care for adults away from their own home.
- (4) "Consumer" means an adult person who by reason of physical, mental, social, or cultural infirmity requires supervised day care.
- (5) "Adult" means any consumer 18 years of age or older.
- (6) "Provider-licensee" is the owner or lessor operator of an adult day care center.
- (7) "Manager" is the person responsible for the management of the center.

APPLICATION

Any person, organization, or agency desiring to operate an adult day care center shall submit an application to the division for a license. The application process shall include:

- (a) Filing of a formal application with the division's licensing unit;
- (b) Written statement of operating policies of the center;
- (c) Information relating to its organization and administration;
- (d) The number of staff members and their duties;
- (e) Schematic floor plans;
- (f) A zoning clearance.

LOCAL ORDINANCES

Day care centers must comply with all ordinances pertaining to the operation of adult day care centers before a license will be issued by the division.

INSPECTION OF CENTER

After the application process is completed, the division shall arrange for the inspection of the center to determine whether the center meets established regulations as described in these standards.

Signed clearances will be required of the applicant from all appropriate collaborative agencies: fire, environmental health, public health, nutritionist, and local or county departments of business regulations.

Reports of the inspections shall be submitted to the division and kept on file.

¹ See statement, page 1177.

LICENSE

A license issued by the division shall expire not more than 12 months from date of issuance, subject to cancellation at any time for cause.

Application for renewal of a license shall be filed 60 days prior to its expiration date. If an application is not filed, the license is automatically cancelled as of the expiration date.

Any change in the ownership or location of the day care center nullifies the existing license.

The license shall specify the name, address, and provider for the center to which it is issued and the maximum number of adults for whom it is licensed to give care.

The license is subject to ongoing review. The division shall be notified in writing of any change in operating procedure.

DENIAL OF LICENSE AND RIGHT OF APPEAL

A license shall not be issued when the inspection indicates to the division that the center does not meet the requirements of the established regulations.

An applicant who has been denied a license by the division shall be given written notice thereof by certified or registered mail within 90 days after receipt of the application by the Division. Said notice shall be sent to the applicant at the address shown on the application. The notice shall contain a statement of the reasons for the denial and shall inform the applicant of an opportunity for an appeal and shall further contain the name of the director and his address. The applicant's request for a hearing to appeal the denial shall be in writing and shall be filed with the director of the Division of Family Services within 30 days after the mailing of the original written notice. An appeal shall be held within 30 days from the date of receipt by the director of a written request by the applicant. Notice of the hearing shall be mailed to the applicant by the division not less than 15 days prior to the date set for the hearing. The decision of the division shall become final, and shall not be overturned, except by a written appeal to a court of competent jurisdiction within a period of 30 days. If no request is made, the denial shall become effective as of the termination of the 30-day period.

Signoffs will be sent to the division from the following agencies:

(a) Division of health and of local health authority: Nursing, nutrition, sanitation;

(b) Fire department;

(c) Any business licenses required by the local community.

The division will review the above material and one of the following decisions will be made; license the facility, provide a one time provisional license, or deny the application. See sections IIL100-IIL115 for a more detailed definition and instructions.

The applicant has the right to request a fair hearing with the director of family services if he disagrees with the final decision of the licensing staff.

Each center shall keep the following records:

(a) Record of enrollment and daily attendance for each adult.

(b) Current inspection reports from division of health (sanitation, public health nurse, nutrition), and fire department.

(c) List of current staff, substitutes, including experience and training.

(d) The daily schedule of activities and the daily menu if meals and/or snacks are served.

(e) A record on each adult admitted to the center:

(1) Adult's full name, birth date, address;

(2) Name and telephone number of adult's representative;

(3) Instructions as to how to reach the consumer's representative during working hours;

(4) Name, address, and phone number of the adult's physician;

(5) Health information, physical examination reports.

A responsible staff member shall receive all consumers upon their arrival at the center.

Each center shall subscribe to liability insurance policy.

Staff members.—Each center shall have adequate staff capability to provide supervision to the number of participants at the center.

Adequate is defined as a ratio of 1 regular staff member to 10 participants. However, when 10 percent of the participants are motor handicapped, the ratio will be one regular staff member to seven participants.

Volunteers and interns can be used to augment professional staff if they meet the same qualifications as the regular staff. Volunteers and interns used in such a capacity must have a physical examination on file including a tuberculin test.

All staff members shall have an annual physical on file including tuberculin test. If food is served, the food service personnel must have a food handlers permit.

TRANSPORTATION

For each group of more than 10 adults, there shall be at least one attendant in addition to the driver.

All provider-operated vehicles shall have a seat belt available for each adult.

Adults shall be loaded and unloaded at the curb on the side of the street on which the home or center is located.

Adults shall be instructed in safe transportation conduct.

Adults shall spend no more than 2 hours in transport per day.

All drivers of vehicles transporting adults shall have a current American Red Cross standard first aid certificate and have access in the vehicle to a first aid kit, as recommended by the American Red Cross.

Any vehicle used for transporting adults shall be enclosed.

Vehicle must meet State safety requirements.

HEALTH CARE

Staff shall note any observed illness of the consumers throughout their stay at the center.

When a consumer becomes physically ill after his admission to the center, the consumer's representative or physician should be notified.

The family shall provide the center with the consumer's medication on a daily basis. The staff may not give medication unless qualified to do so under the nursing code. All medication shall be taken under supervision. All medication and first aid supplies shall be kept in locked cabinets.

Complete first aid supplies shall be maintained as required by the division of health.

MEALS

Those centers that serve meals shall prepare and post weekly menus at the beginning of each week in a location where they may be observed. Weekly menus shall be kept on file for at least 6 months and made available to representatives of the Utah State Division of Health or local health department on request. All meals shall be served as posted.

Food should be prepared by methods that conserve nutritive value, flavor, and appearance, and should be attractively served at the proper temperature.

Therapeutic diets should be provided for consumers as ordered by the physician, with reference to an approved dietary manual and a professionally qualified dietary consultant.

ADEQUACY OF DIET

The adult day care centers serving meals shall provide a well balanced diet of good quality food, well prepared, attractively served, and in sufficient quantity to meet the nutritional needs of the consumer.

No foods are required when a consumer is in a center less than 3 hours.

One snack is required when a consumer is in the center more than 3 hours but less than 4.

One snack and one meal shall be provided consumers who are in a center more than 4 hours but less than 6 hours.

Two snacks and one meal shall be provided to consumers who spend more than 6 hours in a facility per day.

Food requirements should conform to the standards as outlined below:

(a) Dairy foods: One 8-ounce glass or more of milk should be offered daily to each consumer. A portion of this amount may be served in a cooked form such as cream soup or desserts or as other milk-made foods such as cheese or ice cream;

(b) Protein food: One serving of protein food of good quality should be provided daily. Each of the following may be considered as one serving: two eggs, 3 ounces cooked (which is equivalent to about 4 ounces raw) of any fish or meat (without bone); one-third cup canned fish; two slices cheese or one-half cup cottage cheese;

(c) Vegetables and fruits: One or more servings daily, including: a good source of vitamin C, such as one orange, one-half grapefruit, one-half cup citrus juice, or one cup tomato juice; one serving (one-half cup) at least every other day of a good source of Vitamin A, such as, apricots, broccoli, cantaloupe, carrots, spinach, sweet potatoes, winter squash;

(d) Bread and cereals: One or more servings daily of enriched or whole grain breads or cereals. One slice of bread equals one serving; one-half cup of cereal equals one serving.

PROGRAM

A planned, well-balanced program of activities and services shall be available at each facility in order to enhance the consumer's well-being and maximize individual functioning.

