THE WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS

HEARINGS

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

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WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS

WEDNESDAY, JANUARY 19, 1966

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

The special committee met at 2 p.m., pursuant to call, in room 4200, New Senate Office Building, Senator Harrison A. Williams, Jr., presiding.

Present: Senators Williams, Randolph, Moss, Edward M. Kennedy, Yarborough, Prouty, and Fong.

Committee staff members present: J. William Norman, Staff Director; William E. Oriol, Professional Staff Member; and John Guy Miller, Minority Staff Director, Patricia Slinkard, Chief Clerk.

Senator KENNEDY (presiding). The special committee will come to order.

To conserve time, I will paraphrase the chairman's opening statement and submit the full text for the record.

A half year has passed since this committee began its inquiry into the war on poverty as it affects the elderly. The committee has received reports of encouraging progress on the special needs of elderly persons. Thus, in our final hearings today, we will bring the record up to date on good solid achievement within the past 6 months through responsiveness and changes in attitudes, both in Washington, D.C., and in our local communities.

I will at this time introduce several exhibits for the record.

Many statements were sent to us as a result of field visits in five States within recent weeks. The transcript of a field trip interview at a Foster Grandparent project in Denver, Colo., is included,[1] as well as letters from State agencies on aging,[2] and other documents which may be discussed at this hearing.[3]

Today this committee meets in a mood of expectation. The war on poverty has already aroused a new determination to rescue many from hopelessness and dependency. No longer do we passively accept the premise that the poor will always be with us and that the old must be poor. Poverty can be obliterated by a nation even when that nation faces other great challenges throughout the world. That determination, that same hope, has begun to reach out and we look forward to news of progress.

I understand Mr. Shriver is here, and Dr. McCan.

Mr. Shriver, would you be kind enough to take the witness stand, and Dr. McCan?

[1] See p. 767.
[2] See p. 791.
[3] See p. 809.

Mr. Shriver, we welcome you. I think you came in at the time we were summarizing the opening remarks by Chairman Smathers who was unable to be here in attendance at these hearings. I will ask unanimous consent that his statement in its entirety is included at the start of these hearings.

OPENING REMARKS BY CHAIRMAN GEORGE A. SMATHERS

A half year has passed since this committee began its inquiry into the war on poverty as it affects the elderly.

Today we meet again to learn more about the achievements and the intentions of the Office of Economic Opportunity in its efforts to reach those Americans who are both poor and old.

We will also hear from witnesses who have information or suggestions for action by other government agencies that have some commitment to act against poverty on national and local levels.

Soon after final testimony is taken, the committee will make its judgments on the basis of information and opinions gathered during the 6-month study, and will issue its findings and recommendations.

These findings and suggestions for future action will be based on—

Two days of hearings held in Washington on June 16 and 17;

A field hearing in New Jersey on July 10;

Interviews and statements taken in Massachusetts;

Correspondence with Federal officials, State agencies on aging, and individuals and private organizations;

Statements sought during field interviews in five States within recent weeks; and

Testimony to be taken during this final hearing.

Already, at least three major conclusions seem to be warranted:

One: There are far more effective actions and concern in Washington and in individual States toward the special problems of the elderly living in poverty than there were 6 months ago.

Two: Nevertheless, there is a clear need for much more widespread understanding that the war on poverty is directed at all age groups, not only at youth. As was clearly stated at the beginning of this inquiry, the committee recognizes that crash programs to help younger Americans had to be, of necessity, high on the initial priority goal of the OEO.

But this nation may well deceive itself into self-satisfaction if it overlooks or gives only casual attention to the harsh and haunting needs of millions of Americans who find that the final years of their lives are the most desperate ones.

Three: We are in some danger of creating a vicious circle of rejected responsibility when it comes to dealing with the elderly.

We hear the Office of Economic Opportunity say—as a spokesman said before a recent meeting of the National Council on the Aging [4]—that local community action planners are not giving the OEO imaginative proposals for projects to help the elderly.

On the other hand, we hear representatives of national organizations, as well as others, say that the OEO is unwilling to give sympathetic

[4] See p. 809, exhibit A.

consideration to such proposals because of the pressures of other projects that promise dramatic short-range results.

Today's hearing cannot decide who is right—the OEO or its critics—but it will offer a forum for a clear call to action by all concerned.

From its own studies, the committee has found ample evidence of increasing efforts within communities and metropolitan regions to work more effectively to help the elderly.

At this point, in fact, I will submit for our hearing record statements from State, municipal, and private planners who propose new methods to put the OEO to work for the elderly. But, as they make clear, not all problems have been solved:

— There is, for example, a newly funded project to put five additional Chicago senior service centers at the service of 3,500 more elderly in economic poverty. But the sponsors are worried about serious limitations and some duplication by others in the city.[5]

— From Wisconsin, we have a promising proposal to send elderly project aides to find and help isolated older persons in Milwaukee County,[6] and we have details on a title V program [7] which will help women receiving welfare assistance—including a sizable number of older women—to train for new careers. But we also learn that an early attempt to create a State program of technical assistance for the benefit of the elderly poor has been discontinued because of a lack of local community action planning bodies and because of changing directives from the OEO.[8]

— From the State of Washington, we learn that a countywide program offering homemaker and other services to the elderly has been approved,[9] but we also learn that personnel shortages are hampering this and other projects to help the elderly.[10]

— And from California [11] we have hearty endorsement from Governor Brown for programs directly related to the elderly,[12] but we also have direct testimony from others on problems arising from the broad geographical boundaries established by OEO for community action.[13]

The committee also has information—and it will look for additional facts at this hearing—on the Foster Grandparent Program announced at the start of these hearings last June. I will introduce into the record several statements sought from sponsors of individual programs, and I will submit also the transcript of an interview taken at a Denver hospital.[14]

All those who participated in the interview—a foster grandparent, doctors, nurses, and administrators—had only praise for the new program, and each saw possibility for future and broader application of this service to young people. The most common reaction was: Send us more foster grandparents. I was especially impressed with the reaction of one vigorous elderly participant who said that the new program gives us a reason for getting up in the morning.[15]

The committee is also interested in a new program now being implemented. Operation Medicare Alert, as it is called, may well do

[5] See p. 659.
[6] See p. 670.
[7] See p. 674.
[8] See p. 674.
[9] See p. 662.
[10] See p. 660 (statement by Miss Whyte).
[11] See pp. 638–655.
[12] See p. 638.
[13] See pp. 639, 646.
[14] See p. 767.
[15] See p. 656.

more for the Nation than the immediate task assigned to it. Perhaps it will become the nucleus of a permanent task force which will go into action whenever needed in service to the Nation.

Today this committee meets in a mood of expectation. The war on poverty has already unleashed a new enthusiasm and a new determination to rescue many millions of Americans from hopelessness and dependence. No longer do we passively accept the premise that the old must be poor and the poor will always be with us.

That same determination, that same hopefulness, has begun to reach out toward the elderly, and we look forward to news of progress.

Senator KENNEDY. I would like before you begin, Mr. Shriver, to make a very brief statement myself.

I would like to take the opportunity to submit for the record statements received from Massachusetts experts on aging pertinent to the matter before us.[16] These statements are being submitted for inclusion today following the staff discussions with these knowledgeable persons in the State on my written request to them that they advise this committee on their specific activities in the field of aging.

I cannot develop in detail the suggestions contained in these statements. I am convinced that their presence in the record will have an impact on the findings. I would point out, however, that there is a recognition in Massachusetts of the need to obliterate poverty among our older citizens. Of the 600,000 persons over 65 in Massachusetts, some 55 percent are living on incomes below the poverty definition. In Boston alone, more than half of the 86,000 over 65 can be considered technically poor.

In the face of this problem, we are fortunate to have in Massachusetts the commission on aging so ably chaired by Rt. Rev. Joseph Alves. I am pleased to announce that the Administration on Aging has today approved the plan submitted by the Massachusetts commission resulting in a grant of Federal funds of $127,500 for the remainder of fiscal 1966 and approximately $240,000 for fiscal 1967. The approved program of the Massachusetts Commission on Aging stresses the solutions to problems of income maintenance and use of leisure time for our elderly.

Only 17 State plans have been approved to date and we are pleased that, as a result of our fine Commission and its work, Massachusetts has received one of the highest grants under the Older Americans Act. With a nation of 18 million elderly, over 40 percent in poverty, much more remains to be done and more can be done through the Office of Economic Opportunity. I know that the Office of Economic Opportunity has been striving to move in these directions and we welcome their response to the suggestions and advice of this committee and its distinguished chairman.

Are there any comments, Senator Randolph?

Senator RANDOLPH. No. I have no comments, Senator Kennedy.

Senator KENNEDY. Senator Yarborough?

Senator YARBOROUGH. I have an intense interest in this subject. The Office of Economic Opportunity's report, and citizen's reports of various types show that we have more of the poor in Texas in gross

[16] See pp. 676–750.

numbers than any other State. Our State has 10½ million population and is 33d among the States in average annual per capita income. We have a great interest in the problem of the aging and the efforts of the Office of Economic Opportunity, the great efforts that are being made as I am sure will be borne out by those who will testify before us today.

Senator KENNEDY. Senator Moss?

Senator Moss. I have no comment at this point, Mr. Chairman.

Senator KENNEDY. Mr. Shriver.

I understand we do not have extra copies of Mr. Shriver's statement. Would you be kind enough to introduce the gentlemen who are with you?

Mr. SHRIVER. Yes, Mr. Chairman.

On my left is Jule Sugarman, who is our acting Director of Program Policy and Development in the Community Action Program, and on the far left, Mr. Hyman Bookbinder, who is an Assistant Director of the Office of Economic Opportunity, and Dr. Robert McCan, whom you know.

I am sorry that I don't have additional copies of this statement readily available now, but they are being mimeographed and will be distributed very shortly, I hope.

Senator WILLIAMS. I gather the bells have summoned us over, Mr. Shriver, so we will be back in a few minutes, I hope.

Senator PROUTY. Mr. Chairman, may I say I am very sorry I could not be here earlier, but I think the District minimum wage bill is coming up on the floor, so I may not be able to return.

Senator WILLIAMS. I regret that we have to delay this, but the afternoon hearings develop these complications. We will be back as soon as we can.

(At this point, the committee members answered a rollcall.)

Senator WILLIAMS. We will reconvene this session.

We are very pleased to hear Sargent Shriver.

I am grateful to Senator Kennedy of Massachusetts for opening the hearing in my absence. I hope that we will have an unbroken period without bells.

Proceed in any way you like, Mr. Shriver.

STATEMENT OF HON. R. SARGENT SHRIVER, DIRECTOR, OFFICE OF ECONOMIC OPPORTUNITY, ACCOMPANIED BY DR. ROBERT McCAN, CONSULTANT, OLDER PERSONS PROGRAM; JULE SUGARMAN, ACTING DIRECTOR OF PROGRAM POLICY AND DEVELOPMENT; AND HYMAN H. BOOKBINDER, ASSISTANT DIRECTOR OF THE OFFICE OF ECONOMIC OPPORTUNITY

Mr. SHRIVER. Thank you, Mr. Chairman.

I do have a prepared statement, copies of which will very soon be here for members of the committee. They are on their way; they are not here yet.

I am pleased to have an opportunity, Mr. Chairman, to testify again before this committee and to report on what we have been able to do on the problems of the aged at the Office of Economic Opportunity.

When I last appeared here in June of 1965, programs involving the aged under the auspices of the Office of Economic Opportunity were still only in the discussion stage. A task force had been organized at that time to study these problems but few specific actions had been actually undertaken.

I am pleased to report that in the 6 months that have passed the task force has completed its report and four specific programs have gotten underway.

On August 28, last year, the President announced the first two stages of one approach to open pathways for older citizens to make their contribution in the war against poverty.

The first of these two stages is what we call the Foster Grandparents Program. Under this program, needy men and women over 55 years of age are employed to help provide personal care and warm human relationships for some of the thousands of young children in the United States who are growing up in charity wards and in institutions for orphans. Child development experts have long known that the lack of this kind of human relationship during early childhood years has a serious effect on these institutionalized youngsters.

Thus far, we have financed 21 foster grandparents projects which will employ approximately 1,000 older citizens to help 2,500 of these children living in orphanages and other institutions. In the coming months, this program will be expanded to give older citizens an opportunity to serve in institutions to help the mentally retarded, the physically disabled, and other disadvantaged youth. These projects have been planned and approved in cooperation with the Administration on Aging in the Department of Health, Education, and Welfare, and we could not have gotten these projects underway as rapidly as we have without their help.

This Foster Grandparents Program, we would hope, would at least double in size over what has been accomplished in these first few months so that I think it is fair to say that the Foster Grandparents Program is moving perhaps not as rapidly as we would ideally hope but, nevertheless, with some degree of success and results.

The second phase of the President's announcement in August was the home health aides program. Under this program, low income persons over 45 years of age are recruited and trained as members of health service teams, offering extended medical care in the home for the needy. Home health aides will help by performing unskilled nursing tasks and by keeping people who would otherwise be alone in touch with the world.

In addition, where the head of the household is incapacitated, home health aides will help in shopping, in the planning of meals, and in keeping the home clean and healthy and a safe place to live.

This fiscal year we have allocated $2½ million for this program. However, the implementation of the medicare program beginning in July 1966 will drastically expand the demand for home health aides, and our program for the calendar year anticipates an expenditure of an additional $3½ million for this program.

The Public Health Service has been extremely helpful in designing this program and will play a major role in helping communities to organize these programs.

A third program which stems from the report of the task force on aging, which was set up to advise us, we call Medicare Alert.[17] Under this program, which is already in operation, older citizens in hundreds of communities across the country will be incorporated in teams to help to inform the elderly poor in their communities about the new benefits available to the poor and to the elderly under the Social Security Amendments of 1965. Because of ignorance, illness, inertia, or communications barriers, many elderly poor do not know about these benefits. Many more do not know how to apply for them.

Now, although Medicare Alert was announced only last month, we already have more than 400 community action agencies which have told us that they intend to include Medicare Alert in their programs. More than half of these community action agencies have already submitted their applications. In fact, we have 205 such applications already in hand and it will cost approximately $5 million to finance them plus the others which we anticipate.

The 205 applications which are already in hand call for an expenditure of $2,971,128 to finance those programs. One of the most encouraging parts about Medicare Alert is the number of volunteers who have enlisted to work in Medicare Alert at no cost to the taxpayers.

For example, in Detroit, there are 1,500 persons who have already registered to work in Medicare Alert. In a particular town in South Carolina, all the high school kids have volunteered 4 hours to go out as part of Medicare Alert, again at no cost to the taxpayer.

So I think that this particular program seems to have caught on extremely well and in view of the demand for it will probably be twice as large as we thought it would be when we first announced it.

We hope actually that Medicare Alert will do far more than just bring the story of Medicare to older persons who are poor. That is an important message, of course, but we think we can do a little bit more. We believe that Medicare Alert can constitute a new bridge between community action agencies and older people.

As the elderly persons are contacted and their special problems are identified, we think that communities will develop new ideas and new programs for benefiting the elderly poor. This would be completely in keeping with our efforts under the community action title of the economic opportunity program. We want local communities to come forward with new programs of their own creation and we believe that Medicare Alert, by awakening them to the needs of the older poor people, will inspire them to come forward with more and with newer programs designed to help the old.

Once again I would like to stress the fact that we have had extremely good cooperation in Medicare Alert from Commissioner Robert M. Ball of the Social Security Administration and from Commissioner William Bechill of the Administration on Aging.

Now, another major effort which we have recently announced was a project we call Project Green Thumb. Under this grant, older rural residents—that is, people over 55—will be employed on highway beautification projects in four States: Arkansas, New Jersey, Oregon and Minnesota. Through this employment and through other special

[17] Detailed program description appears on p. 823.

training, they will gain skills in the areas of landscaping, nursery work, gardening, and so on. Now, we made an initial grant of $768,000 for this program, and that will provide employment and new income for 2,800 family heads in these four States.

Now, in addition to these specific projects, we have been working very closely with the major organizations which represent older Americans. We have a contract with the National Council on Aging which has produced several models for local community action programs. I am not sure that these have been supplied to the committee [18] but they are available for committee members if they would like to review them. These are suggested projects, model projects which a local community can study and adopt if they would like to and submit to us for findings. These were sent out to every community action agency in the United States.

We have been concerned that the interest of older persons be adequately represented in community action agencies at the local level. For that reason, back in July the director of our community action program sent a special bulletin [19] to every community action agency in America urging these local groups to bring in to the community action agencies older persons who could speak up for and represent the interests of the senior citizens in that community.

As a result, we do have some local community action agencies where programs for the older people in the community have been inaugurated. We don't have enough but we have some. For example, the Seattle, Wash., community action program includes a special multiservice center for elderly citizens. Cincinnati has a special program for recreational therapy for the elderly in institutions as a part of its war on poverty.

Dayton, Ohio, has a special senior citizens' center coordinator as a part of its program. There are other instances of this but the progress has not been as rapid through the community action device for older people as it has been, for example, for the young.

Now I would like to say that, in addition to that, we should not think of the Office of Economic Opportunity as being a place which can solve the problems of the aged by itself, either. I have already reported to you on what we have done to open new avenues with those among the aged who have the desire and the capability to continue their contributions to our country through gainful work, but I am also here to support those programs on income maintenance, the programs of medical care and related benefits for the elderly. For it is our opinion it is only through such direct support that the majority of the aged will be able to live in decency and dignity.

A brief look at the nature of the aged poor population shows the reason for our concern with direct maintenance and benefit programs. There are, as you know, about 5.4 million aged individuals living in poverty. Of these millions, roughly two-thirds are women.[20] Of all of these aged women who are not now working, nearly 40 percent have never worked. The average age of the 2.2 million old-age recipients is 77 years of age. So we put these facts together and find that a large

[18] See pp. 301–310, part 1 of these hearings, and pp. 823 and 832 of this part.
[19] See p. 810.
[20] Additional statistics or numbers of elderly poor appear on p. 297, pt. 1.

proportion of these people are women, a large proportion of them have never worked, a large proportion are around 77 years of age. I think it is clear that programs of jobs are not going to be successful in bringing to those people the kind of income they need in order to live a life of dignity.

The Council of Economic Advisers in addition pointed out that the elderly poor for the most part have extremely limited educational backgrounds. Over 75 percent of the aged poor family heads have completed less than 8 years of school. Almost 90 percent of them have completed less than 11 years of school. Not only is their education limited in number of years but that education came in an era that could hardly be expected to have foreseen the job requirements today. This is a century of progress and change; yet, in the sweep of progress there is also, sad to say, some residual hardship.

The rapidly changing technology of the 20th century demands high degrees of skill, so the aged poor with yesterday's education and yesterday's skills just can't compete for the most part in today's labor market.

Our purpose at OEO is not, so to speak, to use these numbers or statistics to drum everybody over 65 out of the labor market; far from it. Rather, our intent is to place the needs of the millions of aged poor in perspective. We are searching, and we will join others in searching, for jobs that fit the special skills and needs of the aged. But if the majority of those people, over 5 million in number and over 65 in age, are going to be helped, then the HEW income programs must be strengthened, in our judgment, and new service programs must be developed by HEW, ourselves, and others.

In short, I believe we must recognize that the elderly of our country are both a responsibility and a resource. Through special programs like those I have tried to describe briefly above, we can help provide some of these elderly with opportunities for continuing a useful and productive life, but this does not in any way decrease the necessity to provide the means for a decent standard of living and a dignified way of life for all of these elderly Americans.

Strong and expanded programs of social security and medical care must be the foundation for any total solution for the problems of America's poor elderly citizens.

Thank you very much.

Senator WILLIAMS. Thank you very much, Mr. Shriver.

We are most encouraged with the progress you have reported here. We have a list here before us of the people in the Foster Grandparent Program.[21] It looks to me as though workers in this program in the 21 institutions that you mentioned run better than 1,000.

Mr. SHRIVER. That is correct.

Senator WILLIAMS. What is their compensation? What is the method of compensation?

Mr. SHRIVER. They get the minimum wage of $1.25, and I would say the maximum that they are getting is probably around $1.75; it depends on the wage scales in the institutions which are running the program. We have not established any rigid figure except that it would not be less than $1.25.

[21] See pp. 751–754.

Senator WILLIAMS. Does this prevail, too, in the other programs you have outlined; the health services and Medicare Alert?

Mr. SHRIVER. Yes, it does, Senator.

Senator WILLIAMS. I am sure our committee members here have questions.

Senator Randolph?

Senator RANDOLPH. Senator Williams.

Mr. Shriver, when you testified on June 16, 1965, before this Special Committee on Aging, you made the statement, and I quote, "I would like to say that none of us at the headquarters of the war against poverty is satisfied with what we are now doing for the benefit of the aged."

Now, that was approximately 7 months ago. Would you say in degree that you are now satisfied or that you have a long way to go?

Mr. SHRIVER. I think we have a long way to go. I hope that my opening statement didn't convey the impression of self-satisfaction with what we are doing because we are not satisfied. All I was trying to say was that in the period since June, in the 6 months since then, we have inaugurated these new programs. Now, they are helpful, we believe, but we are continually impressed, Senator Randolph, by the fact that it is extremely difficult to come up with jobs which are legitimate jobs and dignified jobs for a huge number of the elderly poor who have the kind of education, the kind of physical condition, which I tried to describe a minute ago.

So, we are continually impressed by the need for basic payment programs for a large proportion of the poor.

Senator RANDOLPH. Mr. Shriver, you do recognize, however, that this must be a major field in the so-called war on poverty. It is reported that one out of four families in the United States headed by a person 65 years or older lives in poverty.

So, you do recognize the application of your program to the needs of the elderly as a major responsibility, do you not?

Mr. SHRIVER. That is correct; yes, sir.

Senator RANDOLPH. Is it correct, Mr. Shriver, that approximately 35 percent of the families in the United States headed by an individual 65 years or older have an annual income of $3,000 a year or less? Do you have figures on that?

Mr. SHRIVER. I don't have that figure on the tip of my tongue, but I presume it is accurate. I can have that checked out if you want.

