

OLDER AMERICANS IN RURAL AREAS

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

PART 6—LITTLE ROCK, ARKANSAS

OCTOBER 10, 1969



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OLDER AMERICANS IN RURAL AREAS

(Little Rock, Arkansas)

FRIDAY, OCTOBER 10, 1969

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Little Rock, Ark.

The special committee met at 10 a.m., pursuant to notice, in the Marion Hotel Auditorium, Little Rock, Ark., Senator Vance Hartke presiding.

Present: Senator Hartke.

Staff members present: William E. Oriol, staff director, John Guy Miller, minority staff director; Thomas Brunner, special assistant; Peggy Fecik and Jean Znaniecki, clerks.

OPENING STATEMENT BY SENATOR VANCE HARTKE, PRESIDING

Senator HARTKE. Good morning, ladies and gentlemen.

Today the Senate Special Committee on Aging is in Arkansas for the sixth hearing in its study of "Older Americans in Rural Areas."

Here in Arkansas we are going to get the facts on programs which in one way or another, are putting the energies and experience of the elderly to good use for public purposes and for overall economic development. I am looking forward especially to testimony about your Green Thumb program and its relationship to projects that will bring more tourists into this State.

The Committee on Aging will also devote attention during this study to the health problems which arise among the sparse population in farmlands and elsewhere. Those problems were dramatically described in September 1967 in a report by the President's National Advisory Commission on Rural Poverty, which said at one point:

Nowhere in the United States is the need for health services so acute, and nowhere is it so inadequate. The statistical evidence is overwhelming, yet the statistics barely suggest the inequity and the discrimination against the rural poor in medical and dental care, and in modern health services.

We have failed miserably to protect the health of low-income people in rural areas.

The President's Commission strongly recommended that high quality home care programs be developed to serve the elderly and the chronically ill in rural areas, that a corps of subprofessional health personnel—working under the supervision of doctors and dentists—be developed and trained and that a National Rural Health Corps of trained volunteer health personnel be established.

Any of these recommendations—and others that were made—has a direct relationship to the subjects under discussion today. And fortunately, several of our witnesses will deal with health issues. I am especially interested in a mobile health unit which, as I understand it, is uncovering widespread evidence of health problems in remote areas.

COMPREHENSIVE MANPOWER SERVICE

The committee will also receive much testimony today on programs which in one way or another enlist elderly workers in service programs. Harking back again to the report of the President's Commission on Rural Poverty, I would like to point out that the Commission offered strong recommendations calling for a comprehensive act that would establish a national policy of providing necessary manpower services to all workers.

Within recent weeks, President Nixon has offered proposals for a manpower program which has been received with some concern by national organizations in the field of aging. The reason for that concern is simple: over the years, the Department of Labor has slowly progressed to the point of providing special services to older workers and also offering employment programs for low-income elderly. What is not clear at the moment about the Nixon proposals is whether they will reverse this progressive trend.

Fortunately, our first witness today, Mr. Johnson, is an authority on manpower programs, and he has served on the President's Commission to which I referred. Among the questions I would like to put to him is: Should the Department of Labor establish the position of specialist in rural manpower in its district offices? But, I will save that question for later.

As a final comment before testimony begins, I would like to observe that Arkansas is a richly varied State; with highlands, rich delta farmlands, plains, and other kinds of terrain. You have many ways of life in this State; the elderly play a part in each. I am sure that the testimony today will provide us a wide range of useful information.

We are especially honored this morning to have received a telegram from your Senator, J. W. Fulbright.

I am sorry I am unable to attend the Senate Hearing on Aging in Little Rock. I am very concerned about the problems of the elderly in Arkansas.

I would like to express my appreciation to the committee for holding this hearing in Arkansas. There are many such fine programs in Arkansas, such as CASA and Green Thumb, but more needs to be done.

I hope your hearings will bring about expansion and funding for these projects. If I can be of any assistance, please let me know.

J. W. FULBRIGHT.

Also, we have a letter from Representative Mills sent to the committee expressing his interest in these hearings.

Now, we are especially honored this morning to have one of your leading citizens with us, one of Arkansas leading officials, the secretary of State of the State of Arkansas, Mr. Kelly Bryant, and we would be glad to hear from Mr. Bryant at this time.

STATEMENT OF KELLY BRYANT, SECRETARY OF STATE, ARKANSAS

Mr. BRYANT. Thank you, Senator. First may I say welcome to you and your staff officially from the State of Arkansas. We are delighted to have you here.

Also, may I say a few words concerning Arkansas. From the 1930's we developed our water program to such an extent, and we were so enthusiastic that we were able to have the late President Roosevelt visit our State. When this was confirmed that he would visit, the legislature conceived and designed our one and only award, the Arkansas Traveler Award. He received the No. 1 certificate.

Since that time we have been fortunate to commission many famous people, many leaders in all fields as an Arkansas Traveler, and we feel here in Arkansas that these Arkansas Travelers who have gone forward to talk and brag and to know about Arkansas have changed our ways in many ways and have created a wonderful image for our State.

May I read this:

Senator Hartke is hereby authorized and commissioned to serve as an ambassador of goodwill from the State of Arkansas to the people of other states, to the people of the nations beyond the borders of the United States or wherever this ambassador of Arkansas may hereafter travel or reside.

WINTHROP ROCKEFELLER, *Governor*,
KELLY BRYANT, *Secretary of State*.

Senator HARTKE. Mr. Bryant, I want to thank you for this award. I will certainly treat it in the fashion in which it was given to me. I haven't seen any State where people are as proud of what they are doing as they are here in Arkansas, and I suppose your years of service in the secretary of state's office has contributed to that pride.

I am delighted to be associated with Arkansas, and I hope when some of you people come to Indiana that you will consider it a sister State.

Mr. BRYANT. Thank you.

Honorable Senator and Guests: On behalf of the people of Arkansas, I welcome you here. I trust that your stay will be enjoyable as well as informative.

The work of your committee is of utmost importance to our people. We are one of the States with a high proportion of older people in our total population—the percentage in Arkansas for those over 65 amounts to 12.4 percent as compared to the Nation's average of 9.5 percent, or 23.6 percent more than the Nation's average.

I want to discuss for just a moment my relationship with the Green Thumb program. I personally think that it is the finest program of any of the programs that the State of Arkansas has a part in. This will be the fourth year that we have participated. I am so pleased with the attitude of the people that are there. They feel, after working on the program, that the capitol ground is just as much theirs as it is anyone else's. They take a pride in their work, and they are very faithful.

The results, as far as our program is concerned on our 65 acres of land in the capitol complex, have been truly amazing. I can only praise it.

I can only urge you, if at all possible, in Washington, if the funds are, that we certainly give the Green Thumb program every consideration.

Thank you so much for letting me be here.

Senator HARTKE. Thank you, Mr. Secretary. It is a real honor to have you here with us today. I share your enthusiasm for the Green Thumb program, and I am sure we will hear more of that today.

Our second witness this morning will be Mr. Lewis Johnson, better known as "Red" to a number of people, who is the president of the Arkansas Farmers Union. He will introduce some of the witnesses in this next group.

STATEMENT OF LEWIS JOHNSON, PRESIDENT, ARKANSAS FARMERS UNION

Mr. JOHNSON. Thank you very much, Mr. Chairman. Let me add my voice to the secretary of state, Mr. Bryant, in welcoming you here.

Certainly the senior citizens of rural Arkansas and the senior citizens are delighted that you and your staff took the time to come down and visit with us. I know you are aware of our problems, but we hope this will make you feel a little closer to us and thereby push just a little bit harder to help us go about alleviating some of the problems of our senior citizens.

So, Senator, I do want to thank you very much for being here today.

Since 1905, the Farmers Union has been working with rural people, farm people, older people, and young people. Our motto has been to seek equity and justice and to live by the golden rule. That was established in 1905, and it is still very appropriate today.

In 1964, we were delighted to be a part of those people that testified for the antipoverty program, and I was certainly privileged to serve on the Commission of President Johnson on rural poverty. I am sure that was undoubtedly one of the greatest groups of people that had ever been together to discuss the problems that we have been confronted with in rural America.

Now, in Arkansas we are no different than any other State, Mr. Chairman. We do have our low-income areas, we do have our low-income rural people, and there have been two or three things that we have tried to do to help alleviate this.

ABLE AND WANT TO WORK

We have tried, first, to say there is a great need for more money for our senior citizens; that they are in part able to work and they want to work; that there are jobs that they can do and that should be done for the general public to enjoy, such as building parks, beautifying our highways; and we hope to show you here today some of the slides that we have made.

The old fiddlers, as we call them this morning, the old Americans that have been playing some of the tunes, have been a part of this program up at Mountain View to build one of the most beautiful parks in the country, and we are delighted that they are a part, and that they have work.

Mr. Chairman, I would like to say this: We are short of housing. It isn't good to come before any committee and say we are poor in Arkansas and we haven't got this or we haven't got that, but the true fact of the case is that we are like a lot of other people. There are a lot of things we need here for our older people.

Whether we do it on purpose or whether we do it for some other reason, we as a country, and as a group of Americans, have turned our backs on our senior citizens. It may not be as pronounced in the rural areas as it is in the cities and in the ghetto, but suffering and hunger and hurt and loneliness are just as prevalent in the rural areas as they are in the large cities, and they are just as hard to bear.

These programs that we have tried to sponsor, we have tried to do it for the reason that we wanted to show what could be done with a small amount of money.

HOME REPAIR PROGRAM

If you would please turn off the lights just a moment, I believe we can give you a picture of a program that we have subcontracted from the employment security LEP program, Mainstream money, and we called it "Home Builders."

(Slide presentation.)

In this program we trained men to be carpenters, plumbers, electricians, and painters.

Mr. Chairman, I am not proud to show you that picture. That is in Arkansas. But some people—some people—were living in that house.

We remodeled that house. They went to work on it, and you will see the transformation. Now, that is the outdoor toilet, and these are the men that we are training and doing the work. Inside we put in the septic tank, we put in plumbing, running water, hot water, and bathroom facilities.

There is the house when it was completed, Mr. Chairman. These people borrowed money from the Farmers Home Administration, and in no case did any of them borrow over \$1,500. But I want to show you the needs out there and what a twofold or threefold purpose we can accomplish.

First, we gave these people the only decent modern home they ever had in their lives.

Second, we trained a bunch of former agricultural farmworkers to be able to go out into industry and hold jobs as carpenters, plumbers, painters, and electricians. We put in hot and cold running water.

To us, this is one of the greatest programs that can be used out in the rural area. You give the people a decent home to live in. You give the people some pride because, in the first place, they have something to be proud of, and it costs so little money.

Senator HARTKE. Now, the house there, how much did that cost?

Mr. JOHNSON. That house cost \$1,500 for material.

Senator HARTKE. Who provided the labor?

Mr. JOHNSON. The labor was provided by the program that the farmers union sponsored. We called it a manpower program. It was under LEP, and we contracted with the LEP program, and in our proposed budget we set it up as "Home Builders." It is just a training program, but at the same time we were alleviating some of the sub-standard housing in our rural areas.

The great pathetic part, Mr. Chairman, is that we could run two or three crews in every county from now on, I suppose. What hurts so badly, I think—and if I am wrong, I stand to be corrected—is that our great country has embarked upon a wartime economy and doesn't either know how to get off of it or they are unwilling to get off of it.

It is my simple opinion as a country boy that we could take this tremendous appropriation and spend it here at home on our own people for things that we need, things that should be done, and that we would still have our appropriations—we would still have our cake and eat it, too, here at home.

I won't say war isn't necessary, but surely if we have embarked upon a wartime economy for the sake of a strong economy at the cost of American youth, then it is wrong, Senator.

Senator HARTKE. With regard to FHA, do they still want this type of program?

Mr. JOHNSON. Yes, sir; they are still continuing on a smaller scale this year. We did not resubcontract this year.

Senator HARTKE. Has the need gone down?

Mr. JOHNSON. No, sir. I have one of the Farmers Home Administration officials here with me, a field representative; one of the finest young men in this work. I want to introduce him at this time and ask him to give his statement. I want to introduce Mr. Jesse Mason of the Farmers Home Administration.

STATEMENT OF JESSE MASON, FIELD REPRESENTATIVE, FARMERS HOME ADMINISTRATION

Mr. MASON. Honorable Senator and guests, we are very proud to be with you this morning, and we in the Farmers Home Administration have been working with the aged. We are willing and ready to continue our work.

For the fiscal year ending 1969, 235 loans were made to the type of families that Mr. Johnson has mentioned here this morning. Of the four counties where we have this work involved, Desha, Chicot, Phillips, and St. Francis, 80 loans for fiscal 1969 were made.

Those loans did not go any higher than \$1,500. Those loans were spread out over a period of 10 years. The interest rate is 1 percent on the unpaid balance. The monthly payments on those loans are \$13.20 a month.

STILL HAVE NOT SCRATCHED THE SURFACE

For the fiscal year 1970, since July 1, as of the 30th of September, 50 loans have been made, the types of loans we have been talking about this morning, in the amount of \$55,330. But still we have not scratched the surface, Senator.

We have families in need of additional loans. We have communities where we have these little run-down shacks, and we do feel that if we had additional personnel, we in the Farmers Home Administration could do a better job in alleviating poverty in the rural areas in Arkansas.

Senator HARTKE. In regard to the Farmers Home Administration, are you involved in many water projects here for rural areas?

Mr. MASON. We are, sir.

Senator HARTKE. How is that going?

Mr. MASON. It is going fine, but we do not have enough money for that.

Incidentally, we are having a tour in Ashley County, Ark., on the 15th of this month where we are going to visit a lot of these communities where we have done this type of work. We also have that type of system in Ashley County and in many other counties.

Senator HARTKE. What about the person who is so poor that he can't pay back a loan? What happens to him?

Mr. MASON. Once upon a time, I believe it was in 1964, we had grant authority where we could grant a man up to \$1,000, but we do not have that authority now. We do not meet the needs of a lot of the families in rural Arkansas because these families do not have the debt paying ability.

Senator HARTKE. Why was that program terminated, in your opinion?

Mr. MASON. I don't know. But the Congressman from the State of Mississippi did not go along with that particular program.

Mr. JOHNSON. His name was Jamie Whitten, Mr. Chairman.

Senator HARTKE. But with these people that you find in the rural areas, what do they want to do? Do they know what they want to do?

Mr. MASON. Yes, sir; those families would like to remain in those communities.

Senator HARTKE. Where they were born and raised?

Mr. MASON. Yes, sir. We feel if we can solve the problems in those rural communities, then we are going to have less problems in cities like Chicago, Little Rock, New York, and Washington.

Senator HARTKE. I am glad you didn't mention Indianapolis. But what about their children? What about the young people? Are they still living in the rural areas or are they gone? In most of the areas the younger element has gone. Is that true here?

Mr. MASON. In some communities they have and in some communities they have not because in some of those communities there are jobs and schools and better opportunities. They are remaining in those communities.

Senator HARTKE. What about the field of low-cost housing projects and senior citizen facilities in the rural areas? Is there anything being done in that area at all?

PHILLIPS COUNTY HOUSING PROJECT

Mr. MASON. Yes, sir. Last week over in Phillips County the first housing project in the United States of this type was dedicated. It has 18 units.

Senator HARTKE. Tell me about that.

Mr. MASON. That is where we had 18 units for low-income families. For the three-bedroom dwellings, they would pay \$59 a month, and for the two-bedroom dwellings, they would pay \$48 a month. That in itself, Senator, is going to build up that community.

Senator HARTKE. Give me that again. That is 18 units?

Mr. MASON. Yes, sir.

Senator HARTKE. How much did it cost?

Mr. MASON. We have made a loan of \$150,000.

Senator HARTKE. Is that the total cost, including land?

Mr. MASON. Right.

Senator HARTKE. Now, that is a cooperative? Who sponsored it?

Mr. MASON. The Poplar Grove Cooperative Association.

Senator HARTKE. Now, what is their cost for the unit?

Mr. MASON. The cost of the unit is \$59 a month for the three-bedroom dwellings, and these are brick veneers.

Senator HARTKE. These are individual units?

Mr. MASON. Yes, sir.

Senator HARTKE. Does that include utilities or not?

Mr. MASON. No, sir; that does not include utilities.

Senator HARTKE. What are the requirements for being housed in this project? What income limitation, if any?

Mr. MASON. Some of those families have income as low as \$2,000 a year.

Senator HARTKE. Is there any maximum they can earn and still live in those houses?

Mr. MASON. Well, if they do earn that, they can qualify for other types of loans in our agency.

Senator HARTKE. What was the interest rate for that \$150,000?

Mr. MASON. The interest rate on that would be, I believe, 5 percent.

Senator HARTKE. That is cheap interest compared to what they have today. If we don't get those interest rates down, we are going to have a lot of trouble. You just can't have high interest rates where you have low income. The Government is going to have to help, but they can't do it all.

What about other loans for original equipment? What is the position of FHA on that problem?

Mr. MASON. We have operating loans for those families that cannot obtain credit from other sources at reasonable terms and rates, but we do not have enough funds to supply the needs for those families. When a young man does go into farming now, it takes a lot more money than it did 20 or 25 years ago.

Senator HARTKE. Has any thought been given to these elderly people, that is, moving them into small communities from the rural areas where they would be closer to the everyday needs of their lives, such as grocery stores and things of that nature?

SELF-HELP HOUSING PROJECTS

Mr. MASON. We have three self-help housing projects. Two of them are completed. The first one was completed over in Cross County, Ark.; the second one over in Lee County, Ark., and the third one is under construction down in Poinsett County, and those are bringing a lot of people out of those foot-log communities where they might have churches and hospitals and what not.

Senator HARTKE. What you are telling me is that the only real problem you have is money?

Mr. MASON. Money and personnel.

Senator HARTKE. Well, that is the same thing. You can always hire personnel if you have money.

Mr. MASON. Our limit was 272, and we have 273. From all indications, we have to go back to 272. We do not have enough personnel. We have some of our supervisors with a case load of 260 to work.

Senator HARTKE. That is too much.

Mr. MASON. We just won't get the job done. We need more personnel.

Senator HARTKE. What is the general health condition, in your opinion? You have observed these rural elderly people.

Mr. MASON. The health conditions are improving, but we still haven't scratched the surface. We still have too many people living in one- or two-room houses, and too many of them getting water from the ponds and wells and what not.

Senator HARTKE. Thank you.

Mr. JOHNSON?

Mr. JOHNSON. Mr. Chairman, while we are on that, we would certainly like to recommend that the Farm Home Administration go back to the old system of the early 1940's and the late 1930's when they had home management supervisors to work with these women in their homes and to work with them on health care and family care and such other things as cooking, canning, and clothing the children. That was a tremendous program.

They have gotten away from that, but we have got a great need for that in our rural areas. We have a great need to have these people working with our older citizens.

RECOMMENDATIONS

Now, as you know, we have several programs. I want to make one or two recommendations now, or I can make them at the end, Mr. Chairman.

Senator HARTKE. Go right ahead now.

Mr. JOHNSON. I would like to make a recommendation that our older people who are drawing social security, that social security be increased and that the welfare program, as we know it, be completely done away with in regard to the older people and that the checks be mailed directly to them.

Also, that this home work and home aid and home assistance that they need be provided by agencies that are set up to do the work by private agencies or by county agencies or by State agencies.

We badly need someone working in the county visiting these older people.

Now, you can't uproot all of them because that is their life back there where they live. They buried their grandfathers, their grandmothers and their dads and their families, and they don't want to leave. I think it is certainly a challenge to us in our modern day to provide them with just a little help so that they might live their last days in a little peace and comfort and enjoy it.

Senator HARTKE. President Nixon made a proposal on his new welfare program. Are you familiar with that?

Mr. JOHNSON. Yes, I am.

Senator HARTKE. It is called "work fair." What is your opinion on it?

Mr. JOHNSON. Well, I am very much in agreement with it from this standpoint: If they are able to work.

Mr. Chairman, right now one of the main reasons why people hate to get off where they can get a small timber job—and we are privileged now to have the welfare director in our midst this morning, and he

will be on your program this afternoon—but if they get off of welfare, sometimes it takes them several months to get back on. In so doing, it then works a hardship on them so they are very hesitant to get off of welfare to take a permanent job and less.

All of them who are able to work, it is my opinion that they would love to work. They would love to have an opportunity to train for a job to raise their standards of living and actually get completely off of welfare and be self-sustaining.

Of course, when you get back to your crippled and your senior people and blind or orphan children, that is a horse of a different color.

I think it is a great program, and I think we must turn to that. I think no one in this country loves to be a ward of the Government because you take away from them that pride and that incentive that is inherent in us as human beings.

So I am very much in favor of this. Of course, as I would see the welfare program it would deal as much with your children, your orphans, your blind, your cripples, and all of your older people who would automatically go on to social security, and we would cut out the middle man and mail them the checks directly and give them these other services on the side.

I hope I haven't said so much that you don't follow me, Senator.

MINIMUM SOCIAL SECURITY BENEFITS

Senator HARTKE. I understand. But what about the amount of social security? Do you think the minimum of \$55 is enough for these people?

Mr. JOHNSON. Now, Senator, \$55 a month isn't enough. It isn't too much.

We know the cost of living is cheaper in some areas, but out in the rural areas \$55—we are kidding ourselves. I think that it is actually rather a shame and disgrace that we as American citizens, living in an affluent society, able to spend all of this tremendous money, can then talk about limiting our elderly people to \$55 a month. Do you want to go to the moon? Name it. We will get the money. If you want to buy something else—we are headed for Mars. Name it. We will get the money.

But when you are talking about helping our older people, they say, "We can't afford it."

I think we must take a brand new approach, Mr. Chairman, and reevaluate our total economy, and we must build this economy now on a domestic economy and we must come back in our own areas.