The facility shall provide supervision and personal care services in order to assist the adult consumers. It shall provide such assistance as with toileting and encouraging the withdrawn or passive to participate in activities and to develop self-help skills.

The facility shall make available such social, group, and individual activities, education, recreation, and other activities as the following:

- (a) Opportunities for arts and crafts;
- (b) Daily exercise as tolerated by the consumer as prescribed by his physician;
- (c) Development of hobbies;
- (d) Helping with community activities which can be handled at the center and as the consumer is capable of managing;
- (e) Reading of magazines, books, and other sedentary activities and television viewing, listening to radio, etc.;
- (f) Excursions or outings to points of interest for the consumers;
- (g) Planned indoor and outdoor recreation.

Each day care center shall provide a balanced program of activities. A schedule of the program shall be posted and available for inspection at all times.

Provide for rest periods when needed.

LOCATION

The facility shall be located in a safe and sanitary area and shall conform to any and all zoning regulations.

There shall be adequate space for outdoor activities. If outdoor space is not available, weekly field trips can be substituted and a schedule of these trips shall be posted monthly. These schedules shall be kept on file for 60 days.

BUILDING REQUIREMENTS

Buildings used for day care centers: It shall be the responsibility of the provider to meet the standards which conform to the construction regulations of the local city and county building ordinances, State statutes, including architectural barrier requirements, and rules and regulations of the State fire marshal, division of health, and other government agencies having jurisdiction.

NEW CONSTRUCTION

Schematic floor plans for any new buildings and alterations of existing buildings of adult day care centers shall be submitted to the division for approval before any work is carried out.

Building must be equipped with ramps and doors adequate to facilitate wheelchair consumers.

Hand rails shall be required on all stairs or door stoops 18 inches in height.

ELECTRICAL CIRCUITS

Electrical circuits shall be maintained with proper fire protection and shall be installed in accordance with the standards of the most recent edition of the National Electrical Code.

HEATING

All heat-producing appliances shall conform to the most recent edition of the Uniform Building Code.

Heating, ventilation, and lighting facilities shall be adequate to protect the health of the consumers. The temperature shall be maintained at 70 degrees.

Fireplaces and open-faced heaters must be protected by screens. Gas heaters must be vented and installed with permanent connection and protectors.

CAPACITY AND OCCUPANCY

There shall be a minimum of 50 square feet of inside floor space per consumer for recreational, resting, and dining purposes. Kitchens, hallways, and washrooms shall not be computed as available space.

ISOLATION FACILITIES

Space and a bed for the isolation of an adult consumer who is ill or suspected of coming down with a communicable disease shall be provided.

PLUMBING FIXTURES

Each center shall be provided with adequate and properly located plumbing fixtures in ratios of not less than the following: Toilets, 1 per 20; wash basin, 1 per 20; drinking fountains, 1 per 50 consumers; janitorial sink, 1 per center.

There shall be a minimum of two separate restrooms: one for male consumers and one for female consumers.

Grab bars shall be installed by each toilet.

Restroom doors through which wheelchairs must pass shall be at least 3 feet, 10 inches in width.

Adequate supply of soap, toilet tissue, and paper hand towels shall be supplied.

All plumbing to be installed in accordance with the Utah Plumbers Code and applicable local regulations.

KITCHEN FACILITIES

When there is food preparation facilities and operations, they shall comply with the Utah State Division of Health Code of Food Service Sanitation Regulations and applicable local health department requirements. A signed clearance from the division of health is required prior to facility obtaining a license.

EQUIPMENT

All equipment and material shall be of sufficient quantity and variety suited to the needs of the adult consumers.

There shall be at least one chair per adult consumer and sufficient table space for meal time and arts and crafts activities.

Equipment shall be of safe construction and material; easily cleaned, sturdy, and in good condition.

Furniture and equipment shall be arranged so as not to interfere with exits.

When a center serves a consumer for over 3 hours a day, the following sleeping equipment shall be provided for resting purposes:

(a) At least 1 bed for each 10 consumers shall be made available for resting purposes;

(b) The mattress shall be protected, and the linen changed daily after use by any consumer.

FIRE SAFETY**General requirements:**

(a) Every building or structure used as an adult day care center shall meet fire and life safety codes and be constructed, arranged, equipped, maintained, and operated as to avoid undue danger to lives and safety of its occupants from fire, smoke, or resulting panic during the period of time reasonably necessary for escape from the building or structure in case of fire or other emergency;

(b) The administrator or operator shall formulate a plan for the protection and evacuation to areas of safety. This plan shall include training of all personnel and of all persons in event of fire. This plan shall be submitted to the local fire authority for approval;

(c) Fire drills shall be conducted as required by fire and life safety regulations in which all consumers and staff members must participate in the fire drills;

(d) The staff at the day care center shall be trained in properly reporting a fire, in extinguishing a small fire, and in escaping from a fire.

Exits, fire alarms, fire extinguishers: The center shall meet any and all fire and life safety codes specified by the local fire department and/or State fire marshal. A signed clearance from the appropriate fire authority is required prior to licensing.

PROCEDURE FOR THE LICENSING OF PERSONS AND ORGANIZATIONS PROVIDING
DAY CARE FOR ADULTS

The burden of proof of compliance with these standards shall at all times remain with the applicant.

The applicant is responsible to gain all signoffs from collaborating agencies.

The following is required when formal applications are made:

(a) A formal application form 91-S will be filed with the division of family services;

(b) A zoning clearance will be supplied by applicant;

(c) An interview will be conducted by the licensing staff with the applicant.

The following will be discussed:

(1) Blue print of facility;

(2) Applicants' qualifications;

(3) Policy statement supplied by applicant, including plan of operation, meals, etc.;

(4) Inventory of supplies.

ITEM 5. RESOLUTIONS SUBMITTED BY HOWARD MCKINLEY, SR.,¹ VICE
PRESIDENT, NAVAJO NATION AGING COUNCIL, ARIZONA

REQUEST FOR APPROPRIATION OF FUNDS FROM NEW MEXICO, ARIZONA, AND UTAH TO
REIMBURSE THE EXPENSES OF REPRESENTATIVES OF LOCAL SENIOR CITIZEN COUNCILS
TO ATTEND NAVAJO NATION COUNCIL ON AGING MEETINGS

Whereas (1) The Older Americans Act of 1965 requires the development of advisory councils on aging, supports the concept of elderly people representing themselves, and provides funds for the expenses of these councils throughout the United States under title III and title VII to insure and assist in elderly participation; and

(2) The elderly people in communities of the Navajo Nation which includes portions of Arizona, New Mexico, and Utah, have formed senior citizen councils to direct and advise the local senior program; and

(3) These senior citizen councils have chosen representatives, who are certified by the local chapter government, to represent their communities on all aging matters within the Navajo Nation; and these representatives are members of the recently formed Navajo Nation Council on Aging which directs, advises, and encourages the development of services for elderly people in the Navajo Nation; and

(4) At the present time Federal funds for Navajo Nation aging programs are administered by the States of New Mexico, Arizona, and Utah; and

(5) The expenses of attending meetings of the NNCOA in various parts of the Navajo Nation is being paid by the elderly themselves from very limited incomes; and

(6) The States can choose to budget funds to pay for the expenses of the representatives to the NNCOA, as they presently do for other local, regional, and State council representatives within their respective States.

Now, therefore, be it

Resolved, That the Navajo Nation Council on Aging requests funds from Arizona, New Mexico, and Utah to pay for the expenses of local senior citizen council representatives to attend the Navajo Nation Council on Aging meetings; and requests that these funds be budgeted for fiscal year 1978 to begin October 1, 1977.