Senator RANDOLPH. Yes. I am only attempting to emphasize the area in which you are working on programs of poverty cannot be shifted or lessened for this group of citizens. I am sure you recognize the need for attention to these matters, as you have indicated.

In the older citizens' groups, it has been said that the hardest hit by poverty, Mr. Shriver, are the persons 65 years or older. Do you agree with that statement?

Mr. SHRIVER. I would certainly say it is one of the groups, but I would not necessarily say it is the hardest hit, because there are the problems of migratory labor, for example.

I addressed a meeting we are having here in Washington today on the migrant, and I think that nearly everybody would agree that

migratory labor or seasonal farm labor is one of those groups which is the most desperately hit by poverty.

Senator RANDOLPH. Well, a smaller group.

Mr. SHRIVER. It is smaller numerically, but I didn't know you meant in terms of size. I just thought you meant in terms of income. In any event, they are both in very bad shape.

Senator RANDOLPH. Certainly.

Mr. Shriver, at the time you became the Director of the programs of the war on poverty and our Peace Corps, there were those of us who expressed the hope that you would hold the one position or the other position. It was my hope as expressed and reflected in the record that you would hold your present post as Director of the Office of Economic Opportunity. I am delighted that now you will give your full talent to this task. I think it is a major job that must be done in this country.

Very frankly, as I traveled through most of our West Virginia counties during the congressional recess, it became evident to me that the poverty programs are not completely realizing the intent of Congress. This is not due to you, sir—it is not due to any particular person—but to the set of circumstances which vary.

I think, now that you are giving your full time to this effort, many of the problems in a State like West Virginia will be more quickly resolved. I hope that you will find it possible to come into our State and accept the invitation that has been tendered through the Governor and others.

We feel that the poverty program concept can be made to work. We do feel that in certain areas, and I weigh my words, there has been, frankly, disregard for the facts at times; there has been a deterioration, very frankly, at times in the type of personnel who come in to do the work. They have not been cognizant always of the problems that we have and sometimes apparently not ready to sit down and counsel with us about some of these problems that we know exist.

There are, I am sure, in areas of the country such as West Virginia, reasons why it is necessary to counsel and to spend time, perhaps more time than you might think is necessary, in ironing out some of these matters that concern communities and counties. I feel that this program with its so high purpose must in many ways be tightened and strengthened in the coming weeks and months.

I congratulate you on what you have done. I feel that it is good for the country that you are now doing this one very important job.

That is all.

Mr. SHRIVER. Thank you, Senator.

I might just say that I am sure you are aware of it, but perhaps not, that the staff of the regional office dealing with West Virginia from our headquarters, the people doing that were completely changed about 2 months ago and at the same time the Governor of West Virginia changed his people, and I think that that has had a beneficial effect.

Second, I would like to point out that West Virginia per capita has received more money under the OEO legislation than any, except 2 States in the Union, and to congratulate that State on the fact that every one of the 55 counties in West Virginia participated, for example, in the project known as Head Start last summer and that just 2 weeks

ago the statewide meeting was held in Charleston, I think, on the subject of Head Start for the remainder of this year and for next summer.

I believe that the problems which were troubling some people in West Virginia and us, let's say between July and December, have, in fact, been largely resolved, not completely because there always will be problems. I, personally, share your feelings about the importance of this program of West Virginia and hope that it will grow and improve there.

Senator RANDOLPH. Thank you, Mr. Shriver.

Mr. Chairman, I don't want to refer too often to our own State, but Mr. Shriver has conferred with the Governor of West Virginia in recent weeks and those have been helpful conferences. I have participated in two conferences with your regional people. By and large I believe they feel that they can do a better job than has been done. The climate is better now than it was 3 or 4 months ago and it must be improved still further. If this type of program is to be effective it must fulfill the intentions of the Congress. If we allowed it to become a weak program it would come back to haunt us, not as Democrats or Republicans, but as a Congress and Administration.

I again commend you, Mr. Shriver, and I just emphasize, if I may, that this is going to be a tremendous task in the next few months to make this program truly follow the intent of the Congress.

That is all.

Senator WILLIAMS. Senator Prouty.

Senator PROUTY. Thank you, Mr. Chairman.

Mr. Shriver, I also want to echo the sentiments expressed by Senator Randolph with respect to the fact that you will now be able to concentrate all of your energies and abilities on the antipoverty program. I think you were faced with an impossible task.

I think you realize, as we all do, that this program has been subjected to a great deal of criticism, perhaps some of it justified, perhaps some of it without foundation in fact. Certainly, as a member of the minority, I will not seek to distort any of the activities of the program and if I have criticisms, I hope they will be constructive. I hope very much now that you can devote your entire energies to the program and that you can iron out many of these difficulties.

I think, also, and I want to commend you for being quite frank and honest and suggesting, as I have not had a chance to see your statement but, as I understood it, I understood you to say that, frankly, not a great deal of significance has been accomplished to date under this program insofar as the elderly poor are concerned. Is that a fair statement?

Now, you have outlined programs which I hope are going to make a real contribution.

Mr. SHRIVER. Yes. Well, I would not quite characterize the programs as not of significance. I think that they are significant programs, but what I am trying to point out is that they are not nearly large enough nor do they show the potential of being able to reach enough of the elderly poor to be a massive help to the majority of the poor people.

I honestly do think that they are helpful and in that sense they are significant.

Senator PROUTY. I think perhaps you have expressed it better than I did. I am inclined to agree.

I think you will also agree that one of the most necessary approaches to this problem is to place more money in the pockets of the elderly poor.

Mr. SHRIVER. That is correct.

Senator PROUTY. Now, I call attention to the fact that last year I offered an amendment to the Medicare program which would increase minimum old age benefits from $40 to $70 per month and to provide scale increases in the higher benefit levels under social security. That is not to suggest that I think $70 is a sufficient amount, but I thought that that was a reasonable approach and we might have some difficulty in getting it through the Senate.

I regret to say that on that amendment there were not too many votes in support of it; all were members of the minority party except your two distinguished brothers-in-law, Senator Kennedy of New York and Senator Kennedy of Massachusetts. I appreciated their support very much. I think they took a very objective approach.

After that amendment had been launched, I offered another amendment to include or to blanket in all Americans at the age of 72 or over who were not eligible for social security at a $35 monthly minimum. Again, I regret to say that I did not receive too much support. There were 36 votes cast. The motion was made to table that amendment. All members of the minority party present voted against tabling and five members of the majority party voted against tabling, including your two distinguished brothers-in-law again.

Now I have another bill which has created some interest around the country which will blanket everyone in from the age 70 under the social security program at the minimum benefits. I am not satisfied with the minimum benefits. I would like to increase them much beyond that. I think we should remember that, in the Dominion of Canada, every person 72 years of age or older receives a monthly pension of $75. I think we could do no less than that in this country and I hope we could do much more.

It seems to me some of the programs that we are talking about in various fields could be eliminated and that that money could well be spent taking care of the people who, in my judgment, need it the most.

I might say Dr. Leon Keyserling, who was economic adviser to President Truman and certainly who was to the left of me politically, has advocated this same approach. I am glad to have Dr. Keyserling; I am delighted to have your two distinguished brothers-in-law and most members of the minority party on my side.

Senator WILLIAMS. I think we ought to give Senator Kennedy a chance so that he can shift from majority to minority. It sounded like an invitation.

Senator PROUTY. I would be delighted to have him in the minority.

You have mentioned, for example, if the figures I have jotted down are correct, 2,200,000 elderly women 77 years or older are involved in the so-called poverty area; is that correct?

Mr. SHRIVER. Yes; I think there would be at least that many.

Senator PROUTY. I think you have said that few of these had ever been employed or at least didn't fall under social security.

Mr. SHRIVER. Yes. The figures I had, had to do with the number of women who were heads of families who were over a certain age, and 40 percent of them had never worked. As to whether they were not eligible for social security or not, I did not make a statement about that; I doubt that they are.

Senator PROUTY. Then they are completely dependent on welfare programs of one kind or another.

Mr. SHRIVER. I am afraid that is true.

Senator PROUTY. Unfortunately, these people are too elderly to be trained for any productive work and that is probably true of the majority of people who have retired, is it not?

Mr. SHRIVER. I think it is certainly true of the majority over 65.

Senator PROUTY. That is right.

Well, I am going to request action on these programs and I think that perhaps they will be far more effective than anything you or the Congress or anyone else can do under the so-called antipoverty program as far as the elderly poor are concerned.

Thank you, Mr. Chairman.

Senator WILLIAMS. Mr. Yarborough.

Senator YARBOROUGH. Mr. Shriver, I believe that the census reports show that, unfortunately, in my State we have more of the poor in gross numbers than in any other State in the Union. Is that correct?

Mr. SHRIVER. That certainly is true of the young people. There are more poor children in Texas, I know, than any other State. There may also be a greater number of older poor in Texas.

Senator YARBOROUGH. It is unfortunate but it is the fact that we cannot escape.

Now, the last figures that I had showed that, in the gross amount of money expended under the antipoverty program by States, Texas was fifth among the States in the amount of money spent. Is that correct?

Mr. SHRIVER. Yes, sir.

Senator YARBOROUGH. And you ascribed this to the fact that in many local areas in Texas there has not been aggressive leadership in organizing programs to participate in the antipoverty program.

Mr. SHRIVER. I would think that that partially is true; yes. There are some parts that seem to be negatively inclined.

Senator YARBOROUGH. I have found in my own investigations that we were more negligent at our local State level than at the national office. The national office is trying to implement these programs. I have found more of a failure in the State to aggressively implement them than in the national Office of Economic Opportunity.

Mr. SHRIVER. One thing is that we are all learning. In this case, as in the case of Texas, there is a new State director of the State program to combat poverty with a man named Walter Richter, a former State senator from Texas, who has been appointed by Governor Connally. Just as I guess in some of these cases the States have found that their initial selections were not exactly perfect, we have found the same thing, that some of ours were not perfect, either. As we changed the personnel, I think the truth of the matter is that the atmosphere and the performance changed.

Senator YARBOROUGH. You are hopeful that with the new director there will be a new attitude and a new atmosphere and a new cooperation in Texas?

Mr. SHRIVER. I would say that in the last two and a half months there has been an immeasurably different result, different performance, more progress in Texas than in the previous months.

Senator YARBOROUGH. I am very glad to hear that. I know Mr. Richter, a former State senator, and I think you will get far better cooperation from him than you have had with the past director.

Mr. SHRIVER. One interesting thing, just called to my attention, is that 10 percent of all the Foster Grandparents Programs are in Texas. We have the largest program for aid of migrants in Texas, and——

Senator YARBOROUGH. Well, that is not unusual. There is more migrant labor there than any other State in the Union. South Texas furnishes the migratory labor for many States in the Union. They go north as far as the wheatfields of Michigan and then come back and work in Texas in between the harvesting seasons. We are really the State that furnishes the support for much of this migratory labor.

Mr. SHRIVER. That is true.

One of the things that was somewhat encouraging to me at any rate was the fact that Dallas just about 3 or 4 weeks ago inaugurated a community action program with a program development grant and some of us felt that that was a happy augury for the future.

Senator YARBOROUGH. Yes, many of us did. I am still hopeful that we can get more cooperation from the State government of Texas so that we will not lag along in fifth place in cooperation, when we have more of the poor than any State of the Union in gross numbers.

Thank you.

Senator WILLIAMS. Senator Moss.

Senator Moss. Thank you, Mr. Chairman.

My brother from Texas has just shattered one of my illusions. I thought all Texans owned an oil lease. It is now proclaimed that there are more poor.

Senator YARBOROUGH. I represent those without the oil wells. [Laughter.]

Senator Moss. Also, my brother from Vermont, in describing his proposals about all the old folks being blanketed under social security, destroyed one of my concepts that the party of fiscal responsibility was going to cut down on all the money that was rolling out of the Federal Treasury.

I appreciate having you before us, Mr. Shriver. I join in the comments that have been made by the other Senators that we look forward to further improvement in the implementation of the many-faceted attack on poverty in our country to be made by the Office of Economic Opportunity, and are glad that you are going to be able to concentrate all of your efforts in this field now.

I have just one question.

Out in my State in Utah, some older people have organized a nonprofit corporation. They call it Operation Bootstrap. Its objective is to give employment and some additional income to older people. They need support and have been sort of thrashing around, I gather, not able to find out how they can get any help. Is their avenue through

the Community Action Council? Is that where they should be telling their story?

Mr. SHRIVER. I am not familiar with Operation Bootstrap. Is that a program specifically for older people?

Senator Moss. Yes.

Mr. SHRIVER. Is it for the State as a whole or just one community there, Senator, or what?

Senator Moss. Well, it is for the State as a whole although it is largely concentrated in Salt Lake County, the most populous county there, but they have proposals for various activities where they think that they can make products and be able to sell them for enough to keep their older people employed. They have been peppering me with questions, and I have not been able to find satisfactory answers for them.

I wonder if it is the Community Action Council that ought to be dealing with these people and helping them get started?

Mr. SHRIVER. Well, two things, I would say. One is that they can apply directly to our office in Washington certainly for advice and counsel. We do have a manpower division there that would be helpful perhaps on this question of the jobs we are talking about.

Second, they could simultaneously make their presentation in Salt Lake City to the local group there. I am not qualified on the basis of knowledge about it to be able to advise you as to which way is the best way, but when I don't know I usually try both of them and see which one produces.

There is also in the office of Governor a State director of the effort to combat poverty. His office and his assistants should be able to advise those people in Operation Bootstrap about what they should do. That is one of the objectives of having State offices under the jurisdiction of the Governor, to help those groups with their plans.

Senator Moss. Thank you.

Senator WILLIAMS. Senator Kennedy.

Senator KENNEDY. Mr. Chairman.

I would like to premise a question to Mr. Shriver on a point that was raised by the Senator from Vermont, my distinguished colleague on this committee.

During the course of the last session of Congress, a subcommittee of this committee, that I am fortunate enough to chair, held hearings about the special needs of the elderly in the area of services to the elderly. Not one of the witnesses who testified before the subcommittee failed to mention the importance and significance of the need to raise incomes of senior citizens. They stressed the importance of adequate income as a basic factor in meeting the needs of senior citizens.

Our subcommittee at this time is in the process of assembling a report of suggestions to the full committee. I am certainly hopeful that when these recommendations are made to the full committee my good friend from Vermont will be as effective in winning the support of the minority party for these proposals as he was in winning its support on the floor of the Senate when he attempted to amend last year's social security proposals.

I told Senator Prouty before he left that I would make this remark.

Now I would like to ask, Mr. Shriver, whether you recognize the significance and the interrelationship between meeting the income needs of our senior citizens and meeting their other critical needs? Could you briefly comment on this kind of relationship from the experience of your organization in dealing with problems of senior citizens? Many of us who are attempting to find the best and most effective way to meet the crucial needs of senior citizens feel sincerely that there should be an overall increase in their income. I would be interested in your comments in light of the OEO experience in meeting the needs of senior citizens.

Mr. SHRIVER. We would agree with what is apparently your position, Senator Kennedy; namely, the majority of older people, and I am addressing myself primarily to the group over 65, that the majority of them cannot be helped except by increasing income payments.

Now, there are some, no doubt, over 65 who can be helped through job generation programs, and we are trying to do some of that—not enough; but we are trying to do some of it.

Even if we were 100 percent letter perfect in creating all the kinds of jobs that older people could fill, it is our judgment that we still would not reach the majority of older people who need more money and need it now. We think that they can only be reached effectively through increased direct payments under one form of legislation or another form, and the reason that we can't get to them is not because of any lack of desire on our part or even lack of confidence. I think it is primarily for the reason I tried to indicate in my opening statement; namely, the educational level of these people, the probability that most of them cannot learn new skills, their health and their responsibilities, a number of them being heads of families where, in fact, they just can't take off and spend a year learning a new job even if they had the will.

So these factors put together have led us to believe, I repeat, that the majority of persons over 65 will not be effectively reached by programs which we can create. Now to the extent there are programs that we can create or that others should suggest to us that we undertake, we want to do that.

Senator KENNEDY. Would I be correct in observing from your comment that you distinguish between what can be achieved among young people who are disadvantaged and what can be done to assist our senior citizens? In essence, it is much more difficult to reach the elderly through the usual poverty programs but the elderly would be greatly helped and assisted if there were an increase in their basic incomes, if only up to what has been recognized by your organization as the poverty level?

Mr. SHRIVER. That is correct.

Senator KENNEDY. So it is much more difficult to reach the elderly because of the nature of the problem. Is that your position?

Mr. SHRIVER. That is correct. It is more difficult to reach them with the kinds of programs that this office was set up to establish but in fact if you have the money it is easier to reach them, to be blunt about it, because what it means is just paying money out. It is easier to pay money out through just writing checks than it is to mount

programs to train people to do things on their own. So, administratively speaking, it is much easier but the cost is more. That is the brunt of it, the money.

Senator KENNEDY. Now, to go into one additional area, under your community action program, there was, as I understand it, a special section set up for the administration of the Head Start Program. Is that correct?

Mr. SHRIVER. Well, in a sense; yes.

Senator KENNEDY. I wonder if you feel that it would be helpful in trying to reach the elderly to establish a similar kind of priority for senior citizens problems?

Mr. SHRIVER. I think the answer is "Yes," although I don't think that the precise way in which we went about mounting Head Start would be the way to go about increasing the number of programs for the elderly. I think that we have not proceeded rapidly enough in our office in developing a unit within community action to address itself exclusively to the problems of the elderly. But even if we had that, I don't think that they would come up with, you might say, a package program like Head Start.

We probably could encourage the development of more senior citizen centers in various localities but we have a little bit of experience which indicates that it is not quite as easy to get these community action agencies at the local level interested in the problems of the elderly as it is to get them interested in the problems of the young.

Senator KENNEDY. Just on that point, however, in the early days of the Head Start program, did you find this problem to be present?

Mr. SHRIVER. It really was not that way, to be completely frank about it.

What happened was that with the announcement that this was a possibility, we were inundated with requests from places where there was not even a community action program. In fact, we were swamped. Now, when we send out a bulletin to the community action agency which exists, for example, today and tell them that we would like them to bring in to us requests for their own programs for older people in their community, when we tell them to put older people on the community action agency locally, to do exactly that, we don't get that response that we got with Head Start.

What I am trying to say is I think the local community action agencies are not as moved; they are not as stirred, most of them, it seems, by encouragement to them such as the encouragement we have got up about Head Start.

Now, we ought to do more and I think that an increase in the number of people working in our office who would consult with community action agencies and tell them this way or that to do things might help, but so far it has not been too good.

Let me give you an example. We sent out these three or four model community action programs for elderly people. These were really developed for us by the National Council on Aging. Now, this is in a sense, you could say—well, this is a Head Start proposal. We sent this to 500 community action agencies. Well, they don't come back; the local people don't take this and say, yes, this is just what we want and we will apply now for you to finance that.

On the other hand, when we say that about Head Start, not only did they say they wanted it but a lot of them who didn't even get it said they wanted it. So, it is more difficult.

Senator KENNEDY. Could it be that because the poverty program has been directed toward young people there has not been any enthusiasm at the local level for devising programs for our senior citizens? Do you think this could be a possibility?

Mr. SHRIVER. Well, I suppose so, although I am trying to indicate that by sending out these sample action programs, by sending bulletins to the community action agencies and by encouraging older people to get into the local community action agency, we felt we were trying to stimulate their interest in developing the programs.

This is not to say that we have done it the right way and there may be other ways we ought to do it, but so far, at least, these efforts have not brought the response Head Start brought.

Mr. Bookbinder mentions to me that Medicare Alert has gotten that kind of a response and we prepared to handle it and we are handling it.

Now just a tricky question: Why does Medicare Alert get that response when these other programs don't get that response? It is sort of like bringing out a new product on the line of goods and one of them sells and one does not sell, and sometimes you are really baffled to know why one did and one did not.

Senator KENNEDY. Could I have a copy of the model application?

Mr. SHRIVER. Yes. Here is one called Operation Loaves and Fishes,[22] which was one for feeding programs for the elderly, and those are all different ones. Then this one is Medicare Alert. I would send this one out and it catches on and really it is not just because it has a red-and-black cover.[23] This is not much different than those, but this one clicked and those have not clicked so much.

My colleague on my left, Jule Sugarman, has had a lot of experience with this. He thinks one of the psychological factors is the deadline. It sounds kind of funny, maybe, but in this case you have to do something by a certain day—otherwise you didn't get in. If you didn't go out and get these people right away, they were going to miss out, so you had to do it between now and the 31st of March. So everybody presented with a deadline rushes out to do it. These other programs you don't have to do now, so everybody says we will put that aside, I suppose.

Senator KENNEDY. These models appear to contain excellent suggestions. However, I think that we are hopeful, as the attention of the OEO continues on the elderly, that some special priorities could be given. I think in the case of Medicare Alert there is no question that the tremendous amount of publicity attendant to both the passage of the bill and the prior debate here in the Congress created a greater degree of acceptability and interest in this than in some of the other programs.

The point that concerns me, and perhaps a number of others, is that this is an area where there has to be a more intensified effort in communicating opportunities which are available to senior citizens in the poverty program. I know that OEO is working on this and I think that this is an area of importance that interests many of us.

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[22] Pp. 329–344, part 1.
[23] Related testimony, p. 573.

Mr. SHRIVER. Could I just say that I agree with that. We have noticed that after Medicare Alert was announced lots of elderly people came into community action agencies in connection with it. Some of them said this is the first time they really believed that this program was to be a help to older people. Whatever we said, they didn't believe it. I think we may look forward to having other programs. I agree with you that if we are going to get anything like the kind of response we need to get we are going to have to put in a lot more hours on it.

Senator KENNEDY. Mr. Chairman, I want to thank you very much.

Senator WILLIAMS. Thank you.

Senator Randolph.

Senator RANDOLPH. Mr. Shriver, one or two final questions.

During the colloquy of the members of the committee we have covered a range of subject matter that goes beyond the subject of the elderly. Because we have done this, I should like to ask you if you feel that you could assume and could do the job of administering the Neighborhood Youth Corps and the Manpower Development and Training Programs rather than having the Department of Labor carry forward these activities.