Senator HARTKE. Now, if we are going to celebrate the 200th anniversary of the United States of America in 1976, then the spirit of 1976 should be to eliminate the poverty that we have in the United States. That could be a goal we could establish and say that by 1976 there will be no poverty in the United States, and these people will not be living a destitute, hopeless, and degrading life.

I think we can accomplish that. That is not really any more difficult, in my opinion, than saying in 1961 that we were going to put a man on the moon. We accomplished that.

Mr. JOHNSON. How do we do this other?

Senator HARTKE. I am behind you. You have got me convinced. Now all you have to do is convince the rest of the people in the House and Senate and we are well on the way.

Mr. JOHNSON. Mr. Chairman, we would like to see a minimum now of \$100 a month for a single person and a minimum of \$150 a month for a couple.

Senator HARTKE. I want to thank you for endorsing my bill. I have a bill in to do just that. Thank you very much.

Mr. JOHNSON. Senator, at this time I would like to move on to another phase of our program. But I think we will get this. We are a little slow, but we live in this system of ours and this democracy. It works slowly, but we will make it.

I think one of our problems is bringing to the American public the conditions that exist and things that can be done. And I think they will want to do it because I don't believe any one wants our senior citizens to be in misery and in hunger and live in the rain and cold and to be lonely and left out their to die in this society. You can't make me believe that this great country of ours believes in that.

We will get there, but it will be slow. The things you are doing now will point it out and move it faster, and the great leaders like yourself will have to spearhead this great drive.

At this time I would like to move on. In 1966, we moved into what has become, we think, a national institution, the Green Thumb program.

It was my pleasure to work with it from the start and, of course, actually we set up the first working unit in the United States here in Arkansas, and we attempted, or rather, we told them there would be three or four things we would prove to them that we believed in.

One was, as I stated a moment ago, we have got a lot of older people who are 75, 80, and 82, who have a tremendous amount of skill, and they want to work, they need to work, and there are a lot of things that they can do for the general public. It restores to them their pride. They can walk down to the country grocery store and cash their checks and buy a little something extra and be men again in their community.

Now, that is what we told them we would prove, and I think the record has borne us out on it.

At this time I ask my son Lewis Johnson, Jr., to direct this program for me. I would like to introduce him and turn this phase of the program over to him.

STATEMENT OF LEWIS J. JOHNSON, JR., DIRECTOR, GREEN THUMB OF ARKANSAS

Mr. LEWIS JOHNSON, Jr. Mr. Chairman, thank you very much. May I take this opportunity to thank you for this opportunity to appear before you and present to you some of the Green Thumb workers themselves so they may have the opportunity to express to you some of their own thoughts concerning the problems of growing old:

It is because of the effort of our Green Thumbers and their labor that today—and we take great pride in saying this—Green Thumb has become the most successful of all of the programs under the so-

called poverty program. I can say this without any hesitation whatsoever. The proof is in the pudding, and we have got a lot of pudding here in Arkansas.

ARKANSAS THE MOTHER OF GREEN THUMB

Arkansas takes great pride in being the mother of Green Thumb. She gave it birth back in the early days of 1966 in Pike County, Ark. We began in five Arkansas counties with 70 men, and today, as you know, there are 13 States participating in Green Thumb and some 2,000 men.

Here in Arkansas 31 counties have felt the impact of the "older man," the giving of his knowledge, his skills, and of his labor. Some 500 men are bound together in a strong fraternity of brotherhood and take great pride in wearing the green helmet of a Green Thumber.

One doesn't have to go very far from this location to see the results of their labor, and these two words make up what Green Thumb is: results and labor.

The older person in rural Arkansas and rural America, Mr. Chairman, I don't believe will any longer be content to have the rocking chair put before him as a reward for all of the services he has rendered to this country.

In Green Thumb, these people once again have proven that they can produce, that they can produce efficiently, safely, and that they can produce with less supervision than ever before.

You know, many people believe that by giving the older American a nice name—and we give everybody the name of senior citizen—people believe that because of that name we don't have to provide them with services, services of food or pride.

Today, I as a young American have an opportunity to enjoy the fruits of their labor. I and mine, and you and yours, enjoy the results of their toil. Yet, today, as never before, they are left behind and excluded from enjoying the joys of good health, recreation, opportunity, and employment.

You and I, business, labor, and government, far too long have been the final judge as to when a man or woman is worth something to his or her community, his or her State, or his or her country. How can we seek the respect of others when we have shown none for our own?

We know the findings of this committee and your efforts will open the door to these, for they must be heard, and we feel they must be heard. For whatever man says that the "rocking chair" is all that older Americans need, want and deserve, knows not the older person living in rural Arkansas.

Our older citizens are the "span of survival" for many of our communities and counties once they are given the opportunity to participate in the "act of living."

At this time I would like to show you briefly a few slides of some of the handywork of some of our Green Thumb men. (Slide presentation.)

This is when we began up in Stone County, Mountain View, Ark. This is David Morrison, one of the men who plays the fiddle. This is David with his pitchfork. David has been around a few years. This is

David preparing and clearing the site for our 13-acre park in Mountain View. (Slide.)

This is the type of participation we get from Stone County. It is a poor county, but they realize the importance of tourism and recreation in their county. This is a part of their contribution. (Slide.)

This is one of our workers. You can see the rock work. He is one of our rock masons there, and he is in the process now of preparing some of these rocks to build the retaining walls for the fireplace. (Slide.)

This is part of the retaining wall and the firepit going up. (Slide.)

This is a circle here. We have about half a dozen firepits. They will last forever. These men feel that when they are gone, they will still be remembered, and that part of them will still be there, and part of them will be. (Slide.)

Once again, this is just some of the unique stone work. (Slide.)

This is the beginning. I asked one of my foremen down there about building a bridge across the little stream. I went back 1 week later, and this is the beginning. They had designed and planned it, and they are well under way to having it completed. (Slide.)

This is the result of it. Nowhere else in the country could this be done except through the knowledge and skill of a person who took great pride in what he was able to do. (Slide.)

This is out in Pulaski County, less than 3 or 4 miles from this room here. We worked in cooperation with the Arkansas Highway Department. They furnished us their supervision and equipment, and we the planning of the landscape. (Slide.)

Our men take great pride in their work. This is down in Pike County, Ark. This is a bridge across one of the little rivers down in southwest Arkansas where many people have to travel across the road. This county doesn't have much money to take care of its bridges and highways. So in order to avert the disaster of a schoolbus with a load of kids, our crews have gone in there and rebuilt that bridge, and now it is a safe passage. (Slide.)

This is down in Pike County, Ark. We moved all of the quail and wildlife across to a refuge over the hill. This is our foreman and assistant looking over the site. (Slide.)

This site was given to us by the hospital. This is down in Murfreesboro. The rural people had to come to town and couldn't pay for baby-sitters. The hospital gave the land to the county, and our men have built a beautiful playground and park for the children and people of that community to enjoy. (Slide.)

This is once again a part of that park. (Slide.)

This is down in Cleveland County, once again working with the Arkansas Highway Department. You can drive south of here and in Cleveland County, Ark., you will see nothing but a blanket of green. They have completely resodded, mulched, planted, and controlled erosion on every county and State highway inside of Cleveland County. (Slide.)

This is in Ashley County, Ark. This is a two-story park. This park was dedicated in 1966 by the Honorable Jim Trimble. The picnic tables are underneath the rocks on the left. It is a cave. It is a two-story park. (Slide.)

This is one of our prides here in Arkansas, but once again working in cooperation with the Arkansas Highway Department on Highway 7, which is one of the most beautiful highways in America. There was no place for the tourists to stop and enjoy Arkansas. There are several areas such as this overlook where they can view the beautiful Ozarks. (Slide.)

This is the beginning of Big Flat, Ark., just across the Sylamore to Harriet. The road in front of this is going to be one of the most popular areas of this country when the great Blanchard Caverns begin operation. (Slide.)

This is a gentleman, Mr. Houston Treat, who will explain some of his hills that have been idle for so many years. (Slide.)

This is what happened to all of the rock that we started with. I think they now have 12 beautiful picnic tables, unique, made of native stone. Some members of your staff will verify that it is one of the most unique parks in America. (Slide.)

This is up in Fulton County. A couple of our Green Thumbers here assisted the eastern Arkansas area Boy Scouts of America. They have a large area to serve all young men, regardless of race, creed, or color. They had a great problem with their drainage trying to build a road into their new Scout camp. We gave them a hand. (Slide.)

The provided equipment and material, and we provided the labor. (Slide.)

This is in Madison County, Ark. Up in the mountains after a rain of 3 or 4 or 5 inches, the bridges are not adequate and they will wash away. This is a bridge that washed away and left a dozen or so families stranded.

Working with the judge of that particular county, we put in our crews in an emergency situation and within a week we had that road open again. (Slide.)

This is one of the sad parts of American history. After the outbreak of World War II, the President established a war relocation authority, and 3 days after that, 120,000 Japanese-American citizens were loaded up in trains and headed to 11 relocation centers all over the country. Two of these concentration camps were located here in Arkansas. (Slide.)

This is the only remaining memorial any place in the country telling the saga and sadness of this era of American history. This is how we found it out in the middle of a cotton and soybean field. Believe it or not, these memorials were built by engineers and people who returned to the relocation center. (Slide.)

The one on the left, on the back of this are the names of some 30 American citizens who volunteered to serve with the 442d combat team and who gave their lives in Europe to this country. This is a memorial to them in showing their love for this country, even though this country had carted them off and took what they had. But they couldn't take their pride.

On 30 November, we are having a Japanese-American memorial day in Arkansas. This is a great tragedy. We have been trying to get the Department of the Interior to maintain this land, but this 1.2 acres still belongs to the Department of the Interior. (Slide.)

As long as we are able, we will not let them forget because a coun-

try cannot forget an era of history such as this. (End of slide presentation.)

At this time, I would like to introduce a few of our friends who would like to make a short statement to you.

First of all, I would like to introduce to you a gentleman whom your staff has already met. He is a real hot guitar player in Mountain View. He is the mayor of Mountain View, Mr. Thomas Simmons.

STATEMENT OF HON. THOMAS SIMMONS, MAYOR, MOUNTAIN VIEW, ARK.

MR. SIMMONS. Senator, guests, I am really pleased to be here today. I have been deeply involved in the Green Thumb project for Mountain View.

Mountain View is a small city, 1,500 people. You can imagine what a budget you have to operate on when the per capita income of that county is \$980.

UPGRADING FOR TOURISM

We have, for a great many years, tried to upgrade our county for tourism, realizing that the tourist dollar in Arkansas is the biggest industry in Arkansas. And we have tried to provide our facilities, et cetera, but always there was this dollar sign in front of us.

Working through the Lions' Club and the Chamber of Commerce for several years, we tried to improve a 10-acre tract of land to make it into a city park. Never could we generate enough interest or money to do it.

A couple of years back, Mr. Johnson approached me with the county judge with the idea that we might be able to participate in the Green Thumb project and build a city park.

At that time I didn't know how much it would cost from a monetary standpoint in dollars and cents. I knew our budget was very limited. They assured me they could furnish the labor if we could furnish the material.

Having the equipment to do street work with and also for the county, the judge and I decided that we might go on a cooperative effort to build the city park with their help.

Some of your friends there have seen the park, and it is very beautiful and outstanding.

There was a very nominal expense and cash outlay. We have been able to develop this 10 acres of land into one of the most beautiful parks in Arkansas. We did this with folks who had been almost forgotten and, in a sense, this is a shame as we are talking about people who already devoted 30 or 40 years of their lives to sustain our country and provide schools for our children. And when they grow up and reach a certain age, nobody wants to hire them.

I can't figure this out, frankly. They have a unique quality that some of our folks may not have in this day and age. It is that they don't mind working. They like to work, but I am fearful that there are too few people who like to work. We live in an area where it is very hilly and time is short and people have to be very thrifty in order to survive.

I can tell you a story about a fellow who moved from one of the western States into our county. He had a large bank account, and he was going to show all of these country folks up in the hills how to farm. He stayed there 3 years and borrowed the money to leave, and he couldn't figure how to adapt to the area they live in. He said, "I don't know how they do it, but they sat on their front porches and whittled me out of every dollar I have." They like to improvise, and they take pride in their work.

I am really pleased to have had a part in working with these folks in building this in Stone County. We are on the verge of probably being one of the top counties in Arkansas as far as tourism is concerned because just now they are developing Blanchard Caverns in the national forest which is 14 miles away.

They have already spent \$2 million. This is a Federal project by the Department of Agriculture. They plan to spend another \$10 million in that area, providing they can find the money. We will have probably a quarter of a million people come through our area in the tourist season. So there again our park has been very timely in the fact that they do now have it built, and it is ready to serve folks.

We have an annual folk festival in Mountain View. We have a lot of folks up there who like to play string instruments. We have been rather isolated for a number of years, and they have retained a great deal of the old folkways and old folk music that was brought in from Tennessee and Kentucky when our folks came to Stone County.

So we have again used our park to great advantage in the fact that last year during the festival time it was completely packed with campers and tents. We had tents completely covering one area, and some of the people there had a lot of hair and they were a mess, but I am proud to say that they left in good condition.

But even the college kids and the other people who have come to this area appreciate what these elderly citizens have done. And they have done a tremendous job.

We would like to urge you to do what you can in order to help these senior citizens because really and truly they do a terrific job. They are sincere in their efforts. They like to work and they are going to work. It would be shameful to have our senior citizens pushed aside and not be able to work.

To me, from an economic standpoint, this is real economic opportunity to get a lot out of the dollar, from this standpoint: These people have already raised their families, they have homes and they don't have the financial responsibility that I would have or some younger person would have; therefore, they can get by on less money than the younger generation. What I am saying is that you can get a lot of labor from your dollar.

In our county, we have a lot of elderly people. In fact, 27 percent, in the last survey, of our people were 55 years and older. In the real mainstream of public work, the 20- or 30-year bracket, only 12 percent of the people still remain in our county. So we have been having a great outflow of our young folks, and I think we need to utilize the ones that we have. I know they are going to do a great job, because they already have.

Thank you very much.

Senator HARTKE. Twenty-seven percent over 55?

Mr. SIMMONS. Yes, sir.

Senator HARTKE. What was the other one?

Mr. SIMMONS. Twelve percent from 20 to 30 years of age. This is really what labor is looking for in this year and time. I am 41, and if I went to get a job in a factory some place they probably wouldn't take my application because in our industrialized Nation, what the railroads and factories are looking for is that man who is 20 to 30 years old.

TOO OLD TO WORK: TOO YOUNG TO RETIRE

Senator HARTKE. In other words, you are too old to get a job and too young to retire?

Mr. SIMMONS. That is right. I wish I could. I love to hunt and fish. Most of these people don't want to retire, but there is nothing that would please me more.

Senator HARTKE. But with the energy that you have that I have seen today, I think you would get very tired if you were forced to retire.

Mr. SIMMONS. I am sure that is true.

Senator HARTKE. But that is a very interesting story, and I think something needs to be done. What kind of highways do you have?

Mr. SIMMONS. They are deplorable. We are working with the highway commission, and there again it is the dollar sign that gets in our way every time. They have a limited budget to work on, and it takes a tremendous amount of money to build a road in the mountains. They can build a highway in the flat country for a third of the price of one in the mountains.

The highway situation is bad, although we are making a tremendous amount of progress in that we are getting our State roads widened and hard surfaced.

As late as 3 years ago, over half of our State highways in this country were not hard surfaced, but if all the programs are complete within the next year and a half, all of our highways will be widened and hard surfaced.

Senator HARTKE. How close is the nearest interstate?

Mr. SIMMONS. That is Conway, which is 45 miles away.

Senator HARTKE. How about railroads?

Mr. SIMMONS. No, sir; there isn't a railroad through Stone County. There is a trunkline across the White River from Mountain View, the Missouri-Pacific. This is approximately 12 miles, and to get to it you have to cross the ferry at White River, which is State-operated.

Senator HARTKE. You have a great potential for tourism; is that right?

Mr. SIMMONS. Yes, sir; one of the greatest in the Nation. We have some of the most beautiful scenery in our Nation, and I have seen a great portion of it. We have Blanchard Caverns which, when developed, will no doubt be one of the very top tourist attractions in this Nation.

Senator HARTKE. Where are these caverns in relation to Mountain View.

Mr. SIMMONS. Well, about 12 miles north-northwest of Mountain View.

Senator HARTKE. As I understand, these are comparable to Carlsbad.

Mr. SIMMONS. You can ask your colleagues.

Mr. MILLER. If I may say, as a former Kentuckian, Blanchard Caverns will certainly be a competitor to Mammoth Cave. It is tremendous.

Senator HARTKE. It is being developed by the Forest Service?

Mr. SIMMONS. Yes, sir; as I say, it is the only one the Forest Service is developing, or has ever developed. The Park Service has been handling this, and we are proud of this, but they are not proud enough to get the extra funds to get it open.

Senator HARTKE. Has it been done?

Mr. SIMMONS. No, sir; it has not been.

Senator HARTKE. Has it ever been opened to the public?

Mr. SIMMONS. No, sir; they started about 3 years ago with work inside of the cavern. They have the engineering on the lighting. They have two elevators inside that have a capacity of 22 people. They have the elevator houses on top. They have the water and sewer facilities about 60 percent completed. They lack about \$1 million for doing some additional trail work in the lower elevations which they must complete before they open the upper elevations to the public. And they must build a visitation center on top and build some road work.

Senator HARTKE. What is the status of the budget on that?

Mr. SIMMONS. Sir, I do not know. I talked to the director of the Forest Service yesterday. That is Wayne Shuttleworth. He informed me they had the money for the indirect lighting, but they didn't have the money for the visitation center on top.

Senator HARTKE. Mr. Oriol will check this out. We will advise you as to exactly what your prospects are. I imagine with the austerity program we are going to save a million and lose 50 million.

Mr. SIMMONS. I would like to say once Blanchard is open, it will be a gold mine.

Senator HARTKE. Are you going to invite me for the dedication?

Mr. SIMMONS. In fact, I would like to invite you anytime to take you through the cavern. If you are here, you could come out to our weekly Friday night musical.

Senator HARTKE. I play a mandolin.

Mr. SIMMONS. We would be glad to include you in our band.

Senator HARTKE. What is the name of your band?

Mr. SIMMONS. We call ourselves the Blue Mountain Boys.

Senator HARTKE. What about the Green Thumbers? Will you use them some more?

Mr. SIMMONS. Yes; we will use them as long as we can get them. We have some of them working in our county now. I dread to see the day they scrap the program.

Senator HARTKE. Do you think it is going to be scrapped?

THE BEST FEDERAL PROJECT

Mr. SIMMONS. Well, usually the things that go good for the Federal Government are the first to fall, I am sorry to say. I hope it isn't because, in my opinion, it is the best Federal project we have ever had, and I have had many a person look at this park. I would explain how it was built and the money that was spent, and they say, "This is the best project I have ever seen."

Senator HARTKE. What about Green Light? Do you know what that is?

Mr. SIMMONS. This is female work, and I know very little about it, but there is a need there just as much as the Green Thumb.

Some of our people who work on the Green Thumb up there are drawing social security, as we have already heard about. It is very pitiful, a man and his wife living on \$96 or \$97 a month. Then here comes the Green Thumb project and they can make an extra \$1,800. This triples their income. This does a tremendous amount of good for these folks, both from the health standpoint and they can improve the house they live in and eat a better diet, and they can even save the squirrel population a little bit.

Thank you.

Mr. LEWIS JOHNSON, JR. Mr. Chairman, may I add a comment concerning the Blanchard Caverns. We have an official coming down from Washington this month. We in Green Thumb are trying to get permission from the Department of Agriculture and the Forest Service to allow our Green Thumbers to go into Blanchard Caverns and help complete this cavern for the good of the State and for the good of Stone County.

At this time I would like to introduce Mr. A. J. Robertson who represents the highway department, and he would like to make a statement for Mr. Jim Wiler who is the chief engineer.

STATEMENT OF A. J. ROBERTSON, REPRESENTATIVE, ARKANSAS HIGHWAY DEPARTMENT

Mr. ROBERTSON. Senator, committeemen, as spokesman for the highway department, I would like to say that I believe we have gotten more good out of our Green Thumb project than any other organization that I know of.

At the present time, the highway department has about 40 to 50 Green Thumb workers in five different counties. These men are doing various jobs such as cleaning and painting guard rails, transplanting trees, as you saw in the picture just a minute ago. This is out on the roadway on I-40 close to Little Rock.

Of this type of work, Green Thumb contributes to the Highway Department about 6,400 hours a month. Without Green Thumb help, a large portion of these projects, such as the project out on I-40 where the trees have been planted, would have been done anyway, but only because there was this assistance we were able to put more trees in, and they were able to spend more time in one certain area.

The Green Thumb program has been highly effective in the way of building parks. We have one park in this area, between here and Pine Bluff, that Green Thumb has completed, and it is in use now.

We have several parks across this State. The one on Highway 7 is a frontier trail and recognized throughout the United States for its scenery. The Green Thumb helped a lot with this project. In fact, they built it, as Mr. Johnson has already stated.

Being associated with the men closely, I believe the men like to go home at night and know they made the money that they got that day rather than have had it given to them.

Thank you.

Senator HARTKE. You say you have between 40 and 50. How many could you use?

Mr. ROBERTSON. We can use all we can get. We have men in the five counties now. We could plant trees from one end of the State to the other, if we had enough.

Senator HARTKE. In other words, the only limit is the limit of people that would be available; is that right?

Mr. ROBERTSON. That is right.

Mr. LEWIS JOHNSON, Jr. Mr. Chairman, concerning the women, as you know, after many years of trying, the Department of Labor has funded us a very small amount of money to try to work with some of our older women. We know out in rural Arkansas for every rural man you will find that is elderly, you will find two to three women who are heads of households who are in worse condition than the men.