¹ See statement, page 1209.

TO REQUEST THAT OLDER AMERICANS ACT FUNDS BE AWARDED DIRECTLY TO THE
NAVAJO TRIBE FOR ADMINISTRATION OF ALL NAVAJO NATION AGING SERVICES

Whereas: (1) Services for the Navajo elderly is the most important concern of the Navajo Nation Council on Aging; and

(2) The Navajo Nation Council on Aging represents the 14,000 rural elderly people in the Navajo Nation, 98 percent of whom are not receiving any Older Americans Act services; and

(3) The elderly people recognize that the family, the chapter, and the Navajo Tribe have the responsibility to provide the needed services; and

(4) Older Americans Act funding coming through the States of Arizona, New Mexico, and Utah rather than being awarded to the Navajo Tribe presents a major obstacle to the coordination and development of aging services for the entire Navajo Nation; and

(5) Additional funds for elderly people appropriated by individual State legislatures should not be affected by direct funding of Older Americans Act programs; and

(6) Action is needed immediately to resolve administration difficulties to insure that elderly Navajo people are receiving equivalent benefits from the Older Americans Act in all portions of the Navajo Nation.

Now, therefore, be it

Resolved, That the Navajo Nation Council on Aging requests that Older Americans Act funds be awarded directly to the Navajo Tribe for administration of all Navajo Nation aging services; and

Furthermore, that additional funds for elderly people appropriated by State legislatures should continue to be available to Navajo elderly people.

Appendix 2

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER FROM DAVID M. SANTILLANES, CHAIRMAN, BERNALILLO COUNTY (N. MEX.) COMMISSION, TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 17, 1977

DEAR SENATOR DOMENICI: Bernalillo County shares your concerns and expresses its support for improved and expanded services to the rural elderly. The concerns we voice have a pragmatic side stemming from our experience in attempting to serve semirural areas in our own county. Lack of financial resources and lack of program planning efforts have been primary obstacles contributing to inadequate services for all elderly.

Since fiscal year 1973-74, Bernalillo County has tripled its financial appropriations to aid the elderly who reside outside municipal and incorporated areas. We have attempted to pool our local resources to compliment State and Federal programs. Our approach to providing services has been to target such services in neighborhood areas where the elderly are most comfortable.

Program planning along with the availability of adequate financial resources combine to write the best scenario in any program effort. Bernalillo County anticipates that with these elements and coordination, our present modest Federal and State resources could service a greater number of elderly both rural and urban. In recognition of these elements, Bernalillo County, in conjunction with the city of Albuquerque, village of Tijeras, and Village of Los Ranchos, have entered into a joint powers agreement for areawide planning of elderly programs in Bernalillo County under which the city as a lead agency will formulate a program based on philosophies and resources.

Planning as a corrective measure and approach to alleviating problems must be required in all State planning districts to insure that rural areas are adequately served. Rural elderly near urban centers which receive no service or minimal service may utilize urban facilities, thereby overtaxing such facilities and programs which may already be overloaded. Although the above premise cannot be statistically supported at this time, there seems to be subjective support from administrators that this may be occurring. Certainly, this situation does not service the rural elderly and may diminish services to the elderly in urban areas.

The purpose of planning is to identify needs and the degree of their demands. In this context we are identifying those areas which the elderly consider necessary to their mental and physical well-being. The elderly population readily faces the problem of a fixed income whereby hard choices must be decided between essential competing needs such as food, housing, and health care. It is difficult to determine the extent of suffering, both mental and physical, which is experienced by both urban elderly and rural elderly. It can be generally inferred that rural elderly are underserved in relation to programs available in urban areas. A basic reason is that small communities do not qualify for adequate funding under programs such as community development.

Needs of the rural elderly are similar to those experienced by urban senior citizens, although they may be more critical when one considers the isolation brought about by great distance between houses, the problems of providing rural housing, and the importance of transportation in conducting any adequate program whether it be of a social, nutritional or health variety. In the outlying areas of Bernalillo County, poor housing is a harsh reality for the elderly poor, along with the lack of adequate transportation. According to the Bernalillo County Housing Assistance Plan, dated May 1977, there are 682 elderly or handicapped households in Bernalillo County outside incorporated or municipal areas which are substandard. Although that number includes handicapped, it is esti-

mated that 85 percent of that group are substandard housing units occupied by elderly persons. Because of HUD program requirements, Bernalillo County, until the advent of the section 8 program was not eligible for any housing activities. We surmise that rural areas were plagued by a similar situation. A short summary of needs reveals the following:

(A) Social interaction.—Subsequent to leading an active life in their careers, senior citizens are thrust into a new environment with much inactivity. Retirement can mean loss of friendship with coworkers. Programs must address this element because of its importance in maintaining good health.

(B) Nutrition.—Meal site programs provide the opportunity for social interaction and for proper diet for those who are economically disadvantaged.

(C) Housing.—The elderly poor in rural areas are at the mercy of the elements. The reality of rural living subjects these people to shortages of fuel and substandard housing—conditions which they are economically unable to cope with. Adequate housing provides the comfort needed by the elderly.

(D) Health.—Because of inactivity sometimes induced by loneliness and depression, poor nutrition and inability to monitor their health the rural elderly need periodic physical monitoring and treatment.

(E) Transportation.—In either a rural or urban setting, transportation is a key element toward providing the elderly with other services. Transportation makes the services readily available.

The needs listed above have become more apparent in recent years as senior citizens have become more vocal in the political process. Unfortunately most needs remain inadequately addressed, especially in the areas of health and housing for the elderly. In my capacity as an elected public official, I receive community input about elderly needs. I feel many of the community concerns could be alleviated by proper planning and coordination by all levels of government involved. I would recommend and support action in accordance with the interest of this public hearing.

I am available for further discussion if you so desire. I remain,
Respectfully,

DAVID M. SANTILLANES.

ITEM 2. STATEMENT AND ATTACHMENT OF MARK J. ROMANCITO,
ZUNI TRIBAL SOCIAL SERVICE, ZUNI, N. MEX.

Some other recommendations toward services to the aging native Americans is to lower the age requirement for native Americans from 65 to 55, since the life expectancy of native Americans is lower than that of the Nation.

Since the recent trend toward interest in aging programs, many of the needs of the elderly have arisen. Programs such as titles VII, III, and others have been able to barely meet the needs of the aging. There is a need for Congress to allocate more funds toward programs for aging and to make these funds available at the local level.

The problem of transportation is one that is constantly arising within the program offered in Zuni. There are vehicles available within tribal programs, but these do not adequately meet the needs at the present. A vehicle was purchased on an immediate-need basis, but is in need of repair at the moment, so again the senior citizens' nutrition program is without a vehicle. Adequate transportation should be provided for all programs for aging. Transportation is needed to and from nutrition programs, health clinics, and to other service programs so that the aging can receive adequate services from all agencies.

Native American programs should be able to get their adequate share of funds when allotted to the State and this should be emphasized to State governments. At times the States utilize Indian statistics, but the native Americans never get their share of the moneys.

[Attachment]

PUEBLO OF ZUNI, N. MEX.

The aging representatives of the Pueblo of Zuni, in close coordination with social service and nutrition program staff, have composed a list of primary needs as seen by the aging population of Zuni, N. Mex. The following are listed according to the immediate need of such services.

(1) Home improvement.—There is an immediate need for assistance to programs for development of adequate bathroom facilities for health and sanitary

purposes and provisions for the upkeep of traditional and modern homes for the elderly. The majority of the elderly people reside in traditional adobe homes which need repair and lack some of the modern day facilities. Efforts to repair homes and assist in equipment needs would not only meet the needs of the elderly but also assist in the preservation of the Pueblo culture through renovation of traditional homes.