In other words, OEO has farmed out some of its programs to a department and I am wondering if you, with direct control and administration, might not be more effective. I would like to have your comment.

Mr. SHRIVER. Well, I think first of all, Senator, we have not given any serious consideration to any such possibility and therefore I could not possibly comment on it intelligently. However, I would like to say that the MDTA program, of course, antedated OEO.

Senator RANDOLPH. That is true.

Mr. SHRIVER. And has been managed by the Labor Department. I guess it was started in 1962.

With respect to Neighborhood Youth Corps, that did come along as part of the OEO programs and has proved to be quite popular, I think, and, by and large, very successful.

On the more basic question as to whether we could administer it or not, I will have to say we have not given any study to that question.

Senator RANDOLPH. Thank you, Mr. Shriver.

As you conclude your testimony I also want the record to reflect that of the antipoverty programs, in West Virginia, I know of none that has a wider approval and is more successful than Head Start. This program is carried forward in all the counties of West Virginia and, without exception, the response is good.

I hope that this is the type program that will not only benefit one State, but be carried forward in many States during the months to come.

Thank you.

Senator WILLIAMS. Finally, I would like to have your interpretation of the pressures that seem to be building to retrench some domestic programs. The poverty program is frequently mentioned as one that should be reduced in response to our increasing demands in Vietnam. Certainly the President indicated that it is his hope that we will withstand these pressures to reduce our domestic programs and our domestic effort.

Would you say now what your proposal will be in relation to prior budgets?

Mr. SHRIVER. Well, on the general question, Senator, I have been going around the country for 3 or 4 months I suppose, maybe longer, urging those who were willing to listen to me that our country could afford to maintain the proper war effort in Vietnam and also appropriate effort here at home.

As one man put it, it was not a question of guns or butter, because these programs are not really butter, they are as essential to the well-being of our country as any other programs, and some people find them more essential.

I was personally very much encouraged just yesterday when a group of about 45 or thereabouts, 60, extremely distinguished leaders of the Catholic, Jewish, and Protestant religions independently announced a formation of a national group to support these efforts to combat poverty in the United States. They did this completely independently of any activity on our part and their espousal of these programs seemed to me at least to indicate that people who know the situation at the local level, men who are well acquainted with the conditions of the poor, have been watching this particular program and others over the last few years, and believe that these programs must be carried forward if we are going to have a successful democracy here at home.

Not more than about 6 or 8 months ago, I think it was the Chase National Bank made a survey of the economists, and I think at that time that involved nearly all the economists in the United States, and about 85 percent of them felt that this kind of activity was definitely needed in our country. Certainly the President in his State of the Union message pointed out what his position was, and I think that his budget message when it comes up will indicate that he is not attempting to cut back on this program, or other related programs, that more money will be devoted to the problems of the poor if his proposals are adopted by the Congress. More money will be devoted to the problems of the poor in the next fiscal year than in the past fiscal year.

I think it is clear that the country can afford it; in fact, the country cannot afford not to do it.

Senator WILLIAMS. Just finally, for me and then the Staff Director of the committee, Mr. Bill Norman, might have some questions.

I have been advised that from one quarter—maybe from more than one quarter—there has come the suggestion that the priority of job opportunity be not only a priority but almost an exclusive function of your agency, notwithstanding the fact that the law itself calls for education as well as job opportunities, and indeed directs your agency to develop the opportunity to live in decency and dignity.

I would think that phrase in the law certainly applies most urgently to older people because you have described their lack of ability to find job opportunities.

I make the observation. Do you agree?

Mr. SHRIVER. I do.

Mr. NORMAN. Mr. Shriver, you have given some very encouraging testimony about the response you have received on Medicare Alert. To what extent have OEO officials considered the fact that when the need

for this program expires in April, a marvelous organization for using the elderly to serve the elderly and other age groups will have been assembled and that that aggregation of potential for services to the Nation might be kept together and given other opportunities for service?

Mr. SHRIVER. Well, it would be terrific if we could keep together and give them other constructive opportunities. One of the things we are going to be doing is trying to have them give us some constructive suggestions about what they could do. That may sound very sort of unimaginative, or dull witted, that we cannot think of the things that they should do, but I keep trying to say all the ideas are not in Washington and we would like to find out from them some of the things they think would be constructive.

In response to your basic point we think it would be helpful if we keep them working together effectively.

Mr. NORMAN. Do you plan to make any effort to find things for them to do, make any effort to keep them together in useful activity after the Medicare Alert project expires?

Mr. SHRIVER. Well, we don't have any concrete program to which they would move after Medicare Alert is carried out. We do have some small amounts of money, and we are encouraging them to continue on, but I cannot sit here and say when they finish Medicare Alert they are going to start Loaves and Fishes, or something else. We have not gotten that far.

Mr. NORMAN. I see. Well, it is a little early right now.

Mr. SHRIVER. I say we just got started.

Mr. NORMAN. It is a little early to ask that question but I don't think it is too early to start making plans or looking for such opportunities.

Now another question on another subject: Is it an accurate conclusion that there has been no activity within the Task Force on Programs for Older Persons since it issued its report [24] during August of 1965?

Mr. SHRIVER. You mean have they had meetings since then?

Mr. NORMAN. Have they done anything?

Mr. SHRIVER. No, there has not been any meeting.

Mr. NORMAN. There have not been any meetings. Have they been doing anything?

Mr. SHRIVER. They have not been doing anything with my outfit. I am sure they have been doing constructive things but not as a group. I mean some of our people talked to individual members of that group about programs and problems but there has not been—well, maybe you know of a meeting, Mr. Bookbinder.

Mr. BOOKBINDER. No, there has not been any normal meeting but I can assure you that members of the committee have been active in discussions with OEO staff people, they have been following through on the recommendations and the report of that task force has been circulating among the 600 community action agencies with the suggestion from Mr. Shriver that the local community action agencies pick up the suggestions and develop component programs.

As Mr. Shriver has testified, some of the proposals from that report are in fact today operating programs.

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[24] Text of report will appear in committee report, "War on Poverty as it Affects Older Americans," to be published in May 1966.

Mr. NORMAN. Yes, sir.

Does the Office of Economic Opportunity consider that this task force has a permanent on-going responsibility of recommending programs for the elderly, following up on their recommendations to determine the extent to which they are implemented and studying OEO activity or lack of activity? Is there a permanent on-going responsibility of this type?

Mr. SHRIVER. No, that was not our intention. Are you suggesting that it ought to be?

Mr. NORMAN. I don't presume to make your policy decisions for you, sir. I am just asking this question to obtain information.

Mr. SHRIVER. As far as we are concerned we have not proposed that additional scope.

Mr. NORMAN. Your original intent was that they would study these programs, make their report, and then their primary responsibility would be at an end. Is that an accurate statement?

Mr. SHRIVER. Yes, sir.

Mr. NORMAN. And you really have not determined yet whether they should be given a permanent responsibility for followup?

Mr. SHRIVER. That is right.

Mr. NORMAN. I see.

Whose responsibility is it to make certain that the task force remains active and does not become dormant?

Mr. SHRIVER. As I just got through saying, there is nobody that has that responsibility because the task force was created to produce this report.

Mr. NORMAN. It was not contemplated that they would be active after reporting, so therefore there is no responsibility? Is that your answer?

Mr. SHRIVER. It might be a good idea, as you are obviously hinting, it should be made a part of it. That has not been done as a matter of policy.

Mr. NORMAN. Now in the matter of VISTA you have advised the committee that there is no requirement that VISTA volunteers be willing to serve anywhere in the United States.

Could an elderly individual volunteer for VISTA with the promise that he would be able to live in his own home and serve in his own home community?

Mr. SHRIVER. Well, they modified that after we first started so that people could serve in their own home community, but it is not true that they can be promised work there. In other words, first of all they have got to prove that they are qualified to get in and if they get in and if what they can do is needed in their home community and requested by the home community, then this can follow through. But you cannot promise somebody in advance that they were going to be able to work in their home community. You might not have a request from the community.

Mr. NORMAN. How would this work? Suppose an individual were interested in VISTA but did not want to be taken across the country to serve?

Mr. SHRIVER. He says that and he is not called up to service unless there is service to be performed where he is.

Mr. NORMAN. I see. So if you anticipate that service which he could perform would be available in his home community after he were trained, then you could take him in and train him?

Mr. SHRIVER. Yes. You have to have two things: You have to have a request from his community, and second, a request from his community to do work which that particular human being is capable of doing.

Mr. NORMAN. Yes, sir.

Finally, Mr. Shriver, you have advised the committee that the Youth Opportunity Board of Greater Los Angeles was designated Community Action Agency of Greater Los Angeles County. Since this was a group originally organized for programs for the President's Committee on Juvenile Delinquency, has there been any tendency on its part to be concerned primarily or exclusively with programs for youth to the exclusion of programs for the elderly?

Mr. SHRIVER. In fact, we never accepted the youth opportunity board in its original incarnation as the Economic Opportunity Board of Los Angeles. That was one of the troubles out there.

Mr. NORMAN. You made them reincarnate?

Mr. SHRIVER. That is right. When they did that they changed the title so it is not known as the youth opportunity board, it is known as the Economic and Youth Opportunity Agency, and the "Economic" brought it within the scope of our Act and introduced into it representatives of the major institutions in Los Angeles, the Community Chest-type operation, and made plans for the introduction of representatives from the residents of these deprived areas in Los Angeles. They are doing that now, continuing the business of picking the people to serve on that board.

One of the people on our National Advisory Council is a lady named Mrs. A. M. G. Russell, in California, who is the chairman of the Governor's Committee on Aging, I think.

I might say, in passing, three members of the Advisory Council are elderly citizens. James Conant, former president of Harvard, I think, is about 75; Philip Randolph of the Sleeping Car Porters, I think, is 76, and the Archbishop, I think, of San Antonio, Tex., is 77. So I would expect not many of these national advisory councils have a larger proportion of elderly citizens. And Mrs. Russell, who is not anything like 75, I hasten to add, is on the board.

Mr. NORMAN. But a very effective representative of the elderly.

Mr. SHRIVER. Yes, very interested in the aged.

On our own national board we do have a fairly good representation of elderly people.

Mr. NORMAN. Yes, sir. I certainly agree with that.

Thank you very much, Mr. Shriver, and thank you, Mr. Chairman.

Senator RANDOLPH. Mr. Shriver, how many paid employees are there in the Office of Economic Opportunity?

Mr. SHRIVER. There are about 1,900. If you want the precise figure I can get it for you.

Senator RANDOLPH. No, that is approximate.

Do you feel that you are properly staffed now to carry on this effort?

Mr. SHRIVER. Well, we are getting there. We are not yet. One of the reasons, Senator, I might point out again just in passing, is

that when this legislation was originally passed by Congress we were limited in the number of people we could employ and it was not until a new authorization and a new appropriation was passed last fall, October 8—the day which will live long in my memory—it was not until that happened that we were able to staff up to do the job the Congress was telling us they wanted us to do.

From that point of view, to have the personnel to do the work, we have only had the chance of hiring them since 8th of October and you don't get them right away because you suddenly have the authority, it takes time to get these people. That is true of the regional offices, which I might just say, since it is of interest to you and maybe others, the regional offices have just been in operation, none of them in full-scale operation, more than 3 or 4 months, they have only been out there that length of time.

In only the last 2 months we have been able to delegate power to those regional directors to execute programs of modest size which will greatly accelerate the speed with which proposals are acted upon when they are forthcoming, particularly from smaller places. So a lot of these new activities that have occurred since—well, even in December and January, I think, indicate that many of the difficulties that some communities have had in dealing with the national office will be minimized because of additional people and a different administrative structure.

Senator RANDOLPH. I do believe, Mr. Shriver, that a number of misunderstandings which have affected the program in a State like West Virginia, and apparently in other States, are now being resolved. I have a feeling that your administration in coming months will be more effective and have a response from the people generally that you are doing a more effective job than in the past.

Mr. SHRIVER. Let me just say I guarantee you that.

Senator RANDOLPH. That is the most outspoken pledge that I ever heard.

Mr. SHRIVER. There is no question about that.

Senator RANDOLPH. I thank you, sir.

Mr. SHRIVER. Thank you very much.

Senator WILLIAMS. For our chairman, Senator Smathers, and for all the members of this committee, I want to express our deep gratitude for this complete review. I will also submit for the record at this time questions submitted earlier to the OEO, and replies to those questions.

Mr. SHRIVER. Thank you very much.

(The questions and answers referred to follow:)

QUESTIONS IN LETTER OF DECEMBER 21 SUBMITTED BY COMMITTEE TO OFFICE OF ECONOMIC OPPORTUNITY

1. What developments benefiting the elderly under OEO programs have there been since Director Shriver's testimony at the June hearings?

2. Since the Office of Economic Opportunity was organized, what position or positions have there been in OEO to which was assigned responsibility for assuring that adequate attention is given the elderly under OEO programs, and authority to see that the elderly poor benefit from OEO programs?

(a) Have any officials within OEO been given such responsibility and authority, other than the individual on loan to OEO from the Office of Aging (Mr. Louis Ravin) or the individual who took his place after he left (Dr. Robert McCan)?

(*b*) What exactly was Mr. Ravin's official status within OEO, and what was the extent of his responsibility and authority?

(*c*) Between what dates did he serve in that capacity?

(*d*) What is the exact title and description of Dr. McCan's position?

(*e*) Does Dr. McCan have any real responsibility and authority for assuring that the elderly are given adequate consideration?

(*f*) Is Dr. McCan's responsibility for the elderly his exclusive assignment and responsibility? If not, what other assignments and responsibilities does he have?

3. Has the Task Force on Programs for Older Persons had any meeting or carried out any other activities since it issued its first report during August 1965? If so, please give a short description of such meetings and other activities.

4. What administrative action was taken to require that VISTA volunteers agree to serve anywhere within the United States? Please give the committee a copy of the regulation, order, or memorandum embodying this determination.

5. Have any efforts been made to determine the number of elderly persons (65 and over), or representatives of such persons, who are serving or have served on community action committees? If so, what were the findings?

6. In a letter of July 27, 1965, Secretary of Agriculture Freeman said:

"We are aware of some community action program proposals under the Economic Opportunity Act to provide funds to contract with the Extension Service for recruiting, training, and supervision of paid nonprofessionals. The Office of Economic Opportunity tells us that a summary of the number of such proposals submitted and accepted is not available at this time."

If such a summary is available now, may the committee have it?

7. Assistant Administrator for Senior Housing, Sidney Spector of the Housing and Home Finance Agency, in a letter responding to the committee's request for information, said:

"Community action programs could provide an important service to the low-income elderly by organizing conferences on housing for senior citizens, providing guidance to groups lacking experience, and by furnishing 'seed money' to assist in planning projects and to meet requirements for working capital and other expenses."

Is this suggestion consistent with OEO policy, and have any CAP committees taken such action?

8. Please provide information on the nature of the difficulty experienced in organizing for community action in Los Angeles County, Calif., and the history of that difficulty. What is the present status of the community action program there, with particular reference to programs beamed directly toward the elderly or benefiting the elderly?

OFFICE OF ECONOMIC OPPORTUNITY,
EXECUTIVE OFFICE OF THE PRESIDENT,
Washington, D.C., January 18, 1966.

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

DEAR MR. NORMAN: Sargent Shriver has asked me to reply to your letter requesting information about programs for older persons.

Questions from the Special Committee on Aging, U.S. Senate

1. These developments since June will be of benefit to the elderly:

(1) The Task Force on Poverty and the Older American has met on a number of occasions and has issued a report. This report has been mailed to all community action agencies, State technical assistance agencies and regional economic opportunity offices. This report recommends specific models which can be utilized as the basis for local initiative in projects related to the elderly.

(2) The Foster Grandparents Program has funded 21 projects at a cost of $2,631,642. They employ 1,217 from the older poor and serve 1,643 children.

At the present time sponsors are being sought for up to 38 additional foster grandparent projects under title II–A, section 207, for a total of $5.5 million.

In addition, the program is being opened to funding under section 205 (community action program), and as many communities as wish to do so may apply for funding. A pamphlet is being prepared for wide distribution to stimulate interest in this program.

(3) A home-health aid program is being developed to train several thousand aids this year. We are working with the Public Health Service to develop guidelines for this program and to coordinate it with their support of home health agencies.

2. The responsibility for development of programs for the aging is in the policy planning office of the community action program. The employment division has the principal responsibility in this area. Both the Acting Associate Director for Policy Planning, Mr. Jule Sugarman, and the Assistant Director for Program Development, Dr. Sanford Kravitz, are personally actively involved in the development of policies and programs for the aged. Day-to-day operations are under the direction of Dr. Earl Williams, chief of the manpower division.

(*a*) Louis Ravin was detailed to OEO from the Department of Health, Education, and Welfare between March 1, 1965, through August 1, 1965. He served as Secretary to the Task Force on Programs for Older Persons and worked on other matters pertaining to the aging within CAP.

(*b*) Dr. Robert McCan is a temporary program analyst. He spends the majority, and in recent weeks, all of his time in assisting Dr. Williams on programs relating to the aging. Other members of the staff are assigned as necessary, to supplement these efforts.

(*c*) The principal responsibility for seeing to it that older persons receive adequate consideration remains with the director of the community action program.

3. The task force finished its primary responsibility when it considered the problems of aging and offered models and a general procedure.

4. There is no requirement that VISTA volunteers must be willing to serve anywhere in the United States. VISTA volunteers may request to serve anywhere in the United States where there is a need, and this request is taken into consideration by the VISTA staff. VISTA is a voluntary arrangement; where to serve is a mutual agreement between VISTA and the volunteer.

5. No attempt has been made to make a determination of the number of elderly on community action agency committees. A memorandum was sent by Mr. Theodore Berry, director of community action program, to community action agencies urging them to utilize older persons on such committees.[25]

6. No such summary is available now.

7. There is the real potential for coordination of housing for the elderly and senior programs. OEO is doing very little funding of housing, but is working out supporting services in a number of cases. There are no projects currently pending which are specifically directed to senior citizens.

8. The Community Action Agency of Greater Los Angeles County is the Economic and Youth Opportunities Commission of Greater Los Angeles. It is a public agency composed of 25 members: 12 representatives, 4 public agencies (city, county, city schools, and county schools), 7 representatives of the groups to be served, 4 members of the private sector, 2 members are nonvoting from the private sector.

It is funded and recognized as the county community action agency.

History of difficulty in organizing

The Youth Opportunities Board of Greater Los Angeles (YOB) was an organization formed to operate programs for the President's Committee on Juvenile Delinquency. Office of Economic Opportunity funded YOB in December 1964 as the community action agency for Los Angeles County. Subsequent to this funding, OEO promulgated Community Action Memo No. 1 requiring representation on policymaking boards from groups in areas to be served. Controversy in Los Angeles County developed around this requirement.

Until agreement was reached in August on the agency described above, OEO funded individual projects in Los Angeles County directly in the absence of a communitywide coordinating agency meeting OEO requirements.

[25] Text on memo on p. 810.

One program has been funded involving classes for older people through the school board.

If we can be of further assistance to your committee, please do not hesitate to write.

Sincerely yours,

W. P. KELLY,
Acting Director, Community Action Program.

Senator WILLIAMS. Thank you very much, gentlemen.

The next witness is Mr. John Edelman. We certainly welcome you back to our deliberations, gentlemen. You are looking fine, I might say.

STATEMENT OF JOHN W. EDELMAN, PRESIDENT, AND WILLIAM R. HUTTON, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. EDELMAN. Thank you, sir.

Mr. Chairman, my name is John W. Edelman, president of the National Council of Senior Citizens in Washington, D.C.

Mr. Chairman, if we may, could we file our statement [26] as presented to the committee and might I ask my associate, Mr. William Hutton, who is the executive director of the national council, to informally and quite compactly summarize our little preliminary statement.

Is this agreeable?

Senator WILLIAMS. This is perfectly satisfactory. Of course, we will read your full statement at a later time. I think it is probably a wise procedure because we are told we have to go back over to the floor.

Mr. HUTTON. In brief, Mr. Chairman, we at the National Council of Senior Citizens wish we could say that there has been a vast change for the better in addition to the great forward step we will take on July 1 when the much-needed, long-delayed Medicare program goes into effect. Frankly, we believe that the road to progress and employment of the elderly poor with regard specifically to OEO has been tortuous and slow and we want to urge you and your committee to do everything you can to determine the reasons for this lack of progress and to press for legislative or administrative changes which might be needed to save many hundreds of thousands of our elderly from despair despite the anticipated benefits of Medicare.

I might say we also join the chorus we have heard this afternoon of delight at President Johnson's announcement that Mr. Sargent Shriver is going to make full-time war on poverty and we are encouraged that the President is determined to end poverty, and with vigor and determination.

It has been reported here this afternoon that more than one-half of the more than 18 million people over 65 live in poverty and constitute more than one-half of poor people living alone. They represent one in five of the Nation's poor, Mr. Chairman. Yet the outstanding fact is that only one dollar in a hundred will be spent on the elderly out of the Office of Economic Opportunity's $1.9 billion poverty war chest this fiscal year.

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[26] See p. 555.

Now the National Council of Senior Citizens realizes very well that not all senior citizens can be helped through increased opportunities for employment.

For some, employment is the answer; for others, various social services are needed, and for millions more we just seek significantly to increase the cash benefits under social security.

Senator WILLIAMS. Gentlemen, may we pause a moment? That was our call to go over to vote.

Would you object to continuing your statement, even though the members have to be over there?

Mr. HUTTON. Not at all.

Senator WILLIAMS. Fine. We have some questions we would like to ask.

Thank you very much.

Mr. HUTTON. Thank you.

Mr. EDELMAN. Thank you, Mr. Chairman.

Mr. HUTTON. If I may continue, Staff Director, we feel that this committee realizes that our older people have little or no security cushion; they have lived through war, depression, recession, deflation and in their later years they have had to contend with low wages, high cost of living, discrimination because of age or race, and many of them feel that they were born too soon.