We have only 45 job slots here for this in the State of Arkansas, and this is rather pathetic. We trust that at the end of this program the proof once again will be put before the Government and the Department of Labor than we can expand our Green Light program such as we have in Green Thumb.

At this time I would like to introduce Mrs. Ennie Cobb who is our area representative. She is also a Green Light worker here in Pulaski County. At this time Mrs. Cobb would like to say just a few short words concerning the Green Light program.

**STATEMENT OF MRS. ENNIE COBB, AREA REPRESENTATIVE,
ARKANSAS FARMERS UNION GREEN LIGHT PROJECT**

Mr. COBB. We the employees of the Green Light project are very happy to be a part of the Arkansas Farmers Union. First, it has helped us to do many things that we did not have the money to do, namely, have more food in our homes, pay doctor bills, buy medicines, and even begin needed repairs to some of our homes.

Second, this project in its short time has reached and helped people that were bedridden, shut in, lame, lonely, those not able to comb their hair, cook their food, or bring in the mail.

We only pray to God that that this project will ever be in the mind of our Government so that they will continue it and that we the employees of the Arkansas Farmers Union Green Light have the health and strength to do a very good job in serving the people in College Station or elsewhere regardless of race, color, or creed. This is our prayer.

Senator HARTKE. How many do you have at the present time?

Mrs. COBB. Three.

Senator HARTKE. Are there more of them that would like to work with you?

Mrs. COBB. Yes, sir.

Senator HARTKE. You need money?

Mrs. COBB. Yes, sir.

Mr. LEWIS JOHNSON, Jr. Senator, on that, the one problem that we hope to get resolved as to our Green Light women, more women perhaps than men receive welfare because they cannot go out and

get part-time jobs in the timber and the hayfields. We are trying to see, as it stands now, that a person who is drawing welfare can only receive a small amount of additional income and still maintain his other welfare payments. Now, we hope that we can get some type of ruling from the Department of Health, Education, and Welfare that would exempt the earnings that the Green Light women and the Green Thumb men receive through our programs.

These earnings are exempted with our Neighborhood Youth Corps programs and other programs concerning people who are receiving welfare, and we cannot operate Green Light efficiently with the people who the program was designed for unless we can get HEW to exempt their earnings so that they will be able to work more than 1 or 2 days a month for us. Otherwise, the program will be completely opposite of what it was intended for.

At this time I think we in Arkansas are very honored and privileged to have some dedicated people who serve on our advisory committees and who give us a varied knowledge in their various professional fields. At this time I would like to introduce one of the well-known conservation writers. He will write you an article, Senator, on anything you need an article written on. He is a great friend of ours. He is a great friend of the Green Thumb workers and the older people here in Arkansas.

At this time I would like to introduce Mr. John Fleming who is the outdoor editor for the Arkansas Gazette.

**STATEMENT OF JOHN FLEMING, CONSERVATION WRITER,
ARKANSAS GAZETTE**

Mr. FLEMING. Senator Hartke, and representatives of the Senate Special Committee on Aging, in the past 3 years I have had an unusual opportunity to observe the workings of the so-called poverty programs in Arkansas. In these 3 years I have criss-crossed the State for a total of almost 60,000 miles in the pursuit of my duties as an outdoors writer for the Arkansas Gazette. Part of these duties include the coverage and promotion of beautification and tourism.

It was in this area of endeavor that I first became acquainted with the Green Thumb program. It has been my observation that Green Thumb and the Job Corps are two programs that have returned big dividends for a relatively small investment. I mention the Job Corps because, in at least one instance, there is a relationship. In Franklin County, Ark., the boys from the Cass Job Corps Camp have, on a volunteer basis, provided manual labor such as wood chopping and grave digging for the older residents. This good will gesture was necessitated because this is an area from whence the younger people have fled to the cities.

I have had many opportunities to interview Green Thumb workers both on the job and off. I have also had many opportunities to eyeball the work that has been done by these men.

There is a program that is not only humanitarian but highly beneficial to the State of Arkansas. I lay no claim to any knowledge of the science of geriatrics, but I have done a lot of human observing in 43 years as a newspaperman. It has been my observation, both in my

own generation and the preceding generations, that in many instances retirement is capital punishment or suicide depending on whether the retirement is voluntary or involuntary.

HOPE FOR THOSE WHITTLING THEIR LIVES AWAY

Green Thumb has provided hope for a lot of men who otherwise would be whittling their lives away. The enthusiasm and the practical skills with which these men go about their jobs makes us younger fellows feel a little bit ashamed. These are men who take pride in giving an extra measure of work for a day's pay.

I would like to cite two instances to illustrate this point. On a job that was being supervised by the Arkansas Highway Department, a foreman told me that he was having trouble with his workers. The trouble, he said, was trying to keep them from working too hard.

Over in eastern Arkansas, at the junction of the Monroe, Phillips, and Lee County lines is a monument set up in 1926 to mark the spot from where all the surveys of the Louisiana Purchase began. The Federal surveyors established this beginning point in 1815, and it was lost for 111 years. Then the Daughters of the American Revolution put up the monument and for another 43 years the place was inaccessible because it lies in the middle of a swamp.

Green Thumb took over the task of opening up this important historical site to the public and today you can walk in, provided there has not been a recent big rain. Efforts to make this site a State park have been hopelessly entangled in redtape. However, these Green Thumb workers, with an unusual sense of history, have volunteered to give a day's pay in order to help buy this land and make this national historical site, a site from where all land surveys in 13 States began, available to the public.

The work of Green Thumb has gone far beyond the original concept of highway beautification. In Arkansas, Green Thumb has built roadside parks, scenic overlooks and other additions to the promotion of tourism and the enjoyment of our own people.

None of these things would have come about had it not been for Green Thumb. But, even if these accomplishments were not worth a hill of beans in the practical scheme of things, this money would be well spent because of what it does for the human spirit.

BEST BARGAIN SINCE LOUISIANA PURCHASE

Putting together the practical gains that have come to Arkansas from Green Thumb, plus what it has meant to older rural Arkansans, the country hasn't had a better bargain since President Jefferson made the aforementioned Louisiana Purchase.

Thank you.

Senator HARTKE. This is a high recommendation. What was the cost of the Louisiana Purchase an acre?

Mr. FLEMING. Well, something less than 23 million acres for \$15 million, but my mathematics isn't very good.

Senator HARTKE. I want to thank you, and I think your endorsement is one which will be given a substantial amount of interest. Also, I think it is very interesting for a man who is interested in conservation, such as you are, to have such a reputation of taking

such an interest in not alone the question of conservation of natural resources but of the biggest resource, human nature.

Mr. LEWIS JOHNSON, Jr. At this time, I would like to introduce a gentleman who has been with Green Thumb for about 21½ years, one of its workers, one of its foreman up in Stone County. He has been all over the country because of Green Thumb, and we take pride in saying that. He is one of the older Americans, who you will hear later on, Willie Morrison. At this time I would like to introduce, Mr. Willie Morrison of Mountain View.

STATEMENT OF WILLIE MORRISON, MOUNTAIN VIEW, ARK.

Mr. MORRISON. Mr. Chairman and guests, I have to talk to you from a local level. I am a poor boy, and I can only say that this program is great. I have never had a job in my life that I get more pleasure from as I do this job.

When we first started this, we went up and picked up some of the boys. I went up to this one fellow who was sitting on the porch with his wife. His lawn was grown up to the top of the picket fence. I went up to this gentleman and said that we have got jobs on the Green Thumb program and we need him down there.

He came down and when he received his first check, why, he couldn't believe it. He was still drawing social security.

Then I went back and talked to his wife about 1 month from that time. She said, "Willie, this gives me the greatest pleasure I have ever had. I fix his lunch pail. When he goes out that gate, I know he is going to do that job."

She said, "My son brings the children back again. My son told the children not to get into grandma's cupboard because there wasn't anything in grandma's cupboard." She said, "Now I have something in the cupboard, and those children make a break for the cupboard."

SENIOR CITIZENS IN THE BASEMENT

Gentlemen, when you interview those fellows, you have got to dig the information out of them. Senator, I believe that the nearest I can describe the situation is that our senior citizens are in the basement of their United States. We have gotten 2,000 of them out of that basement, but their hands are still sticking up to where they can be seen.

The people that worked and held our country together through the depression, and then it took them into the 1940's to get out of debt—and some of them didn't even get out—in the 1950's they realized they were too old to work and couldn't get jobs and some of them couldn't get social security, but on this Green Thumb project they are getting the work and working out their social security, too.

We will take this park in Mountain View as an example. We have 10 acres. The valuation of that park was \$1,000. That park is now valued at \$125,000.

I am not going to speak for just my State, but for all of the States that are in this—Indiana and all of the rest of them—I am going to speak for Green Thumb.

THE GREEN THUMB COUNTRY

We challenge anybody openly and with open arms to come down and visit us and see what we are doing. We wanted to go to the moon and we went to the moon. We want you to travel over these States where Green Thumb is now—and we want to let you know this—and you can go home and tell about this, that you have been in the Green Thumb country.

Thank you.

Senator HARTKE. They brought back some rocks and moon dust. Do you think we can get some Green Thumb rocks and dust?

Mr. MORRISON. Yes.

Senator HARTKE. I gather from what you are saying that you are kind of excited about this program.

Mr. MORRISON. Well, I am a senior citizen, too, Senator, and I know what it means?

Senator HARTKE. How old are you?

Mr. MORRISON. I am 62. And I know what it means back there to have just a very little to eat.

Senator HARTKE. Tell me about it.

Mr. MORRISON. All right. During the depression, Senator, I walked 7 miles and worked at 50 cents a day—not 8 or 10 hours, but from sunup to sundown—and I was glad to get that 50 cents a day. That was 7 miles one way. I had a wife and three children. We had to eat and raise our stuff to eat. But as far as money and getting clothes and school books—we had our Bible and thank God for that, and that is one book that stayed in our home. But for the children to advance, we had to buy school books, and it cost money back then. If you didn't have any money, then you went from there.

In our county they began to scatter out. Senator, I had to leave because I couldn't make it on that. I would have to leave my family at least 3 months at a time in order to pay a little grocery bill in the fall. That is just how tough it was back then.

Senator HARTKE. Thank you.

Mr. LEWIS JOHNSON, Jr. Senator, at this time I want to introduce two gentlemen who are Green Thumb workers from Baxter County, Ark., which is up in north-central Arkansas. They come from the community of Big Flat.

Many people don't know about Big Flat, Ark., but when the highway department paves that road from Blanchard Caverns, Big Flat is bound and determined to become known again.

These two gentlemen have built one of the most unique parks in America. You can put it up to any other in the country. You couldn't find it any place else in the country. These gentlemen have used their skills that were handed down to them from their fathers and their fathers' fathers. They still use the same initiative in putting these tools and these skills together.

A long time ago the houses had wooden shingles on them, and then it became popular to go uptown and buy your shingles. Nowadays, if you have enough money, you can have the pleasure of having wooden shingles put back on your house. But up in Big Flat, on all of the buildings, Mr. Houston Treat and Mr. Ollie Harrington made the shingles that they put on.

**STATEMENT OF HOUSTON TREAT AND OLLIE HARRINGTON,
BIG FLAT, ARKANSAS**

At this time Mr. Treat and Mr. Harrington would like to explain to you a little bit about their equipment and their tools, and they would like to give you a demonstration on the splitting of the shingles. Then they want to see how good an Indiana boy is at splitting shingles. (Shingle splitting demonstration.)

Mr. TREAT. This is a homemade rig.

Mr. HARRINGTON. And this timber is a little old.

Mr. TREAT. I don't think a lot of people know what this is. This is a free. A lot of the oldtimers know, but some of you may not know.

I will show you how it is done. (Demonstration.)

Mr. HARRINGTON. It is a problem to get good timber because there has been so much of it cut. We have to get what we have from the forest. It is very hard to find.

Senator HARTKE. How many shingles will that make?

Mr. HARRINGTON. That will make two. Ordinarily, they leave them something like that. Two of them go together and one goes right over the crack of the two.

It is hard to tell you how old that free is. It is probably over 100 years old.

Senator HARTKE. Do you sharpen that much?

Mr. HARRINGTON. Well, it never gets dull because you never put it on anything except the end of the wood, and that never dulls it. That has been dulled a little because it has been dropped. But, of course, it has been pretty well taken care of.

Senator HARTKE. How old are you?

Mr. TREAT. Sixty-three.

Senator HARTKE. What do you do with the shingles now?

Mr. TREAT. Nail them on the building. They work pretty good.

Senator HARTKE. When did you start on Green Thumb?

Mr. TREAT. Two years ago.

Senator HARTKE. What were you doing before that?

Mr. TREAT. Nothing.

Senator HARTKE. Nothing at all?

Mr. TREAT. No; just hunting and fishing.

Senator HARTKE. How long had you not been doing anything?

Mr. TREAT. Five or six years.

Mr. LEWIS JOHNSON, Jr. Senator, at this time I would like to introduce the Old Americans. When they appeared before the Senate Committee on Aging, Senator Kennedy chaired the committee in Washington several years ago. These gentlemen went up before that committee not to beg or borrow but just to show their appreciation for the opportunity to live then.

"Time" magazine at that time called them "the dadgum bunch of lobbyists that ever hit Washington."

At this time, I would like to introduce Willie and David Morrison, that good looking fellow with the guitar is Seth Mize.

Senator HARTKE. Let us find out how old you are.

Mr. WILLIE MORRISON. Sixty-two.

Mr. DAVID MORRISON. Sixty-four.

Mr. WILLIE MORRISON. Seth, at the end of this month, will be 68.

Senator HARTKE. What song are you going to play for us.

Mr. WILLIE MORRISON. "The Eighth of January."

(The Older Americans at this point played "The Eighth of January.")

Mr. LEWIS JOHNSON, Jr. Senator, at this time that concludes our portion of this. Once again, we are deeply indebted for your being in Arkansas, and we appreciate your efforts. I know that the people in Green Thumb and Green Light share this view with us.

Senator HARTKE. I think that this is a good time to close out the morning session. It leaves everybody in good spirit, and I want to thank you for the testimony you have had this morning.

We will now recess until 1:15 this afternoon.

(Whereupon, at 11:45 a.m., the committee recessed, to reconvene at 1:15 p.m.)

AFTERNOON SESSION

Senator HARTKE. We will proceed with the hearing.

The next witnesses we will hear will be from the CASA and Mobile Health Clinic, Mr. J. R. Jones, director of the Community Activities for Senior Arkansans; Mrs. Jennie B. Bates, assistant director, and William L. Bunch, M.D., director of the Mobile Health Clinic.

The first witness will be Mr. Jones.

STATEMENT OF J. R. JONES, PROJECT DIRECTOR, ARKANSAS FARMERS UNION CASA PROJECT

Mr. JONES. The Arkansas Farmers Union CASA project, which stands for Community Activities for Senior Arkansans, was begun in November 1966, and is funded by research and development grants from the Administration on Aging, which is part of the Department of Health, Education, and Welfare. I have been its director since April of 1967.

(For an evaluation of CASA Project, see appendix 4, p. 465.)

It is believed that most older people in rural areas would much rather stay in their own homes, than have to be placed in an institution. They seem healthier and happier during their declining years if they can stay where their friends, neighbors, and roots are.

However, because of limited resources, both financial and physical, many times they are unable to do so. In most cases all they need is a little help. CASA project tries to provide that help.

CASA—ITS ASSUMPTIONS

The original application was based on the following assumptions:

1. Many of our elderly poor are becoming wards of our society and crowding our hospitals and mental health centers because of lack of worthwhile activities.
2. Accidents which permanently disable our elderly citizens often occur because of lack of repair or minor damages to their homes.
3. Because of a fierce pride which prevents them from receiving something for nothing, many elderly persons live out the last years of their lives ill-fed, ill-clothed and in inadequate shelter without adequate opportunity to earn additional income.
4. Many persons aged 60 and over are still quite capable of doing

a good job, as we have shown this morning, if they are employed on a part-time basis.

5. Loneliness resulting from lack of association of elderly persons with others near their own age undoubtedly causes serious mental and health problems.

Two or three older men and women were hired in each of six pilot rural counties to try to alleviate some of these problems. These workers were paid—and I emphasize “paid”—at a rate of \$1.60 per hour for 24 hours a week, plus their mileage. However, in most cases they work 6 and 7 days a week, and all hours of the day and night.

I would like at this time to have all of the CASA fieldworkers stand.

(The CASA members present arose at this point.)

During the initial year of operation, much of our effort was directed toward seeking out and identifying the senior citizens who needed help. This was accomplished by means of a written data sheet completed on each person visited by the fieldworkers.

From these data sheets the following statistics were derived:

1. The average age of the persons contacted was 72.6.
2. Their average income was less than \$920 per year. Of this, over \$15 per month was spent on drugs alone—not medical expenses, but just for drugs. As the man said, “What is left doesn’t buy many beans.”
3. Their source of income was distributed between social security alone—45.8 percent, old age assistance—welfare; 26.3 percent a combination of social security and welfare; 23.2 percent and other sources, such as veterans’ pension, railroad retirement, odd jobs, et cetera, 4.7 percent.
4. The seniors own estimation of their general health was: 56.2 percent as poor; 32.2 percent as fair, and only 11.6 percent as good.
5. Of the persons interviewed, 84.4 percent had applied for Medicare benefits.
6. Almost 73 percent of the older people owned their own homes, while 27.1 rented or lived with relatives. Of these, 37.1 percent lived in homes without either electricity or indoor plumbing, and in many cases without both. I will show some slides in a minute to indicate this point.

The six counties chosen for the CASA project were selected because they offer an excellent cross section of the rural population of Arkansas. There are two counties which are in the mountainous section of the State, where the people are fiercely independent and self-reliant. There are two counties in the Grand Prairie-type region. One county is representative of the delta farming region and the other a mixture of all three types.

We believe that Arkansas offers, perhaps better than any other single State in the Nation, a wide range of the types of people found in the rural areas. Aside from the segment that has lived all or most of their lives in Arkansas, there is also a large influx of people from other States across the Nation who come to Arkansas to retire.

Therefore, it is also believed that these figures are not only representative of the conditions of the rural elderly in Arkansas, but are also indicative of the older rural population of the whole Nation.

As the fieldworkers were completing these data sheets, they were also busy providing other services to enable the older people to remain

in their homes. Many of these things we take for granted. But, if you are a senior citizen living, perhaps miles from your nearest neighbor, they become an acute necessity to your life.

LACK OF MOBILITY

One of the greatest problems facing our rural elderly is the lack of mobility. How does a widow living alone in the rural areas get to the doctor's office when she is ill; to the stores to purchase food, drugs and clothing; to church to worship; or to the hospital if she has an accident? In most cases she has three choices: She can, in some cases, with her already meager income, hire a neighbor to take her, or she can walk. Or, as is too often the case, she can do without.

CASA has attempted to solve some of these problems by providing transportation for persons with no transportation of their own and no relatives to furnish it.

In addition to their lack of transportation to various agencies designed to alleviate some of the problems of the elderly, many do not know of the services that are presently available to them. For our training workshops for the fieldworkers, we have secured speakers and instructors from the Social Security Administration, welfare office, food stamps office, Farmers Home Administration and many others.

These people inform the fieldworkers of what services are available to the older people and the fieldworkers in turn pass this information to the senior citizens. In this capacity, we act as a referral service in the field where it is most needed.

"MORE PEOPLE RUST OUT THAN WEAR OUT"

Since we ascribe to the old adage that "more people rust out than wear out," we have attempted through our senior citizen centers and handicraft workshops to get the older people active again. Sometimes something as simple as having a place to go to talk with other people their own age or playing a game of cards, checkers, or dominoes works wonders in breaking the shell of loneliness and despair that engulfs elderly people.

Our fieldworkers have established centers in old buildings that may not be the most luxurious in the world but provide a meeting place for the seniors. We try to make these centers self-supporting by means of cake sales, fried chicken dinners, and so forth. We have also had a great deal of success in interesting the local communities in the furnishing and upkeep of these centers.

We have conducted handicraft workshops—and in the back of this room are examples of what has been made—for the elderly people in churches, centers, and even private homes. These women learn how to take something that they have in their own homes and make a useful article out of it. You would be surprised at the different things that can be made from an old bleach bottle.

These activities not only give the older people things to do with their hands and minds and bring them together for fellowship with their friends and neighbors, but many times through the sale of these items they also add to their income.

A great many of the older people, especially women, are unable both

physically and financially to keep their modest homes in an acceptable state of repair. Many times the people suffer accidents and illness because of this inability to repair a broken step, place screens on the windows to keep insects out, or patch a leaking roof.

Our men fieldworkers have performed many minor home repairs for these older people to help them live healthier and safer lives in their homes. Our activities along these lines are limited to people who own their own homes, who cannot accomplish the repairs themselves and have no relatives to do the work, and where the repairs will help eliminate the possibility of an accident or illness. At times we have provided additional employment for other senior men to make these repairs.

Our women fieldworkers many times act as home aides to persons who are ill and who are invalid or semi-invalid. They perform basic homemaker services for people who cannot do the work themselves. It means a lot to a woman who has just been released from the hospital to have someone come in and wash the clothes and dishes, clean house, and perhaps help in canning some vegetables from the garden which otherwise might spoil.

It means a lot to a blind man to have someone haul wood to his house so that he will have heat in the winter and a fire to cook. It would take hours to relate all of the services that have been rendered by our fieldworkers to the elderly in their homes.