(2) Resource center.—A center is needed primarily to house programs for the Aging. A centralized center where services such as food stamps, social security, day care, health clinic, nutrition program, arts and crafts, and other services needed by the elderly can be provided. Funds to either construct or renovate such facility should be made available so the elderly can have a facility to identify with and go to. With the availability of a building, other programs for the aging may develop within this structure.

(3) Direct funding.—If funds are made available at the local level, programs may be provided as needed without any other administrative cuts. This would enable local government to hire professional staff to administer professional services to the aging as needed by local programs. Direct local services of programs such as food stamps, social security, and other resources would enable local staff to encourage and assist aging citizens who are eligible for such services. This would also expand the forementioned services since present delivery of these services to the community are only one to three times monthly.

(4) Health care.—Present health care programs provide services to the communities of Zuni and Ramah. A specialized staff for outpatient and inpatient care for the aging is needed so that health needs are met on an individualized basis and so as to provide immediate services.

There is a demanding need for homemaker services among the aging populace of Zuni. The majority of senior citizens living alone in their homes will not move readily from their homes when in need of medical care. Nursing homes may be the answer for other communities but the need seen in Zuni is the homemaker service.

There are so many other services that could be provided but we have listed the above as our immediate needs.

We appreciate your concern for the aging native Americans and hope you will successfully meet the needs mentioned.

Respectfully submitted,

MARK J. ROMANCITO,
Director, Zuni Tribal Social Service.
VERA EUSTACE,
Director, Zuni Senior Citizens Program.

ITEM 3. STATEMENT OF ESTHER HERNANDEZ CANDELARIA, ALBUQUERQUE, N. MEX.

NURSING INSTITUTIONS: A NIGHTMARE

We have reason to believe that not enough is being done today to improve and amend standards and practices in nursing homes, rest homes, and other places that take in the elderly. It is a shuddering thought to think of how many have died for lack of medical attention, food, and physical neglect. Accompanying the above, the staff often permeates an air of abusiveness and disrespect.

Placing a parent in a nursing home—which one? About 4 years ago we were informed that because of my father's declining health (hardening of the arteries, causing a loss of his mental faculties characterized by confusion, etc.) that he should be placed in a nursing home. Where do you start in Albuquerque? And how can you be assured that he will be attended to and fed properly?

This was a depressing time, for my father has always worked harder than the average person to provide for his family; sincere and proud that he (a Mexican orphan) had done his best in building and repairing homes for resale despite an amputated leg.

After several interviews a selection was made influenced by the fact that it was run by an order of nuns.

My father in a nursing home.—One evening we received a call from the head nurse informing us a doctor had been called because of a swelling in my father's amputated leg. After being placed in a hospital it was revealed he had a broken hip. Who did it? How and when did it happen? Why wasn't it reported immedi-

ately in the daily reports? My father's confused thoughts prevented us from helping him and other legal factors were difficult to prove.

The administration condoned abusive and rude language to the elderly (a woman asked for assistance to the bathroom and was coldly put off) for they also expressed the same attitude to my inquiries.

What we feared the most had happened and contributed to his already declining health. How could others be informed and warned not to place their loved ones here?

My father's second experience in a rest home contributed also, in that I later learned their refrigerator and freezer were empty most of the time. A visit to the hospital revealed he was dehydrated. My father's appetite is large and it must have been painful being served small portions or unappetizing meals because of the cook's dilemma in not getting enough food.

The owners have a policy at this rest home that in the event of an illness the supervisor is to call them and they in turn call for medical assistance and the family. I never received a call from them and my father has been in and out of the hospital at least five times. It has been fortunate that on my visits the supervisor informed me and she would secretly call me.

This unfortunate policy, while I was present in the rest home, almost contributed to his death. Arriving, after being told by a staff member (the only one on night duty) that he looked worse, I attempted to call his doctor (who was out-of-town) and another doctor. I was put off by another staff member (employed at another nursing home owned and managed by the same owners) that management had to be called first. A number of blunders occurred that night, but my father pulled through that ordeal.

The idea that I was prevented from calling a physician and an ambulance definitely is an indication that we have let bigotted, selfish owners of nursing institutions brazenly initiate policies that are rigid in procedures but low in standards.

My impressions.—Rest homes and boarding homes for the elderly should definitely have a RN on staff and on duty 24 hours.

These homes usually employ incompetent help willing to work for low wages. The work is hard and disgruntled employees usually make very little effort to comfort the helpless. I have heard they steal food, medication, and probably personal effects. My father's personal shaver and a nice decorative belt immediately disappeared.

Immediate medical attention is lacking and is an important factor that should be checked so that the poor on medicaid, the disabled, and the elderly have someone, definitely an RN, attend to them.

Nursing and rest homes should be under the same governing policies and standards, enjoined as one. I am sure you will find patients that require medical and physical therapy in rest homes and are there because of the lower fees.

Boarding homes is another that can be eradicated. I believe they usually have very little to offer (certainly not the comforts of home) in services and most likely run on a very low budget. Medical services and staff are probably questionable.

My fear is that we are allowing these institutions to bulge with profits, and they in turn are doing their best to cut corners which is injurious to the well-being of the defenseless and ignorant.

COSTS TOO HIGH FOR SERVICES RECEIVED

Fees are very high for the private patient in a nursing home, approximately \$35 a day. At \$35 a day, in renting or buying a home, we would be living in ultramodern splendor with plush conveniences. This brings on another fact. Physical and reality therapies should not be a luxury, nor should recreations, arts and crafts, music, religious services, entertainments, and patios to take in the sun and fresh air. These services should be mandatory. Yes, in this time of sophisticated technology, we have failed to provide a place or places providing human dignity and respect. These profit-making institutions have created greedy "fat cats."

A compassionate supervisor.—I will try to describe as close as possible certain facts for Lucy Giest, a previous employee, and later supervisor of the second nursing facility my father was placed in, a rest home in Albuquerque.

Her job description reveals that she was overworked. Her compassion and respect for the elderly can be attested to by those of us who had parents under her care. Mrs. Giest, promoted to supervisor from assistant, describes it entailed being a fulltime cook, cleaning the home, taking care of patients (most of them were attached to her and wanted her to care for them), overseeing the staff and their problems, giving and ordering medication.

Mrs. Giest left the home because one of the owners asked her to train her daughter for her position as supervisor, but that she (Mrs. Giest) would still bear the responsibilities and duties and her title demoted back to assistant.

Now a recipient of unemployment, she had to contend with the problem of collecting a salary for 2 weeks and a few days. She sought the aid of the proper State agency that helped clear the way in cashing an insufficient fund check from these people.

(a) Of the innumerable problems she was confronted with, this one, of not enough food and at times none, is high on her list. One day a female VA inspector with social services paid a sudden visit and both refrigerator and freezer were empty except for a small package of meat. "How do you intend to feed all those patients out there with this," she asked. She came by later with her supervisor. The owners would sometimes drop by with leftovers from the other nursing home or a few groceries. "There were days when I brought food from home or go to the store and pay out of my pocket," says Mrs. Giest. Milk and juices were a rarity. Small packages of meat were cut and served in a gravy mixture so that there would be enough to go around.

(b) Next would be lack of immediate medical attention (as I described in my father's situation). Her calls to the owners regarding ill patients definitely had to be made. Social services called and requested that in order for patients to receive their medication they first had to go in for a checkup. Put off by the owners! Mrs. Giest said, "I have seen a patient go as long as approximately 7 months without medication.