Now in the National Council of Senior Citizens through direct mail services to our more than 2,000 clubs with combined membership of more than 2 million elderly, we have tried to tell them we have tried to put the programs of OEO in their proper perspective and we have tried through Senior Citizens News to do the same thing. We have tried to make them as much aware of the limitations of OEO programs as the possibilities in those programs. We want to report to you that at the national level just as much as in our affiliated groups in the local community levels we become absolutely convinced of this heavy youth orientation in antipoverty programs based primarily on the concept of education and training as instruments of the breaking of cycle of poverty.

This emphasis on youth has been predominant in many ways and I am sure that your own committee's contacts throughout the States will demonstrate how OEO by lack of action and late action has dimmed the hopes of many of the elderly, at least in these early skirmishes of the war against poverty. We have rarely been furnished with categorical statements by OEO leaders rejecting our appeals to stimulate action, but generally speaking the answer of those who have been administering the program has been to leave languishing in limbo many of the worthwhile suggestions which have been made by many groups who involve the elderly poor.

The testimony which we have submitted to you gentlemen gives some photocopies of statements in the press which bears out these observations of ours and they do also include a strongly worded resolution from the executive board of the National Council of Senior Citizens which met here in Washington on December 16, 17 of 1965—not so long ago—at which a great deal of our time was spent on reviewing the lack of programs which have come forward from OEO on this vital thing in the 6 months, or nearly 7 months, which have passed since Mr. Edelman last testified.

(Exhibits follow. Testimony resumes on p. 555.)

RESOLUTION FOR IMMEDIATE IMPLEMENTATION OF THE POVERTY PROGRAM FOR SENIOR CITIZENS

The National Council of Senior Citizens has long recognized that the basic needs of the aged poor must be met by substantial increases in social security, and other income maintenance programs along with the effective implementation of Medicare and a great expansion in programs of federally supported low-cost housing for senior citizens.

However, we also strongly believe that the aged poor deserve higher priority attention in the war against poverty.

We are proud of the role we played in support of the legislation to establish the Office of Economic Opportunity.

We call attention to the part we have played in the development of programs, ideas, and suggestions to help the aged poor, such as those developed by the Task Force on the Aged Poor and the National Council on the Aging.

But there is little evidence that the OEO has taken significant action to fund and implement the many worthwhile program suggestions which have been submitted to it by national organizations as well as local groups: Therefore, be it

Resolved, That the National Council of Senior Citizens urge Sargent Shriver to take immediate action to fund and implement such programs as Medicare Alert, Home Health Aids, and Operation Green Thumb, along with a number of other worthwhile proposals which have been developed by local community action programs in response to suggestions and models developed by the National Council on the Aging and other groups.

We also ask Sargent Shriver for an early opportunity to discuss with him the steps necessary to secure proper representation of the aged poor in all aspects of the poverty program and methods by which the cooperation of senior citizen organizations can be secured in the implementation of programs developed by the OEO in their behalf.

[From the Detroit Free Press, Jan. 14, 1966]

POVERTY WAR PAYS LITTLE HEED TO NEEDS OF THE ELDERLY POOR

PRESIDENT'S PROMISE CUT BY HALF

(By Rose Allegato)

WASHINGTON.—The poverty war is mostly for the young—not for the old people who think the young are winning a bureaucratic battle to hold down the elderly poor's share.

Only $21 million out of the $1.9 billion poverty war chest this fiscal year will be spent on the elderly. Before the bureaucratic battling began, President Johnson said it would be at least $41 million.

If the elderly want more from Uncle Sam, they'll have to look elsewhere.

Poverty Warrior Joseph A. Kershaw, a for-the-young advocate and a bad guy to senior citizens, said, "We're doing as much as we can."

John W. Edelman, the peppery 73-year-old leader of the National Council of Senior Citizens, doesn't agree.

"One of the biggest defeats of the war on poverty is that so little has been done to help these poor older poor," Edelman said.

William Hutton: Edelman's righthand man, charged that the Office of Economic Opportunity (OEO) "has been doing the more spectacular things first—the easier things.

"Most young people working on the program don't understand older people."

Dr. Kershaw, who's 52 ("I'm practically a senior citizen"), has a comeback.

As Assistant Director of Research at OEO, Kershaw said he has found that the poverty war "doesn't get to the guts of the problem" of the elderly poor for this reason:

The poverty war was set in motion by the Economic Opportunity Act. This means that the war's main thrust is to create economic opportunity. And to Kershaw's way of thinking, it is the young who are in the position to cash in most.

"Many of the aged," said Kershaw, "can't take advantage of economic opportunity. They've served productive times and now they are retired."

For most elderly people, he went on, "jobs are not the answer. Some kind of income maintenance is the answer."

He suggested an increase in social security payments or other programs administered through social security.

"It seems to me this is the way the United States ought to take care of the elderly poor," Kershaw said.

But the poverty war isn't freezing out poor old people, he asserted. There are some programs designed exclusively for the elderly poor, and there is room for the elderly poor in many other poverty programs, especially community action programs (CAP).

Kershaw said he isn't an ogre but that "we have to be realistic."

On August 28, in an announcement made in Austin, President Johnson said there would be $41 million spent for the elderly poor. About 17,600 old folks would be put to work, he said.

It is generally conceded that the President jumped the gun. He made the announcement before OEO even had its plans on the drawing boards or had settled its own bureaucratic battle.

Mr. Johnson said $21 million would be spent on foster grandparent programs. OEO is going to spend only $5.5 million.

In this program, elderly poor get paid for being substitute parents to neglected children, retarded children, and children from broken homes.

Mr. Johnson's announcement also said $20 million would be spent to train old folks to be home health aids. They would work in private homes under the supervision of doctors and nurses.

OEO has earmarked only about $2 million for this, and the program isn't really in the works yet.

Medicare Alert, which was a suggestion OEO picked up from the National Council of Senior Citizens, is putting 5,000 old folks to work through April of this year. These oldsters will teach other elderly people how to sign up for medicare. OEO estimates Medicare Alert will cost about $2 million.

Operation Green Thumb will cost OEO another $1 million. This program is supposed to help poor elderly farmers. About 280 of them will be put to work beautifying highways and parks in four States, Arkansas, New Jersey, Oregon, and Minnesota. The farmers will work about 3 days a week for about $1.25 an hour.

A few other programs will probably win approval too. But, overall, no one can contend it will be a massive attack on the poverty problems of the elderly.

Economic aid to the elderly poor is on the minds of many Congressmen, including those on a Special Senate Committee headed by Senator George Smathers, Democrat, of Florida.

The Smathers committee will reopen its probe of the elderly poor and the poverty war with hearings January 19.

On the House side, another Floridian, Democratic Representative Claude Pepper, of Coral Gables, is using his political influence to try to land a committee for himself so he can mastermind some programs to help impoverished elders.

The National Council of Senior Citizens started the fuss over OEO's neglect of the elderly poor. The Smathers committee picked up the ball.

Both now take the credit for prodding OEO into the few elderly poor programs that have been launched.

[From the Dallas Morning News, Dec. 19, 1965]

SENIOR CITIZENS ASK: WHERE ARE PROGRAMS?

ONLY ONE STARTED

(By Joseph A. Loftus)

WASHINGTON.—The senior citizens want to know what happened to the $41 million antipoverty programs for the elderly poor that President Johnson announced nearly 4 months ago.

One of the four programs announced on August 28 went forward. Nothing more has been heard of three others.

The executive board of the National Council of Senior Citizens meeting here the last 2 days, resolved to call on Sargent Shriver, Director of the Office of Economic Opportunity, to urge action on these programs.

Their resolution protested the grave injustice to the seniors and to the declarations of the OEO about its willingness to work in this area.

Sources at the antipoverty office said a Medstart program was being processed but they did not know what happened to other programs to aid the elderly.

Medstart would finance a house-to-house search and interview of elderly citizens who have not responded to mailings from the Social Security Administration on their intentions to participate in Medicare. More than 3 million have not responded, according to John Edelman, senior citizens spokesman here.

President Johnson, announcing the programs last summer, said that a third of all Americans over 65 years of age were living in poverty. He put their average income at less than $1,150, but said they had maturity and experience to offer. "We are going to use this rich untapped human resource to help others less fortunate," he said.

The Foster Grandparents Program, costing about $10 million, went forward but it has provided employment for only 1,200. They serve as substitute parents for neglected children in institutions.

The President announced at the time that 17,600 elderly Americans would be aided. The other programs announced at the time provided for the training of home health aids to bring help and comfort to the bedridden sick and disabled; care for children from broken homes, and help for mentally retarded children. The Medstart project was conceived later and is still being processed.

[From the New York Times, Dec. 22, 1965]

AID TO AGED POOR REPORTED LAGGING

ONLY TOKEN START IS SAID TO HAVE BEEN MADE IN DRIVE

(By Joseph A. Loftus)

WASHINGTON, December 21.—A bureaucratic conflict is crushing a $41 million program, announced by President Johnson 4 months ago, to aid the elderly poor.

Whether even 25 percent of the program would ever materialize seemed doubtful today. Only a token start has been made.

Louis Ravin, who had been director of the program at the Office of Economic Opportunity, has returned to the Department of Health, Education, and Welfare. Dr. Robert L. McCan, next in command, is reported to have been blocked by lawyers who are acting as devil's advocate under Sargent Shriver's administrative theory of setting up countervailing forces within the office.

An influential group within the agency favors youth-oriented antipoverty programs. The result is that projects in aid of the aged poor face difficult obstacles.

This youth-oriented group includes Dr. Joseph A. Kershaw, Assistant Director for Research, Plans, Programs and Evaluation; Dr. Oscar Ornati, Director of the Housing Division, Community Action Programs; Dr. Sanford Kravitz, Director of the Program Development Division, and Donald M. Baker, General Counsel.

The executive board of the National Council of Senior Citizens, vexed by the delay, met here last week and sent a stiff protest to Mr. Shriver.

The senior citizens noted that the White House on August 28, announced "a Federal program aimed at lifting 5½ million elderly citizens out of poverty."

The aged poor, President Johnson said then, "have maturity and experience to offer."

"They are eager to help themselves and others," he added. "We are going to use this rich, untapped human resource to help others less fortunate. In turn, it will enable these elderly people find the dignity and usefulness they seek."

The President said the initial program would employ 17,600 elderly Americans of low income. So far the program has provided funds for 1,200 of these aged poor, and not all of those have been employed yet.

The paperwork for additional programs has been completed by advocates of these programs but they have not been able to get a decision approving or rejecting them.

"Foster grandparents" is the principal item on the program. The objective is to hire elderly men and women to serve as substitute parents for neglected infants and other children, many of them in institutions. They include the mentally retarded and the children of broken homes.

The allotment for this is now $5.5 million instead of the announced $21 million.

So far the agency has approved $2.7 million for 22 foster grandparent projects with jobs for 1,217. Applications are being taken for 38 more projects.

A project to train home health aids for Medicare services was marked for $20 million by the White House announcement. That has been cut to $2 million.

When Medicare goes into operation next year it will provide posthospital home care by health aids working under physicians and nurses. The health aid project was set up to provide training for persons who could serve as Medicare aids.

In the meantime, a project called Medicare Alert, formerly Medstart, was drafted. That would finance a house-to-house interview of elderly citizens in 100 cities who have not responded to mailings from the Social Security Administration about their intentions to participate in Medicare. John Edelman, Senior Citizens spokesman here, said more than 3 million elderly persons had not responded to the mailing.

Mr. HUTTON. This is a brief summation of our statement previously submitted. We would appreciate questions.

(Testimony resumes on p. 557.)

(The statement referred to follows:)

TESTIMONY OF JOHN W. EDELMAN, PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. Chairman, I am accompanied here today by Mr. William R. Hutton, executive director of the National Council of Senior Citizens. He is also the director of our information programs and the editor of Senior Citizens News.

As we have frequently had the privilege of having you visit our annual convention and other large gatherings organized by our affiliated groups, Mr. Chairman, I know that you do not need to hear, from me, a long description concerning the history and development of the National Council of Senior Citizens.

It will perhaps be sufficient to say that we are a nonpartisan, nonprofit organization of more than 2,000 affiliated but independent older people's clubs located throughout America. Our combined membership in these clubs totals over 2 million elderly people.

This organization, Mr. Chairman, is absolutely committed to the struggle to win a better life for all older Americans. It is well known that for more than 4 years we were in the forefront of the campaign to bring the desperate health needs of the elderly before the Congress of their representatives. We are also, however, deeply concerned with many other problems of the aged and, indeed, our senior citizens concern themselves deeply with all the problems of America. I believe, Mr. Chairman, the National Council of Senior Citizens has won the respect of the Nation's lawmakers because it has not merely sought special favors for older people, it has promoted the interest of senior citizens in harmony with the national interest. Not only in our national programs of social action, but on statewide and local community levels, affiliated groups of the National Council of Senior Citizens are continuing their efforts to create a better life for elderly Americans while earning public respect for their effective programs of civic responsibility.

It is now almost exactly 7 months since I last testified before this committee on the need for vastly increased effort not only in creation of new laws by Congress, but also in the administration of the laws which Congress has already enacted, to make sure that older Americans can spend their later years in security and dignity—not in deprivation and fear.

I wish I could tell you, Mr. Chairman, that there has been a vast change for the better in addition to the great forward step we will take on July 1 when the much-needed, long-delayed Medicare program goes into effect. But frankly the road to progress has been tortuous and slow and I would urge you and your committee to do everything you can to determine the reasons for this lack of progress and press for legislative or administrative changes which might be

needed to save millions of our elderly from despair, despite the anticipated benefits of the Medicare program.

At the outset of this statement I would like to say that the National Council of Senior Citizens is delighted with the announcement by President Johnson of January 17 that he is asking Mr. Sargent Shriver to make full-time war on poverty. We are encouraged that President Johnson is determined to enlarge the antipoverty war and prosecute it with all vigor and determination. We have learned from past experiences that passing the enabling laws is just part of the battle. Many a good law has been ruined through ineffective administration. We are extremely hopeful that Mr. Shriver will be able to turn the full power of his rare energy and ability to immediate stimulation of programs from the Office of Economic Opportunity toward helping the elderly poor.

It has been reported that nearly one-half of the more than 18 million people aged 65 and over are living in poverty. They constitute more than one-half of all poor persons living alone. They represent about one in five of the Nation's total poor. Yet the outstanding fact is that only one dollar in a hundred will be spent on the elderly out of the Office of Economic Opportunity $1.9 billion poverty war chest this fiscal year.

Now the National Council of Senior Citizens realizes very well that not all senior citizens can be helped through increased opportunities for employment. For some, employment is the answer. Others need various services. And for many more millions of older Americans, we must seek to increase, significantly, the amount of cash benefits available to them under our social security system. In truth neither our social security plans nor our social structure has been developed to the point where they can be said to add a better life to the additional years of existence which science has given our elderly.

Retirement in itself is sufficient cause for poverty—since social security benefits represent only about 30 percent of average earnings, and a large number of beneficiaries have little or no cash income aside from their benefits.

Most of our older people have little or no "security" cushion. They have lived through war, depression, recession, inflation. In their later years they have had to contend with high rates of unemployment, discrimination because of age or race, limited education, limited opportunities for retraining. They feel they were born too soon.

It is not at all surprising that our older poor were immediately encouraged by the bold promise of President Johnson's antipoverty program and the National Council of Senior Citizens has tried desperately not to raise false hopes. Through direct mail advice to the leadership of our affiliated clubs and through the columns of our monthly publication Senior Citizens News we have sought to put the programs of the Office of Economic Opportunity in their proper perspective. We can say with regard to the more than 2 million elderly who make up the combined membership of our affiliated groups that we have tried to make them as much aware of the limitations of OEO programs as of their possibilities. At the same time we have urged the Office of Economic Opportunity to use its authorities and resources to help the large proportion of the poor who are middleaged and aged to improve their standards of living and the quality of their lives, not only for the significant number which have employment potential, but for the far greater numbers for whom other programs must be sought.

We must report to you that we at the national level, just as much as our affiliated groups in the local community levels, have become convinced of a youth orientation in antipoverty programs based primarily on the concept of education and training as instruments for breaking the cycle of poverty.

This emphasis on youth has been predominant in many ways. I am sure that your committee's contacts throughout the States will demonstrate how OEO, by lack of action, has dimmed the hopes of the elderly at least during these early skirmishes of the war against poverty.

We have rarely been furnished with categorical statements by OEO leaders rejecting our appeals to stimulate action on behalf of the elderly poor. Generally speaking, the answer of those who have been administering the program has strictly been to leave lying in limbo many of the worthwhile suggestions which have been made by many groups to involve the elderly poor. However, at this stage of my testimony I would like to introduce a photocopy of an article by Knight Newspaper Reporter Rose Allegatto (in this case appearing in the Detroit Free Press dated Friday, Jan. 14, and headlined "President's Promise Cut by Half—Poverty War Prays Little Heed to Needs of the Elderly Poor").

I would also like to submit, for the record, photocopies of two other newspaper articles which have a bearing on this subject. Both are by the distinguished New York Times Correspondent Joseph A. Loftus. One, dated December 19, 1965, from the Dallas Morning News through New York News Service, is headlined "Senior Citizens Ask: Where Are Programs?" Another, appearing in the New York Times on December 22, is headlined "Aid to Aged Poor Reported Lagging—Only Token Start Is Said To Have Been Made in Drive." [27]

I hope, Mr. Chairman, that your committee will study the very excellent report on poverty and the older American produced as long ago as July of last year by the Task Force on Programs for Older Persons.

This task force, established by Sargent Shriver in early March of last year, was not publicly announced until a few days before your hearings last June. It was under the distinguished chairmanship of Charles E. Odell, director of the Older and Retired Workers Department of United Auto Workers, AFL–CIO, one of this Nation's most outstanding experts on the problems of older persons.

I considered it a rare privilege to be a member of this task force which recommended more than a score of programs for employment of the elderly poor. Yet most of these programs have languished in limbo.

This lack of progress concerning the elderly poor programs in OEO was of major concern to the executive board of the National Council of Senior Citizens—including some 40 delegates from different parts of the country—which assembled here in Washington on December 16 and 17, 1965. As a consequence of the long discussions, a strong resolution was adopted urging the Director of OEO to take immediate action to make funds available and implement programs directly affecting the aged poor. At this point I would like to introduce into the record a copy of our executive board's resolution on implementation of the poverty program for senior citizens which was forwarded to Sargent Shriver on December 17.[28]

As your committee is no doubt aware, OEO announced on December 28 that Operation Medicare Alert was approved and funded to the extent of $2 million to employ a few thousand of the aged poor on a part-time basis to help to bring information about Medicare to the isolated aged in their communities who have not yet signed up for the supplementary insurance benefits. We believe that OEO is trying to work with an eyedropper where the task needs more than a bucket. It may be mid-February before this small program gets underway and with closing date for signing up for the program still scheduled for March 31, there will be less than 2 months to accomplish the almost impossible task. Why could not this program have been put into operation last September? Why are there not more OEO funds available to do the job in the shortened time available?

Why cannot funds be found to initiate the Senior Citizens Service Corps idea so that all the 19 million of our elderly who need them, can enjoy the social services they need to live in greater decency and dignity?

Mr. Chairman, the National Council of Senior Citizens is deeply grateful for the continuing work of the Senate Special Committee on Aging in focusing national attention on the problems of the elderly. Long before Government statistics sought to identify the invisible poor, our older folks understood the high degree of association between poverty and age. They deeply regret that their poverty—frequently preventing them from raising necessary carfares or simple lunches—denies them opportunities to keep contributing to the life of the Nation they have helped to build.

We earnestly hope that the members of this Senate Special Committee on Aging will see to it that in the programs to alleviate poverty among Americans, age, as well as youth, is served.

(Testimony resumed from p. 555.)

Mr. HUTTON. I would like to turn it back to Mr. Edelman and perhaps discuss in some detail some of our particular observations.

Mr. EDELMAN. Mr. Chairman, could I simply comment here very quickly following up this opening statement by Mr. Hutton, the judgments of the offices of the national council apropos some of the statements made here this morning by Mr. Shriver.

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[27] Articles appear on pp. 552–555.
[28] Text on p. 552.

Now could I preface my remark by saying that of all the roles we do not want to play, which we feel reluctant to play in this whole thing, is one of being a general griper in trying to say something should have been done differently and it would have been better, and so on, and so forth. The fact remains I think we must call attention to the fact that for instance this Medicare Alert Program which has proved to meet this immediate enthusiastic response not merely from groups of the elderly but from so many of these community action programs that we had predicted, we had emphasized, we had implored, we had almost made ourselves obnoxious at the Office of Economic Opportunity both through our participation in the Task Force on the Aging Poor and as a representative of the national council with the statements and declarations that our observation and experience with the groups demonstrated to us that this is the type of project that commands enthusiasm of older people generally speaking, and particularly the older people with whom we were in contact, and moreover the need for it was felt acutely in the community.

I think that Mr. Shriver's surprise evinced here [over the immediate successful reaction to Operation Medicare Alert] was astonishing to us and it only further demonstrates that our representations on this point never reached him or simply didn't make an impression on him.

Mr. HUTTON. This program, gentlemen, had been submitted as part of the task force recommendations which were written in July and first published in August of last year.

You might wonder, then, why it is that the program was not announced until December 28. What happened to such a program with such great urgency? In actual fact, there are 6 million older people out there who have not yet replied, and March 31 is the deadline. It would seem to me how much more important it would have been to get this kind of program, which we are pushing OEO to take part in, started as early as September so that there would have been a better chance of accomplishing the big task which lies ahead.

I know that one of the suggested explanations will be that perhaps the 6 million people who have not replied are perhaps not all older poor, and thus under the proper concern of OEO.

It is our view from our observations of 2,000 clubs right down to the grassroots that the very people who have not replied are the older poor. These are the people to whom even that $3 deduction from their Social Security means something very much to them. It is a very large slice of their total income, and these are the people who can't read government forms very well, confused people. These are the people we have to find and locate in the one and a half months.

This program has not yet started, you know, it is not in operation in actual fact. All that has happened is that the community action programs have been told to submit their programs which will be approved, apparently, by February 8, leaving perhaps only 6 or 7 weeks to do the job in.