Our friendly visitor service on the surface may seem very minor, but to the isolated, homebound person elderly, it is extremely beneficial. We have found many people who did not see another human being for weeks at a time. To these people, just someone to come in and talk to them for an hour can lift their spirits immeasurably. We offer a word of encouragement, perhaps read to them from their Bible, write a letter to a relative, help them comb their hair or just talk over "old time." Those of us who come in contact with many people each day cannot imagine the loneliness and despair that engulfs these people.

MEDICAL CHECKUPS

In working with the elderly, it was discovered that one of the things they neglected most was securing a periodic medical checkup. It is very difficult for a person with limited income and no transportation to get to the doctor's office, which may be 20 or 30 miles away, for a physical examination. Many times this habit of not visiting the doctor "till they hurt somewhere," which may stem from either ignorance or apathy, can lead to diseases and illnesses which become acute.

In June of 1968 a supplemental grant was secured from the Administration on Aging to implement a mobile medical unit. This phase of CASA project is designed to provide a free multiphasic medical examination for the elderly in the remote rural areas.

A 66-passenger schoolbus body was secured from a local manufacturer and the inside was constructed to provide a mobile clinic where these examinations could be administered. This type of vehicle was decided on so as to offer a maximum of mobility and ease of operation.

The unit, is staffed by a physician, two licensed practical nurses, and a driver-maintenance man.

When the fieldworkers receive the unit's schedule from the home office, they secure exact locations, such as a local store, school, and so forth, where the unit can perform the examinations. They then publicize, through posters, newspaper articles, and announcements when and where the unit will be. Often they provide short-range transportation to the unit for persons unable to get there on their own.

Upon arriving at the unit, a short medical history and information is taken by one of the nurses. The patient then proceeds through a battery of tests especially selected and designed to detect the prevalent chronic diseases in the elderly. These tests are:

1. Height and weight.
2. Visual acuity.
3. Blood pressure.
4. Anemia.
5. Diabetes.
6. Urinalysis.
7. Lung capacity.
8. Tonometry for the detection of glaucoma.
9. Three-lead electrocardiogram.

Many of these tests give results not only of the disease tested for, but are indicative of other physical abnormalities.

The results of all of these tests are determined on the unit except the electrocardiogram which is read by a cardiologist at the University of Arkansas Medical Center.

When all of the results are received in the office, the secretary processes the records. If the patient shows an abnormality in any of the tests, they are sent a letter advising them to contact their private physician whose name they gave us when they came through the unit. Their physician is, at the same time, sent a letter advising him of our findings and a copy of their medical record.

We do not attempt to make any diagnosis at the unit, nor refer a patient for a previously known condition. It is left to the private physician's discretion as to what further tests and/or treatment he may prescribe on the basis of our findings.

After a period of time, a list of the patients referred is sent to the field workers. They, in turn, visit these persons to ascertain if they have visited their physicians and, if not, encourage them to do so.

PREVENTION OF DEATH THROUGH DISEASE DETECTION

There are occasions where the patient's condition is of such a serious nature that the need for immediate attention is indicated. In these cases, the senior citizens are referred to their physician at once. We have had many cases where doctors have told us that we have possibly prevented either death or disability by stroke by detecting abnormally high blood pressure in the patient.

We have been told that at least 85 percent of these people do see their physicians.

Since the unit began actual operation in November of 1968, we have examined over 3,200 people. Of these, we have referred 68.6 percent for at least one previously unknown condition. A complete summary of the referral statistics is attached to this report.

(The statistics follow:)

ARKANSAS FARMERS UNION-CASA PROJECT
REPORT ON REFERRALS OF MOBILE MEDICAL UNIT

	Height weight	Visual acuity	Blood sugar	Hemato- crit	Blood pressure	Intra- ocular pressure	Electro- cardio- gram	Vital capacity	Urinalysis				
									PH	Protein	Glucose	Blood	Ketones
Number of persons referred.....	398	307	229	363	701	131	748	1,297	67	368	64	40	7
Percentage referred.....	12.2	9.4	7.1	11.2	21.6	4	23.1	40	3.6	19.9	3.4	2.1	.3

NOTES

From Nov. 5, 1968, to Aug. 15, 1969, total number of examinations, 3,236.
Urinalysis started Feb. 11, 1969. Total number of examinations including urinalysis, 1,843.

Total number of persons referred for at least 1 condition, 2,220.
Total percentage referred, 68.6 percent.

Mr. JONES. One man who went through the unit was found to have a lower vital capacity, which alone doesn't seem too serious, but when he went to his doctor fluid was on the bottom of his lungs and a cancer that has since been removed. If the man hadn't come through the unit, he may not have found this out until it was too late.

Many times a person will come through the unit with high blood pressure. We have been told by many physicians that we have possibly prevented death or disability by stroke in getting these people under medication as soon as possible.

THE FORGOTTEN PEOPLE

In summary, we often hear of our older population referred to as the "forgotten people." Nowhere is the impact of this phrase more evident than in our rural areas.

Often, the older person's children, unable to survive economically in the country, have moved to the more urban areas where they can hope to make a living for their families. In most cases, this has left "mom and dad" to rely on their own meager resources for their survival. Most of these elderly people would rather live and even die alone than be forced into our already overcrowded institutions.

Are we, the people of the greatest Nation on earth, going to succumb to the easy way out by feeling that the rural elderly are "out of sight and therefore out of mind"? Or are we going to provide the services that these people need, not to live in luxury, but to merely survive?

Personally, I feel, in the long run, this type of program would be less expensive on the Government both Federal and local. By enabling the elderly to remain in their own homes and by detecting diseases in the early stages, we reduce not only welfare and Medicare costs, but also the costs of construction of nursing homes, hospitals, and other institutions.

We have found in CASA project's activities incredible human suffering by the people who have made this Nation what it is today. Because of the innovative nature of the project, what we have tried to accomplish may have been somewhat unorthodox. But CASA has, in our meager way, tried to show a way to alleviate some of their suffering and loneliness.

I would like at this time to show a few slides of people in our activities in the rural areas. I have said a number of times that these slides show a great deal, but I couldn't find any way to put the smell with them. (Slide presentation.)

SOME CASE STUDIES

This is an example of the living conditions we have encountered. A lady lived here with her grandchildren, and you can see that the house is just about to fall down.

This lady is a particularly pathetic case. She had no water supply in her home whatsoever. The only way she would get water is when her neighbor would remember to bring it to her in old milk cartons, and this was about the only time she saw anyone else. She had no relatives or friends. She was somewhat senile and tended to drive people away.

But she was so fiercely independent that she was determined to live out her life in her own home. As you can see from the surroundings, this would have been very difficult to do.

Our CASA worker found her one day and made friends with her and would stop by periodically to check on her. One day the lady was out in the yard and fell down and broke her leg. She managed to get back into the house and back into bed, and she would probably have died right there because no one knew she was hurt. But our CASA fieldworkers happened by that afternoon to see how she was doing.

He called me at the office. He got to the nearest telephone about 3 miles away and told me of the condition he found this lady in and said she didn't even have money enough to call a doctor to her house.

I told him to get the doctor there, and we would worry about paying him later.

Well, as soon as the doctor got there and saw the condition of the lady, he immediately called an ambulance to take her to the hospital, and then Medicare took over. But there was a gap in there that CASA was filling.

This is another lady we discovered. This was the condition of her house. It was rather strange, but she never slept in the beds in the house. She had two beds in the house. The sheets were starched, ironed, and were immaculate, but she didn't want to mess them up.

This is her kitchen. You will notice a window to the left and there is also one behind the cupboard. There is no glass in the windows, only a rag over them. Obviously, this would be uninhabitable in the wintertime.

We were visiting one of the senior citizens, and the assistant director heard her chickens cackling. She opened the door, and there were about 20 of them in the bedroom—and people slept in these beds at night.

This is an example of one of the kitchens we found. Those are chicken feathers in the lower right-hand corner on the floor.

This gentleman and his wife lived by themselves. It is about ¼-mile from his neighbor. He did not have a phone. The closest one was about 1½ miles away.

The gentleman is suffering from muscular dystrophy, and he is confined to a wheelchair. His wife has high blood pressure.

We asked him what he needed the most, and he said a telephone. If something happened to him or his wife, he needed to summon someone. It was too far to the nearest phone, and he was afraid, because of the long walk that she might pass out. He said she had once gotten a severe nose bleed and held a rag to her nose to walk to the phone to get aid.

We arranged with the telephone company to install a phone and put up the \$25 required. The man told us he could pay the monthly payment out of his income, but he couldn't arrange the deposit.

This is the way he had to get on and off the porch. He could not do it himself. But with a few pieces of material we built a new one in such a way that he could get off the porch in his wheelchair by himself.

Two sisters live in this house. One bedroom was uninhabitable because of a leaking roof. There are the outside boards, and you can

see the holes in them where the cold can come through. In the wintertime they use one stove for heat and cooking in the one room.

Again with a few dollars worth of material some of the cold wind can be kept out. It is not the most beautiful job in the world, and I would imagine union labor would say it is a sloppy job, but it keeps the cold wind out in the wintertime.

These are their front steps, which were very bad. They could have fallen and broken a hip, but we built them a new set.

This is the porch of a lady who suffered heart trouble. The doctor had put her on very restricted activities. Again, you can see the milk cans where she had to haul water from the spring because the ground is so rocky they couldn't drill a well. I was afraid to walk on the porch because I was afraid I would fall through it.

So with a few dollars worth of rough lumber, we put men to work who needed to work and built her a new porch. You could dance a square dance on this new one and you wouldn't fall through.

We also put the screens up for her.

This is her kitchen and the back door was not on hinges. She had to slide it back and forth, which was a great physical strain on her. We bought a secondhand door and hung it.

These were the back steps. She couldn't use the back door to get out to the backyard or the chicken yard. She had to go around to the front, which caused a great amount of strain. We put in news steps and a handrail.

Here is an example of our friendly visitor service—a worker visiting a lady who is 102 years old. She told us she lived with her baby daughter. We asked how old she was. She said 65. So there were two senior citizens living in the same house.

We established what we call vest pocket parks. This is a small community in eastern central Arkansas. They had a bench there where the old timers would sit around and whittle and tell stories, but that is all they did, sat around and whittled.

We went in there one day with picnic tables and chairs and some fried chicken and got them together, and now they have a park where they don't sit around and whittle. Now they can get up and play horseshoes and checkers. It keeps their minds and bodies active.

This is a park we set up in the backyard of a man who let us use the land. You will notice there are some men who couldn't wait for us to get the tables together and started playing checkers on the ground.

Here is one of our senior citizen centers. Some elderly gentlemen are enjoying a game of billiards.

As I say, we try to keep our centers as self-supporting as possible. Here is a catfish dinner.

Here are some of our flower arrangements that were made in the handicraft workshop.

This will give you some idea of some of the things we make. This is an old dish rag. They made a picture out of it. These women love to do these things. It gives them something to put in their homes and it also keeps them active.

These are some of the activities and some of the items they sell. Here is a beautiful handbag on the right that is made of burlap and crochet thread. These ladies are learning something they can do to make additional money.

(Conclusion of slide presentation.)

We have here a couple of items, Senator, so that you will not forget your trip to Arkansas. Our senior citizens want you to have this. It is made in the northern part of the State. It is a fruit bowl to go on the table, plus a pair of salt and pepper shakers shaped like the State of Arkansas so you won't forget us.

Senator HARTKE. Thank you very much. This is extraordinary woodwork. What kind of wood is it?

Mr. JONES. Walnut.

Senator HARTKE. There is one thing I think we should point out. This is really preventative medical care. I think this is very important, and I hope we move forward in that program. I was very impressed with your mobile unit and the dedication of the people involved.

Mr. JONES. Well, most of the emphasis of medicine today seems to be more toward curative than preventative procedures. They drummed something into my head in the Army—preventative maintenance is better than repairing it after it is broken, and enough of that stuck with me to realize that if it works on trucks and tanks, then why won't it work on people.

Our assistant director, Mrs. Jennie Bates, has a very short statement, and then Dr. William Bunch, who is the medical director and works on our mobile medical unit, has a few words to say to you.

Senator HARTKE. Proceed, Mrs. Bates.

STATEMENT OF MRS. JENNIE B. BATES, ASSISTANT DIRECTOR, CASA AND MOBILE HEALTH CLINIC

Mrs. BATES. I think one of our main concerns is that we would like to have people make America a better place to work. And all of the things that Rod Jones said to you that we do in CASA, I have been a person who helped them do them part of the time.

I am a senior citizen. After working some 28 years on other jobs in many capacities and retiring in 1968, I came out of retirement in June of this year and worked for the CASA project. This has been a most rewarding experience for now and only now have I been able to see the need for senior citizens to be loved and wanted in our complex society.

A REASON FOR LIVING

Through the CASA project, located in six counties, senior citizens are engaged in recreation, arts and crafts, small remodeling jobs, friendly visits, and other activities which make them have a reason for living.

Many have learned to use their skills in making articles which they sell to increase their income. They now have more to do than sit and rock and gossip. Recreation has become a must in most counties where a center is available. Games are played to help keep their minds and bodies alert so as to keep them in good physical condition. They like it.

Fieldworkers help senior citizens in food shopping in order to get the best buy for their dollars. They clean houses, work in gardens, transport family members to hospitals or clinics and the mobile unit,

to food stamp offices, welfare offices, doctors and dentists, and do other things which help senior citizens to live a most comfortable life.

In addition to this, the central office staff of CASA furnish the expertise in organizing centers, planning activities, giving demonstrations in arts and crafts, making friendly visit, helping fieldworkers with records and reports, and in essence serve as a liaison between the fieldworkers and director of the CASA project.

It is obvious that man's home is his castle and senior citizens express their wishes like this, "I'd rather stay in my own little shack where I am used to things and have services like CASA than to live with my children or be placed in a nursing home or convalescent center. I know the people in my neighborhood and CASA has given me new hope to live and live and live."

Now, Senator, Rod has already given you something for yourself and something that might help your wife to arrange fruit for her table, but we have a little article here that I think I would like to give to her for herself. It is really quite small and you can take it home to her, too.

You know, we women never get a chance to talk a lot of time at these meetings. The men usually take all the time and then say, she will only take a few minutes to say what she has to say.

I don't know whether your wife does any gardening, but she can use this as a bonnet; and she says if you cook and a lot of grease gets in your hair, it will get yellow, and when she is like I am she can put it on her head. Then, when she gets ready to make some dinner or serve a meal, she can use this bonnet and make it into an apron.

Senator HARTKE. Thank you very much.

I would like to bring out a point again that we constantly bring out. People like to live in the places they are living, and they would like to live in decency, too.

We will now hear from Dr. Bunch.

STATEMENT OF WILLIAM L. BUNCH, M.D., DIRECTOR, MOBILE HEALTH CLINIC, CASA

Dr. BUNCH. Last year about this time, Mr. J. R. "Rod" Jones called regarding a proposed mobile medical unit and arranged an appointment to further discuss it. I agreed to help develop the unit and to see the unit begin operation on a temporary basis. Because of the obvious need for the people in rural Arkansas to more fully utilize the available medical resources, I have become more involved and would like to see an expansion of the program. Many older people have conditions they didn't realize existed or did not realize the seriousness of the condition suspected but not definitely established.

Although we make no diagnosis, per se, and give no treatment, we frequently assist the private physician in making his diagnosis, since all previously unknown abnormal findings are reported to the private physician.

In the case of a known hypertensive with an unusually high blood pressure, I am of the opinion that we are doing a service to the patient, his family and community, as well as the physician on the case by referring the patient by note to his personal physician, as soon as possible. I even tell them sometimes they should have gone "yesterday."

We have been commended by physicians in various areas for the

immediate referral of this and other conditions that may be observed by the unit personnel but are not a result of the multiphasic testing. Some of my physician friends have been favorably impressed by the return of patients to their care after lapses from observation for a matter of years—in one case, 23 years. In other case a person hadn't seen a physician in 50 years.

Surprisingly gratifying is the fact that patients are apparently quite receptive to a brief encouragement to better their nutritional status. In the case of obesity, many will not do anything about it and we do not even make a formal referral for obesity unless the patient desires. The condition is noted on the chart, a copy of which goes to the private physician if any abnormal finding is noted.

A diminished visual acuity is enough to suspect ocular pathology of a serious nature if there is relatively poor correction. Also, further questioning frequently reveals a known eye condition to exist and gives us more basis for referral to their physician who can in turn refer them to an ophthalmologist, if indicated.

Coupled with an increased intraocular pressure, a poor visual acuity is highly indicative of glaucoma—which is the primary cause for blindness for people over 40—and in such cases the urgency of the situation is such that, if the patient cannot go immediately to an ophthalmologist, we assist by calling the University of Arkansas Medical Center for an appointment at the earliest possible date.

The sensitivity of the vitalator test is really a reflection of the rapidity with which pulmonary function may be impaired because of any lung condition, from a beginning cold to advanced cancer or emphysema, and even then the degree of impairment may not denote the amount of pathology.

An abnormal blood sugar more than 2 hours after eating is sufficient to refer any patient to his physician for possible diabetes. Likewise, all cases of glycosuria—in previously undiagnosed diabetes—are referred to either rule out diabetes or to establish the diagnosis and to begin dietary or therapeutic regimens advocated by their physicians.

The presence of ketone bodies in the urine of a patient undiagnosed as diabetes is even more suggestive of the disease, and in the case of a known diabetic, is reason enough to refer the patient to his physician as a diabetic who is at least temporarily out of control and is greatly in need of closer supervision.

The presence of protein and/or blood in the urine may be helpful to the patient's physician in suspecting a renal condition whether acute or chronic.

The use of a hematocrit as a test for anemia presents the additional observation of the serum for icteric conditions as well as the infrequently encountered plethora or polycythemia.

Needless to say, I am enthusiastic about rendering a service to our fellow Arkansans that would not be obtained in most instances and, as rendered, is highly ethical and hence readily acceptable to the medical profession as well as to the public.

A BASIC PREVENTIVE MEDICAL ACTIVITY

I see this service as a basic preventive medical activity which presents the patient and his physician with evidence of some of the more serious diseases and conditions that the patient does not suspect he has.

By assisting in early detection, the project affords prompt diagnosis and amelioration by the therapeutic procedure indicated, whether it be dietary as in the case of early senile diabetes, surgical in the case of cataracts, medical in the case of a simple anemia, or merely the abstinence from smoking cigarettes and other forms of tobacco in emphysema.

Thank you.

Senator HARTKE. Doctor, this has all been done through a grant which was made under title IV of the Older Americans Act. It is a research and demonstration grant. Would you like to have it continued? Do you think it should be?

Dr. BUNCH. I think it should be expanded rather than just continued.

Senator HARTKE. What if they cut it off?

Dr. BUNCH. That will be a great loss not only to the individuals concerned in the area but to the community on the local, State, and Federal level.

Senator HARTKE. Do you think it is a successful demonstration of what can be done?

Dr. BUNCH. Yes, sir; I think this is indeed a successful demonstration.

Senator HARTKE. How old are you? You are retired?

Dr. BUNCH. I retired from the U.S. Public Health Service after 30 years of service.

Senator HARTKE. Then you came out of retirement to go to work?

Dr. BUNCH. Yes, sir; 5 days a week.

Mr. JONES. Senator, I might add, at the present time we are in our third year of operation under the research and development grant, and the Department of Health, Education, and Welfare has a departmental regulation limiting these types of grants to 3 years. We are presently funded through the end of November, so we stand for the whole CASA project to be terminated at that time.

Senator HARTKE. I certainly will try to bring that to the attention of the appropriate officials back in Washington.

In looking over this program, do you think it should be separated? How do you think it should be administered, through the Older Americans Act, or how?

Mr. JONES. Senator, as I understand it, from talking to the people in Washington, the Older Americans Act or the Administration on Aging's primary concern is to provide the services that no other department handles for the aged. This was the idea of the act as they explained it to me.

What the intent of Congress was, I can't say, but there are programs and supposedly funds available through the Public Health Service and other agencies for medical-type activities.

The way it was explained to me, the medical unit was granted to CASA as a supplemental grant to provide a demonstration of an overall comprehensive health program for people in rural areas. Whether or not it should split up, I don't know.

Senator HARTKE. What you are saying is that you want to continue the program one way or another?

Mr. JONES. One way or another; yes, sir.

Mr. LEWIS JOHNSON, Jr. Senator, I will only take a few minutes before I close out, but I want to bring this to your attention, the statement from the Department of Health, Education, and Welfare and Social Security Administration. This man last year made \$1,996.80 working on the CASA program. In other words, he made \$158 more than he was allowed.

Now, they turned around and they have billed him for \$137.90 because he did not file his annual report of earnings after 3½ months of the close of the taxable year.

In addition to the \$158, they billed him another \$137.90.

Maybe we need a little more work on the social security end of it. Certainly, this must be a pretty cruel department that would turn on this gentleman. Not only did they want their \$158, now they want \$137 penalty.

Senator HARTKE. We will take a short recess while I answer a phone call.

(Brief recess.)

Mr. ORIOL. Could we come back to order, please?

Mr. Johnson, Senator Hartke wanted to hear your final remarks, but as he is concluding that call, perhaps we had better move on. Would you mind proceeding?

Mr. LEWIS JOHNSON, JR. Mr. Oriol, just in conclusion, I want to thank the Senator and the staff for taking time out to come to Arkansas to learn of our problems directly and to visit with us.

I want to say that we are just delighted that we have a man like Senator Hartke up there who is interested in the people of this country.

That concludes our program.

Mr. ORIOL. Thank you for an outstanding presentation, and we want to thank Jim Johnson for his help throughout the presentation.

The next witness from the State of Arkansas will be Mrs. Mildred B. Williams, and then Mr. Len Blaylock, commissioner of welfare.