(c) Another case involved a disabled veteran occupying a private room and paying high rates. The owner one day took in a patient and placed him in the same room continued charging the same high rate. This veteran has since been moved, hopefully to better conditions. There were times also when the one staff member at night slept while this same veteran was connived into watching the home and patients.

(d) For 2 days Mrs. Giest relates, "I worried that my "viejitos" might catch cold because we were without heat. We didn't have enough blankets, so clothing was doubled even when they went to sleep." She didn't get any assistance from the owners and they made no attempt to contact the relatives and let them know. Information as to why they were without heat has never been explained.

The unconcerned attitude from these owners and the helpless situation of these older citizens moves Mrs. Giest to the point where she would like to bring to light the other burdens that were placed on her.

This hearing we see as an opportunity to bare the facts and problems of the helpless and the vast amount of work that needs to be done. There is a lot in the news daily regarding recreation centers localized in different areas. It's fine for those who can get around and travel. But someday, we may not all be fortunate enough to grow old healthy and instead have to be institutionalized within four walls until we die—where nobody pays attention to the fact that you need help to the bathroom, you're hungry, or in pain, no visits from your children, no telephone unless permitted, and on and on.

We appreciate this opportunity and welcome any assistance you can lend. Names, places, and dates have been omitted, but will be furnished if necessary. Mrs. Giest, myself and others welcome the opportunity of discussing this subject in depth.

ITEM 4. STATEMENT AND ATTACHMENTS OF JUANA P. LYON, EXECUTIVE DIRECTOR, NATIONAL INDIAN COUNCIL ON AGING, ALBUQUERQUE, N. MEX.

Both at the Taos Hearing on November 19, and at today's hearing, you made reference to your assumption that the Older Americans Act now permits direct funding to Indian tribes under certain conditions. The mechanism for such action is limited to Title III, Section 303 (b) (3) (A) of the Older Americans Act,

as amended, provides: "In any State in which the Commissioner determines (after having taken into account the amount of funds available to the State agency or to an appropriate area agency on aging to carry out the purposes of this title) that the members of an Indian tribe are not receiving benefits under this title that are equivalent to benefits provided to other older persons in the State or appropriate area, and if he further determines that the members of such tribe would be better served by means of grants made directly to provide such benefits, he shall reserve from sums that would otherwise be allotted to such State under paragraph (2) not less than 100 per centum nor more than 150 per centum of an amount which bears the same ratio to the State's allotment for the fiscal year involved as the population of all Indians aged sixty or over for whom a determination under this paragraph has been made bears to the population of all persons aged sixty or over in such State."

In theory, the provision for direct funding can be assumed to exist for title III. However, in the practice, there are a number of obstacles:

(1) The burden of proof of services "not equivalent" appears to be on the Indian tribes. (E.g., we have no knowledge of any State response to the requirement for a title III action plan as part of the State plan, which indicated less than equivalent service to the Indian elderly, having been challenged by the Commissioner on Aging and used as a basis for his determination "that the members of such tribe would be better served by means of grants made directly to provide such benefits.") (Examples of such responses are attached.)

(2) The question arises whether the implementation of the regulations for this subsection would not, in reality, result in a delay of 2 or 3 years before an Indian tribe would actually become eligible for direct funding in accordance with these regulations.

In the event that the Commissioner determines, as a result of inadequate services under title III to an Indian reservation elderly population in fiscal year x , that that population would be better served by direct funding, this determination most likely would not have been made until such time as funding for fiscal year y is already allocated on the basis of a State plan submitted prior to this determination.

The logical progression would then be for the Commissioner to invite the particular Indian tribe to submit a plan for the following fiscal year on the State plan format. Should the tribal plan be approved, it must be assumed that actual allocations to that tribe could not be made until fiscal year z . During the entire period covered by fiscal years x and y and preceding fiscal years, the population of that particular reservation will not have been adequately served.

Further, the Indian population ratio in relation to that of the general population of all persons 60 and over in the State, as mentioned in (A), again places the Indian population at a disadvantage because of the inadequate statistical base used to determine numbers of Indian elderly in each State (1970 census), and the fact that a non-Indian individual of 60 years has a longer life expectancy than an Indian individual of the same age group. Indian participants in the National Indian Conference on Aging agreed that most Indian people do not live long enough to benefit from programs designed for the general elderly population of the United States. They also agreed that services for the Indian elderly should be provided on the basis of actual need rather than numerical criteria, taking into consideration not only the variance in life expectancy but the much more severe problems of geographic isolation, poverty, lack of transportation, lack of supportive services within easy access, etc., experienced by the Indian elderly.

Even if the provisions for direct funding were extended to other titles of the Older Americans Act in the same manner in which they now exist for title III, the likelihood of any Indian tribe ever actually gaining direct funding under that system remains extremely small.

In the various treaties and executive orders establishing the commitment of the Federal Government to certain federally recognized Indian tribes as sovereign nations, the Federal Government acknowledged its solemn obligation to provide certain services for the benefit of any members of these tribes. At no time has this obligation been legally removed from the Federal Government and vested in the respective States. The Administration on Aging, as a service delivery arm of the Federal Government, should, therefore, deal with the federally recognized tribes directly in all aspects of the provision of its services.

MEMORANDUM

THE NAVAJO NATION,
Window Rock, Ariz., November 7, 1977.

To : Dave Lundberg, Department on Aging.

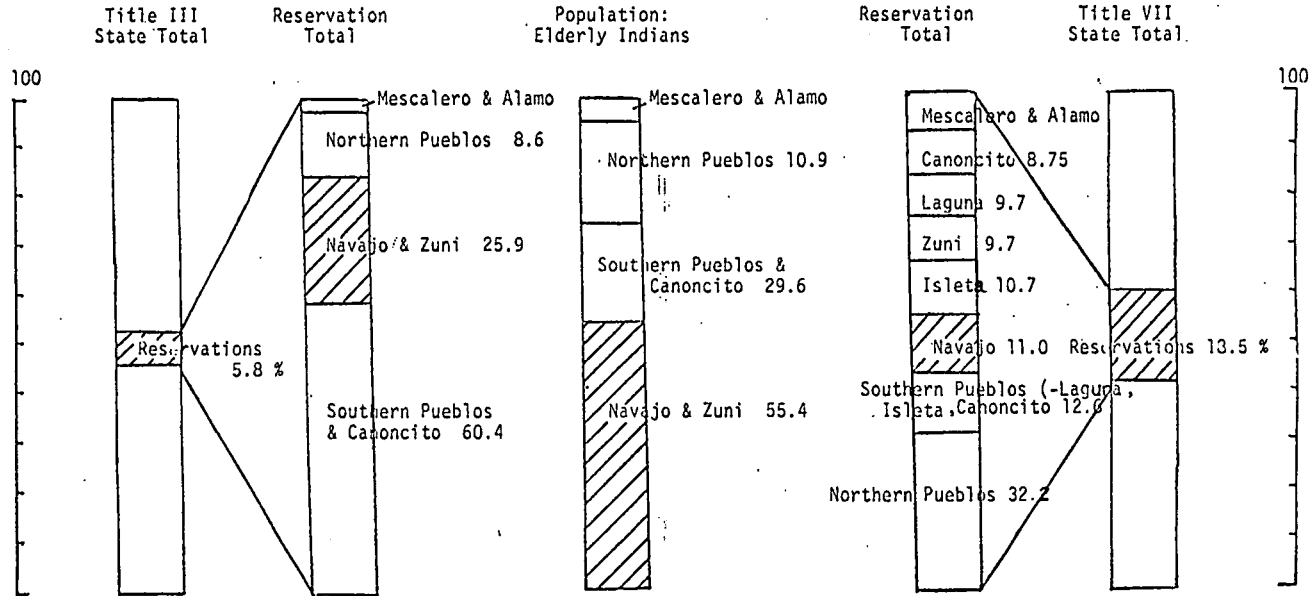
From : Barbara Carr, Health Planning and Resource Development.