Mr. EDELMAN. Mr. Chairman, could I just simply add a "for instance" concerning Mrs. Lillian Allan, one of our most active women in our entire organization. She is the leader of our movement in Jersey City, Hudson County, N.J.

Now may I point out just parenthetically, Mr. Chairman, that the national council has never relied entirely or never expected to rely

entirely on governmental activity to try to explain the difficulties of the Medicare program. We have preached, we have exhorted, we have instructed and stimulated our many clubs to develop this kind of activity, this explanatory education, informational kind of activity as a voluntary job and our people have done so effectively.

I asked Mrs. Allan on the telephone to explain to me how the members of her club go about trying to reach older people to find out whether or not they had made themselves eligible by signing this form for participation in the so-called voluntary part of the plan. She said we bring in—each of us in our club; it is not a large club, a couple of hundred people—we, each of us bring in a new recruit on an average of one a day.

I said:

Lillian, what was the principal reason that they had not, up to this point, signed that necessary authorization? You know, for the deduction of $3.

She said:

Mr. Edelman, the principal cause, by far, was the fact they were unable to read, that these were illiterates and we had to develop a little technique for witnessing their signatures and getting their signatures before the local office of the Social Security Administration.

Mr. NORMAN. Mr. Edelman, could she have been thinking that the print is rather small and that even though they are literate they have difficulty reading the form?

Mr. EDELMAN. They could not read it. They could not see well enough, one thing or the other. It was a very brief telephone conversation and a hurried one as always, in addition to which we just yesterday got a letter from one of our men in Bergen County, one of our most alert and observing individuals; and he reports that in his experience of doing this kind of work that the big problem is that nobody has ever really sat down and, in simple words and phrases which the groups can understand, made it clear to them what the advantages are, what the tremendous profit accrues to the individual if he deducts from his pitifully small social security allowance the sum of $3 a month, and he feels very strongly about this gentleman from Bergen County.

A rather brief explanation which would itemize the advantages of that part of the program, which it never somehow has been able to penetrate to the individual, would make a profound difference in the number of persons who were signing up.

Mr. NORMAN. Are you referring to Mr. John Jansson?

Mr. EDELMAN. Correct.

Mr. NORMAN. He is the individual who expressed these views?

Mr. EDELMAN. Yes.

Mr. HUTTON. We are also concerned by the apparent lack of OEO enthusiasm of finding jobs for older people. We think there are lots of wonderful jobs for older people in which they can do extremely well. John and I, on the way to this meeting, were discussing my visit to England recently because my father, who is 83, was seriously ill. There I noted that all the school-crossing guards, hundreds of thousands of school-crossings guards throughout England and Scotland, for example, are part-time people over 65, older men wearing white coats and carrying a sign.

Now this is a way in which older people could be employed to release the younger people who do this job in this country for perhaps more appropriate work. This is just one of a number of ideas that we think men of imagination in Mr. Shriver's department would be able to work on.

Mr. ORIOL. Mr. Hutton, on that point. Did you have an opportunity to read the transcript from the New Jersey hearing and did you read the testimony on the Garden State Parkway? [29]

Mr. HUTTON. Yes. We were very impressed by Mr. Tonti's testimony with respect to hiring men 65 years and over on the parkway for taking the tolls on the parkway. This is a thing which we think could be copied by many States who have tollways.

Mr. ORIOL. Do you see other opportunities in government or even in private—do you think private businesses have given enough thought——

Mr. HUTTON. We see many opportunities if the men who are responsible for getting these ideas down to the community action programs will do so and if money is coming forward to fund these programs. It is one thing to send out some excellent models. But not to give any indication to community action programs that these models will be funded by OEO money is something different again.

We believe of the perhaps 1,000 people which Mr. Shriver admitted today he employed in his Office today, only a very small handful have been working on the problems of the elderly. They have been going at the task with an eyedropper instead of a bucket and it is high time that this kind of attention was paid to the employment of older people.

Mr. EDELMAN. I assume, Mr. Chairman, that the members of the staff here are well aware of this remarkable conference on this very problem that is presently being staged in Washington by the National Council on the Aging. There was a very striking report on this very point in the Washington Post of this morning and I would submit, sir, that it might be very feasible, it might be very sensible on the part of this committee if they would include an abstract [30] of the discussions and the findings of this conference of the National Council on the Aging which is being conducted in Washington at the present time as part of this present hearing.

(The article referred to follows:)

[From the Washington Post, Jan. 19, 1966]

PARLEY HERE GETS PROOF THE AGED STILL CAN GO

There's a big conference going on at the Shoreham Hotel devoted to the proposition that old men and women aren't all bad and should be up to more than we may approve.

There's that man out in Seattle. What a holdout he was. He finally gave in, though. Last year, he gave up his longshoreman job. He was 105.

According to testimony at a unique national conference on manpower training and the older worker at the hotel, the Seattle man is not unique.

About 400 beneficiaries of the Social Security Administration rolls are 100 years or older, and most of them are receiving benefits on work they did after they hit 75. A dozen of these people are still employed, and the oldest is 120 years old.

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[29] Related testimony on pp. 288–294 of pt. 1 and pp. 454–459 of pt. 2, hearings.
[30] See p. 812.

Simple chronological age is no way to judge a man or woman, these experts are saying, and there's much about age that makes a man or woman more valuable.

According to Eleanor Fait, State supervisor of the older worker program of the California Department of Employment, there are more than 250,000 people 65 and older earning a living in California. About 2,000 older people register for new jobs each month in California.

The California State Employment Service placed a man 86 years old in a job, and last year, it found a job for a woman 92.

More then 300 social workers, psychologists, economists, educators, and government officials concerned with problems of the aging and their employment opportunities are gathered at the Shoreham for this 3-day conference which ends today. Principal sponsor is the National Council on the Aging.

Older people can learn and adapt, the speakers insisted. A 56-year-old pharmacist has become a shipfitter and a middle-aged baker is now a horseshoer, and both make more money than they did before.

Ray A. Ziegler, Director of the Senior Worker Division of the Oregon Bureau of Labor, citing statistics of older men and women who have been helped to find new jobs and new lives, said the chances are that if you "expose a man to his potential and the means to achieve it," you've done a lot.

He's likely to make it.

Mr. ORIOL. Mr. Edelman, was that one longshoreman 105 years old when he retired?

Mr. HUTTON. Yes.

Mr. EDELMAN. Yes.

Mr. NORMAN. We would certainly welcome receiving that summary, Mr. Edelman, and including it in the appendix to the extent that we can.[31]

Mr. EDELMAN. Mr. Chairman, could I just briefly emphasize to this committee, I am sure you would not overlook it, but I know that Charles Odell, who is the chairman of the task force of the aging poor, he happens, in addition, to be an officer of the National Council of Senior Citizens, has filed testimony here. I think that this testimony is of very real significance and value in evaluating the performance of the Office of Economic Opportunity in respect to the problems we are discussing here today.

Mr. NORMAN. Yes, sir. We fully intend to include that in the record, Mr. Edelman.[32]

Mr. EDELMAN. Exactly. I hope you will attempt, sir, as an individual to call the particular attention of this piece of testimony to the Senators or members of this special committee.

Mr. NORMAN. It is a very excellent statement and I think we should certainly try to do that.

Mr. MILLER. Mr. Edelman, were you present earlier this afternoon when Senator Prouty discussed his proposals for increasing income among older people?

Mr. EDELMAN. I was.

Mr. MILLER. You will recall then that he stated his continuing support and continuing determination to try and raise the minimum benefits under social security to $70 a month. Is your organization prepared to support Senator Prouty's bill?

Mr. EDELMAN. Mr. Chairman, I won't give a categorical statement as to support specifically of Mr. Prouty's bill, simply to say to you, sir, that we have adopted, both by convention and by subsequent action of our executive council, a program for considerably more sub-

[31] See p. 812.
[32] See p. 629.

stantial increases in the social security benefits than even those pointed out by Mr. Prouty. I would say this, that we are definitely a nonpartisan organization, that we applaud Senator Prouty's efforts in this direction and in the long run we feel the kind of thing that he has done—we might differ with him on some degree or, you know, some matter of presentation or some clauses in his legislation, but in general the kind of thing that he is aiming at there is in the long run the most fundamentally necessary thing which needs to be done to alleviate the conditions of the elderly in the United States today.

Mr. HUTTON. Our executive board is on record as supporting the Social Security minimum payment of $100 per month.

Mr. MILLER. Then they certainly would support increasing it to $70. Would they not?

Mr. HUTTON. Yes.

Mr. MILLER. I think it is worthy of note, as Senator Prouty observed when he referred to this bill, that he personally regarded this as a beginning and not as an end. Senator Prouty also has introduced a bill to which he referred earlier to blanket in all persons aged 70 or 72 under the Social Security for at least the minimum benefits.

Does your organization favor that action?

Mr. EDELMAN. We certainly do, sir. We have urged that and actually we have taken a somewhat broader point of view.

Let me say, just to make it simple, yes, we support that point of view very strongly and will continue to work for it very actively and very militantly.

Mr. NORMAN. Mr. Edelman and Mr. Hutton, some people may feel that our older compatriots have fewer problems now as the result of the 7-percent increase voted by Congress last year in social security cash payments. How far do you think these increases will go to end poverty among the elderly?

Mr. HUTTON. Among the very elderly poor there is a very tragic situation there, gentlemen. If I may remind you that, for example, there were five States in the Union who on September 15—you may recall 8 months retroactive benefit of the social security benefit was passed out to beneficiaries—decided that old-age assistance in those States would be reduced by the amount of money which the older people received.

This was after they received the money and in many cases after the old people had spent the money. So that was five States.

In addition to that, 39 States have so far denied the old-age assistance to people who are also receiving minimum benefits from social security, the benefit of the 7-percent increase in social security awarded by Congress. Yet in computing OAA the bill specifically urged States to disregard the social security increase. So, really, about a million, perhaps more, maybe 1.1 million, the oldest of the poorest of the old folks, have really got no benefit at all from this 7-percent increase.

Now in some States we are getting our local organizations to press their States to try and change this desperate situation but we feel that perhaps Federal action is needed to get the full benefit.

Mr. EDELMAN. Mr. Chairman, could I simply, in passing, call attention to the stories which I have read and letters which I have received, stories I have read emanating from California and very indignant

letters written to me from individuals in California, that this peculiar situation, the feeling that the welfare authorities should deduct from their payments to the recipients of welfare payments amounts equivalent to the increases in the social security benefits, has resulted in very complicated situations which ended up by postponing until, I think, for more than either 2 or 3 months the issuance of these supplemental welfare checks to older persons. I think that it would be a great contribution to an understanding of this whole problem if some explanation for this situation from official sources could be ascertained by this special committee and included in your reports.

Mr. NORMAN. Thank you, Mr. Edelman, for that suggestion.

Do you think that the development of job opportunities should be the sole objective of the war on poverty as it affects the elderly or do you think there are other opportunities that should perhaps be considered?

Mr. HUTTON. Obviously job opportunity is only a part of the program. I think it is a much bigger part of the program than the Office of Economic Opportunity seems to realize from their testimony today, but there are many other aspects of this whole war on poverty affecting the elderly that need to be done.

For instance, the housing program—which is a vital part of the program as we see it—it is extremely important that the appropriations be granted for a rent supplement program which has already passed the Congress. This is going to be a very vital thing for elderly Americans.

Mr. EDELMAN. May I just simply supplement this point. I hesitated there simply because I didn't hear quite clearly what you said. I now realize what you asked me from Mr. Hutton's response.

I think in addition to the fact that a number of older people are going to get employment—actually relatively a small number of people in connection with this Medicare project—I think at least it is important. The great thing is that so many older people, those employed and many not employed, would begin to realize that they are not being discarded as active participants in achieving an improvement in social conditions in America. The fact that they are being recognized somewhat, even though they are not employed, I think, makes a profound difference to the morale, the outlook of many older people. Even though I have devoted all of my life to problems of economic betterment for both young and old, I am convinced the longer I live with this problem of the elderly that there is a problem, a psychological, perhaps a spiritual problem, which is probably equally important and that is the recognition of the usefulness, the dignity and the continuance of full citizenship participation as full citizens by older people. Projects of this kind will have a profound effect on the thinking, the morale, the feelings of many, many older people, even those who do not actively take part in the operation of these programs for some reason or another.

Mr. NORMAN. It will improve their self-image to know that other people their age are being useful even though they themselves don't have the opportunity to serve?

Mr. EDELMAN. Precisely, sir.

Mr. HUTTON. We would also like to support the suggestion made by the chairman of this committee on this question of a Senior Citizens

Service Corps. Many older Americans live in environments without easy access to community health, social, cultural, and commercial facilities such as stores and the services. Without these facilities thousands of them just exist in lonely, isolated homes unable to participate in any meaningful life in the community. We think that here is a great national project to be given strength and sinew if OEO would get really interested in this program.

Mr. NORMAN. I know Senator Smathers, chairman of this committee, will deeply appreciate the kind words you have concerning his proposal. Thank you very much.

Do you see any opportunities for coordination now that we have new housing programs for the elderly? That is, coordinating these housing programs for the elderly, the war on poverty, and our forthcoming rent supplementation project?

Mr. EDELMAN. I am hesitant to answer that question but let me say, Mr. Norman, that in our activities of the National Council we have tried to coordinate in our general activities the support for relevant programs, I mean programs relevant particularly to the needs of the aging in several Government agencies.

Mr. HUTTON. The new rent supplement program as authorized by the Housing and Urban Development Act we believe can become the most important new instrument for expanding on a massive scale the development of specially designed housing for America's senior citizens because rising construction costs and higher land values have made it increasingly difficult for the Federal direct loan and mortgage insurance programs to meet this huge need for low- and moderate-income housing.

The addition of rent supplementation as we see it would provide older people with low income suitable housing within their means; it will bring demand into effective relationship with need; and it will enlarge the choices that older people can make in getting housing.

We very strongly support this program and we hope that the appropriation will not be long denied.

Mr. NORMAN. Then you would say that there is an attempt within the National Council of Senior Citizens to coordinate these activities as far as your own people are concerned. Would you also think that this would be a responsibility and function of the Office of Economic Opportunity to seek to coordinate these programs so they don't each become an uncoordinated mess?

Mr. EDELMAN. Mr. Chairman, I would say that it is not really the Office of Economic Opportunity but of course the new Administration on the Aging which should carry on the kind of educational programs, the kind of informational programs which would really make the older and poorer people in America well aware of the efforts and proposals which the U.S. Congress and the Government agencies are attempting to enact or implement in their support.

I would certainly hope that the Office of Economic Opportunity will find the types of programs which would sort of give sinew and strength to the efforts of the Administration on the Aging and the different Government agencies to bring home the facts with respect to these problems to the aging in America. I can't conceive of a greater contribution that could be made than a really well-designed, skillfully implemented program of information and education to the aging of

this country based upon the kind of experiences which organizations such as ours, and there are others in this field, that are equally well equipped as we are to advise with these Government agencies as to how really to achieve maximum public support for these necessary measures.

Mr. HUTTON. If I may just add one more point to your question. In discussions of the National Council's executive board on December 16 and 17, there was a considerable amount of study of the programs within OEO regarding elderly people today, and the general reaction, if I interpret them correctly, was that they were not terribly anxious that more programs be brought into OEO at this stage because they have not yet performed adequately on the ones that they already had.

Perhaps now that Sargent Shriver has taken full time and direction of that office then we may be able to take more programs under OEO.

Mr. NORMAN. Thank you.

Now, Mr. Oriol has a question.

Mr. ORIOL. Mr. Hutton and Mr. Edelman. Do you find that community action program planners throughout the country generally consult with your clubs on programs that affect the elderly, and do you consider it important that community action programs have representation by the elderly? Do you have any suggestions on what the elderly could contribute to such planning by being present and thinking with others?

Mr. EDELMAN. Mr. Oriol, I am awfully glad you asked the question. Let me tell you at once that generally speaking, for instance, just to illustrate my point, in Texas we have tried to inform the leadership of our many clubs as to how you go about trying to get support for and qualified for the Medicare Alert program.

First of all, the proportion of our people that knew of the existence of the community action program was shockingly minute. They are not in touch with the community action programs; they have not been consulted except in the rarest cases. We are tremendously warmed by the fact that, for instance, in Hudson City this wonderful lady I talked to, Mrs. Lillian Allan, is actively participating in this kind of activity and she has startled, I think, the groups operating the program with the kind of commonsense knowledge she can bring to the development of the program and, in addition to which, the kind of volunteers that they can recruit if needed in these places.

Can we say that the need for the kind of thing you have outlined is very great, it is very urgent, and I think that it could have an important effect.

Mr. NORMAN. One further question.

Mr. EDELMAN. We are happy to stay here all the time; we just don't want to intrude.

Mr. NORMAN. You have been very patient with us, and we appreciate it, in answering our questions so thoroughly.

Earlier in your testimony you expressed dissatisfaction with the quantity of activity of OEO in the field of the elderly. Mr. Shriver indicated that they have tried to stimulate the projects from the communities but, with the exception of Medicare Alert, have not met with much enthusiasm.

Mr. EDELMAN. Mr. Chairman, may I quickly respond to that? This would require a very considerable discussion. I think the real reason is, to be perfectly candid with you, that several of the projects which have been proposed by the OEO on the assumption that the elderly would respond to them enthusiastically and in considerable numbers, has been a gross miscalculation as to what specific interests and understandings are of the elderly groups in this country.

I think, for instance, that the Foster Grandparent Program as much as it is needed and despite its enormous emotional appeal, its fundamental importance in all kinds of ways, has not caught on. We explained in private conversations, sir, to the people at OEO why we thought this would not happen, what we thought were the difficulties of persuading many older people to participate in that program.

Mr. HUTTON. Many elderly can't afford to sit with children for a long time. Some of them can't do it even with their own grandchildren. While some can, many cannot. However, for many months we tried to persuade OEO that Medicare Alert would be fine and they would not listen until December 22, when Mr. Ossofsky of the National Council on Aging finally persuaded them it would be a good program.

Now we might say here that the National Council of Senior Citizens which started its own voluntary program on this thing did immediately send news of this Operation Medicare Alert to more than 2,000 affiliated clubs with our earnest instructions that they contact their local community action programs, find them out wherever they were and tell them to get on the ball on this program, and that might account for some of the immediate and quick reaction.

Mr. NORMAN. Any questions, Mr. Miller?

Mr. MILLER. No.

Mr. NORMAN. Gentlemen, we do appreciate the fine way in which you have testified in answer to our questions. I am sure that those of our Senators who have not been present to hear your testimony will be interested in reading it in the record.

Thank you very much.

Mr. HUTTON. Thank you.

Mr. EDELMAN. Thank you, sir.

Mr. NORMAN. Our next witness is Mrs. Mathiasen.

Mrs. Mathiasen, will you come forward and give your testimony?

STATEMENT OF MRS. GENEVA MATHIASEN, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON THE AGING, ACCOMPANIED BY GARSON MEYER, ROCHESTER, N.Y., PRESIDENT, NATIONAL COUNCIL ON THE AGING

Mrs. MATHIASEN. Mr. Chairman, I found that our president, Mr. Garson Meyer, was able to be present this afternoon. Would it be permissible for him to sit at the table with me?

Mr. NORMAN. We would certainly be delighted for Mr. Meyer to do that. I am sure that we are well aware of the contribution he has made in the field of aging throughout the Nation. He is not only, as I understand it, your president but also the Chairman of the New York State Advisory Committee on Aging. Is that correct?

Mr. MEYER. That is correct.

Mr. NORMAN. We are certainly delighted that you could be with us, Mr. Meyer, to help us in this discussion.

Mr. MEYER. Thank you.

Mrs. MATHIASEN. Thank you.

Mr. Norman, I would like to read a little bit from the beginning of the testimony and a little bit from the end, and then perhaps comment in a few words about some of the points that I have made in the middle.

Mr. NORMAN. Proceed as you wish, Mrs. Mathiasen.

Mrs. MATHIASEN. In the first place, I would like to say that we are most appreciative of the opportunity to bring up to date the testimony presented to this committee on June 16, 1965. I will not repeat the remarks made at that time regarding the overall purpose and program of the National Council on the Aging, a national nonprofit, voluntary agency. I would like to say, however, that there are present in this room a number of persons from widely scattered areas of the United States who have been participating in Washington this week in a National Conference on Manpower Training and the Older Worker, referred to earlier in the testimony, sponsored by the National Council on the Aging in cooperation with the U.S. Department of Health, Education, and Welfare under a project financed by the Office of Manpower Planning, Evaluation and Research of the U.S. Department of Labor.

Since I know that the subject of this conference is of great interest to the members of this committee, I am filing copies of the program with this testimony and will be glad to provide, as Mr. Edelman suggested, the committee with copies of the report at a later date and perhaps with copies of the recommendations of the various work groups that were prepared and reported this morning by Mr. Odell.[33]

Mr. NORMAN. We would certainly appreciate receiving that material, Mrs. Mathiasen.

Mr. ORIOL. If I may break in for a moment, Mr. John C. Bullitt, director of the New Jersey Office of Economic Opportunity, is in Washington today and has asked to submit a statement for the record. He was going to wait but he has to catch a plane. For the record we would like to note that his statement is being introduced into the record.[34]

Mr. NORMAN. Now would you proceed, Mrs. Mathiasen.

Mrs. MATHIASEN. There was one recommendation which I am filing now with this testimony because it did refer specifically to a recommendation of OEO and the employment service developing a cooperative relationship whereby OEO funds might be available to supplement an employment security staff for a community development—decentralize counseling, placement, and training services in community action centers such as now being provided in Detroit, New Haven, and other places with the expectation that eventually employment service budgets can be expanded to provide such service on a continuous basis.

I was asked by the conference to submit this one recommendation in advance of the others.

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[33] See p. 812.

[34] The statement referred to appears on p. 633.