STATEMENT OF ERMA PETTY ON BEHALF OF MRS. MILDRED WILLIAMS, DIRECTOR, ARKANSAS OFFICE ON AGING

Mrs. PETTY. My name is Erma Petty. I am a field representative for the Arkansas Office on Aging, and I will give the statement for Mrs. Mildred Williams.¹

Our agency operates under the Older Americans Act. We have written up some suggestions for changes in the Federal Older Americans Act.

Because almost one-half the poverty in the United States is in rural America and because the market for older persons' skills is very depressed in rural areas, steps should be taken to expand services to older rural people. In our opinion, the effectiveness of the Older Americans Act has been curtailed by the so-called "sophistication" of Administration on Aging.

Narrative requirements need to be simplified. The average person in rural Arkansas County is unable to write a narrative acceptable

¹ See appendix 1, item 1, p. 455 for additional information.

for the structure of a "social agency." Guidelines need to be more flexible.

Rent as an in-kind contribution should be returned to former requirement of rental value rather than on depreciation schedule. Many rural communities have old school buildings that are in excellent condition and are very adequate for a community center.

If 30 years is considered the life of a building for depreciation schedules, and this building is 30 years old, no credit may be claimed. Yet, they have a very adequate building in the community, loaned to them by the school board, that has no value as an in-kind contribution. In some communities where this building is lacking they have no housing for a center, so when there is such a structure available its value is monumental. The rural community cannot comply with these rigid guidelines.

OLDER AMERICANS ACT

When the Older Americans Act was passed, our manual of policies and procedures allowed volunteers to be used as an in-kind contribution. This was eliminated beginning on July 1, 1968.

Obtaining volunteers was highly successful because they were given the opportunity to serve their community while helping themselves. This seemed an excellent way to guarantee continuation of the project because once they have been a part of the program, all are reluctant to leave the activities.

Utilization of volunteers as a part of the project was an important tool for insuring continuation of the project after Federal funding was terminated. And this has been now 3 years. The act has been amended this year.

And I am thinking about Medicaid. This State needs to add Medicaid to its services to older people.

Programs and projects in rural areas enable older people to make social contacts and remain part of the community. Because of the lack of income, many find it impossible to afford telephones, proper clothing, and transportation. Most of our projects have furnished transportation which met one important need.

The projects are important to these older people as they are encouraged to participate in activities. This gives them the feeling of being wanted rather than rejected. Many have expressed their feelings this way, "I feel like I am a person again."

LIBERALIZE EARNINGS TEST

There should be liberalization or elimination of the limitations on earnings of social security recipients. Low income is a major problem for older people despite the increase of social security benefits. Large proportions of older people are in low-paid work, and they constitute 4 percent of the labor force. Eight million social security beneficiaries are still below the poverty level even with their social security benefits.

Housing for the elderly should be of major concern in both urban and rural communities. Twenty-eight percent of rental units are substandard.

Low-rent housing for elderly can incorporate safety features not generally found in homes.

Some stores deliver purchases to housing developments because of the large number of people in the concentrated area.

Decline of energy and health, as well as reduced income, brings need for low rental, maintenance, and/or mortgage costs. Separation from family and the inability to own or drive a car requires housing within reach of shopping centers, services, and social activities.

Increased appropriations under rent supplement programs would help provide adequate rental housing for the low-income elderly.

We have one project that we call the Arkansas Travelers in Pulaski County. They hire 20 older people, they pay them \$2 an hour, and they work 50 hours per month. They go into the homes of the elderly people and help them out so they do not become institutionalized and can still remain in their homes.

These people average 400 volunteer hours a month on their own other than their pay.

In speaking of the CASA Medical Unit, that visits our project and our people go through that for examination.

We also have a project in rural Gassville. There is a shirt factory that has furnished them materials, rejected pieces of shirts. One lady has taken these and she has made those little bonnet-aprons. She has also made other items that have enabled her to pay her taxes and pay the insurance on the home that she owns.

That is some of the good our projects have done.

Senator HARTKE. Thank you.

We will now hear from the Commissioner of Welfare, Mr. Len Blaylock.

STATEMENT OF LEN BLAYLOCK, COMMISSIONER, ARKANSAS STATE DEPARTMENT OF PUBLIC WELFARE

Mr. BLAYLOCK. The Arkansas Department of Public Welfare consists of the State Department, 75 county departments and several other specialized services which are provided by special divisions of the State Department and district offices.

Arkansas does not have a service plan, as such, for the adult group of recipients, which, of course, includes the people receiving aid for the aged. Services are only offered in the aid to families with dependent children category because of administrative cost and lack of staff. This is the only group of recipients that has a formal plan of services in our welfare program.

Even though no plan has been submitted for adults, our case-workers on the local level are offering many services through referrals and interpretation of our existing regulations which could be of help in planning with the recipients, such as helping them with their social security problems and with their Medicare and so forth.

Transportation is a very big problem in the rural areas for the people we serve because of the lack of public carriers and lack of sufficient income to provide for any type of transportation. Our policy does allow for a car, in some cases, depending on the value. But if a car is worth very much, it disqualifies the person for welfare benefits.

Nursing home care is provided for those recipients who are no longer able to live alone or who have no one who can care for them at home.

However, in a recent study, we had a Federal project in which we made a study of nursing home cases in our State, and we found that almost 15 percent of the people in nursing homes were receiving nursing care which is quite costly, and, as such, it actually decreases the amount of money we have for other programs. But they didn't really need nursing home care, they just really needed a room-and-board situation. But because of some of the circumstances they found themselves in, the local physician and friends and so forth had the people sent to nursing homes. And our study showed that about 15 percent of the cases we had didn't need this costly nursing care they were receiving.

The welfare department pays the premium for Medicare insurance for all of our aged recipients every month. We also pay the first \$44 when an aged recipient enters into the hospital.

In relation to recipients who are able to work, part of their income may be exempt before considering it as a resource. An example is, the first \$20 per month plus one-half of additional income may be disregarded. However, there is a ceiling on the amount of money that can be disregarded in computing the size of the welfare grant. The ceiling is \$50 that the recipient can earn. Anything he earns above that must be considered in computing the size of his grant.

REASONS FOR NONPARTICIPATION. FOOD STAMP PROGRAMS

We estimate there are 194,372 persons in our State who are over 65 years of age. That is 10.9 percent of our population. Of this number, 60,797 were on the welfare rolls receiving aid to the aged in August of 1969. That means that there are 31.3 percent of our people who are over the age of 65 who are receiving welfare assistance.

Other persons in these families who may be included in the planning are needy essentials and needy dependents who are not eligible for a grant in their own name.

When both spouses are past 65 and otherwise eligible, each will receive a grant. The present grant for the aid to the aged group is \$90 a month. We have just had an increase of \$5 effective this month bringing it from the previous \$85 to \$90. The average grant is \$57.82, which reflects an increase in the grant payments for the aged people over the past 10 years of \$13.22.

I think we all realize that, though we have given several grant increases that would amount to quite a bit more than this, the actual result in the amount of the average grant has been held down by some social security increases.

The aged nursing home cases in the State number 4,183. The average vendor payment is \$153.53 per month. However, we recently did go up in nursing home payments 15 percent. This 4,183 represents the number of aged recipients in nursing homes, and we have a total nursing home caseload of a little over 8,700. The number of aged nursing home cases, as I said, is 4,183.

In the last old age assistance study in 1965, 73.6 percent of the re-

cipients were living in their own homes; 20.9 percent were living in homes with other persons; 5.6 percent were living in nursing homes.

Of the 75 counties in Arkansas, 58 of them participated in the Federal food stamp program. The other counties have the commodity program.

In July 1969, a total of 12,287 public assistance households received food stamps compared to a total of 61,072 assistance cases in the 58 counties. What this means is that 20 percent of the public assistance households are taking advantage of the food stamp program. I think this is pretty low because it shows we are not reaching the people that need the food stamps.

A total of 8,119 nonassistance households participated in the same month. Some of the assistance households involve more than one assistance case, and some of the nonassistance households may involve assistance grants.

The county welfare offices determine eligibility for food stamps and the amount of purchase and bonus. The formula is provided by the U.S. Department of Agriculture.

REASONS FOR NONPARTICIPATION FOOD STAMP PROGRAMS

Some of the reasons for nonparticipation in the food stamp program are:

1. The purchase requirements are too high. By this I mean that a person has to spend too much of their meager income for food to participate in the program.

For instance, a person living alone with our maximum welfare grant now of \$90 must pay \$18 to receive \$6 free coupon. That means a total of \$24.

As I mentioned earlier, transportation is another problem. In the particular county I live in—which is a relatively small county—a person can live 50 miles away from the county seat and an aged person would then have to make arrangements somehow to get a 100-mile round trip transportation in order to avail themselves of this money, and we have similar situations all over the State. Transportation is a problem, and this greatly cuts down the amount of people who can participate in the food stamp program. Another thing, in some counties after they do go there, they might have to wait in line for long periods of time, and I, as a former GI, have had my share of waiting in lines. I didn't like it when I was 25 or 30, and if I were 65 or 70, I wouldn't like to wait in these lines. The client has to travel to the certification and issuing office and after deducting expenses of transportation, little or nothing is gained.

2. Regularity of participation is an eligibility factor for food stamp qualification. If there is indication that the client is unwilling to follow a regular purchase plan, he will not be recertified and will not be eligible for recertification for 3 months from the date of this determination is made by the county welfare office. This is not our State rule. This is a USDA rule, that a person must participate regularly.

I think with the little income our people have, who frequently might participate in a month or two, and then they will have a month where they have to pay some bills and they can't participate, then they lose their certification.

SOLUTIONS FOR IMPROVEMENT

This service should be made more readily available to our people, and some solutions that we have suggested to this problem are:

1. The possibility of families whose income is less than \$3,000 be given the privilege of having food stamps without cost to them in as much as this income is a substandard living level.

2. That after eligibility is determined the food stamps be sent to the clients by mail.

3. That clients be allowed to buy soaps and cleaning materials as well as food. Now, I am saying this not only for the aged, but for everybody in need.

4. That eligibility determination be relaxed to allow more low income families to qualify.

We feel that the food stamp program is a vital and necessary addition to our assistance programs, but would be better program if it were extended to all counties provided the methods of eligibility determination are simplified and a less cumbersome administrative structure is provided.

Also, we feel it would be better if it were given to the Health, Education, and Welfare Department. USDA has their own administrative procedures, and we find they are quite cumbersome. We are not talking about the people we work with, but it is hard to be an agency working in HEW and to administer the program run by another major Federal agency.

In summary, we feel that we need to select programs which will move in the direction of establishing opportunities for the older citizens of the Nation whereby they may have a more enjoyable and productive life.

But in Arkansas, which is one of the lowest per capita income States, there is a great competition for the welfare dollar. Our assistance to the aged people is somewhat modest but still far outstrips what is done for the other people who have received welfare benefits.

I believe I have read a report that showed that even though Arkansas is just about on the bottom of the per capita income, the effort we made for adult welfare recipients is great enough that we are somewhere around 19th in the Nation.

However, in this competition, we find that the children have suffered, and the average, as I have said, aged welfare recipient gets almost \$59 a month and the average child on welfare in Arkansas has been getting only \$19 a month.

We have 61,000, in round figures, people receiving aid to the aged, and last year they received almost \$45 million. We have 32,000 children, and they received only \$7.3 million. I am giving those figures to point up the fact that we have had our own welfare program, which is certainly limited by the amount of money we can put into it. It has been lopsided in favor of the adult category, and we are certainly pressing toward balancing it out, and this certainly means that we are going to be somewhat limited in how we can expand adult programs.

We do plan in the next year to give another \$5 increase per recipient, but we are certainly trying to move toward balancing out our program so the young people we serve will be getting their fair share.

I would just like to say we appreciate the opportunity to come and tell you about our programs and our problems.

Senator HARTKE. Let me ask you about the State committee on aging. How much have you received as Federal grants from the Administration on Aging, do you know?

Mrs. WILLIAMS. \$137,000.

Senator HARTKE. How much has the State contributed?

Mrs. WILLIAMS. Half of the administrative cost.

Senator HARTKE. The State provides \$16,000 and that constituted half of the administrative cost?

Mrs. WILLIAMS. Right.

Senator HARTKE. How much from the Administration on Aging?

Mrs. WILLIAMS. \$137,000.

Senator HARTKE. Do you think the State has a responsibility to provide a greater share and assume a greater responsibility in this field to provide technical assistance to rural areas?

Mrs. WILLIAMS. We feel they do, but the legislature has set a limit on the amount that we can spend.

Senator HARTKE. What is your total budget?

Mrs. WILLIAMS. \$137,000, and we spend all of it.

Senator HARTKE. How long have you been in existence?

Mrs. WILLIAMS. Since 1966.

WHITE HOUSE CONFERENCE ON AGING

Senator HARTKE. What should you suggest we do at the White House Conference in 1971, which is the meeting for the conference on rural elderly? What should we do?

Mrs. WILLIAMS. Provide more money, first of all.

Senator HARTKE. Do you have any specific programs that you think ought to continue, discontinue, or be modified?

Mrs. WILLIAMS. Well, just continue the Older Americans Act and make it more liberal.

Senator HARTKE. The act has been extended for 3 years but we need the funding on it, that is the problem.

Mrs. WILLIAMS. The amendments provided the extension of funding, but they didn't provide any money.

Senator HARTKE. That still has to be done?

Mrs. WILLIAMS. Yes.

Senator HARTKE. Mr. Blaylock, one thing disturbs me in your testimony and that is in the several feelings you have alluded to. There seems to be a penalty assessed against people who work. In other words, if they work and draw social security, then the amount of the welfare is reduced about \$20, if they have any other income whatsoever. In other words, a penalty seems to be applied here, isn't that true?

Mr. BLAYLOCK. The first \$20 is not considered, and then above that half of the income is not considered, up until it gets up \$50, then it is considered.

Senator HARTKE. Isn't that a penalty on work? In other words, you tell these people you want them to go to work, but if they do work, we are going to take part of what they earn away from them.

In other words, they are better off if they were to not work all of

the time, take a little less and not do anything. If they work, they are not going to get much more anyway.

Mr. BLAYLOCK. That is true, and this is a situation where I don't really know what is right. We are closer to a situation like that because we do have low income in Arkansas. There might be a neighbor who gets no welfare assistance and he works all the time, let us say, in pulpwood or something of this nature. He finds out that his neighbor is getting a welfare check and then allowed to keep his income and, as such, is not actually better financially off than he is, and he is just working all of the time and not on welfare.

Senator HARTKE. Well, we had a witness who said that he worked in the Green Light program and their entire welfare check was reduced by the amount they earned on the Green Light program.

Mr. BLAYLOCK. Well, it would be reduced the amount I have already stated, which would give some incentive, but which would cut it off at a certain point.

Senator HARTKE. Giving an incentive to work \$20 worth?

Mr. BLAYLOCK. \$50 worth.

Senator HARTKE. But that is part or on a divided basis, is that not right?

Mr. BLAYLOCK. Yes.

Senator HARTKE. That is not very much. That is \$600 a year. Is that a result of the requirements from Washington, or is that a local determination?

Mr. BLAYLOCK. Well, I know in AFDC it is Washington. It is Federal.

Senator HARTKE. Do you know who does that in Washington?

Mr. BLAYLOCK. Well, I don't know the name of the man who makes the final decision, but I would assume it would be the Secretary of HEW.

Senator HARTKE. We will check back on that and find out how that works.

You made a statement here today that the elderly people were being treated better than the children; is that what you said?

Mr. BLAYLOCK. Well, as far as this is concerned.

Senator HARTKE. But part of that is due to the fact that they are usually maintaining a house. In other words, isn't there some type of special benefit arrangement for the parent?

Mr. BLAYLOCK. There is one thing I could add to that. In addition to this \$57.82 grant, both of the aged welfare recipients also have some additional social security income. The bulk of the children do not have any social security benefits. This is figured out on an average for the children, and there is no hidden benefit there.

Senator HARTKE. All right. I want to thank you for coming today, and I thank you for the benefit of your testimony.

The last group of witnesses we will hear from today will be from the National Council on Aging. Mr. Allan Skidmore is the regional representative of the southwest region. He is accompanied by L. R. Linville, Gray Lawrence, Henry Perryman, Mary Rogers, Lou Bertha Johnson, Lucy Highshaw, Lee Richardson, Mr. Nora Edwards, and Emma Harris.

STATEMENT OF ALLAN SKIDMORE, REGIONAL REPRESENTATIVE, SOUTHWEST REGION, NATIONAL COUNCIL ON THE AGING; ACCOMPANIED BY L. R. LINVILLE, MOUNTAIN VIEW, ARK.; GRAY LAWRENCE, MOUNTAIN VIEW, ARK.; HENRY PERRYMAN, SALEM, ARK.; MARY ROGERS, PINE BLUFF, ARK.; LOU BERTHA JOHNSON, ALTHEIMER, ARK.; LUCY HIGHSHAW, PINE BLUFF, ARK.; LEE RICHARDSON, BLYTHEVILLE, ARK.; MR. NORA EDWARDS, OSCEOLA, ARK.; AND EMMA HARRIS, OSCEOLA, ARK.

Mr. SKIDMORE. Senator Hartke, ladies and gentlemen, I certainly enjoyed the privilege of being here this morning to listen to all of the good work that is being done in the State of Arkansas and other areas of the region.

I know that similar programs are being conducted primarily on a demonstration basis and are doing very meaningful work. Unfortunately, these are demonstration programs and, therefore, necessarily limited in their scope.

I am more concerned, I think, in the National Council on Aging's approach with the overall problems expressed and those that are not being reached. These ladies and gentlemen here represent the group not being reached with demonstration projects.

I want to thank the North Central Arkansas Development Council in Batesville; the Mississippi County and Arkansas County Economic Opportunities Commission in Blytheville, and the Jefferson County Economic Opportunity Commission in Pine Bluff for making the arrangements to bring these people here.

I have prepared several questions, rather than a prepared statement from these people. Of course, the first question is:

What is the biggest problem that confronts you living in a rural area?

I think Mr. Edwards has something to say about that.

STATEMENT OF MR. EDWARDS

Mr. EDWARDS. My biggest problem with that is trying to find a way to make a living. I can't get anything to do, and my check doesn't pay all of the bills. After I pay up my bills, I have to turn around and borrow money to get my stamps. Well, then when my check comes in the next time, I have to turn that money back, and I am still in the same rut that I was in. I never get enough.

When my check comes, I have got to give that back. Then, after I give that back, and I have to pay up my debts, I must turn around and borrow the same amount of money to get my stamps again. I don't see that I am getting anywhere.

I am on the plantation, and I am not in town. I can't get any work to do. Out of the 2 months, I think I might get a few pieces a week picking cotton. I am not a tractor driver, so I am just sitting around living at the place, living on that check.

After I pay my bills, I am still sitting there. Then when the time comes to get stamps, here I come again to see the man to borrow

money, and when my check comes, I have to pay my bills and I have to borrow the same money back. There is no work for me to do whatsoever. There is no work around to do. There is only a little cotton chopping and not much of that to do.

Mr. SKIDMORE. That was Mr. Nora Edwards from Osceola. Actually, he lives 20 miles outside of Osceola.

Would you explain this? You say that Osceola is your trading town?

Mr. EDWARDS. Yes, sir; I do my trading in Osceola, and I am 7 miles from Johnstown.

Mr. SKIDMORE. How do you get into Osceola to receive those services that are available to you?

Mr. EDWARDS. Well, I have a friend over there, and we go together to Osceola.

Mr. SKIDMORE. Does anybody else want to comment on what they think is the most difficult problem they have residing in a rural area?

This is Mr. L. R. Linville of Mountain View. He lives in a little community outside of Mountain View.

STATEMENT OF MR. LINVILLE

Mr. LINVILLE. The greatest problem is the problem of transportation. The social worker takes me into town to get my stamps. That is a help. Aside from that, I just wouldn't have any way to go. I think this is the problem most people have, to get where they have to go.

Now, the social worker knows that I am blind and the family doctor is about the same distance away, but not in the same county. She doesn't think they could take me there.

Of course, our own family doctor understands our problems better than some other doctor would. We have employed him all of our lives. We have raised our family there.

Mr. SKIDMORE. How old are you, Mr. Linville?

Mr. LINVILLE. Seventy-nine.

Mr. SKIDMORE. You say you are blind. What is the cause of your blindness?

Mr. LINVILLE. Glaucoma and cataracts.

Mr. SKIDMORE. How long have you been blind?

Mr. LINVILLE. About 6 or 7 years. I have been totally blind. I can see light, but I can't see objects or see anyone or tell a man from a woman.

Mr. SKIDMORE. The reason I asked that particular question—how old are you, Mr. Linville?

Mr. LINVILLE. Seventy-nine.

Mr. SKIDMORE. He is 79, and anybody who has any medical knowledge will know that cataracts and glaucoma are preventable causes for blindness, if reached early enough in screening processes, but because he has lived in a rural area and farmed all of his life was not able to get these services.

Does anybody else want to comment on anything in particular in regard to living in rural areas?

Mrs. Mary Rogers who lives just outside of Pine Bluff.

STATEMENT OF MRS. ROGERS

Mrs. ROGERS. I don't have any income, and I am here for you to help me as best you can because I need help. I am sickly and I need to go to a good doctor. I am full of sickness and I ask the Lord to give me help. Another lady brought me here this morning.

Mr. SKIDMORE. You say you don't have any income at all?

Mrs. ROGERS. No, sir, I don't have any income. Sometimes my children give me some, but it doesn't do much good.

Mr. SKIDMORE. Who do you live with?

Mrs. ROGERS. By myself in my home, trusting in the Lord.

Mr. SKIDMORE. How much is your home worth?

Mrs. ROGERS. About \$2,000 to me because it is the only building I own.

Mr. SKIDMORE. Has anyone told you why you don't receive any welfare benefits?