Subject : Arizona State Aging Plan, fiscal year 1978.

BREAKDOWN OF RESERVATION FUNDING BY TRIBES—PER CAPITA ALLOCATIONS

Tribe	Allocation	Per capita	Population over 60
Title III:			
Navajo.....	\$22,086	\$2.81	7,855
Papago.....	56,862	35.10	1,620
San Carlos Apache.....	24,864	45.46	547
Hopi.....	65,973	72.18	914
Title VII:			
Navajo.....	126,000	16.04	7,855
Gila River.....	59,500	79.33	750
White Mountain Apache.....	85,750	147.34	582
Papago Wise Ones.....	84,102	51.91	1,620
San Carlos.....	57,246	104.65	547

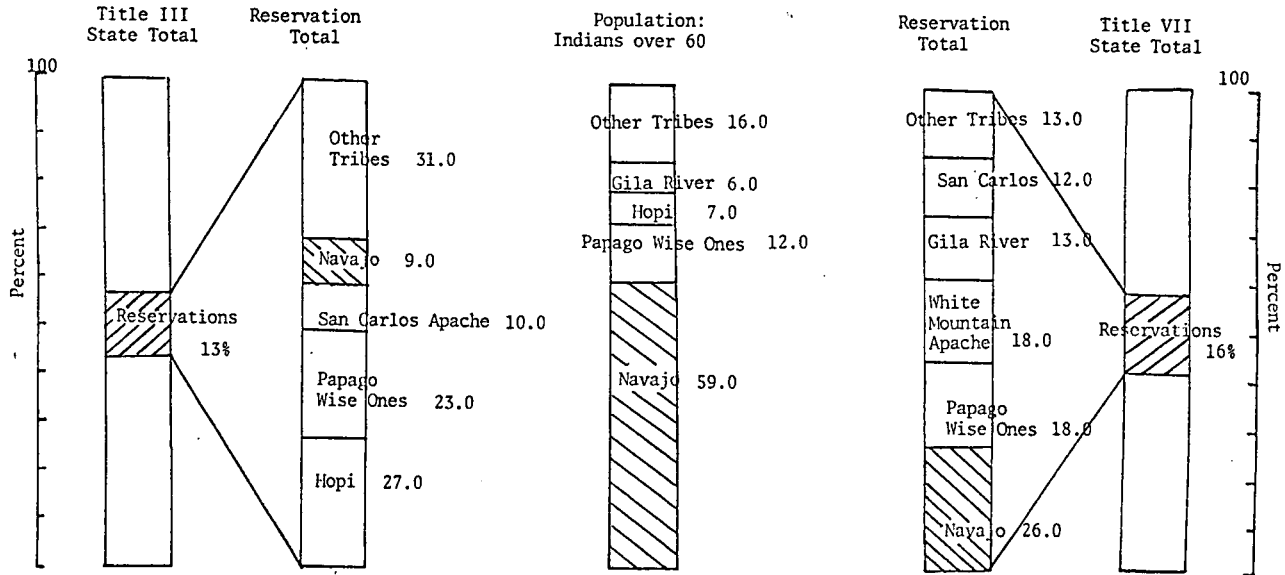
Distribution of New Mexico Funds for Aging - State Plan FY 1978



Source: New Mexico State Memorandum 77 - 52 (8/29/77)

Barbara Carr, M.S.
Health Planning and Resource Development
Division of Health Improvement Services
Navajo Nation

Distribution of Arizona funds for Aging - State Aging Plan FY 1978



Source: State Aging Plan for Arizona FY 1978
 Title III and Title VII Funding to Indian Tribes, Bureau on Aging
 9/15/1977

Barbara Carr, M.S.
 Health Planning and Resource Development
 Division of Health Improvement Services
 Navajo Nation

	Total population over 60	Total Indian population over 60	Percentage of Indians in 60-plus population	APSS 150 pct remedy	Proposed fiscal year 1977 title III allocation to Indians	Proposed fiscal year 1977 title VII allocation to Indians
Total.....	31,953,950	63,976	.20021	\$439,953	\$1,203,414	\$3,839,175
REGION I						
Connecticut.....	462,346	370	0.08002	2,012		
Maine.....	132,919	167	.09657	908		14,000
Massachusetts.....	937,247	624	.06657	3,398	75,000	60,000
New Hampshire.....	121,665	37	.03041	276		
Rhode Island.....	158,677	239	.15062	1,365		5,000
Vermont.....	70,545	19	.02693	245		
REGION II						
New Jersey.....	1,111,025	553	.04977	3,008		
New York.....	2,894,291	2,614	.09031	14,214	37,883	59,935
Puerto Rico.....	284,400					
Virgin Islands.....	5,500					
REGION III						
Delaware.....	72,045	127	.27627	1,611		
District of Columbia.....	101,987	93	.09118	827		
Maryland.....	500,390	177	.03537	963		
Pennsylvania.....	1,971,035	733	.03718	3,984		
Virginia.....	620,156	301	.04853	1,637		
West Virginia.....	301,514	70	.02321	381		
REGION IV						
Alabama.....	534,897	312	.05832	1,697		
Florida.....	1,781,967	628	.03524	3,416		122,076
Georgia.....	618,320	106	.01714	576		
Kentucky.....	515,411	102	.01979	555		
Mississippi.....	349,993	254	.08114	1,545		
North Carolina.....	716,226	3,050	.42584	16,586	29,923	49,860
South Carolina.....	336,823	119	.03533	647		
Tennessee.....	623,508	212	.03399	1,152		
REGION V						
Illinois.....	1,643,227	752	.04576	4,089	15,000	
Indiana.....	746,877	292	.03406	1,587		
Michigan.....	1,172,400	1,388	.11838	7,548	18,168	240,000
Minnesota.....	599,802	1,466	.24441	7,973	63,595	342,175
Ohio.....	1,512,850	645	.04263	3,567		
Wisconsin.....	713,269	1,613	.22614	8,772	37,600	113,672
REGION VI						
Arkansas.....	373,967	238	.06364	1,295		
Louisiana.....	492,108	468	.09510	2,546		
New Mexico.....	132,179	4,824	3.64959	33,060	3,550	123,921
Oklahoma.....	458,582	12,835	2.80791	70,070	48,000	276,060
Texas.....	1,039,773	1,436	.08757	7,809		
REGION VII						
Iowa.....	493,705	171	.03463	930	28,317	31,013
Kansas.....	385,756	729	.18897	3,965		247,381
Missouri.....	217,299	666	.08149	3,623		
Nebraska.....	261,678	573	.21897	3,132		78,648
REGION VIII						
Colorado.....	302,076	541	.17909	2,942		
Montana.....	109,043	1,751	1.60578	14,546	86,132	80,000
North Dakota.....	103,079	835	.85856	7,774	21,106	21,899
South Dakota.....	116,704	2,462	2.16961	19,110	83,370	279,160
Utah.....	130,718	465	.35572	3,222		14,446
Wyoming.....	49,747	285	.57289	5,190	105,155	10,000
REGION IX						
American Samoa.....	1,100					
Arizona.....	317,967	6,359	1.99989	34,581	245,499	322,880
California.....	2,930,960	6,522	.22252	35,468	46,000	585,000
Guam.....	3,160					
Hawaii.....	87,764	36	.04101	372		
Nevada.....	63,089	683	.98857	8,955	75,367	161,042
Trust Territory.....	6,400					
REGION X						
Alaska.....	15,784	1,151	7.29219	66,057	102,400	185,000
Idaho.....	115,364	409	.35471	3,213	10,000	168,948
Oregon.....	366,503	932	.25429	5,069		
Washington.....	511,741	2,312	.45179	12,573	71,349	127,100

Source: Administration on Aging, March 1977 (proposed title III and VII allocations for fiscal year 1977).