Mr. NORMAN. Thank you. We appreciate that.
(The recommendation referred to follows:)

RECOMMENDATION OF THE NATIONAL COUNCIL ON THE AGING

The workshop on Community Action on Older Worker Training and Employment of the Conference on Manpower Training and the Older Worker, made one recommendation which relates directly to OEO and I have been asked to read it into the record of this testimony. It reads as follows, that:

"OEO and the employment service develop cooperative relationships whereby OEO funds are made available to pay Employment Security staff for community development outreach and decentralized counseling, placement, and training services in Community Action Centers—such as is now being provided in Detroit, New Haven, and other places—with the expectation that eventually employment service budgets can be expanded to provide such services on a continuous basis."

Mrs. MATHIASEN. Then I would like to read the closing remarks that I prepared to set this in a kind of philosophical context in view of some of the comments that have been made recently in relation to the advisability of using OEO funds for older people.

Therefore, I would like to say a few words regarding the justification of OEO programs to relieve the poverty of older people. We are well aware of the needs of children and youth. But we believe a government must show concern for the needs of all its people, and that older people who are spending the closing years of their lives in poverty deserve their fair share of the funds allotted to the elimination of poverty in our country in relation to (1) their percentage in the population of the poor, (2) the urgency of their need, and (3) their contribution over the years.

We would point out further that the time in which they can be helped is short. Their future is now.

There are those who say that older people if given a choice would prefer that when funds are limited they be spent for the young. They have been accustomed to sacrifice for the future of their children and grandchildren and will continue to do so by preference and without complaint.

This may well be true. But if it is, there is great question, we believe, as to whether this sacrifice should be permitted and even whether a future purchased for the young through deprivation of the old is a sound basis for preparation for life in the Great Society.

Now with that basic philosophical introduction, I would like to go back to the practical question of the work of the National Council on Aging in relation to the OEO program. As I reported last June, the council received a contract that was numbered No. 79, as we learned yesterday when we were talking about renewing, which meant it was one of the early contracts, in which the council agreed to do the following:

1. Prepare a series of five descriptive models of programs to serve the aging poor, through community action programs.

2. After these models were accepted as suitable and fundable they were to have been widely distributed by CAP to local community action agencies. On the basis of expressed interest and likelihood of success, five communities were to be chosen by CAP and NCOA to carry out short-term pilot demonstrations with the assistance of NCOA staff, after which they were to be evaluated for possible reapplication on a nationwide basis.

These five models were prepared, and I will just mention them briefly.

Operation SWAP,[35] which was a senior worker action program, to provide for recruitment and placement of men and women 60 years of age or older largely in part-time employment within their own neighborhood. I would just like to comment briefly on this program in relation to some of the other comments earlier today. We know full well that not all people over 65 are able to nor want work. We do believe that there are many jobs which they can do and these have been referred to in the model.

I would also like to point out that these models were not gathered out of the air, they were based on some sound programs that we knew were going on around the country that had met with success. There are many communities in which part-time programs for older people, not necessarily over 65 but older people, who are without jobs, that can be done on a part-time basis. We don't believe this is a total solution of the problem but we think it is an important solution for those to whom it is applicable.

The second was TLC, tender loving care,[36] which was another employment program in many ways and an extension of the grandparents program where older people would serve children in a greater variety of settings and under different situations.

Operation Loaves and Fishes,[37] which was designed to improve the nutrition and lower the food costs, is an example of that second kind of program, also which has been referred to, it seems to me, not clearly enough, in some of the testimony today. The fact is that there are two ways of improving the condition of the elderly poor, as we pointed out in our first statement. One is by increasing their incomes through employment or other means and the other is through programs which help to make their small incomes go further. It is in both of these areas that these models have been devised.

The Operation Loaves and Fishes is a good example of that kind which would provide for a low-cost feeding program, and stemming out of that, the possibility of people coming to the center where the food was provided and to take it home. In addition to that, to provide a meals-on-wheels program for those people who were homebound. In addition to this, the proposal for the use of giving assistance to people that are eligible for surplus foods, provide educational programs in nutrition, marketing, meal planning, food preparation, et cetera.

Then Operation Medicare Alert.[38] There is no need to elaborate on that, it has been discussed fully here today. I would only like to point out that this was one of the models that was prepared under this contract and I will refer to it a little bit later on in relation to its significance.

The fifth one was Operation Find,[39] which is really an extension of Medicare Alert, through which isolated people in cities or rural areas with other needs could be helped to take advantage of existing programs in health, welfare, recreation, and community life, and which we believe is a logical followup to the Medicare Alert. I mention that in relation also to the suggestion that was made that this type of thing might be followed up.

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[35] Text on pp. 321–329, pt. 1, op. cit.
[36] Text on pp. 310–320, pt. 1, op. cit.
[37] Text on pp. 329–344, pt. 1, op. cit.
[38] Text on p. 823.
[39] Text on p. 832.

Mr. NORMAN. Mrs. Mathiasen, may I ask if you think this is the kind of thing that they might use this Medicare Alert organization for after the need for Medicare Alert is over?

Mrs. MATHIASEN. Exactly.

Now these model programs all were designed for maximum participation of the elderly poor to increase their small incomes, make their resources go further, and maximize their continued service in relation to the larger community. During the period when these first models were being prepared, there were certain personnel and policy changes within CAP. The models were not distributed by CAP as was originally planned and the demonstration features of the model programs were omitted. Instead, the Council, NCOA, was requested to modify its activities to reproduce and distribute the models through its own resources rather than through those of OEO and to help in the development of interests and services for older people by community action agencies and to assist community action agencies in the development of fundable programs.

I think I am accurate in this statement, but in view of earlier testimony I want to check this again with Mr. Ossofsky. I believe that all of the models with the exception of Medicare Alert were distributed by the National Council on the Aging, not by OEO, and I think this is one of the important differences. I will refer to some others later in the effectiveness of these models in local communities.

Now we are not too modest about how effective we think our relationship with the community programs and agencies are, but there is no doubt that if you want to get a program funded through a local community action program it is much more effective if the model comes from the official agency than if it comes from another agency which is working under a contract.

Mr. NORMAN. If it comes from the Government agency that has the funds for it?

Mrs. MATHIASEN. Right. I think this was an important difference.

Mr. MEYER. And also indicating by that, that funds are available. I think this is an important factor where the Medicare Alert differs from the others. I am sure Mrs. Mathiasen will point out some other differences as well.

One important one was that the community has an indication that funds were available, and readily available, for funding this program.

Mrs. MATHIASEN. I do want to refer to this a little bit later but I would like to say that in accordance with this new assignment NCOA distributed over 6,000 of the models all over the country to all local community action agencies and to regional OEO offices, State commissions on aging, 750 senior centers, health and welfare councils, 150 national voluntary agencies, and so on. We also made direct contact with many of these agencies and community planning groups to stimulate interest and develop planning for the continuing needs of the elderly through the community action agency.

Consultation was conducted with State and local CAP staff. The NCOA project staff also served as consultants to the Washington OEO staff and in some cases to the regional staff. They participated in conferences and meetings at national, regional, State and local levels to stimulate services to the aged through the community action agency.

They also served as consultants to the OEO task force participating in most of the meetings and so on. We do not know the total results

of this kind of activity although we are now preparing a statistical report related to our files for an annual report of our activity to OEO and we will also be glad to submit that if you have an interest in it.

Mr. NORMAN. Yes, we would like to receive this, Mrs. Mathiasen.

By the way, while I have interrupted you here, Mr. Oriol has a question on which he would appreciate your views.

Mr. ORIOL. Mrs. Mathiasen, you have discussed difficulties in distributing your models and in Mr. Odell's statement [40] he has commented that the task force report didn't get the distribution he had hoped it would receive through the OEO.

In looking for ways to reach community action planners to get their attention, while they are under so many other pressures, I would appreciate any comments or suggestions that you might be able to give us now or later. I would also like to bring to your attention an almost complete transcript, entitled "Community Action Programs and the Older Poor," [41] which is a report on the State of New Jersey sponsored by the New Jersey OEO with the active cooperation of many persons. Dr. McCan from OEO was there; the NCOA models were referred to throughout the meeting; and of course this conference followed a hearing by this committee in New Jersey by about 2 months.

Mrs. MATHIASEN. Yes.

Mr. ORIOL. Do you think this or some type of regional get-together for community action planners might accelerate progress?

Mrs. MATHIASEN. I think this makes a big difference. We were talking to Mr. Houstoun [42] just this week about the effectiveness of this program in New Jersey and he believes that it was a very effective means of alerting communities and that a good deal of action is being generated as a result of it.

Mr. ORIOL. Do you think the OEO should actively encourage such conferences on statewide or other bases?

Mrs. MATHIASEN. I think on statewide or regional. I happen to be a great believer in conferences and people getting together and sharing ideas and receiving stimulation. As a matter of fact, I think this was also an important thing in relation to Medicare at the launching of Medicare Alert. All the regional directors, I believe, were in Washington at the same time and got the word about Medicare Alert.

I know there was also a meeting of a number of national agencies that were called to Washington and they received information about it. There was a lot of concentrated effort of this kind.

Mr. MEYER. They were called into the region and Medicare Alert described to them and they were urged to go back to their community.

Another indication of the importance of promotion, we all recognize the importance of promotion of any kind of scheme of this sort. Medicare Alert had this promotion, the other models did not have it. I think it is as simple as that.

Mr. ORIOL. So they are given facts in person.

Mr. MEYER. In person and then urged to go back to the community to put it into effect. This happened around the country.

Mr. ORIOL. Thank you very much.

Mrs. MATHIASEN. If I may go back now and just pick up very briefly on the one other point. You were asking about how effective

[40] See p. 629.
[41] See excerpts, p. 848.
[42] L. O. Houstoun, Associate Director, New Jersey OEO.

this whole operation was, and I have to say that as of this moment we really do not know the total results of this activity. Two staff members, which were provided for in our contract, no matter how able and energetic and I think you know Mr. Ossofsky and Miss Newman are both——

Mr. NORMAN. We will certainly agree that they exhibit those qualities.

Mrs. MATHIASEN. They cannot cover the entire country. Our most recent contacts have reviewed a number of programs and a number have been submitted for approval by CAP and some have been funded. It has been reported to us that a number of applications have been sent in that have not been funded and that the people feel have not received as much attention or as quick attention as they would have hoped.

There is some feeling of discouragement about this. There are always a number of possibilities of the reason for this and I am merely reporting what has come to us from local communities that have been somewhat disappointed in the response to their applications.

I do list here some of the communities that have been in contact that are working on this, but I will just leave that for the record.

We put these in to show the variety of communities and the wide geographic distribution.

Twelve communities which indicated interest in the Foster Grandparents Program were referred to the Administration on Aging for the followup by that agency that has charge of it.

Now NCOA has tried to interpret the meaning of this response, particularly as it approaches the discussion of its activities for the second year under an extension of its contract.

It is true that there was no great popular uprising in response to the announcement of the Foster Grandparent Program or the distribution of the NCOA models. And there may have been some surface justification for the statement of Mr. Bookbinder who said in an address to a conference [43] of national voluntary agencies sponsored by NCOA, "the monkey is on your back," as he contrasted the number of requests for funding of Operation Head Start with those of Foster Grandparents.

However, NCOA has stubbornly resisted the notion that there is a lack of community interest in CAP programs for the elderly poor. The experience of our staff in communities has indicated that quite the reverse is true. The experience thus far does indicate, however, that—

1. Considerable effort is needed at the local level to stimulate awareness and understanding of OEO's potential role on behalf of the elderly.

2. There is reluctance to start new programs when there is uncertainty about continued funding of those already started.

3. Programs in general for older people are relatively new and CAP staff members are often not familiar with them and have no experience in judging the appropriateness and fundability of proposals.

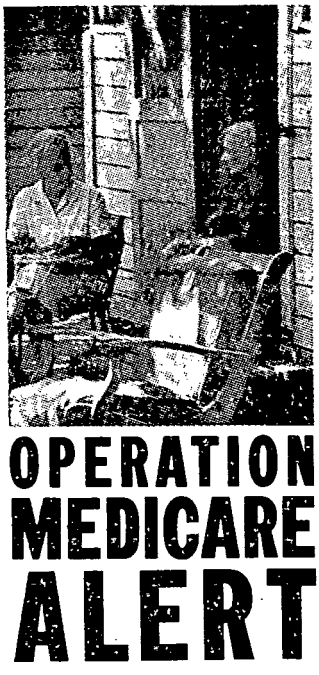
4. Community groups often need considerable help in preparing fundable proposals.

[43] News release on this speech on p. 809, Exhibit A.

5. Full sanction and well publicized encouragement of OEO at the national level are essential for development of a comprehensive program on behalf of the elderly poor at the community level.

We believe this has been amply demonstrated in the recent response to Operation Medicare Alert. This program was given high priority by the task force. NCOA took the initiative in securing the approval and involvement of the Social Security Administration in such a program, and developed a detailed model in consultation with the staff of both OEO and the Social Security Administration. An attractive booklet was prepared by OEO staff and application procedures greatly simplified.

COVER FORMAT OF OEO MEDICARE ALERT BOOKLET



There are two other elements I think that we would like to call attention to. I think that OEO should be greatly congratulated on the format of the Medicare Alert program. The response was immediate, dramatic, and beyond all expectation. Our staff of the National Council on the Aging was not so surprised, but they were overjoyed by the response. We believe that Medicare Alert may well represent a major breakthrough in OEO community action programs on behalf of older people. We believe it has taken the monkey off the backs of local community agencies and has opened the way to future programs based on needs uncovered in the course of this program.

Thank you.

Mr. NORMAN. Thank you very much, Mrs. Mathiasen. That was certainly a fine presentation of the NCOA's fund of knowledge on this subject.

I would like to ask you if you can give us some idea of how many requests from community action planners you have received for information on the model programs you have developed for the elderly under your contract from the OEO? Have any of them contacted you directly on that?

Mrs. MATHIASEN. We have had a good many contacts. What I said in the body of my statement was that we are now going through our files preparing a report for OEO on that. I can only say that I think that we have had direct contact with about 50 communities either in person or through correspondence. How many additional inquiries and how much correspondence, as I say, I am not in a position to give you detailed information but as soon as this report is complete I will be glad to send that to you for your files.

Mr. NORMAN. Thank you.

Mr. Miller, are there any questions?

Mr. MILLER. I have no questions.

Mr. NORMAN. Thank you very much for your fine contribution to this hearing.

Mrs. MATHIASEN. Thank you.

(The statement follows. Testimony resumes on p. 579.)

STATEMENT OF GENEVA MATHIASEN, EXECUTIVE DIRECTOR, THE NATIONAL COUNCIL ON THE AGING

Mr. Chairman, members of the committee, the National Council on the Aging is most appreciative of the opportunity to bring up to date the testimony presented to this committee on June 16, 1965. I will not repeat the remarks made at that time regarding the overall purpose and program of the National Council on the Aging, a national nonprofit, voluntary agency. I would like to say, however, that there are present in this room a number of persons from widely scattered areas of the United States who have been participating in Washington this week in a National Conference on Manpower Training and the Older Worker sponsored by the National Council on the Aging in cooperation with the U.S. Department of Health, Education, and Welfare under a project financed by the Office of Manpower Planning, Evaluation and Research of the U.S. Department of Labor. Since I know that the subject of this conference is of great interest to the members of this committee, I am filing copies of the program with this testimony and will be glad to provide the committee with copies of the report at a later date.

Neither will I reemphasize the economic needs of older people or the number of those who must be designated as the elderly poor. These facts have been fully documented and are well known to this committee.

I will remind you, however, that as of last June I reported that the NCOA had been given a modest contract providing for two professional staff members who were to do the following:

1. Prepare a series of five descriptive models of programs to serve the aging poor, through community action programs.

2. After these "models" were accepted as suitable and fundable they were to have been widely distributed by CAP to local community action agencies. On the basis of expressed interest and likelihood of success, five communities were to be chosen by CAP and NCOA to carry out short-term pilot demonstrations with the assistance of NCOA staff, after which they were to be evaluated for possible replication on a nationwide scale.

These five models were prepared as follows:

1. *Operation SWAP*—senior worker action program—to provide for recruitment and placement of men and women 60 years of age and over largely in part-

time jobs within their own neighborhoods serving households as repairmen and the business community through a number of occupations identified as being suited to the skills and strengths of older people.

2. *Operation TLC*—tender loving care—another employment program to serve children in a variety of settings. In many ways this was an extension of the Foster Grandparents Program.

3. *Operation Loaves and Fishes*—designed to improve the nutrition and lower the food costs of the elderly poor through providing a mid-day meal at modest cost at a central location where elderly could eat together, having the food available to carry home if desired and providing a home-delivered meals program to the homebound. In addition, the program would give assistance to those eligible for surplus foods, provide educational programs in nutrition, marketing, meal planning, food preparation, etc.

4. *Operation Medicare Alert*—through which older people were to assist in finding other older people who did not have access to normal communications media, thus not knowing about Medicare or who were unaware of their eligibility or who did not understand the program or how to go about applying for it.

5. *Operation Find*—an extension of Medicare Alert through which isolated elderly people in cities or in rural areas with other needs could be helped to take advantage of existing programs in health, welfare, recreation, and community life.

All of these model programs were designed for maximum participation of the elderly poor to increase their small incomes or to make their resources go further, and to maximize their continued service and relation to the larger community. Each model was so designed as to provide maximum opportunity for employment within the program itself.

During the period when the first models were being prepared, certain personnel and policy changes took place within CAP. The models were not distributed by CAP as planned and the demonstration features of the model programs omitted.

Instead NCOA was requested to modify its activities, to reproduce and distribute the models through its own resources, to help in the development of interest in services for the older poor by community action agencies, to assist community action agencies in development of fundable programs.

In accordance with this new assignment, NCOA distributed over 6,000 copies of the models to the following:

1. All community action agencies.
2. All State technical assistance agencies.
3. Regional OEO Offices.
4. State commissions on aging.
5. 750 senior centers.
6. 4,500 health and welfare councils.
7. 150 national voluntary organizations (including service groups, churches, labor, etc.)
8. Regional representatives of aging administration.
9. Individual requests.

The NCOA also made direct contact with many of these agencies and community groups to stimulate interest and develop planning for the continuing needs of the elderly poor through the CAA. Consultation was conducted with State and local CAP staff; public and voluntary agencies, with field visits, phone and correspondence. NCOA staff also served as consultants to and for the Washington OEO staff. NCOA project staff participated in conferences and meetings on national, regional, State and local levels to stimulate services to aged through CAA's. Assistance was rendered in modifying the models to make them applicable to local needs and other program ideas were developed.

The project staff served as consultants to the OEO task force, participating in most of the meetings, and in the preparation of its report.

We do not know the total results of this kind of activity. Two staff members, no matter how able and energetic (and Mr. Ossofsky and Miss Newman are both), cannot cover an entire country. Our most recent contacts indicate that many communities have reviewed the programs, a number have been submitted for approval by CAP, and some have been funded. Our files are now being studied for results of a report of the first year's activities by NCOA. The following list of cities is representative of the various kinds of communities and their broad geographical distribution where we have been told through personal

contact that the models are being implemented or are in the planning stage: Albany, N.Y., Baton Rouge, La., Cambridge, Mass., Camden, Ark, Chattanooga, Tenn., Cincinnati, Ohio, Dardanelle, Ark., Dayton, Ohio, Detroit, Mich., Durham, N.H., Fayetteville, Tenn., Huntington, W. Va., Kansas City, Mo., Largo, Fla., Louisville, Ky., Manchester, N.H., Marietta, Okla., Miami, Fla., Minneapolis, Minn., Moscow, Idaho, Nashville, Tenn., New Haven, Conn., New York, N.Y., Newark, N.J., Phillipsburg, N.J., Picker, Okla., San Bernardino, Calif., Sanford, Maine, Shawnee, Okla., South Bend, Ind., Trenton, N.J., Tucson, Ariz., Waterbury, Conn., Wichita, Kans., and Woodsville, N.H.

Consultations have also been provided to State and regional organizations in Hawaii, Kentucky, North Carolina, Ohio, New Jersey, Pennsylvania and New York.

Twelve communities which indicated interest in the Foster Grandparent Program were referred to the Administration on Aging for followup by that agency.

NCOA has tried to interpret the meaning of this response, particularly as it approaches the discussion of its activities for the second year under an extension of its contract.

It is true that there was no great popular uprising in response to the announcement of the Foster Grandparent Program or the distribution of the NCOA models. And there may have been some surface justification for the statement of Mr. Bookbinder who said in an address to a conference of National Voluntary Agencies sponsored by NCOA, "The monkey is on your back," as he contrasted the number of requests for funding of Operation Head Start with those of Foster Grandparents.

However, NCOA has stubbornly resisted the notion that there is a lack of community interest in CAP programs for the elderly poor. The experience of our staff in communities has indicated that quite the reverse is true. The experience thus far does indicate however that—

1. Considerable effort is needed at the local level to stimulate awareness and understanding of OEO's potential role on behalf of the elderly.
2. There is reluctance to start new programs when there is uncertainty about continued funding of those already started.
3. Programs in general for older people are relatively new and CAP staff members are often not familiar with them and have no experience in judging the appropriateness and fundability of proposals.
4. Community groups often need considerable help in preparing fundable proposals.
5. Full sanction and well publicized encouragement of OEO at the national level are essential for development of a comprehensive program on behalf of the elderly poor at the community level.

We believe this has been amply demonstrated in the recent response to Operation Medicare Alert. This program was given high priority by the task force, NCOA took the initiative in securing the approval and involvement of the Social Security Administration in such a program, and developed a detailed model in consultation with the staff of both OEO and the Social Security Administration. An attractive booklet was prepared by OEO staff, and application procedures greatly simplified.

The response was immediate, dramatic, and beyond all expectation. Mr. Shriver's testimony has given you the specific details. NCOA staff handled, on behalf of OEO, three of the seven regional meetings which launched the program and participated in two others, and they were (if I may use an informal but accurate term), "overjoyed" to have their convictions about the latent concern for such programs at the grassroots level confirmed by the quick and enthusiastic response in these meetings. It is my understanding that some 500 requests for this program have been received.

We believe Medicare Alert may well represent a major breakthrough in OEO community action programs on behalf of older people. We believe it has taken the monkey off the backs of the local community agencies and has opened the way to future programs based on needs uncovered in the course of this program.