Mrs. ROGERS. They said I had too much property. I have a son who lives on some ground that I own. He was welcome to it because he had seven children, and I said I thought I would try to get help for myself.

Mr. SKIDMORE. Thank you, Mrs. Rogers.

Does anyone else wish to speak of a particular problem in regard to living in a rural area, a problem that hits you more than any other?

Mrs. Emma Harris from Osceola.

STATEMENT OF MRS. HARRIS

Mrs. HARRIS. I live right on the edge of Osceola. I had a sickness a few years ago that affected my eyes, and I been going to the doctor for it.

Mr. SKIDMORE. For your eye trouble?

Mrs. HARRIS. Yes, it affected my eyes.

Mr. SKIDMORE. Where have you been going to the eye doctor?

Mrs. HARRIS. Well, Social Security sends me. The first time I had to go to the eye specialist, they send me to West Memphis. The next one I went to was in Little Rock.

So I went to the welfare office to try to get a little help, and I haven't got any help. I get \$55 a month from Social Security. They allow me \$55 a month, and after I pay my bills, \$20 a month for house rent and the light bill and then buy fuel and pay my insurance, and pay for medicine, that is it.

Mr. SKIDMORE. This eye doctor you are going to, why do you have to go to the eye doctor?

Mrs. HARRIS. For him to help my eyes, to see a little anyway.

Mr. SKIDMORE. You say you are going to Little Rock?

Mrs. HARRIS. Yes, sir, to the Little Rock Medical Center.

Mr. SKIDMORE. How far is it from Osceola to Little Rock? About 180 miles to go to the doctor?

Mrs. HARRIS. Yes, sir.

Mr. SKIDMORE. Apparently, all of you have transportation problems. Let me ask Mr. Lawrence here, for instance. You live just outside of Mountain View. You said you were hard of hearing. How do you get into town to pick up your food stamps?

STATEMENT OF MR. LAWRENCE

Mr. LAWRENCE. I get out on the highway and catch (hitch hike) my way. Most people know me there. I have lived up there for the last 14 years, and everybody knows me. I am all the time borrowing money to get food stamps, but I buy \$20 worth and I get \$30 worth of stamps. Then I have got to pay my house rent and my light bill, and I have a drug bill, and I have a little doctor bill every month. It runs more than my check is.

Mr. SKIDMORE. I understand that you wrote something down concerning the amount you receive? How much money do you receive a month, and where does it come from?

Mr. LAWRENCE. \$90. I was 65 and I went to the welfare office, and they told me to come over and change it. Then it was still \$85. When I turned 65 this last month, they said to come in for a \$5 raise. That was just this last month. But it doesn't pay any expenses. Sometimes I have to borrow it and pay it back out of my check.

Mr. SKIDMORE. Didn't you tell me earlier that you had written this down and made a list?

Mr. LAWRENCE. Yes, it is right here.

Mr. SKIDMORE. May I take the liberty of reading this amount? Do you live with your wife?

Mr. LAWRENCE. Yes.

Mr. SKIDMORE. And your total income is \$90 a month?

Mr. LAWRENCE. Yes.

Mr. SKIDMORE. How old are you?

Mr. LAWRENCE. Sixty-seven.

Mr. SKIDMORE. Mr. Lawrence's expenses are: house rent, \$15; light bill, \$6; gas cook stove, \$5.15; his wood bill in the wintertime runs about \$13.50 because he has to have someone cut and bring in the wood for him; his food stamps are \$20; his additional grocery bill runs to about \$22; his medicine bill is about \$25.50, and he spends an average of \$8 a month for clothes. This is a total of \$105.15 a month, constant expenses from month to month that Mr. Lawrence is faced with.

His income, as he stated, is only \$90 a month.

In addition to this, he has an outstanding balance due to a druggist for \$42.50.

Thank you, Mr. Lawrence.

What kind of assistance are you now receiving from agencies in your area, such as the Welfare Department, the Health Department or the Employment Commission? Mrs. Lou Bertha Johnson from Altheimer.

STATEMENT OF MRS. JOHNSON

Mrs. JOHNSON. This last September it was 1 year since I had surgery, and I have been disabled and unable to do anything, and I haven't drawn one penny for help.

Mr. SKIDMORE. No type of help at all? Didn't you say you had some income earlier?

Mrs. JOHNSON. No, sir, not any. I do get the food stamps.

Mr. SKIDMORE. How much do you get in food stamps?

Mrs. JOHNSON. I guess I get \$30.

Mr. SKIDMORE. How do you get these food stamps?

Mrs. JOHNSON. I get \$30 for a dollar, me and my great grandchild.

Mr. SKIDMORE. Your great grandchild lives with you?

Mrs. JOHNSON. Yes, sir.

Mr. SKIDMORE. Just she and you alone?

Mr. JOHNSON. Just she and I, and we have been together all of her days.

Mr. SKIDMORE. What kind of house do you live in?

Mrs. JOHNSON. Well, a little apartment place with another lady.

Mr. SKIDMORE. Do you pay rent for this?

Mrs. JOHNSON. I do.

Mr. SKIDMORE. How much?

Mrs. JOHNSON. \$10.

Mr. SKIDMORE. Where do you get the \$10 if you don't have any income?

Mrs. JOHNSON. Well, I have friends and that is all. That is the only way I have been making it because I don't have an income. I have been there all of my days, and different ones give me money and help me out.

Mr. SKIDMORE. How old are you?

Mrs. JOHNSON. I am 60. I will be 61 in February.

Mr. SKIDMORE. Has anyone told you why you are ineligible to receive welfare payments of any one kind?

Mrs. JOHNSON. They said you would have to be totally disabled.

Mr. SKIDMORE. Aren't you totally disabled under the regulations?

Mrs. JOHNSON. Well, I can't stoop, I can't bend, I can't wipe the floor or anything like that. I am just unable to sit and bend and do anything like that. I can't even sweep the floor.

Mr. SKIDMORE. Sir, anytime you want to interrupt for additional questions, please do.

Senator HARTKE. Thank you.

Mr. SKIDMORE. Who else can describe some services they do receive from agencies in their area or in their county?

Mr. Richardson, you were discussing something earlier. Mr. Richardson lives in Blytheville.

Mr. RICHARDSON. Well, the only transportation we have is through the OEO and the district (welfare) workers. We have some people as far as 15 miles from town with no transportation.

Mr. SKIDMORE. How do they get to town, say, to pick up their food stamps?

Mr. RICHARDSON. Well, they have to call the OEO workers. There are some of the volunteer district workers to come there to get them.

Mr. SKIDMORE. How do these people get to town if they live 15 miles out of Blytheville?

FOOD STAMPS SHOULD BE MAILED

Mr. RICHARDSON. They have to call someone from the OEO over, the volunteer district workers, to come and get them and then they have to take them up there 1 day and get a voucher from the OEO to help pay for the stamps and go back home and come back the next day and

get the stamps, which is about 60 miles for someone to drive to help them to get their food stamps.

Mr. SKIDMORE. You offered a suggestion earlier about the possibility of another way or receiving food stamps. Would you describe this, please?

Mr. RICHARDSON. Yes. I think they should be mailed to folks like that. It is 2 days' work, plus 60 miles, to get \$25, \$30, \$40 worth of food stamps when they could be mailed out to them for about 6 cents.

Mr. SKIDMORE. Who else wants to comment.

This is Lucy Highshaw from just outside of Pine Bluff.

STATEMENT OF MRS. HIGHSHAW

Mrs. HIGHSHAW. I would like to get some help. I have had trouble with my eyes. I have gone to the medical center, and they wanted me to come back. I went to the welfare office and they wouldn't give me anything. I haven't been totally disabled, but my eye has this small blood vessel which causes me not to see well. I would appreciate anything you could do for me. I have no help.

Mr. SKIDMORE. Do you know of anyone else who has the same kind of a problem as you?

Mrs. HIGHSHAW. No, nobody but me and my dogs and cats.

Mr. SKIDMORE. Do you live alone?

Mrs. HIGHSHAW. Yes.

Mr. SKIDMORE. Do you own your house?

Mrs. HIGHSHAW. Yes.

Mr. SKIDMORE. How much is your house worth?

Mrs. HIGHSHAW. About \$2,000.

Mr. SKIDMORE. What kind of income do you have?

Mrs. HIGHSHAW. None.

Mr. SKIDMORE. No social security or welfare?

NOT A BEGGER, BUT NEEDS HELP

Mrs. HIGHSHAW. My sister sends me a little money now and then to help me pay my bills. We can't get anything. I am on the mercy of the folks. Sometimes the church helps. If anybody needs help, it is me. I am not a begger, but I need help.

Mr. SKIDMORE. Thank you, Mrs. Highshaw.

The reason we asked all of you here is because the only way we can make our desires known is to express them.

Mrs. HIGHSHAW. Well, I wish I could have some help. The Lord would bless you.

Mr. SKIDMORE. What kind of services, say, if any kind of service would be made available to you in your particular rural area, would you want? What kind of general services do you think would really benefit you the most?

Mr. LINVILLE. I have an older brother who is 86. He has no welfare. He sold his property. He didn't expect to get any welfare but he gets \$36 off of social security. He can see a little better than I can, but I have to take care of him. I cook for myself and him. I lost my wife about a year ago. I sort of keep things as clean as I can. We have our house practically flyproof, but if I could just

have somebody come in just once a week and look through some foodstuff. We might eat some bugs in our foodstuff.

We have one social worker who is a wonderful girl who comes around once in a while. She couldn't be better. She comes in occasionally, but, of course, she has so much work.

If I could have someone who would help me clean up once a week. I get down on my knees once a week to clean. I just sweep all of my floor and then I hope it is clean.

Mr. SKIDMORE. I think what you are describing, Mr. Linville, is the availability of homemaker services, which we encourage.

Senator HARTKE. How many nursing homes are available in this area? Any at all?

Mr. SKIDMORE. I don't really know. There are three counties that are being represented. I shall find out if there are any nursing homes available.

Senator HARTKE. And also try to find out if any effort is being made to develop a rural housing program other than the programs being provided through the Farmers Union. I am talking about utilization of the funds through the development of cooperatives and things of that sort.

I think we have just one instance here, for there is no low-income housing for the aged that I can find in any of these communities. I think that one or two questions have to be raised here. There is not enough space to operate in to provide the funds, and something else is going to have to be done to provide the guidelines to provide for this type of facility.

The National Committee on Aging has created a demonstration and research project called FIND, which is supposed to do what you are talking about here. But how would you envision that that program could not only be continued but also expanded?

Mr. SKIDMORE. Well, I am glad you asked me that question, Senator. Project FIND has a fantastic success in my mind. As a matter of fact, they interviewed over 50,000 rural old people, and they found a very high percentage of these would qualify under the poverty guidelines. By the way, they hired 300 older people to do it.

Senator HARTKE. Let me ask you another question. Now, the census of 1970 is coming up. Is there any effort being made to include that type of thing in the census?

Mr. SKIDMORE. It is my understanding that the National Council on the Aging on the national level from our Washington office has approached the Bureau of the Census to ask them to include this type of information in their spot surveys.

It is my understanding that they have received a negative response from the Bureau of the Census to find this kind of information. They don't seem to be too interested in going after it.

I will say this, and I am sure you will get one of the earliest print-outs. Projects FIND will be ready to release in about a month its findings. It is my understanding from the preliminary word leaking out that it is status shaking.

Senator HARTKE. There is no question about it.

Mr. SKIDMORE. This is one of the things that Mrs. Williams said in her paper, that expertise doesn't exist in the rural areas to provide

the kind of projects and programs that are available. They lose out by default and always end up with the have's getting more and the have-not's losing out.

Mrs. Williams and I were discussing the possibility of NCOA providing consultant services and being the clearing house of the consultant services for the benefit of older people in all areas and not just those areas served exclusively by community action agencies.

I think in summary, first of all, I want to thank you ladies and gentlemen for being here. I think the expressions that you have made are very well taken and indicate the overall need.

If I were to make a recommendation, sir, it would be that a careful study of priorities in aging programs in rural areas be made, in view of the other expenditures in rural areas, and, if I may be so bold as to mention, for instance, the farm subsidy program which is something like \$3 billion a year in this country. A great bulk of that to larger income people, quite frankly, can be a considerable income, some payments in excess of \$20,000.

In Mississippi County alone, which is a poor county in this State, it is my understanding that there is \$7 million in farm subsidies a year allocated.

I am wondering, sir, perhaps of reconsideration of priorities in terms of income tax for these amounts of money so that a proportion, since these are protected funds for rural areas, be set aside to benefit the elderly people themselves as individuals, especially their economic problems in the delivery of services.

Senator HARTKE. I want to thank you for your information, and I thank these people for coming and for taking away from their time. I hope that we can be of some help to you.

Mr. SKIDMORE. Mr. Perryman wanted to say something.

Senator HARTKE. Certainly.

STATEMENT OF HENRY PERRYMAN

Mr. PERRYMAN. Mr. Skidmore, Senator Hartke, ladies, and gentlemen and administrative employees, I don't think I can add anything to that which has been discussed today.

But I will say that transportation is one of the problems that exists in the rural communities.

We are looking to the Congress and administrative heads to find some way to get this money, this revenue, that can be allocated for the future of those tireless workers who will work sincerely and honestly, and to bring to light the facts that are now covered by veneer or camouflaged to the people and to do something for these aged people, morally, socially, and financially so that they may have the comfort and joys of life that they have merited.

Senator HARTKE. Thank you. That was very well said.

I think this concludes our witnesses for today.

I want to thank you people who have been in attendance today and all of you who have helped to present these facts. I want to thank the staff who have worked so tirelessly, not only today, but in the preparation of the four hearings. I think they are to be complimented and commended for their efforts in this field. It is not an easy job

to put together this type of hearing. It is probably one of the most difficult operations that we have as far as the opportunities for readily available information.

I think as a result of our hearings in the field, we are going to take a lot of questions back to Washington, some facts and some conclusions. But if existing programs do die, we have to ask immediately what happens to the people who are served and those who had their hopes raised and we dashed their hopes again to the ground forever.

There is this question: Haven't we adequately shown that the need exists? I think we have, through these demonstration programs and demonstration projects. Now, what we are going to do after they find out that they are needed? We don't need to find out any more, but we need action. But how are we going to meet those needs?

In line with that, the 1971 White House Conference on Aging is coming along very soon, and what are they going to do about finding new ideas of new concepts of solving the problems of the aged, and especially for the rural aged poor?

Finally, the fundamental question, should we permit a costly war and other material things in life which we have evidently put a high priority on at the present time, and the fact that we really show a lack of concern of our national goals for our people as contrasted by this: keeping the work to be done from being done? There are no easy answers. No one is going to come down as manna from heaven and solve these problems.

But I do want to say that the people who have participated in these field hearings have made our needs immediately visible and made the need for action more urgent. Thank you.

(Whereupon, at 3:15 p.m., the committee adjourned.)

APPENDIXES

Appendix 1

ADDITIONAL INFORMATION FROM WITNESSES

ITEM 1: STATEMENT BY MILDRED B. WILLIAMS, DIRECTOR, ARKANSAS OFFICE ON AGING

I. STATE PROGRAMS TO ASSIST THE ELDERLY IN RURAL AREAS

1. Salem Senior Citizens Center

This rural project is operating in second year of federal funding.

Grant was:

First year	\$5,500.00
Second year	5,500.00
Third year (tentative)	4,250.00
Total	15,250.00

This multi-purpose center offers a wide range of programs and activities, i.e., sewing, quilting, musical programs, trips to scenic areas and games.

2. Mountain Home Community Senior Center

This rural project is in second year of federal funding.

Grant was:

First year	\$5,310.00
Second year	5,484.00
Third year (tentative)	4,620.00
Total	15,414.00

This project serves more than 10,000 (unduplicated count) retirees in north Arkansas each year in programs that meet in Center (Garden Clubs, Boat Club, Women's Clubs, and religious programs on Sundays).

3. Senior Citizens Club of Camden

This rural project is in second year of federal funding.

Grant was:

First year	\$3,600.00
Second year	5,500.00
Third year (tentative)	4,960.00
Total	14,060.00

This multi-purpose Center is located in large, old house and offers a wide range of programs and activities.

4. *Johnson County aging organization*

This rural project is in second year of federal funding.

Grant was:

First year-----	\$10,565.00
Second year-----	8,430.00
Third year (tentative)-----	4,420.00
Total -----	23,415.00

This project offers transportation as an important service to isolated elderly. Swimming, arts and crafts are planned as recreational programs. They work closely with American Association of Retired Persons.

5. *Gassville community program for aging*

This rural project is in first year of federal funding.

Grant was:

First year-----	\$7,225.00
Second year (tentative)-----	6,425.00
Third year (tentative)-----	5,400.00
Total -----	19,050.00

This multi-purpose center offers well planned programs and recreational activities which include rug braiding, rug hooking, quilting and woodworking.

6. *Developing aging programs through program building committees*

Project became operational July 1, 1969.

Grant was:

First year-----	\$17,163.00
Second year (tentative)-----	17,736.00
Third year (tentative)-----	18,115.00
Total -----	53,014.00

This project unites the University of Arkansas Agricultural Extension Service with State agency for more effective service to all counties in State.

7. *Serving senior citizens of Newton County*

This rural project became operational July 1, 1969.

Grant was:

First year-----	\$7,090.00
Second year (tentative)-----	4,800.00
Third year (tentative)-----	3,500.00
Total -----	15,390.00

This project is offering transportation as well as recreational programs planned in Center and trips to scenic points of interest.

8. *K.I.T.S.—Keep In Touch—Seniors*

This project became operational July 1, 1969.

Grant was:

First year-----	\$13,330.00
Second year (tentative)-----	9,290.00
Third year (tentative)-----	7,615.00
Total -----	30,235.00

This project will serve Jonesboro and the rural population of Craighead County. They plan knitting, sewing, trips of scenic interest, and transportation.

9. Newark Senior Citizens Club

This rural project became operational July 1, 1969.

Grant was:	
First year.....	\$7,796.00
Second year (tentative).....	5,670.00
Third year (tentative).....	5,025.00
Total	18,491.00

This project will offer transportation as well as recreational activities in large center—sewing, quilting, TV and planned tours.

10. Senior citizens food service.

This project became operational on August 1, 1969.

Grant was:	
First year.....	\$21,141.00
Second year (tentative).....	25,284.00
Third year (tentative).....	23,360.00
Total	69,785.00

This is the first food service program in Arkansas. Needy elderly will be served one hot, balanced meal daily in home (five days per week).

II. SUGGESTIONS FOR CHANGES IN THE FEDERAL OLDER AMERICANS ACT

Because almost-one-half the poverty in the United States is in Rural America and because the market for older persons skills is very depressed in rural areas, steps should be taken to expand services to older rural people. In my opinion, the effectiveness of the Older Americans Act has been curtailed by the so-called "sophistication" of Administration on Aging.

Narrative requirements need to be simplified. The average person in a rural Arkansas County is unable to write a narrative acceptable for the structure of a "social agency." Guidelines need to be more flexible.

Rent as an inkind contribution should be returned to former requirement of rental value rather than on depreciation scheule. Many rural communities have old school buildings that are in excellent condition and are very adequate for a community center.

If 30 years is considered the life of a building for depreciation schedules and this building is 30 years old no credit may be claimed. Yet they have a very adequate building in the community, loaned to them by the School Board that has no value as an inkind contribution. In some communities where this building is lacking they have no housing for a center so when there is such a structure available its value is monumental. The rural community cannot comply with these rigid guidelines.

When the Older Americans Act was passed our manual of Policies and Procedures allowed volunteers to be used as an inkind contribution. This was eliminated beginning on July 1, 1968.

Obtaining volunteers was highly successful because they were given the opportunity to serve their community while helping themselves. This seemed an excellent way to guarantee continuation of project because once they have been a part of the program all are reluctant to leave the actiivties. Utilization of volunteers as a part of the project was an important tool for insuring continuation of project after federal funding was terminated.

This State needs to add Medicaid to their services to older people.

Programs and projects in rural areas enable older people to make social contacts and remain part of the community. Because of lack of income many find it impossible to afford telephones, proper clothing and transportation. Most of our projects have furnished transportation which met one important need.

The projects are important to these older people as they are encouraged to participate in activities. This gives them the feeling of being wanted rather than rejected. Many have expressed their feelings this way, "I feel like I am a person again."

There should be liberalization or elimination of the limitations on earnings of social security recipients. Low income is a major problem for older people despite the increase of social security benefits. Large proportions of older people are in low-paid work and they constitute four per cent of the labor force. Eight million social security beneficiaries are still below the poverty level even with their social security benefits.

Housing for the elderly should be of major concern in both urban and rural communities. 28% of rental units are substandard.

Low rent housing for elderly can incorporate safety features not generally found in homes.

Some stores deliver purchases to housing developments because of the large number of people in the concentrated area.

Decline of energy and health as well as reduced income brings need for low rental, maintenance and/or mortgage costs. Separation from family and the inability to own or drive a car requires housing within reach of shopping centers, services and social activities.

Increased appropriations under Rent Supplement Programs would help provide adequate rental housing for the low income elderly.

Appendix 2

ADDITIONAL INFORMATION FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF BEN N. SALTZMAN, M.D., MOUNTAIN HOME, ARK.

HEALTH PROBLEMS OF THE ELDERLY IN RURAL AREAS

I am Dr. Ben N. Saltzman of Mountain Home, Arkansas, in the active practice of general medicine and immediate past chairman of the Council on Rural Health of the American Medical Association. I have been in practice in this community for more than 23 years and have watched it change from a very rural area to a retirement area. My patients at first were chiefly the elderly farm people who had remained behind while their children and grandchildren had moved away to more economically secure areas. Now my practice is primarily concerned with the health care of retired, elderly people who have moved in from the more cosmopolitan areas. Still, I am concerned with the health of a fairly good mixture of both the economically secured and the deprived rural elderly.