COMPARISON OF POPULATION FIGURES FOR AMERICAN INDIANS AGED 65-PLUS¹ LIVING ON IDENTIFIED RESERVATIONS IN SELECTED STATES

[Indicating discrepancy between actual count by Bureau of Indian Affairs and statistics derived from 1970 U.S. census on which allocation of funds under The Older Americans Act are based]

State	1970 U.S. census	Bureau of Indian Affairs, 1976
Arizona.....	3,714	6,573
New Mexico.....	2,181	2,793
South Dakota.....	1,384	1,810
Montana.....	947	1,142
Minnesota.....	522	748
North Dakota.....	454	770
New York.....	437	724
Washington.....	407	1,616
Wisconsin.....	350	997
Idaho.....	229	420
North Carolina.....	188	333
Utah.....	188	404
Wyoming.....	152	223
Nevada.....	137	359
California.....	123	2,615
Nebraska.....	95	176
Oregon.....	95	149
Kansas.....	40	118

¹ BIA statistics for age 60-plus are not readily available; age 65-plus is, therefore, used for comparison purposes.

Source: National Indian Council on Aging, December 1977.

ITEM 5. LETTER FROM JOHN "BOUNCER" SENA, COMMISSIONER, SANTA FE COUNTY, N. MEX., TO SENATOR PETE V. DOMENICI, DATED OCTOBER 19, 1977

DEAR SENATOR: I appreciate your requesting my input concerning the needs of Santa Fe County rural senior citizens. The most obvious problem faced by rural senior citizens is transportation. The geographic location of social and human services are not always within the means of rural senior citizens.

Project funding such as public works, affords county government the opportunity to develop and construct facilities in the rural areas, thus providing a location to conduct activities beneficial to senior citizens.

On behalf of myself and the Santa Fe County Commission, I thank you for all your support in this most worthy project, and rest assured that Santa Fe County will always be receptive to the needs of its senior citizens.

Very truly yours,

JOHN (BOUNCER) SENA.

ADDENDUM

The Federal Government needs to take a closer look at nursing homes.

Staffs are not adequate, in that they are not fully staffed with professional people, therefore residents in these homes are not getting the proper care they need.

With cost as high as it is, I can understand the nursing homes' problems. I am suggesting that the Government help subsidize the nursing homes.

I have initiated a recreation program for the ages of 1 to 100 with the intent that recreation is not limited to only some age groups.

I do not have the space here to explain myself, but if you want to know more about this you can contact me at the county commission office in Santa Fe.

I am very interested in working with you in elderly programs, I feel that I could furnish you with information which would be of help to you in better understanding some of the problems.

ITEM 6. LETTER FROM JOSEPHINE A. SHEPARD, MAYOR, JEMEZ SPRINGS, N. MEX., TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 17, 1977

DEAR SENATOR: Thank you for your letter of September 28, 1977, in regards to the "Nation's Rural Elderly" which is being conducted by the Senate Special Committee on Aging.

On behalf of the participants and the local council, who are involved, we respectfully submit the following testimony regarding the special problems in the rural area.

We have categorized the topics in order in which we consider their importance.

(1) Community food and nutrition center: This center is located in the Jemez Springs Municipal School. Approximately 100 families, averaging 700 users, are serviced during the canning season. The center is open 5 days a week and is available to all people in the Jemez Valley. The Jemez and Zia Pueblo residents, as well as users as far as Cuba (about 45 miles away), make use of the center. Approximately 30 percent of the participants are in the elderly category.

If it were not for the center, many families, who can their produce, as well as donate produce, would be deprived of the essential fruits and vegetables so necessary to their diet. The center also conducts workshops which teaches nutrition.

The center is under the supervision of the Office of Economic Opportunity in Bernalillo. The OEO director, Mr. Paul Santestevan, informed the staff that the disbursement to the center has been reduced from a grant of \$25,000 to \$7,000. This, of course, is not sufficient to continue with the program. We are concerned, and ask the committee to investigate.

(2) Transportation: The present program is inadequate. The senior citizens, who live as far as 65 miles away from a hospital and doctors, because of the limited use of the mini-bus, are often deprived of immediate medical service. Also, their necessary shopping is curtailed.

Another problem concerning transportation and nutrition is the mobile hot meal service. The shut-ins are recipients of hot meals only when school is in session. We feel that these people are in need of a balanced meal on weekends, and summer months as well.

(3) At Canyon, N. Mex., there is a community center of sorts. It is in dire need of renovation. Also, the senior citizens are required to pay for the ceramics, knitting, crocheting, etc. It causes a financial hardship on these people.

Sincerely,

JOSEPHINE A. SHEPARD.

ITEM 7. LETTER FROM BARBARA CHRISTIANSON, MAYOR, CORRALES, N. MEX., TO SENATOR PETE V. DOMENICI, DATED NOVEMBER 30, 1977

DEAR PETE: With reference to your letter of November 7, 1977, in which you state that you will accept testimony by mail, I have contacted Mathilde Palladini who is with the OEO. This is her report to me:

"Here in Corrales, I have 75 people registered for the senior citizens program. They are not always active at one time. Usually there are 30 or 35 people who have their noon meal with us, sponsored by the OEO. I am paid to work only 4 hours a day, but nearly always work more than that. We could use transportation in the form of a small bus so that I can go pick up more than three at a time because I usually have the food in the car at the same time. I then take trays to some of the people who are homebound and can't get out to eat.

"Currently, I have people doing ceramics, crafts, quilting, knitting, and crocheting, artificial flowers, and soon the men will be doing leatherwork.

"I take people on my own to the laundry, drugstore, shopping, and one lady I take to Lovelace Clinic in Rio Rancho. I take them to the bank, post office—most anywhere they want to go shopping. If there was some way I could take more at a time, I would schedule the trips and have them pay so much to help with the gas.

"I coordinate activities with the cooperative extension service, such as films on nutrition. I have one on holiday breads scheduled for them at the meal site in the parish hall. I also sponsor a pot-luck once a month honoring the people whose birthday falls in that month. The food for the pot-luck is brought by the senior citizens themselves.

"There is so much more I could do and so many more I could reach if I could work full time and have transportation other than my own small car. There are few of these people who live in this community by themselves. Relatives usually live nearby but I feel these people need to be with people of their own age to share companionship."

I know that Mathilde goes over and above her line of duty by taking extra time to transport and feed some of these people. These people have called me and praised her for her work, consideration, and understanding of the senior citizen. I feel Mrs. Palladini is not paid enough. I certainly would recommend a raise for her and better mileage reimbursement.

I would like for your office to check into this matter for her.

Very sincerely yours,

BARBARA CHRISTIANSON.

ITEM 8. LETTER FROM GARY N. BLOCKER, MAYOR, JAL, N. MEX., TO SENATE SPECIAL COMMITTEE ON AGING, DATED NOVEMBER 25, 1977

MEMBERS OF THE SENATE SPECIAL COMMITTEE ON AGING: Thank you for the opportunity to present some of the problems facing the senior citizens of this rural area. Upon invitation to discuss these problems, I requested comment from the elderly of this community of 3,000 citizens in southeastern New Mexico. Some comment came through mail response while most was obtained by personal conversation at meetings of senior citizens and individual encounter.