In closing these remarks, I would like to say a few words regarding justification of OEO programs to relieve the poverty of older people. We are well aware of the needs of children and youth. But we believe a government must show concern for the needs of all its people, and that older people who are spending the closing years of their lives in poverty deserve their fair share of the funds allotted to the elimination of poverty in our country in relation to: (1) their

percentage in the population of the poor; (2) the urgency of their need; and (3) their contribution over the years.

We would point out further that the time in which they can be helped is short. Their future is now.

There are those who say that older people if given a choice would prefer that when funds are limited they be spent for the young. They have been accustomed to sacrifice for the future of their children and grandchildren and will continue to do so by preference and without complaint.

This may well be true. But if it is, there is great question, we believe, as to whether this sacrifice should be permitted and even whether a future purchased for the young through deprivation of the old is a sound basis for preparation for life in the Great Society.

(Whereupon, at 5 p.m. the committee was recessed, to be reconvened at 10 a.m. Thursday, January 20, 1965.)

WAR ON POVERTY AS IT AFFECTS OLDER AMERICANS

THURSDAY, JANUARY 20, 1966

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

The Special Committee met at 10 a.m., pursuant to recess, in room 4200, New Senate Office Building, Senator Harrison A. Williams, Jr., presiding.

Present, Senators Williams and Edward M. Kennedy.

Committee staff members present: J. William Norman, Staff Director, William E. Oriol, Professional Staff Member; John Guy Miller, Minority Professional Staff Director; and Patricia Slinkard, Chief Clerk.

Senator WILLIAMS. We are honored to have Mr. William Bechill, Commissioner of Administration on Aging, with us this morning.

Commissioner, we welcome you before this committee.

You have with you Mr. Ted Ellsworth.

STATEMENT OF HON. WILLIAM D. BECHILL, COMMISSIONER, U.S. ADMINISTRATION ON AGING; ACCOMPANIED BY TED ELLSWORTH, LEGISLATIVE ASSISTANT[1]

Mr. BECHILL. Senator Williams, we are happy to be here.

I am accompanied by Mr. Ted Ellsworth, my assistant for legislation.

Dr. Bernard Nash, the Director of the Foster Grandparents Program, is on military leave and unable to be here.

Senator WILLIAMS. What does that mean, "military leave"? He is on a Reserve program?

Mr. BECHILL. Yes; Naval Reserve.

Senator WILLIAMS. We invite your statement.

Mr. BECHILL. Mr. Chairman and members of the committee, my name is William Bechill. I am Commissioner on Aging for the Administration on Aging of the Department of Health, Education, and Welfare.

I appreciate this opportunity to present the interest and concern of the Administration on Aging regarding the importance of a continued and strong national effort to reduce and ultimately eliminate conditions of poverty among older Americans.

The Administration on Aging is charged with the implementation of one of the most significant laws ever enacted by the Congress in behalf of older people, the Older Americans Act of 1965. The act established the Administration on Aging as a separate operating agency of the

[1] Additional statement from Mr. Ellsworth, p. 647.

Department to give greater emphasis to the Department's many vital programs on behalf of our older people.

Our major functions include providing a focal point within the Federal Government on all activities in aging, assisting the Secretary in all matters regarding the problems of the aging, administering a program of grants to the States and local communities to develop opportunities and services for their older population, administering related grants for demonstration and training, and providing consultation to States and local communities with respect to their programs and services for older people.

I am pleased to report briefly that we have been making major progress on translating the provisions of the Older Americans Act into action. The organization of the Administration on Aging is nearly complete. Forty-six States and territories have designated agencies to carry out the programs authorized under the act.

As of today, 19 States have submitted State plans which have received the approval of the Secretary and are underway. Most of the other jurisdictions are working on their plans, and we expect to receive them for approval during the next 6 months. We have begun to transfer funds to the States and these will soon be helping to support a wide range of community services.

The first objective of title I, Declaration of Objectives of the Older Americans Act, is "the achievement of adequate income in retirement in accordance with the American standard of living."

It has been estimated that one-third of America's older people are living in poverty with incomes below $2,000 for a couple and below $1,500 for nonmarried persons, and that another 10 percent would be counted among the poverty group if they were not sharing the home of relatives.

Thus, it is clear that we have a long way to go before the first objective of the law is achieved.

As the committee has requested, I would like in the next few minutes to discuss the poverty of many older Americans in relation to the activities of the Office of Economic Opportunity and the Administration on Aging.

Principally, I want to describe our experience with the Foster Grandparent Program started last August as a key part of the program announced by the President to provide employment opportunities to several thousand impoverished older Americans—and also Operation Medicare Alert.

I would then like to discuss some of the potentials for future cooperation between the Office of Economic Opportunity and the Administration on Aging, as well as the merits of proposed legislation to establish a National Senior Service Corps, which I understand the committee has under consideration.

The Foster Grandparent Program

As you know, a contract between the Office of Economic Opportunity and our Administration was negotiated in August 1965 for organization of 30 to 35 Foster Grandparent Projects to provide care and attention to young children in institutions. The first phase of

this program, involving 22 projects encompassing 19 States and 52 facilities, was part of the program announced by the President last August.

The Office of Economic Opportunity allocated $2.7 million as the first phase of a $10 million program. In December 1965, a new agreement was signed by the two agencies extending the program to include institutions serving children through 16 years of age, including mentally retarded and emotionally disturbed youngsters.

I wish to report 15 of the 22 projects originally funded are in full operation. The staff is currently working with 13 other communities which want to develop projects. Another 100 informal inquiries have been received. There is a particular interest on the part of some States which wish to organize Foster Grandparent Programs in their facilities for the mentally retarded and mentally ill.

The response to this program and the experience in the projects to date are significant. They have demonstrated the great capacity and warmth of older people in giving counseling and support to a great variety of young children in institutions.

The foster grandparents, as older individuals, have demonstrated the value of their services many times over, according to the individual progress reports that we are receiving throughout the country.

For example, I would like to cite from a letter from the director of a Denver project to our office:

> A bright 2-year-old was admitted with the diagnosis of battered child syndrome. He had a skull fracture and massive skin lesions which were treated like burns. Before he was assigned to us, he had been spoiled by the nurses and reached out to everyone for affection. Our foster grandparent was with him all morning as he had so many needs; he had no visitors for he had to have painful treatments for his skin lesions, and had to have someone hold his hand when he walked for fear that a fall might injure his head again. After a few days with a morning foster grandparent the doctors asked for one for the afternoon hours also. The foster grandparents were with him for almost a month until his discharge. He seemed to get what he needed from the foster grandparents and to be satisfied with the extra care from them so that he seemed to stabilize his affection instead of seeking it from everyone who passed by. He did very well physically and the doctors expressed their appreciation for what the foster grandparents had added to his care.

On the basis of our present experience and evaluations of the program now underway, I believe that the concept of using the skills of older people in this capacity has been conclusively demonstrated. I believe that future expansions of this program could very well be extended to any community setting. There are children in every community who need what a foster grandparent has to give. There are older people in every community who need both income and sense of worth which this program provides.[44]

In short, I believe that the Foster Grandparent Program has virtually the same promise as Operation Head Start, one of the most imaginative programs launched under Mr. Shriver's leadership.

Operation Medicare Alert

One of the most recent examples of existing cooperation is Operation Medicare Alert launched on December 28 as a joint effort by the

[44] Reports on Foster Grandparent projects appear on pp. 751–790.

Office of Economic Opportunity and the Social Security Administration with the support and assistance of leading national voluntary and senior citizens organizations.

From the reports reaching our office, Operation Medicare Alert has had a tremendous national response. I think the reason is that it involves older people in the implementation of a program of major importance to every older person in this country.

The involvement of large numbers of persons over 65 years of age in the Foster Grandparent Program and in Medicare Alert should be used as the base of encouraging similar programs to employ low-income older people in needed community services as well as to provide badly needed financial support.

Areas of cooperation: AOA and OEO

It is in areas such as these that the Office of Economic Opportunity and the Administration on Aging should and can work together cooperatively. Information gained through these programs can be used to guide us in developing programs in the future.

Another area in which cooperation can be beneficial is that of planning community projects together. The OEO has many resources to work with in many communities. The AOA has close contact and relationships with the State and local commissions and committees on aging as well as with the thousands of voluntary senior citizens' organizations that exist throughout the country. Merging the resources and knowledge available to both agencies will result in improved programs and services.

Let me give you an example with which I am familiar. The recent riots in the Watts area in southeast Los Angeles have focused national attention on this area. Little has been said explicitly about the plight of the elderly, however. Their problems are accentuated by their physical inability to cope with the day-to-day problems that exist.

Many need health services but must travel many miles on crowded buses to secure them. Consequently, many do not get the consultation, treatment and medication that might keep them ambulatory.

Many who need employment cannot accept it because the only employment available to them is across town in a busy and spread-out metropolitan area.

Whatever recreation and educational programs are available in the community are not used by many because of the lack of presentable clothing and lack of the confidence needed to participate.

In such a poverty area, the older person tends to withdraw more and more and thus become a greater problem for the community.

At the present time, programs that would alleviate these conditions are under consideration by both OEO and the Administration on Aging.

The OEO has approved a small sum for a planning project for a comprehensive senior citizen service center. It is anticipated that the center would include counseling and referral services, employment, health, legal, nutritional, and other services, as well as recreational and educational activities.

The planning for such a project should not be done in a vacuum and without consultation with organizations already active in the

community. It should include planning for the participation of the hard-to-reach elderly, the shut-ins, and those who may become shut-ins unless they can be motivated to participate. These groups are particularly predominant in a poverty area. Little is known of their location or their needs because they are so completely withdrawn from the mainstream of community activity.

It is in planning to meet situations such as those in the Watts area that cooperation between AOA and OEO can prove of great benefit to the community. This cooperation is shaping up in the planning for this project. The organizations that now furnish many of these services will be involved in the planning. Governmental and voluntary agencies that now furnish such services will be involved as will be the Los Angeles County Committee on Aging and the Los Angeles Area Welfare Planning Council—the two agencies sponsoring the project.

A National Service Corps

The public appeal of these programs, and similar programs, is evidence that older people do have skills and competence and are willing to use them in public service.

A reservoir of experience, wisdom, and skills is represented in the older population. In 1960, there were 4.6 million persons 60 years of age and over in the labor force. Many of those people are now retired or about to retire. Among them were: 126,000 public school teachers; 35,000 lawyers; 3,000 dietitians and nutritionists; 18,000 college faculty members; 12,000 social, welfare, and recreation workers; 11,000 librarians; 32,000 physicians and surgeons; and 43,000 professional nurses.

On the other hand, we see all about us in every community needs that are not being met. The President himself has pointed out many ways in which extra public services could improve the quality of living of all our people. Some of these services will be performed by persons engaged in specific occupations in the regular labor force. Others could well be provided by the part-time employment of retired people.

A nation as rich and efficient as ours ought to be able to fit together the need of older people for income and satisfaction and the need of the community for the contributions older people can make.

I understand that one or more members of the committee may introduce legislation to establish a National Senior Service Corps. I support this concept. I would hope that such a corps would be nationwide in scope with national support and visibility. The services to be rendered would be organized by the local community and performed by the retired people who live there. In this way, the Nation's financial resources and its recognition of the acute need for such a program could be linked into the State and community services for older people now being expanded and developed throughout the country under the Older Americans Act and other programs.

There are many areas in which services are needed and for which retired people can be trained to serve.

Libraries need help in almost every department, from binding books to storytelling. Experience in some place shows that competent aids

can be used in the public schools. Home helpers are needed by housebound elderly and mothers with special household burdens.

In almost every community, there are older people who need handymen to make small repairs, friendly visitors, grocery shoppers, telephone checkups, and a host of other such services that will help them to live independently in their own homes.

Able-bodied retirees could be hired to beautify streets and parks, and to promote and help in city cleanup and paintup campaigns. There is a compelling need to set up neighborhood bureaus where older people can obtain information and answers to their many questions.

Anyone who walks through the wards of mental hospitals or nursing homes can see the crying need for persons to provide extra care and attention which cannot be given by a busy staff.

The services such as I have described are inherent in the overall objectives of the Older Americans Act. They are the long-range ultimate goals of its programs.

A National Service Corps, implemented on the local level, would both provide services needed by the community and put much needed money into the pockets of older people.

Conclusion

Mr. Chairman, we are all here today because we recognize and feel keenly the impact of poverty on older people.

One-third of our older Americans live either in the homes of their children or in rented quarters. Many of them are one-room walkups, rundown hotels, old-lodging houses, or isolated farm homes. Rent for such accommodations often takes one-third or more of their total income.

Food expenditures for couples at the poverty level is about 23 cents a meal or 70 cents per person per day. Every meal—year in and year out—must usually be eaten at home.

Under even a somewhat more liberal budget, one suit is budgeted for a man every 3 years, one pair of shoes a year, and a new necktie every 2 years. Women, on the basis of this budget, may have a suit every 3 years, a skirt every 5 years.

The elderly on the poverty level, with plenty of time to read, can buy one newspaper a day and one magazine subscription per year. They can afford only two bus fares per person per week. They can purchase one TV or radio set during the entire retirement period and spend not more than $1.22 a year for repairs. One-fourth of the elderly poor are without telephones.

These are some of the personal dimensions of poverty among older people. The enactment of Medicare and the other important features of the Social Security Amendments of 1965 represent additional weapons to protect the financial and personal independence of retired people. For, if the war on poverty is really to be won, we must use every means available, including our basic programs of income maintenance, housing, and health services. Along with these, I believe the specific measures I have discussed can be effective as part of the attack.

Thank you.

Senator WILLIAMS. Thank you very much, Mr. Bechill. It is a very moving statement, indeed.

Did you have a statement, Mr. Ellsworth?

Mr. ELLSWORTH. No, sir.

Mr. BECHILL. Senator Williams, we would like to introduce, with your permission, these pictures of the foster grandparent program in action.

Senator WILLIAMS. Yes. I would like to see those.

(Three of the photographs submitted at that time are reproduced here:)

FOSTER GRANDPARENTS AT WORK

METROPOLITAN CHILDREN'S HOMES, NASHVILLE, TENN.

HUBBARD HOSPITAL, NASHVILLE, TENN.

CLOVER BOTTOM HOSPITAL & HOME, NASHVILLE, TENN.

Senator WILLIAMS. When did the agency begin operations?

Mr. BECHILL. The Administration on Aging was organized in October 1965, last year.

Senator WILLIAMS. And already you are under contract with the OEO and have undertaken the administration of this Foster Grandparent Program?

Mr. BECHILL. Yes, sir. We do it under a contract with their Office. This contract has been extended. The original contract was in August and the contract was extended in December.

Senator WILLIAMS. And you have recruited more than 1,000 elderly people to be part of the Foster Grandparent Program?

Mr. BECHILL. Yes; that is approximately correct.

Senator WILLIAMS. In 21 institutions, as I recall the testimony yesterday.

Mr. BECHILL. Yes. As a result of the extension of the contract and the applications that are now before us, we will start to fund at least 13 additional programs some time next month.

Senator WILLIAMS. This concept of older people coming into situations where youngsters need care, I would think, could be expanded beyond the institutional gathering to communities and to homes, too, could it not?

Mr. BECHILL. Yes, Senator. I made this point in our statement. I think that the program within the institutions could be taken outside into any community setting where you could establish a similar

program and where you could establish similar cooperative relationships with community programs. There is a great interest in the program in many communities for this type of program.

Senator WILLIAMS. Senator Kennedy.

Senator KENNEDY. Mr. Bechill, I want to extend my warm welcome to you and say how personally interested I am in the job that you are doing.

I would like to, if I could, just ask you a few questions and gain some of your impressions because I think that you bring a unique background and experience to the responsibility that you are exercising at the current time.

In your testimony, and I direct your attention to the bottom part of page 2, you talk about—

> The first objective of title I, Declaration of Objectives of the Older Americans Act, is "the achievement of adequate income in retirement in accordance with the American standard of living."

Then in the following paragraph you give a very brief synopsis of what the current conditions are.

Then on the top of page 3, you say:

> Thus, it is clear that we have a long way to go before the first objective of the Older Americans Act is achieved.

Then you move on into the other programs.

I am just wondering if you would feel free to comment and express your own personal opinion as to how the objective of title I of the act can best be achieved, whether you feel that there are adequate financial resources currently under your program to fulfill the act's objectives or whether you have some suggestions that you can give the members of this committee.

Mr. BECHILL. Yes.

Well, Senator Kennedy, I very much appreciate your comments about my appointment. I think the first objective of the Older Americans Act is the most paramount objective and I think that our testimony today has been largely directed at one of the basic approaches that can be taken to achieve this objective; namely, the creation of additional employment opportunities for the people. I think that this is one approach.

Other approaches would have to include the strengthening of the income maintenance programs and other basic services.

I think the way in which our particular program can assist in this effort is that, first, we will be working with the States, with the State commissions on aging, as State agencies for administration of the act. Their interest is in these same goals, Senator. Their sole concern is not merely with the administration of a grant program for services and opportunities.

I know from my experience in California that we considered our basic purpose to submit recommendations to the Governor and to the legislature for action, and this is written into many of the laws in the States.

So, I would say, in general terms, Senator, that there have been other approaches but certainly, as my statement indicates, I believe that we

could go further in developing these specific employment opportunities.

Senator KENNEDY. Now, I would just like to continue on, directing your attention to title I because this is an area which I think is of great importance.

Now, Mr. Shriver was here yesterday and he felt that is one area where there could be immediate and constructive action if there were financial resources made available by the Federal Government that would help and assist our senior citizens in raising their basic income.

Now, would you agree with this general observation, or do you have some other ideas?

Mr. BECHILL. I agree, in general.

Senator KENNEDY. Actually, this is an area where there can be a rather dramatic opportunity to improve the lot of senior citizens.

Mr. BECHILL. Yes. I think in my testimony, Senator, the point I made was with respect to merging the resources of both our programs in a more effective way. I think the point that was made by the testimony yesterday—I am not sure whether this was made by Mr. Shriver or someone else who appeared before the committee—went to the issue of communications, the very basic question of how do we reach some of the older people regarding the availability of these services.

I think that working closer together in the way we have been working in the Foster Grandparent Program and other programs could be helpful.

Senator KENNEDY. Now, as I say, I applaud the efforts which you have been making in the Foster Grandparent Program, but my particular interest has been in the other areas.

I feel myself that in order to give you the tools to fulfill your mandate under the legislation which has passed the Congress that there might be some additional responsibilities on our part in providing you with the finances to see your mandate fulfilled. This is why I am particularly interested in this problem.

We were told the statistics on elderly poor yesterday—most are women, most over 70, most lack a full education, and most have no work experience during their lifetime. I think you have done an admirable job and I share the sentiments which were expressed by the chairman in commending you for the work which was done in this Foster Grandparent Program, which I think is superb, but don't you feel as well that you really face some extraordinary problems in attempting to find realistic job opportunities for senior citizens?

Mr. BECHILL. I think this way about your question and your comments, Senator.

Realistically, any time you try to develop programs of this type you will encounter problems, but I think those problems often relate to how we are organized rather than the individual. Let me try to clarify this.

I made the point here in my testimony that we have relationships in the Administration on Aging, with the States, with local communities, and with many voluntary organizations. In my judgment, this is the beginning of a network or a nucleus that could be looked upon as a place where employment opportunities of the type I have described could be developed.

As a matter of fact, I don't want to speak too often of California because I know I am not on that level now, but we have many, many, many voluntary and part-time employment efforts underway there, both under public and voluntary auspices. I think part of the reason for that, Senator, is that there have been rather intensive efforts over a long period of time in this direction. So, perhaps I am a little more confident than I should be.

Nevertheless, I think the idea of the National Service Corps is directed to the very important idea of community services and the broadest use of all the people in those services. I would agree with you that realistically there would be limits. I have no idea of what those limits would be.

Senator KENNEDY. I just have one final question and I would appreciate any observation that you would make on it.

I understand that there has been some thinking about those who have been concerned about the problems of the elderly of providing, for example, lower rates for public transportation, opportunities for them to go to movies and cultural programs at a lower rate, and that this depends to a significant degree upon local initiative.

I was wondering what your thinking is about this. Is there any opportunity where your program and your agency can encourage or perhaps even help financially in these kinds of programs which can really provide recreational and cultural and educational opportunities for senior citizens?

Would you comment just generally on this?

Mr. BECHILL. First of all, I would like to say that I have appeared two or three times before local bodies in California on the question of their support of reduced transportation fares until other more adequate means of improving income for older people occurs. It is necessary to look at all means by which their income position can be eased. I think this can be done through encouragement of similar efforts that our office could give to the State commissions and local community programs in the country. I think that this is something that we could help with by encouraging such action, which admittedly is not easy for many communities to achieve, often because of the nature of public transportation systems and their operative costs.

Senator KENNEDY. This is an area which you are concerning yourself with?

Mr. BECHILL. Yes.

Senator KENNEDY. It is always difficult to use a word to describe progress but would you say that you have been encouraged generally on the things which have been developed recently in this area, say public transportation, cultural and educational opportunities?

Mr. BECHILL. I think we are just in the initial phases of our program. I don't want to oversell the program, Senator.

The Older Americans Act, in my judgment, over the long run may be almost as important as Medicare because it is going to build a legal and established concern on the national and State levels that perhaps we have not had before to the same extent. I think that our primary hope in this initial period is to establish and put in operation our various grant programs, and the programs of research, demonstration, and training.

Secondly, I hope that we can very quickly begin to work with other agencies in the Federal Government and develop similar cooperative efforts of the type that we have had with Mr. Shriver and his staff.

Senator KENNEDY. Thank you very much.

Senator WILLIAMS. Mr. Norman.

Mr. NORMAN. Commissioner Bechill, you made the statement a while ago that the Foster Grandparent Program is to be made available in every community in the Nation. I wondered about that in light of the fact that in many communities there are not institutions housing children who would be potential beneficiaries of this program.

Then you clarified that by saying that you don't really have to such institutions or such aggregations of children to have Foster Grandparent Programs, and that there are children in every community that need this kind of sustained adult love and individual attention.