For many years as a member of the Council on Rural Health of the American Medical Association and for three years as its chairman, I have been confronted on a nation-wide basis with the problems of rural people of all ages. However, the problems of the elderly in most instances seemed to be more acute. A study of these problems revealed that their nature was primarily sociologic rather than pathologic. All segments of the rural aged population, whether affluent or deprived, suffer from one chief malady, namely loneliness. This loneliness whether caused by the loss of children or grandchildren or by self-removal from the family environment has affected most of the physical problems that have confronted me as a physician. This does not mean that the rural elderly do not have physiologic illnesses. They have the same illnesses that affect all ages. However, the infirmities that usually produces make these illnesses more difficult to manage. The individual whose eyesight has failed, whose hearing has deteriorated, and whose joints and muscles will not carry him in an ambulatory manner finds it difficult to marshal the forces necessary to recover from other illnesses such as those affecting the cardiovascular system and the respiratory system.

In my practice I see a considerable number of patients who have had cerebral vascular accidents (the "stroke" syndrome). These people are not necessarily bed-fast but do have some difficulty in walking or moving quickly or speaking fluently. I see several others who have had one or more myocardial infarctions (heart attacks). I see many patients affected with various degrees of emphysema (shortness of breath). There are many complaints of digestive disturbance which include symptoms attributable to the gall bladder system, the gastric system, the colon and the favorite syndrome of constipation. However, I believe that the most frustrating complaint from the standpoint of the elderly patient is that he cannot find anyone to take care of his feet. These patients, because of poor vision, cannot see well enough to cut their toenails. They develop nail hooks, corns, calluses and plantar warts which give them no end of pain and discomfort and in many cases make life unbearable.

In this sketchy manner I have outlined some of the health problems of the rural elderly. Now, these problems are little different from those of the elderly urban population. There is one chief difference however. These people find it more difficult to obtain the necessary care for their ailments. The physicians are avail-

able to serve them. Health nurses are available to act as liaison between the patient and the physician, but it is becoming more and more difficult for the elderly patient to make his way to the physician's office or to the outpatient hospital clinic. Therein lies the rub. Most of my elderly patients complain that they cannot get the transportation to take them to the physician's office. I truly believe that 60% of my elderly patients would be happier if someone could bring them to my clinic. Some people complain that it costs them as much as \$15.00 to \$20.00 to be transported to the office by cab. They state that my office fee of \$4.00 is just a drop in the bucket as far as their expenses are concerned.

Then I hear another cry repeated over and over again. Drug costs are too high. After I write my prescription the financial problems begin. I would say that in my own community more than 50% of the prescriptions written by physicians are sent away to larger cities to be filled by cut-rate drug stores. It is simply a matter of economics. Even the more affluent retired person finds that he cannot afford to support the local drug stores, though he realizes they have comparatively higher operating expenses than the larger distant concerns. I am certain in my own mind that the continual complaint of the high cost of medical care is chiefly related to the high cost of drugs.

So far this talk seems to deal more with economics; the economics of transportation and the economics of drug costs. There are other very important aspects of the health problems of the rural aged. I have earlier mentioned the loneliness that exists in the elderly, whether they are married, single or widowed. Another aspect of the problem is that these people find themselves with nothing to do. Many have taken the stand that retirement means complete removal from any occupational endeavor.

At the other end of the spectrum is the retired individual who will often undertake a type of work around the house to which he is not physically accustomed. Very often I am called upon to treat a heart attack brought on by lifting large loads of wood to be carried to the home fireplace. Rocks abound in rural areas and very few of my retirees are physically capable of moving boulders by themselves. They attempt to do this to create beautiful lawns. Then having completed these lawns these individuals proceed to mow them; usually in temperatures not suited to either mad dogs or Englishmen.

We thus come to the problem of health education. Most of our elderly patients have had very little health education throughout their lifetime. These people have been busy in their businesses, their jobs, their professions and have not been exposed to what I feel is real health education. They have gotten their information from television commercials and from newspaper quotations but have had very little formal training in what good health really is. These people have now found themselves with a great deal of leisure time. I feel that if this time could be programmed into health education as well as occupational usefulness many problems that confront us would be alleviated. I have noted with interest the new O.E.O. projects that provide some form of remunerative work for individuals of this type. I speak of the Green Thumb and Green Light projects. In our area there is an Ozarks Opportunities Project which teaches skills and markets products. I know of many successful results of these activities which have produced better health both physical and mental. I am in complete sympathy with what is being attempted. I feel that more useful jobs should be found for the elderly, whether deprived or in better financial circumstances. I would like to see a continuation of these individuals in the occupations in which they have been trained. They are most happy doing the work to which they have become accustomed over the years and in which they feel that they can do a better job.

Forced retirement is almost as cruel in my mind as leaving the elderly citizen in the woods to die; as was the custom of our early Americans. We know that muscles fail with disuse. It is my firm conviction that braincells also fail with disuse. Over the years I have enjoyed my practice which has been chiefly with the elderly population. These people, when they first come to me are mentally and physically alert and wonderful people to know. In many cases I have established lasting friendships. Frequently these friendships have lasted a great deal longer than I would have believed possible because of the age of the patients. I have found that my recommendation that they find something to do has paid off in many instances. I have channeled some individuals into civic activities, others into church work, others to work in nursing homes and with retarded children. Whenever these individuals have found something

to do they have retained their physical and mental faculties. However, those who have given up any effort to keep up with the mainstream of life have deteriorated rapidly.

Rest homes have served as a means of keeping the body alive. However, they have not necessarily served in keeping the mind alive and so we learn that individuals confined to nursing homes and rest homes generally speaking deteriorate and die sooner. There are some nursing homes with active recreational and occupational programs that are far different. Those nursing homes that have program activities that are not puerile have been quite successful in keeping their inhabitants alive for many years. I have learned from my fellow physicians that those elderly people who can go into apartment house complexes seem to live forever because these people maintain all the aspects of normal daily living. Their minds and their bodies stay alive and alert.

Now having covered these various problems that confront us in rural areas I would like to enumerate some of the things that I feel can be done. First a program to assuage loneliness. These people who have nothing to do should be encouraged, and in fact made to go out and visit with others more physically incapacitated. We need people to help people, and the aged can really help themselves and others. I know that the programs that employ the elderly to work with handicapped children have been quite successful. Why not a similar program to help the infirm aged?

Next I would like to see an extension of home health care. In my own community we have an excellent home health service carried on by our State Health Department. I feel that it can be expanded with the help of the physicians practicing over our state. I know that home health services need to be provided over the entire country. We haven't begun to make a dent in the possibilities that exist for home health care and this is particularly true in the rural areas. This will require dedicated people. But these people can be taken from the small communities in which they reside. They can often do a more professional job than the professionals. Some system of licensing of home health aides who are not of the college level is necessary. I know that any competent physician can train the aides to do the necessary work in the home.

I would like to see an expansion of recreational programs and work programs to make use of the elderly in all walks of life.

I would like to see high priority given to transportation for the rural aged. Whether it be community, state or federally controlled is not important. Wheels have become important in our lives and when these people are forced to give up their driver's licenses their lives collapse.

I think that it is very important that something be done to bring down the cost of drugs. I don't want to incur the wrath of the pharmaceutical profession, but I do believe that drug costs can be lowered. The pharmaceutical industry is doing a marvelous job of policing itself in the manufacture of its products and in the ethics of the distribution of these products. But I feel that it can also serve our country better by bringing down the cost of drugs.

My mention of the care of the feet may bring a humorous response; but seriously it is a very important problem for our elderly citizens. Perhaps we can produce more podiatrists or failing this perhaps we can train health aides to do the simple tasks necessary to provide better foot care. Our physicians do not have the time to cut toenails, remove calluses and corns. And yet we find ourselves doing this very thing. There must be a better solution.

Finally, I want to make a plea for better health education. This can be accomplished through the use of our news media which include newspapers, periodicals, magazines, radio and television. Television has become a most important influence in our lives, particularly as it affects the elderly. Some way must be devised to program good health information to these people. In our area, the CASA Mobile Health Screening Project, sponsored jointly by the O.E.O. and the Farmer's Union has served to make elderly rural people aware of their health problems and has caused many to seek the help of their physicians. This too is a worthwhile educational tool. However, I think that it would be more effective if the active cooperation of county medical societies and individual physicians was intensively sought.

It is my feeling that comprehensive planning for health should include planning for the health of the rural aged population. This can be done on the local level and should involve these consumers in the planning. A. B. Alcott once said,

"While one finds company in himself and his pursuits, he cannot feel old, no matter what his years may be." Most of our elderly citizens have retained their intelligence. Let's give them an opportunity to continue to use it.

ITEM 2. STATEMENT OF MRS. CARTER CLOPTON, EXECUTIVE
DIRECTOR, GOVERNOR'S COMMITTEE ON AGING, TEXAS

The fact that Texas is famous for its vast industrial complexes in some areas of the State and its large urban centers, such as Houston, Dallas-Fort Worth and San Antonio classifies Texas as an urban state. However, the high percentage of the elderly population live in rural areas.

This is reflected in the large numbers of young people flocking to the cities in quest of exciting and rewarding careers which are non-existent in the small towns of Texas. The result is that the productive youth leave the rural communities with a dearth of talent, capital, resources and energy to compete in today's conspicuous society. What is left is a high percentage of older persons—way above national and state norms with little or no means to serve ever-expanding problems of an aging society.

Figures for 1968 show twenty-five counties in Texas now have in excess of 20 percent population over age 65. These are not retirement centers which attract large numbers of affluent older persons fully capable of attracting proprietary services after them. These are poor counties struggling to maintain a comfortable position—with population averages continuing to age.

Therefore three major factors manifest themselves:

Services generally available in urban areas or larger communities with a high county population base simply do not exist in these have-not counties with the highest proportions of aging population. Some provision must be made to provide services for our aging population in those counties which have an age-65 or over population base in excess of 50 percent of the national norm.

In those counties where limited services are available, aging persons who live within rural areas are faced with transportation and isolation obstacles out of all proportion to residents. Often, because of ill health, proximity, lack of knowledge concerning services, no public or private transportation, and the non-visibility peculiar to old people, those services which may be available are denied those persons who deserve and need them most.

The third factor common to the rural aging populace is the discrimination against those older persons who have worked unbelievably hard all their lives eking a living for themselves and families out of marginal land, only to find they don't qualify for some services, such as old age assistance in many cases, simply because they own a few acres of land or possess a house which oftentimes by any criteria is substandard. Property ownership once equated with the productive citizenship becomes more burdensome each year. These home and small property owners are forced to pay rising taxes on land no longer in production.

Appendix 3

STATEMENTS SUBMITTED BY THE HEARINGS 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:)

"If there had been time for everyone to speak at the committee hearing in Little Rock, Arkansas, on the subject of "Older Americans in Rural Areas", I would have said:"

(The following reply was received:)

MRS. B. J. WILLIAMS, DUMAS, ARK.

I would have said that an old lady at Mitchellville could not get any help from the welfare because she owned a dilapidated shack at Pine Bluff. I finally got help from the welfare office when I told the workers I would go to the County Judge for help. There were three others, two from Dumas and an old white lady from Watson. This old lady qualified for free stamps.

Another problem is getting the help in the doctor's office to fill out the receipts of the welfare people so they will be accepted in the Blue Cross office after the \$50.00 deduction is paid.

I also would have told how the Desha County Home Economist held classes to show the Senior Citizens how to prepare wholesome meals with the food they receive with their stamps. How she helped them plan menus for a month at a time. How these plans are used in purchasing their food. (This help was asked for by the CASA Workers).

I would have told how many of these women with the workers help use their talents in making many articles to sell which helps to supplement their income. These are just a few of the things we are doing.

Appendix 4

AN EVALUATION OF C.A.S.A. PROJECTS

COMMUNITY ACTIVITIES FOR SENIOR ARKANSANS

I. INTRODUCTION

Arkansas Scientific Associates, Inc. (ASA) has evaluated the project entitled "Community Activities for Senior Arkansans" (CASA) with the following evaluation team:

1. James O. Wear, Ph. D.—Experienced in statistics, planning, and program evaluation.
2. Douglas A. Stevens, Ph. D.—Psychologist with experience in rural mental health, statistics, and research design.
3. Marion Payne, MSW—Social Worker with experience in rural and poverty programs.

The varied backgrounds of this team allowed us to examine the quantitative, as well as the social and psychological aspects of CASA. Such inputs are essential in evaluating a program with social impact since much of the evaluation is subjective. Four methods were used in the project evaluation: (1) group meeting with a large number of field workers who have provided services; (2) brief written case reports from the field workers; (3) visit to a Senior Citizen Center for individual discussions with senior citizens helped by CASA; and (4) a sample survey of people who had received services through CASA.

CASA staff and field workers were used wherever possible in performing the evaluation in order to conserve both time and funds. Since they had established channels of communications, the field workers were better equipped to perform the survey. Outsiders would have had great difficulty in obtaining responses to many of the questions.

The evaluation was directed at assessing how well CASA had achieved the following goals for the elderly: (1) visitations aimed at relieving loneliness; (2) referrals to appropriate agencies to meet special needs, (3) employment of the able-bodied, (4) aid in management and budgeting of funds and resources, (5) minor home repairs at no cost, (6) recreational outlets, and (7) adequate medical check-ups and referrals to local physicians for continued care.

II. SUMMARY OF CASA

CASA was started in November, 1966 with funding by Research and Development Grants, Administration on Aging, Department of Health, Education, and Welfare. The Arkansas Farmers Union is the sponsor of the project.

CASA is based on the assumptions that: (1) most older rural people would rather stay in their own homes than to be placed in an institution; (2) they are healthier and happier during their declining years if they can remain in proximity to their friends; (3) accidents which permanently disable people often occur because their homes lack necessary minor repairs, (4) pride prevents many from accepting financial aid resulting in such individuals being ill-fed, ill-clothed, and having inadequate shelter during their last years, (5) senior citizens are still capable of being employed on a part-time basis, (6) serious mental and physical problems develop because of lack of association with their peer group.

The project was started in six (6) counties (Sharp, Izard, Prairie, Conway, Stone and Lonoke), with two or three older men and women in each county, serving as field workers. After the first year, Baxter and Desha counties replaced Sharpe and Izard counties. This change was made because of lack of cooperation by local officials. It was believed that a more effective program could be implemented elsewhere. This change allowed the inclusion of a different geographic

area. The six counties provided the following geographic and population types: (1) delta plantation area with a large segment of Black people, (2) mountain area with a large segment of retired persons, (3) farm area with a mixed population, (4) mountain area with a large segment of poor White rural people, and (5) an area with combinations of geographic area and populations. These six counties obviously provide examples of almost any rural area in America. Thus, the results of CASA might be extrapolated to the Nation.

The project was staffed with two or three male and female senior citizens from each county. They were paid \$1.60 per hour for 24 hours a week, plus mileage. These workers have demonstrated a commitment to the project and have averaged far more than 24 hours a week. The maximum number of field workers was eighteen. The full time administrative staff consisted of a project director, bookkeeper, and two clerical personnel. The mobile medical unit has been staffed by a physician, two licensed practical nurses, and a driver. During the first year, data sheets were completed on all persons visited by the field workers. An example of this data sheet is included in Appendix A.* Approximately 4000 of these data sheets were completed on senior citizens.

Many of the senior citizens had no significant need. However, the averages are striking. The following statistics were derived from these data sheets:

- (1) Average age was 72.6 years.
- (2) Average annual income was \$920.
- (3) Average monthly drug bill was \$15.00.
- (4) Estimated general health of the senior citizens: Poor—56.2%; Fair—32.2%; Good—11.6%.
- (5) 73% owned their own home.
- (6) 37% did not have electricity and/or indoor plumbing.
- (7) Their income sources was as follows:

	<i>Percent</i>
(a) Social Security -----	45.8
(b) Welfare -----	26.3
(c) Social Security and Welfare -----	23.2
(d) Other -----	4.7

CASA workers provided the following services during the project period: (1) transportation for older citizens to the doctor, the store, the church, etc.; (2) friendly visits with reading, letter writing, and talking; (3) assistance with house chores and food preparation; (4) minor home repairs such as screens, steps, roof, and porch.

Senior Citizen Centers and Handicraft Workshops were established so that older citizens would have a place in which they could spend their leisure time in recreational activities and good fellowship. Activities such as reading, checkers, dominoes, cards, etc. are available. Dinners are held by the centers, through which funds for the centers are raised. Handicraft Workshops are held at the centers, in churches, and homes. Male field workers often perform minor home repairs, which improve the comfort and safety of these holder people's homes. This service is for those who own their own homes and are not able to make their own repairs. Additional senior men have, at times, been employed on these projects.

Female field workers spend part of their time as home health aides to those who are ill, invalid, or semi-invalid. This aid varies from bringing in wood for a blind man to general housekeeping and cooking for the sick.

The field workers also spend time making visits. Many of these people do not see anyone for weeks at a time. During these visits, the field workers read to them, write letters for them, or just converse, the purpose being to relieve some of the loneliness.

Field workers were provided with specific information on available health and welfare agencies, enabling them to serve as referral sources. They aided the senior citizens in obtaining services that were offered by these agencies. This often resulted in increased welfare payments, food stamps, or commodities.

In June, 1968 the project was expanded to include a Mobile Medical Unit. The purpose was to provide free multiphasic screening for elderly persons living in rural areas. This mobile unit was built into a school bus, enabling it to move among the target areas. Field workers locate a desirable site for the operation,

*Retained in committee files.

publicize date and location of the service, and provide transportation for some of the service recipients. The mobile medical unit staff completes a medical history and the following screening procedures on each individual :

- (1) Height and Weight
- (2) Visual Acuity
- (3) Blood Pressure
- (4) Anemia
- (5) Diabetes
- (6) Urinalysis
- (7) Lung Capacity
- (8) Tonometry for the Detection of Glaucoma
- (9) Three Lead Electrocardiogram

When the tests indicate an undesirable condition, the individual is referred by letter to his family physician for complete diagnosis and treatment. If immediate treatment is found to be needed, steps are taken to see that the individual is seen for medical attention at the earliest possible moment. A statistical summary of the mobile medical unit is present in Appendix B.*

III. EVALUATION

A. Group Meeting :

The ASA consultants met with twelve (12) field workers and former field workers to discuss CASA. This meeting was to provide the consultants with some insight into the program from the field workers point of view. Prior to the meeting reports were reviewed and discussions were held with the professional staff.

A conscious effort was made to obtain participation from all field workers. All workers were asked to tell about their accomplishments and what they would like to have accomplished. This was effective in establishing a basis for communication with these workers.

During the discussion the following aspects were covered :

- (1) Purpose of the program.
- (2) People aided.
- (3) Services provided.
- (4) Special examples of services or needs.
- (5) Continuing aid.
- (6) Projection of conditions, should CASA be terminated.
- (7) Weakness of the program.
- (8) Recommendations for improvement.

One of the most impressive aspects of the program was the attitude of the field workers. These individuals (average age 67) were aglow with excitement about CASA, its benefits to them and to those receiving services. They talked freely about the program and told of their experiences. Many of these experiences involved benefits to themselves. For example, one of the workers had previously been so depressed that he would walk across the street in order to avoid encountering acquaintances. His being hired as a field worker changed his life. He observed the great need of others and realized that he could be of assistance. This change in focus, from self to others, resulted in a dependent, lonely individual once again becoming socially concerned and productive.

The field workers enjoy aiding other people, to see them be cheerful is their reward. So rewarding was this work that they worked many more than the agreed upon 24 hours a week. Now that CASA has terminated, most workers are continuing to provide service. Present services are of necessity limited, for without CASA, financial resources are nonexistent.

Field workers had few difficulties with program acceptance. They were accepted as individuals, both because they were local residents and because they were senior citizens. In a few cases, where they worked away from their home area, acceptance was difficult to achieve. In these situations, letters were obtained from the County Judge in support of the program. This had a remarkable effect, and as one worker remarked, "We could not get out of the houses". The fact that the Farmer's Union was sponsoring the project, was of additional help in opening doors. The Farmer's Union was known as a friend to the senior citizens.

*Retained in committee files.

CASA has apparently led to a modification in racial attitudes. In this program Blacks and Whites have worked cooperatively together. Black field workers reported that they encountered no particular difficulty in these rural areas, even though a tradition of strong separatist attitudes exists. This was certainly a most surprising and encouraging finding.

Handicraft Workshops helped individuals to become more active through the use of their hands and minds. The workshops were held once a week, and were supervised by the field workers. The items cost almost nothing to make, since they were made from scrap material. The items were such that they could be used by the maker, given as gifts, or sold. Most have been kept by those who made them, but some were sold and the money retained for the purchase of more materials for the group. Field workers mentioned that individuals were frequently concerned about the sale of their handicrafts for fear their Social Security and/or Welfare payments would be reduced. The Handicraft Workshops provide the opportunity for fellowship as well as for handicraft activity. In this situation, Blacks and Whites worked together, sharing both materials and ideas. This is one aspect of CASA that is self sustaining and will continue as long as leadership is available.

Senior Citizen Centers were also discussed by the field workers. Five (5) of these are continuing to some degree. However, in a couple of locales they were failures. The field workers believe that these failures were due to poor locations and a lack of transportation. Since buildings were donated, selection was limited and the location was sometimes undesirable. The undesirability of location was due either to the section of a community or to the distance from those it was meant to serve. The best location is in a downtown area, to which people have easier accessibility.

The centers were organized by the field workers and the CASA director, together with local assistance. Attendance consistently ranges between 10 and 40 individuals. Complaints were registered that more centers were needed and more people needed to participate. Participation was generally a problem of transportation. However, for special events, people were able to arrange transportation with neighbors or with the field workers and attendance was particularly gratifying.