(1) The main problem facing these persons as well as all citizens of Jal is the lack of medical attention. At this writing, no doctors of medicine or osteopathy are in practice here, although modern, well-equipped facilities are available for their use. The nearest hospital is in Kermit, Tex., 20 miles away. The other nearby facilities are in Andrews, Tex. (45 miles); Hobbs, N. Mex. (45 miles); and Odessa, Tex. (70 miles).

Presently, several doctors have expressed interest in coming to this area. If they choose to locate their practice here and the hospital is reopened, the problems of certification for medicare and medicaid will reappear. While we recognize the need for supervision of these necessary programs, it would be invaluable to cut some of the red tape and allow rural hospitals to qualify for these programs. Federal encouragement in locating physicians and medical technicians in rural areas would be helpful.

In the area of medical attention, transportation to facilities or visitation by qualified nurses and/or technicians to the habitations of the elderly infirmed should be encouraged.

(2) The second most important problem facing the elderly of this area is the limitation of allowed income for those persons receiving Veterans' Administration or social security benefits.

Inflation and the continued rise in the cost of living naturally place economic burdens on most elderly persons. Their comments generally asked that they be allowed to earn more annually and still retain their full benefits.

The discussion of these economic problems led again to the rising cost of transportation and medical attention.

(3) Housing was noted as a continuing problem for the elderly. Comments that low-income families with several children could qualify for subsidized housing more often than the elderly were received. Those interviewed did not wish to live in "instant slums" with these welfare recipients with large families. They would like stricter requirements and regulation for subsidized housing programs for the aging.

(4) Hot food programs are encouraged by those interviewed. The expanded use of school lunch programs was discussed as a possible solution to the problem encountered by those unable to prepare food for themselves.

(5) Counseling services for the rural elderly is encouraged. The aging in small communities cannot avail themselves of the counseling available in the larger areas because of the cost of transportation. Many elderly persons are not familiar with the various programs designed to help their welfare. The small community does not offer much counseling service.

Again, thank you for the opportunity to bring these problems of the aging to your attention. Your efforts to better the plight of this growing segment of our population is appreciated.

Sincerely,

GARY N. BLOCKER.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR DOMENICI: If there had been time for everyone to speak at the hearing "The Nation's Rural Elderly," in Albuquerque, N. Mex., on November 21, 1977, I would have said:

The following replies were received:

GLADYS BLACK, SANTA FE, N. MEX.

I do not think the elderly should be penalized by having their social security checks taken away from them if they have to seek employment in order to try to meet the higher cost of living through inflation.

Personally, I worked 35 years and paid into social security. After I taught school for these years and was too old to teach (so the officials said) because of a 65 year age limit, I returned to school and now have a different occupation—working full time—and it really provokes me to have to return my social security check, which I feel that I have earned. Teachers were paid such low salaries that it was practically impossible to save money for old age. My first salary was \$90 per month for 9 months.

The elderly need home care, such as people who would be paid for going into homes and caring for them in their own homes. In Santa Fe, I know of one case where an elderly mother (over 80 years old) who is trying to care for a bedfast daughter. They cannot find a live-in person to come in and help them. I know of another lady who is blind, in a wheel chair, and so crippled with arthritis that she cannot put one foot across the other. She certainly needs home care.

Some of the elderly need assistance who are not on the welfare rolls and do not want to think of themselves as charity cases, but they do need help financially.

LORRAINE CAMBRIDGE, SHIPROCK, N. MEX.

On behalf of all my Indian Navajo people, I would like to say a few things that concern the elderly. I'm Lorraine Cambridge and I'm a bus driver for the Shiprock senior citizens. As for their needs, I believe from seeing these needs myself, many elderly citizens need their home improved, especially since it's winter season. I have come across a lot of homes that my people live in, when I go inside to help them with a chore—it's so cold in their home.

Many of our Indian people live in tradition—like hogans, made out of mud. They need new homes or home improvements.

About 2 weeks ago I took a client home from the meal-site and she really was in need of wood and coal for heating, which she didn't even have. Her home had holes in the ceiling and the walls needed to be repatched with plaster, since that was where all the cold air was coming in from. Things like this make my heart hurt for them. Eventually, my family and I delivered wood and coal ourselves at our own time and expense. Also, many elderly are alone and sometimes they're sick. They really need home health care. We make our referrals to CHR's but they never respond. We need a special clinic program at the senior center to do field work to check up on all the elderly citizens to see if they are doing and feeling fine.

We also have a transportation problem. As of now we have two vans, but we will be losing one van to another mealsite. Why is this? How can we service our elderly since there are a lot more who need services when we lose one van. This is what we need to work out, so we can help our elderly who deserve.

CHARLOTTE M. CARTER, ALBUQUERQUE, N. MEX.

A pilot project, funded by the Federal Government, was approved for Boulder County, Colo. Meals, some housekeeping, cars, and nursing are provided. Some New Mexico areas need this service.

Unless an elderly person lives near a grocery and can walk there, it is difficult to get a competent person to shop for them. Only very few small stores will take orders by phone and deliver.

If senior citizens can afford to pay for a professional shopper, that service is available in some cities. But I understand that EOB bus transportation does not include trips to stores.

Usually middle-aged or young people staff aging agency community centers. Guidelines could stipulate that persons 55 or over be given preference.

Has an investigation been made of conditions in institutions where elderly retarded are kept?

Several groups or agencies working to help the aging have not coordinated their efforts, thus duplication of efforts.

LUCY GUTREY, ALBUQUERQUE, N. MEX.

We need more transportation and better meals for our older people. Transportation is short of funds and what is needed is a bus that operates 24 hours a day to take the sick to the doctors. As it is now, we have to call a day in advance so they can take us to the hospital because there is not sufficient transportation.

See how you can help us with this problem.

ANNE D. KANAPILLY, ALBUQUERQUE, N. MEX.

I address myself to the housing needs of low-income elderly living within the county, yet neither within the jurisdiction of the Albuquerque Housing Authority nor the rural Farmer's Home Administration.

My particular area of interest is in the housing needs of the quasi-rural elderly—those residents of Bernalillo County outside the city limits of Albuquerque who do not come under the Albuquerque Housing Authority, yet not far enough away from the city to fall under the jurisdiction of the Farmer's Home Administration. There are thousands of elderly county residents in this category, yet no agency appears to be addressing themselves to these people's needs.

Despite groundbreaking ceremonies for a housing project in Albuquerque's South Valley within the last month, only about 10 percent of the proposed units will be occupied by the elderly—serving only a miniscule percentage of the total need for elderly low-income housing in this area of the county.

Well over 80 percent of the county residents in this quasi-rural area own their own homes, yet, aside from the weatherization program administered by EOB, there are no Federal, State, or local moneys available to these low-income elderly to rehabilitate or maintain their own homes. There is a great need for HUD and FmHA regulations to be redefined so as to incorporate these elderly living in a limbo state of neither technically urban nor rural into existing housing programs.

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By all means we, the senior citizens, need more transportation. The way we have now is doing a fine job with what little there is. But the ruling is that if you have a car of your own, they don't pick you up. But suppose your car broke down or you do not have money for gas or you cannot drive anymore? Poor people don't go to the meal sites.

There is something else; the minibusses have to make many trips, and sometimes we have to wait a long time to go to meal sites or back home.

We hardly have transportation for recreation.