The field workers discussed the many diverse ways in which they had rendered assistance. People were helped to obtain phones necessary to call a doctor or to stay in touch with neighbors. Many who could pay the phone bills, but not the deposit, were assisted in making special arrangements with the phone company. Older citizens were aided in obtaining food stamps and commodities. In some cases the field workers were authorized to pick up these items for the individual. One field worker told of an older person who was burning social security checks because he did not understand their purpose. Many were aided by the receipt of additional welfare payments. Several individuals did not understand their entitlements and others could not adequately present their case to the welfare workers.

The field workers mentioned some few incidents in which local physicians and welfare workers did not cooperate with the program. However, in general it was well supported by agencies and deliverers of services. One rumor was that if CASA funds and people were used for repairing a house, the government might later take the home. In another case a taxi driver said CASA would cause an increase in taxes and put him out of work. The field workers assured the recipients of these services that the rumors were not true.

The provision of transportation is a major aspect of the CASA program and is also the item that will be most missed. The field workers have provided transportation to stores and to doctors in situations where the only other means was to hire transportation. This hiring of transportation often cost from \$5.00 to \$15.00 per trip. Such a cost constitutes a significant portion of ones Social Security or Welfare Payments.

One of the most striking examples of CASA assistance regarded an old lady who lived alone and at some distance from her nearest neighbor. Since she had no water supply, neighbors brought her water at weekly intervals. A CASA worker began visiting her every few days, hoping to reduce her isolation. One day the lady fell in the yard and broke her leg. Somehow she managed to crawl into the house and into bed. It was in this situation that the worker found her several hours later. Had it not been for the field worker's visit, she would undoubtedly have died. Yet, this is but one of the lives that CASA has saved, a saving that is indeed difficult to measure in financial cost effectiveness.

Recommendations from Group Meeting:

The information obtained in the meeting with the field workers suggested that CASA was indeed an excellent program. Probing questions were asked regarding possible problem areas. In summary, the evaluators felt that the CASA program evidenced fewer weaknesses than any similar program attempted in this section of the nation. Of course, with hindsight and additional information, improvements could have been made. Field workers could have been more effective had they received more initial training and continuing inservice training. An orientation program conducted by social and behavioral science professionals, who have had experience with service delivery systems in rural areas, could have been most beneficial. Such an orientation could have focused on the application of general principles to specific problem situations. Additionally, increased information regarding available programs and benefits for the older citizens, as well as the mechanics for obtaining the same, could have been invaluable. This is especially true as it pertains to Social Security, Welfare, Medicare, and Medicaid. Although generally informed about these programs by workers from the various agencies, there were many specific points that were never brought to their attention. Professionals versed in health and welfare programs, and the delivery of these programs, could have presented a more organized and comprehensive picture. CASA workers should have received more written materials regarding referral programs.

Each field worker should have had a copy of the directory of services for his area. This directory was published in early 1969 by the Commission on Early Childhood Development, and contains information on all government and private organizations providing services.

The purposes of CASA could have better been served by expansion of transportation services, especially to the centers. This would have required an increase in both number of workers and in funds. One method of reducing costs might have been to hire people for the sole purpose of furnishing transportation when needed. Or, a bussing system of some type might have been instituted. The scheduling of regular trips to medical and shopping facilities for groups of people could have further increased the efficiency and the scope of the program.

From the discussion with the field workers, it appeared that many of the older citizens might become dependent on CASA field workers and their services. While it was understandable that the field workers might feel an increasing sense of importance and a feeling of being needed as the dependency of their service recipients increased, they must also understand that to do so would be to commit a grave injustice. Since the program is not one of an indefinite nature, mutual and cooperative interdependence, as well as independence, must be the goal. Programs utilizing volunteers should have been instituted so that services to truly dependent cases could continue after the cessation of funds.

B. Case Reports:

Field workers were requested to write brief reports on a few of their cases. These undoubtedly only reflect situations in which the field workers believes he has had a lasting beneficial impact. However, this provides a method for obtaining insight into the ways in which field workers operate and into their distribution of their working time.

Two to five reports were received from seven (7) field workers. These unedited reports are included in Appendix C.* The names of the field workers and the senior citizens have been removed in order to maintain confidentiality of information. The spelling and grammar are an indication of the fact that local senior citizens were employed by CASA. It should also be remembered that these workers have in general received more schooling than have the older citizens to whom they are delivering services. The major item mentioned in these reports is that of furnishing transportation. Transportation ranges anywhere from once a month to once a week, generally related to the necessities of life such as visits to a doctor, pharmacy, or grocery store. Most reports also mention transportation for the payment of bills. This could have more efficiently been taken care of by mail. Also in instances where there was no other need for a trip, medication refills could have been handled by mail.

Transportation will be one aspect of the CASA program most affected by termination, since field workers cannot themselves bear this expense. Many people will probably forego a visit to the doctor and/or medication, rather than pay for a ride to town or to the store. In many other cases they will have difficulty

*Retained in committee files.

finding transportation. An unplanned weakness of CASA is that these people become dependent on the program for necessary transportation, while no on-going program for transportation was being developed. The case in which a lady was found to be over medicated was not an isolated case. There were several cases where older citizens were found to be taking too much or the incorrect medications. Such situations clearly emphasize the problems involved in the delivery of health services to rural residents, particularly the elderly. This particularly emphasizes the need for specialist support for the rural general practitioner.

The examples of personality changes and new outlooks on life are numerous. These occurred because people felt that someone cared and that they could look forward to another meaningful encounter. CASA performed an immeasurable amount of good in this area. It is most difficult to assign dollar values to such benefits. Some of the previous service recipients are now volunteering to help CASA workers with their work.

One of the more satisfying reports regards a woman who, on the basis of what she learned in Handicraft Workshops, held similar workshops for youth. These are the types of benefits which one would hope would accrue to CASA. A more conscious effort to develop this type of "spin-off" might have been attempted and is recommended for future projects.

Recommendations from CASA Reports :

The case reports proved to be helpful in identifying some problem areas for future planning. The primary problem area was transportation and how it related to the necessities of life.

A considerable number of the trips on which individuals were transported to town appear to have been devoted to the paying of bills. Many times this was done in conjunction with a trip having another purpose, but this was not always the case. The paying of bills could have been handled more efficiently by mail. However, to do this people must be able to write checks or to use money orders. Most of these people have no checking account, while many others are unable to write with sufficient proficiency. Some are unable to correctly read a bill. Possibilities for programs aimed at meeting this problem might include a rural money order purchase program, instituted by the Post Office Department or a program whereby volunteers would assist with the maintenance of a checking account, the reading of bills, the addressing of envelopes, etc.

The transportation of older citizens may be a part of the solution to the problem of rural health delivery. Such transportation, in conjunction with screening by the Mobile Medical Unit, provides an economical model for developing a program of rural health care. Though, at this point not an ideal system, it has been demonstrated that it works and is therefore far better than no system at all. Surely, this aspect of the program deserves continuing study.

Considering both the health condition of the elderly citizens in the target area and their proclivity to accidental injury, field workers should have a good working knowledge of first aid procedures. Emergency treatment of circulatory conditions and fractures should receive special attention.

C. Visit to a Senior Citizens Center :

The Senior Citizen Centers, a major aspect of the CASA project, provided a place for senior citizens to meet and interact with friends. Facilities were provided for recreation and group functions. Seven (7) of these centers were established with five (5) continuing some activities.

The centers were established in such a manner that they could become self-sufficient. Initially, CASA paid the utilities and purchased those items that were not obtained by donations from local merchants. In time, the centers were able to pay their utility bills and became largely self-sufficient. Necessary financing for major items continued to be a problem. Space for the centers were made available by local officials or organizations. CASA field workers and staff then cleaned up and repaired the facilities. Efforts were made to obtain furniture and appliances from local merchants. Some items were donated while others were purchased at or near cost. This was indicative of the local support achieved by CASA. Both local and county officials contributed significantly to the continuing support of the program.

Financing of centers is now accomplished through dinners, special projects, and the use of a "kitty". The kitchens have been approved by the State Health Department enabling the centers to collect fees for meals. Another source of funds is the "kitty" into which users of the center place donations. This money pays for coffee and utilities. Older citizens not only help to support the centers but in turn are provided with some social life.

A board is selected to administer each center at the point of CASA termination. This board is responsible for activities and financing.

The evaluators visited the center at Des Arc and talked to about thirty (30) senior citizens. The men were visiting and playing dominoes, while the women were visiting and working on handicrafts. Several Black women were in the group, yet everyone appeared to be interacting freely and enjoying themselves. Coffee, punch, and cake, supplied by the senior citizens, was served.

The women enjoyed displaying and talking about their handicrafts. They were proud of their accomplishments, especially those individuals who had previously no experience in such activities. So proud were they, that few items were sold, individuals preferring to keep their products. They mentioned that when they met to work on projects, their aches and pains were forgotten. Some said they were aiding the fight against pollution, since they were utilizing throw away items in their handicrafts. Some of the materials used were bleach bottles, beer cans, beer bottles, baby food jars, discarded carpet yarn, carpet scraps, spools, and used IBM cards.

The men, characteristically, did not talk at length about their activities, but their expressions indicated that they were enjoying themselves.

Most individuals reported that they came to the center at least once a week, some came everyday. They seldom missed the special events and enthusiastically looked forward to these. Their major complaint seemed to be that more older people could not get to the centers.

During the talks, it was mentioned that a recreation center was being constructed in a new senior citizens housing project. Most of the people stated that they would not attend the new center. They felt that it would be too fancy and "out of their class". CASA has been asked to operate this center, and it is hoped, that with modifications the people can be made to feel more at ease. These people are proud and would prefer to have something more in keeping with their own living accommodations. Many projects have failed because of frills that staff mistakenly thought people would desire.

CASA has done an excellent job of relating meaningfully to the people, while at the same time instituting programs that have a chance of continuation. The centers have a chance for survival because they have become self sufficient.

Recommendations from Center Visit:

The Senior Citizens Centers were developed at a level of quality capable of being sustained. They have the support of the local populace and the local officials. They are of the community rather than of an agency. They may well set an example for other developing programs and centers. Primary recommendation for future improvement would focus on the location of centers in more desirable locations and the establishment of more effective transportation systems.

D. Survey:

The sample survey was designed to obtain some indication of what CASA had accomplished. A copy of the questionnaire is included in Appendix D.* This questionnaire was designed on the basis of the original data sheets, the group meeting with the field workers, and the proposed objectives of CASA.

A sample group of thirty (30) for each of the six (6) counties was selected. This resulted in a total of 180. The samples were selected from those who had originally been contacted and on whom the original data was available. These groups included all senior citizens contacted and not just those receiving services from CASA. The data sheets were consecutively numbered and a group of sixty (60) in each county were chosen by using a table of random numbers. These sixty (60) names were sent to the field workers, who were instructed to select thirty (30) who had received services from CASA. This procedure was used because only the field workers knew those on the list who had actually received services. In some cases the field workers had to be provided with additional names in order to get a sample of thirty (30).

The field workers filled out the evaluation questionnaires during an interview with those selected. These results have been tabulated and, where possible, compared with the results from the original data sheets. One of the counties in which CASA had originated and later vacated, was also sampled. The purpose was to compare pertinent questions with replies from a neighboring county.

The returns differ from county to county and are listed in Table I.

*Retained in committee files.

Table I—Number of questionnaires completed in each county

Baxter County.....	32
Conway County.....	44
Desha County.....	30
Lonoke County.....	28
Prairie County.....	35
Stone County.....	11
Total	180
Sharp County*.....	27

*County where CASA had been discontinued after the first year.

These sample differences did not effect date interpretation, since there were no significant differences among counties. Therefore, the six (6) counties were pooled together.

The questionnaire was broken into the following major sections: (1) income, (2) health, (3) housing, (4) transportation, and (5) CASA services. These results are tabulated in Tables II-VI.

Considering the size of the total population served by CASA as 4000, a sample of one hundred and eighty (180) should provide a standard error for the results of 3.6%. This also assumes a maximum probability product of 0.25%.

1. *Income*.—The economic condition of these people is obviously very poor as can be seen from the evaluation. From the survey, it was found that the average annual income was \$1,089. There were 88.3% who had an annual income of below \$1,500. This is well below the \$1,800 poverty line for single people or for couples. The major sources of income are Welfare and Social Security. Seventy nine percent (79%) receive some Welfare benefits and 58.5% receive Social Security. Many receive both. Table II indicates the amount per month received. The percentages reflect those who are receiving income from a particular source. Only 21.3% receive food stamps and only 5.6% receive commodities. This appears to be an area in which CASA should have given more attention. Obviously, many more of these individuals qualify for supplements. There were no significant changes in average income over the period of the project except for inflation adjustments. However, there were several instances in which CASA workers aided people in obtaining increased benefits.

TABLE II.—PERCENT OF INCOME PER MONTH FROM COMMON SOURCES

Income source	0 to \$24.99	\$25 to \$49.99	\$50 to \$74.99	\$75 to \$99.99	Over \$100
Welfare.....	11.8	23.2	19.8	44.4	0.8
Social security.....	13.4	19.0	40.0	19.0	8.6
Other.....	54.9	9.7	16.8	7.5	11.1

TABLE III.—PERCENT OF NEW MAJOR ILLNESSES IN PAST 2 YEARS AND PERCENT DIAGNOSED DUE TO CASA

Illness	Percent in past 2 years	Percent discovered due to CASA fieldworker	Percent discovered by mobile medical unit	Percent in past 2 years in Sharp Co. ¹
Heart disease.....	19.4	6.1	7.8	0
Kidney disease.....	6.1	1.7	1.7	11.1
High blood pressure.....	28.9	27.2	27.2	11.1
Diabetes.....	8.8	7.8	2.8	3.7
Cancer.....	1.6	0	.5	0
Eye problems.....	7.8	7.8	5.0	0
Other.....	24.4	9.0	7.2	25.9

¹ CASA had not been in the county since the 1st year.

2. *Health*.—In Table III is tabulated the percent who had new major illnesses in the past two years. The percent who had illnesses discovered due to CASA field workers and/or the CASA Mobile Medical Unit are also included in Table III.

From Table III, it can be observed that a large percentage of the illnesses discovered were due to the efforts of CASA. In Sharp County there were no reported cases of heart disease or eye problems in the sample and the percentage with high blood pressure was significantly lower than in the other counties. The Mobile Medical Unit is primarily responsible for this aspect of CASA. The only exception is that in which field workers took people to the doctor. Sixty-four (64) percent of the sample were seen by the medical unit and 83.5% of these were referred to a doctor. Of the people referred, 96% were actually seen by their physician and an illness was diagnosed in all cases.

3. *Housing.*—Many of these older citizens had undertaken repairs or re-modelling on their homes in the past two (2) years. Types of projects reported included painting, new porches, steps, screens, windows, bathrooms and roofs. CASA field workers were responsible for 64% of these improvements. CASA field workers actually made the improvements, found other senior citizens to do so or helped arrange for financing and contracting. The majority of the improvements for which the field workers were responsible were minor repairs to doors, steps, screens and windows.

4. *Transportation.*—Only 9.6% of these Senior Citizens own their own cars. Thus, transportation is a definite problem. Most have no nearby relative, therefore must depend on some other means of transportation. CASA has provided this much needed service. Tables IV and V reflect the problem and the contribution of CASA.

TABLE IV.—DISTANCES FROM NECESSARY SERVICES

[In percent]

	Number of miles						
	0 to ½	½ to 1	1 to 2	2 to 3	3 to 5	5 to 10	10 and over
Church.....	43.3	17.1	12.8	7.9	11.0	6.1	1.8
Doctor.....	10.6	6.2	7.3	7.8	2.2	17.3	48.6
Store.....	40.2	18.4	10.9	6.3	4.6	12.1	7.5
Town.....	25.1	12.6	8.1	9.4	1.9	12.6	30.2
Neighbor.....	88.3	11.7					

In Table IV is tabulated the sample percent living within a specified number of miles from necessary services. The most outstanding figure is that 48.6% live over ten (10) miles from a doctor. This documents the difficulty in the delivery of medical services in rural areas. The remoteness of these people is indicated by the fact that 30.2% live over ten (10) miles from the nearest town, although many do live in or near small communities offering a church and/or store.

TABLE V.—MEANS OF TRANSPORTATION

[In percent]

	Walk	Drive	Neighbor	Pay	CASA
Church.....	32.5	10.2	45.5	3.6	8.2
Doctor.....	1.8	9.0	29.5	5.4	54.3
Store.....	19.5	9.7	27.9	2.4	40.5
Town.....	12.8	8.1	25.9	6.2	47.0
Neighbor.....	88.5	3.8	7.0	0	.7

Table V is a tabulation made of transportation. Most rely heavily on CASA field workers and on neighbors. A significantly greater number of those living in Sharp County pay for transportation to the doctor. In Sharp County, 17.7% pay for transportation to the doctor as compared to 5.4% in the target areas. Also, in Sharp County 18.5% are paying in excess of \$15.00 per month for transportation, while in the target area, only 3.8% are paying in excess of \$15.00 per month. Undoubtedly, the improved transportation offered by CASA has resulted in Senior Citizens who are healthier, happier, and better fed.

5. *Casa Services.*—All individuals in the sample were pleased with the services provided by CASA. Table VI lists the primary services and the percent receiving these services. The three major services are visits, transportation, and assistance in the home. Many commented that they were uncertain as to how they would have managed without these services. Additionally, 10% were aided in obtaining larger welfare and social security checks, while others received assistance in obtaining food stamps and commodities, in securing loans, and in obtaining necessary advice on specific problems.

Table VI—Services receive from CASA

	Percent
Assistance in the home-----	64
Medical -----	46
Repairs -----	22
Transportation -----	82
Visits -----	99

E. General Project Comments: The appearance of the CASA project is one of the first program aspects noticed. Funds have been used to help people, not to furnish elaborate offices or to support a large staff. The surroundings of the project welcome the people it was designed to serve. These people are most uncomfortable in plush, modern offices or centers. Moreover, they distrust the people from such plush surroundings.

The state office is in an older house where the rooms have been renovated for offices, but with no major remodeling. The furniture is of moderate cost and space is adequate for the staff.

The Mobile Medical Unit was economically put together, yet is sturdy and capable of serving the needs. A converted school bus is not as fancy as a large trailer might be, but it is compact. The equipment on board is very simple, which means that no special care is required to keep the unit operating.

The attitude of the project administrator plays an important part in the program. He is responsible for a significant portion of the success of the project. He has not simply directed the project from an office in Little Rock, but has been out among the people. In fact, he has helped repair houses and remodel space for Senior Citizen Centers. The evaluators found that the citizens know him and have much respect and regard for him.

Farmers Union has been an ideal sponsor for the CASA project. They are familiar with the rural population and its needs. They are accepted by older rural citizens in a manner most service agencies envy. Farmers Union appears to have a genuine interest in the improvements of rural Arkansas, since it has sponsored several programs such as CASA, Neighborhood Youth Corps, and Green Thumb.

Farmers Union's interest in CASA is reflected in the views of Mr. Johnson, the President of Farmers Union. He has taken a personal interest in CASA and the other projects. In administering the projects, he has not used the funds to subsidize Farmers Union or to create large staffs. In fact, he has demonstrated several times that he is interested only in programs that directly benefit people. He has turned down opportunities to perform studies of limited value, although they might subsidize his staff.

The combination of Farmers Union, their President, and the CASA Project Administrator are largely responsible for the success of the program. The program could have been improved by the use of professional management and system analyst consultants in the early stages of the project. These consultants could have recommended improvements in organization and efficiency which could then have been integrated with Farmers Union experience and knowledge of the situation.

IV. SUMMARY

The CASA project has accomplished the following objectives:

1. Improved the attitude of the senior citizens by letting them know that someone cared and by providing them with aid without damaging their pride.
2. Relieved their loneliness by visiting, reading to them, arranging for phones and visits to recreation centers.
3. Provided an outlet for use of their hands and minds by establishing Senior Citizen Centers and Handicraft Workshops.

4. Improved their physical surroundings by performing minor home repairs and general house cleaning. These improvements have made their surroundings safer but also more desirable, improving the attitude of the people.

5. Aided the individuals to improve their financial position by obtaining increased Welfare and/or Social Security benefits, food stamps, and commodities. Helping them shop, furnish transportation, and budgeting their limited income has also improved their financial position.

6. Employed older citizens who were able to work by hiring them as field workers and to perform some minor repairs.

7. Provide transportation to town for paying bills, grocery shopping and medical check-up. In many cases, the people have had medical attention that would not normally have been available as well as a better balanced diet through better shopping. This has allowed people to get away from their homes and to visit with others.

8. Free multiphasic screening has been provided by the Mobile Medical Unit. Many medical conditions have been diagnosed as a result of referral by this medical unit.

The program has aided approximately 2000 people in six (6) rural counties. The project has had areas that could have been improved. Fortunately, the project has fewer weaknesses than most programs and even these are minor. Many of the areas of improvement are obvious by hindsight which is always true. The major areas that needed improvement are as follows:

1. The field workers could have received more training on how to handle different situations and services available from various private and public agencies. This was generally provided by agency personnel who did not completely inform the field workers of special services.

2. The program could have had increased efficiency in areas such as transportation and the use of telephone committees. These areas improved as experience was gained. In many cases the most efficient system might not be feasible. Thus, efficiency and feasibility must be carefully balanced in program planning and implementation.

3. The most serious criticism is that most of the program was not developed in a manner aimed at continuation after the demonstration period. All effort should have been used to find avenues for continuation. The centers were established so that they could be self sufficient and field workers could continue to provide services where possible. More volunteers should have been recruited to provide necessary services to sick or invalid citizens. This area is a major weakness because individuals become dependent on CASA which may well result in problems upon termination of the project.