To what extent has the Foster Grandparent Program gone beyond the serving of children in institutions?

Mr. BECHILL. It has not, because in the nature of the contract that we have with the Office of Economic Opportunity the first phase was limited by joint agreement to the Foster Grandparent Program in institutions only.

The second phase of the project is with older children, again in larger institutionalized settings.

We have been informally reviewing with the staff, the question of moving a Foster Grandparent Program outside into the community, and I think that we will be in a position to discuss some of the individual inquiries that we have in terms of future development and expansion of this program during this coming year.

Mr. NORMAN. Yes, sir. Well, what type of child outside an institution do you have in mind as needing foster grandparents? Would you consider a child whose parents work and who is left during the day——

Mr. BECHILL. I think day care would be one area. I think another, in some communities, would be where there are community action facilities developed for the mentally retarded youngster and the foster grandparent could be used in their programs. These are children who are attending school in the community, living in their own home, and I think that often the foster grandparent could help in assisting, tutoring, and other instructional tasks within the program if there were interest of this type on the part of the sponsoring school or agency.

Mr. NORMAN. Mr. Commissioner, it is very encouraging that you have given such strong testimony here on behalf of the National Senior Corps concept. Is this a position that you, personally, are taking, or is this a position which the Administration on Aging has adopted?

Mr. BECHILL. This is the position of the Administration on Aging.

Mr. NORMAN. The Administration on Aging has formally approved this?

Mr. BECHILL. The idea and the concept, Mr. Norman. I have not seen the legislation.

Mr. NORMAN. Yes, the general concept. Of course, you would have to look over the details.

Does this bind the Department of HEW? Does it bind the Administration, or would you have to have further procedure before you could say this is an Administration policy?

Mr. BECHILL. I think we would have to have further procedure but it certainly commits the Administration on Aging substantially. I was perfectly aware that we are on the record today.

Mr. NORMAN. Yes, sir.

With further reference to this concept, there is some concern that when the need for Medicare Alert terminates in April, this terrific organization that has been built up to render service, if the present plans are carried out, will just dissolve.

Could this be used as a nucleus for organizing a National Senior Corps of the type about which you testified?

Mr. BECHILL. Mr. Norman, this program was just launched 2 or 3 weeks ago and I am in no position really to answer this question as to whether it could or could not serve as a nucleus for a program of this type.

Mr. NORMAN. Thank you, Mr. Commissioner.

That is all.

Senator WILLIAMS. I am not sure I understand that termination of Medicare Alert in April. The deadline is for those who would then be eligible. Isn't that right?

Mr. BECHILL. The whole purpose, as you know, of Operation Medicare Alert is to have additional persons enrolled in part B, the voluntary medical insurance portion of Medicare and the March 31 date refers to the deadline for persons now 65 to sign up—this is in the Medicare legislation.

I am not aware, Senator, however, that the project itself, terminates as of March 31. There had been some expansion, as you know, as Mr. Shriver testified yesterday, of the program.

Senator WILLIAMS. Does that mean that we all have to do something before March 31 if we want to ultimately be covered?

Mr. BECHILL. The Commissioner on Social Security, Mr. Ball, could really give a better answer to this than I, but I would certainly hope—this is an elective program—that the older people of this Nation, as many as possible, would be enrolled.

Senator WILLIAMS. That is the point. Everybody gets older every day. Even after March 31, there will be people coming on that will want to be covered.

Mr. BECHILL. There are provisions in that act regarding people reaching their 65th birthday.

Senator WILLIAMS. Termination April 1.

Mr. BECHILL. I am sorry, I didn't get the question.

Mr. NORMAN. Mr. Chairman, may I give this explanation?

They are talking in terms of going out and reaching as many older people as they can between now and March 31. Then it will take a little while after that to tally their results and terminate the operation. I don't believe that they thus far contemplate this as a continuing operation to reach the people who later become 65. That perhaps might be something they should contemplate but as of right now I think they plan to wrap it up after March 31.

Senator KENNEDY. Mr. Chairman, could this possibly be the termination of just the program, itself, the Medicare Alert rather than the actual programs which will continue?

Mr. BECHILL. That is right.

Senator KENNEDY. As I understand it, this is the idea. As a program, Medicare Alert will terminate at that time, but actually the program, itself, will just continue on?

Mr. BECHILL. Yes, Senator.

Senator KENNEDY. Could you tell us after the extraordinary success that evidently this program has had, why you feel that it should be terminated? Do you feel that by that time all the senior citizens will be taken care of?

Mr. BECHILL. I would like to correct any impression I gave that a program of this type should be terminated. I thought the question was directed to the March 31 deadline for persons currently receiving social security.

It is a very valid question that should be given some real consideration by the Office of Economic Opportunity, the Social Security Administration, and others, because there will be additional people, Senator Kennedy, who will be reaching 65, where we may have the same situation with their need to be reached and their need to make a decision regarding this part of the Medicare law.

Senator WILLIAMS. That clarifies it.

Mr. ORIOL. Commissioner, your statement already indicates that you have increased the age limit of eligible children from 5 to, in some cases, 17 in the Foster Grandparent Program.

Do you have any other timetable or suggestions on extension of that age limit?

I ask this question because we have received reports from several of the Foster Grandparent Projects; we are often asked whether the age limit is flexible.

Is there anything more you can tell us about that at this time?

Mr. BECHILL. No, I can't. This is a question that Dr. Nash has given some attention. I think his thinking on it is that we should be flexible. This is an issue that we would have to discuss further as we move along with the OEO program.

Mr. ORIOL. We will ask Dr. Nash for a few details on that.

Mr. BECHILL. Yes; if you like, we would present additional information for the record on your inquiry.[45]

Mr. ORIOL. There were some misgivings at the start of the Foster Grandparent Program about whether the elderly would get along with the young, and we know there were some doubts about whether young volunteers would get along with the elderly. We do have one report on youth serving the elderly. It was very successful, so successful that the young people were being served tea by the elderly people they were serving.[46]

Do you have any comments on that?

Mr. BECHILL. I think that this program has set aside a lot of myths about the ability of older people related to children. It is strange to me that this has to be demonstrated because the very name of the

[45] See p. 751.
[46] See p. 684, statement by Mr. Paul.

program, "Foster Grandparents," is based on the idea of a grandparent. There is nothing closer in terms of relationship, in my judgment, than a grandparent's feeling and attention for his grandchild. We have not had, to my knowledge, a negative report regarding the work of the Foster Grandparents. Everything we have received has been on the positive side.

Mr. ORIOL. To take you back to California for a moment, we have a statement from Mrs. Russell which has been admitted into our record.[47] She gives an example for a delay in beginning a community action program as being the exclusion of older persons from the neighborhood program due to their isolation through lack of transportation.

Do you feel that transportation is a major problem among the elderly, and do you see opportunities here for community action programs to do something about it?

Mr. BECHILL. I think that transportation is recognized generally as a problem for many older people. I think that in planning any kind of program or services under either a community action program or under a program like the Older Americans Act that transportation should be taken into consideration.

Mr. ORIOL. I have a question for Mr. Ellsworth in his capacity as administrator of public programs at the Institute of Industrial Relations for UCLA. You, too, have given us a statement from California[48] and you say that age discrimination or discrimination in employment because of age sometimes begins as early as age 35.

That may be an extreme example, but you think that discrimination in job opportunity because of age is a contributing factor to poverty among people in their fifties and in their sixties?

Mr. ELLSWORTH. Quite definitely. We cooperated in 1964 with the State department of employment, and the Citizens Advisory Committee on Aging, in conducting a series of eight workshops throughout the State of California. The figure of 35 came from Eureka where there has been a changeover from the traditional lumber and sawmill industry to the fabricated lumber industry.

Here the age discrimination started between 30 and 35; men who had spent their lives in the sawmills and lumber work could not get jobs in prefabrication. So, we feel this quite definitely and in each of the eight workshops that we held there were various instances of age discrimination in rather surprising instances, as a matter of fact.

For example, an insurance actuary getting out of work is almost a lost soul despite the fact that he may be a very highly skilled man. We had one man who had worked with a company that merged with another company and was out of work. The insurance people present at the same workshop indicated that they only hired new people because they wanted to bring them in and train them under their method of procedures, and that they would not hire this man even though he was about 45 and recognized and admitted to be a skilled actuary.

So, we feel definitely that there is discrimination and that it is a factor in causing poverty and discouragement among the elderly.

Mr. ORIOL. Thank you very much.

Mr. MILLER. I would like to direct some questions at Mr. Bechill.

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[47] See p. 639.
[48] See p. 647.

Senator WILLIAMS. Don't fire them at him. It sounds like there is a weapon coming your way.

Mr. MILLER. As a matter of fact, Senator Williams, I was going to soften it very definitely by suggesting in the absence of Mr. Nash that perhaps Mr. Bechill might prefer to respond to the general tenor of my basic question in writing. Of course, I hope he would feel free to comment on it now, but I am interested in several characteristics of the older people that have participated in the Foster Grandparent Program, such as the qualification standards that are used to determine whether they are acceptable for this activity or not.

I am curious as to the percent of applicants that may be accepted or rejected. I think it would be interesting to know the typical age of the persons that apply and participate in the program; perhaps some information about their income levels; whether the desire for income is a factor or not principally and any other personal characteristics, so that we can get an idea of the kind of older people that are participating in this program.

I realize the newness of the program; it may mitigate against a complete picture, but, in the committee's concern, Mr. Chairman, with the older people, themselves, it seems to me that this would be a rather valuable contribution, this kind of information would be a rather valuable contribution.

Mr. BECHILL. Mr. Miller, we are making an analysis and we have an evaluation of the factors you mentioned in the program.

If I could suggest, with your permission, Mr. Chairman, we would present this information to you in a separate report to our testimony.[49] Dr. Nash, as a matter of fact, has built evaluation in throughout this entire program, and I would be glad to submit this information for the record to the extent that we have it.

Senator WILLIAMS. Very good.

Way back in the beginning of all of this recruitment of volunteers, we went to Osawatomie State Hospital in Kansas and there we saw volunteers in a mental institution: teenagers, middle-aged folks, and one man named McCarthy.

On the day of our visit, he was celebrating his 75th birthday and he was a true grandparent to teenagers who were mentally ill. It was something to behold. The doctors told us, as did the Menninger folks who consulted there, that he probably did more to help restore health to these young people than the doctors, and he was there strictly as a volunteer. I am reminded of this because of John Guy Miller's question on the qualities that can go into very effective service.

Mr. BECHILL. In that supplementary statement, we will not only provide quantitative data and information, Senator, but we will provide you a few quotations about the work of the foster grandparents which have come from many people.

Senator WILLIAMS. By the way, the individuals, young, middle and old, they all felt that they were getting far more out of their service than they were giving it.

Thank you very much, gentlemen.

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[49] See p. 755.

We are glad indeed that a group has joined us from Baltimore, Mr. Bailey Conaway and a group whom, I am sure, he will introduce. Congressman Clarence Long wanted to introduce all of you but I don't see Congressman Long here.

Mr. Norton, why don't you tell us about your friends?

Mr. NORTON. Senator, I am Bruce Norton, legislative assistant to Clarence E. Long, Representative from the Second District in the State of Maryland.

I am delighted to introduce, on behalf of the Congressman, a group of individuals from the Baltimore City Health and Welfare Council:

Mr. Bailey Conaway, project director of Operation Reason. Mr. Conaway is accompanied by Mr. James Bevans, a health aide; Mrs. Celia Crawford, a health aide; Mr. Arthur Wyatt, director of the Over-60 Employment Counseling Service; Miss Mary McCurley, Miss Barbara Mikulski, and, finally, Miss Alfreda Wagner.

With that, I give you Mr. Bailey Conaway.

Senator WILLIAMS. We certainly welcome you all here and are very eager to hear your experience. I am sure it will be most instructive in our efforts to analyze what is being done, what can be done, what can be done better.

STATEMENT OF BAILEY CONAWAY, PROJECT DIRECTOR OF OPERATION REASON (RESPONDING TO ELDERLY'S ABILITIES AND SICKNESS OTHERWISE NEGLECTED), BALTIMORE, MD.; ACCOMPANIED BY ARTHUR WYATT, DIRECTOR, OVER-60 EMPLOYMENT COUNSELING SERVICE; MRS. CELIA CRAWFORD, HEALTH AIDE; JAMES BEVANS, HEALTH AIDE; MISS MARY McCURLEY; MISS BARBARA MIKULSKI; AND MISS ALFREDA WAGNER; INTRODUCED BY BRUCE NORTON, LEGISLATIVE ASSISTANT TO HON. CLARENCE E. LONG, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. CONAWAY. Thank you, Mr. Norton.

Mr. Chairman, the concern and interest that this committee has demonstrated for all people, especially the elderly poor, makes it a privilege for me and part of the staff to discuss with you today some aspects of our program for the aged poor.

When the initial "blueprint" of the Baltimore community action program, called A Plan for Action on the Problem of Baltimore's Disadvantaged People, was submitted to the Office of Economic Opportunity for consideration for funding in 1964, there were no special programs for the aged included. Therefore, the health and welfare council was pleased to develop a proposal for a demonstration project when asked to do so by the mayor's office.

The Health and Welfare Council of the Baltimore Area, Inc., is a nonprofit federation of 140 public and voluntary health and welfare agencies, and its regular operations are financed by the city of Baltimore Community Chest, Associated Jewish Charities, Associated Catholic Charities, State of Maryland, and Baltimore County.

Operation REASON (an acronym standing for Responding to the Elderly's Abilities and Sickness Otherwise Neglected), is a 2-year dem-

onstration project which the health and welfare council designed to alleviate certain health and employment problems faced by aged residents of low-income neighborhoods. It was organized July 1, 1965, with a direct grant of $112,650 from the Office of Economic Opportunity.

The project has two components: The largest part is the program to help chronically ill aged persons who need medical attention but are not getting it. A "chronic illness team" is employed to help aged poor persons make connections with the medical programs for which they are eligible.

In isolated instances where a medical service is needed but cannot be provided through established programs, the project has a small budget for purchasing such services.

The main thrust of this part of the program is to help the aged get to hospitals, clinics, nursing homes, and offices of private practitioners. It is aimed at those instances in which aged persons have neglected their chronic conditions because of inability to travel to a clinic, ignorance of service available to them as indigent persons, fear of asserting their rights to such services, or barriers inadvertently placed in their way by lower echelon employees of large health bureaucracies.

The second part of the project is being conducted by the Over-60 Employment Counseling Service, a separate nonprofit corporation which has subcontracted with the Health and Welfare Council under authorization from the Office of Economic Opportunity.

OBJECTIVES

Some specific objectives of the project are—

1. To assist the chronically ill in securing and maintaining meaningful connections with appropriate health and social service facilities.
2. To experiment with employing and utilizing indigenous, nonprofessional personnel in the giving of direct health referral and followup services that would strengthen client motivation for more appropriate use of needed services.
3. To assist people who wish to work, and seem able to do so, in finding employment suitable to them.
4. To measure the extent to which these special services lighten the burden on younger members of low-income families.

PROJECT COMMITTEE

The demonstration is guided by a 14-member project committee. Nine members of this committee are either residents of the low-income areas served, project clients, and/or poor. The remaining membership is representative of the total community, in keeping with the Baltimore community action program's efforts for total community involvement.

Working with the project director, this committee is responsible for submitting the final report on the project which will recommend whether all, part, or none of the demonstration should be incorporated permanently into the community action program.

The project headquarters is located in a two-story row house, almost in the geographic center of the neighborhoods to be served during the community action program's first year of operation. Referrals are received primarily from the community action agency, the newly created municipal department which carries primary responsibility for the Baltimore antipoverty program. However, we are receiving referrals from several other established health and social agencies.

UNEMPLOYED AGED COMPONENT

As indicated, the special services for the unemployed aged are conducted by the Health and Welfare Council through a contract with the Over-60 Employment Counseling Service. At the end of the presentation of the chronic illness component, Mr. Arthur Wyatt, director of the Over-60 Service, will describe briefly the work of his agency in finding jobs for elderly poor people.

CHRONIC ILLNESS COMPONENT

The larger of the two project components is concerned with giving services to the chronically ill elderly. A chronic illness team, consisting of a physician serving on a part-time basis, a nurse, social worker plus four mature nonprofessional indigenous personnel called health aids comprise our staff. There are, of course, secretarial, volunteer and neighborhood youth corps persons who provide supportive services to the team.

Two months after the project director was employed, that component became operational. During these first 60 days, recruitment of staff, rental of office spaces and other administrative matters utilized the time of the project director.

The chronic illness team, after 4 months of operation, is actively working with 103 clients referred with a variety of chronic illnesses and infirmities for which they were not previously receiving adequate follow-up care. Heart diseases, arthritis, ulcers, diabetes, blindness, neurological and mental illness are a few examples.

We are finding ever so abundantly that we are dealing with chronic deprivation as opposed to chronic illness alone. As our health aids visit clients' homes and report their findings to our professional staff, we are constantly being faced with the deplorable fact that nearly all of our clients have a total income of less than $100 a month. It does not take much imagination to realize that this consistently inadequate income precipitates much chronic deprivation such as unsafe housing, inadequate diet and clothing, a dearth of recreational opportunities, loneliness, et cetera. With elderly poor persons, these additional frustrations and problems, combined with the depression that may be more prevalent in advancing years, can be overwhelming.

We have found it extremely important in this chronic illness team to function as a team with each member being dependent upon the others in getting his job accomplished. There are special roles for each member, however. The physician assumes medical responsibility for the chronic illness component of the project. The nurse and medical doctor consult with available public and private medical services in relation to our clients' needs. They collaborate with the social

worker, who is sitting on my right, in the formulation of our teaching program for the health aids.

The social worker is the supervisor of the health aids. She helps them learn how to do their jobs. Two of our health aid staff—the real soul of our project—will let you know themselves in just a few minutes some of the things they do. Each of our four health aids is a resident of a low-income area and knows from personal experience what it is like to be poor in today's society.

What I have been saying up to this point are cold abstractions and I would like to describe for you now what our project means in terms of concrete services to a human being.

Allow me to take a minute and tell you about a client whom I shall call Mrs. Matilda Lincoln, age 74, a widow with no children—too crippled with arthritis to take part in the church activities that once offered her companionship and solace.

Picture, if you will, a Negro woman—5 feet 2 inches tall—quite stout, who looks like she's the "little old lady on the block who gives out nickels to the kids"—only this little old lady doesn't have any nickels to spare and her overweight is related not to an overbundance of good food, but to what one of our staff members calls the obesity of poverty—the obesity that comes from having to resort to a high-starch diet of spaghetti, potatoes, et cetera, when you have only a department of welfare grant of $96.50 a month on which to live. After she pays her rent ($34 a month—no utilities), she has only $62 to exist on for the rest of the month; approximately $2 a day to buy food, clothes, wood, for her stove, and transportation to go to the clinic.

In late October 1965, Mrs. Lincoln was referred to us by a neighborhood counselor from the community action agency. She has arthritis, heart trouble, high blood pressure and failing eyesight. Also, the counselor who referred her had been attempting to help her with a problem in which she had been exploited by an unscrupulous businessman.

In April 1965, Mrs. Lincoln had been sold a second-hand refrigerator. Having only a third-grade education, she was not sure what kind of contract she had signed. All she knew was that she desperately needed a refrigerator. What she had unwittingly agreed to do was to pay $230 for a 6-cubic-foot refrigerator made in the early Fifties. She was to make a downpayment plus a monthly payment of $18. The counselor who referred her tried to get her unchained from this contract by involving the Better Business Bureau, the Legal Aid Bureau and the Urban League. Despite their concern and efforts, to date these agencies have been unable to help her. It is the old story of "Let the buyer beware."

When our health aid first visited the home, she found this woman living practically as a recluse in three rooms with very little furniture, no heating facilities, except for an old wood stove in one room. She needed a bed spring and mattress. She was dressed practically in rags and in need of clothing. But, just as much, she was in need of a friend, someone who knew what to do to help her. She was desperately in need of hope. Operation Reason saw to it that she got all of these things.

We learned that she had applied for public housing in August 1965. We contacted the public housing authority in an effort to speed up her application and even obtained a note from her medical care physician verifying her need for more adequate housing because of her physical condition. Working under the guidance of her supervisor, the aid was able to lead Mrs. Lincoln through the welfare department's machinery in order to get the required furniture and clothing. The aid acted as an aggressive advocate on Mrs. Lincoln's behalf—writing and calling the welfare worker—even going to the appropriate stores to get the required estimates on the costs of the needed articles.

While this activity was being done, Mrs. Lincoln was benefiting from the warm, supportive, friendly visits of the health aid. However, in mid-November, on a routine visit, the health aid found Mrs. Lincoln sick in bed crying. She had been sick for 4 days and had not eaten nor had any heat for 2 days. The aid contacted the professional staff immediately and, as the situation was extremely problematic, the project nurse and I went out. It was obvious Mrs. Lincoln was quite ill and immediate medical attention was needed.

We helped her to get to the emergency room of her medical care hospital. She arrived at the hospital at 4 p.m. accompanied by the health aid who remained with her. By 8 p.m., she still had not been seen and the project nurse went to the hospital to assist the aid in getting Mrs. Lincoln evaluated. She was finally examined, diagnosed as having pneumonia and admitted overnight. The health team left the hospital at 11 p.m.

Upon her return home, we made arrangements for a neighbor to look in on the client daily and notify us if any problems arose. As Mrs. Lincoln was still being dunned by the collector for the refrigerator salesman, the aid would stand beside and speak up for her.

Finally, the great day came and Mrs. Lincoln was notified that a public housing project was available for her. We no sooner helped Mrs. Lincoln make the necessary arrangements with the welfare and housing departments to provide an emergency grant to make a deposit so that she would be able to sign the lease—when we found no agency in town would provide the funds for her to move her meager possessions. Once again, the aid, who is well known in the neighborhood, found a neighbor who would move Mrs. Lincoln, for a modest fee, which the project paid.

Today, Mrs. Lincoln is still old, sick, and poor. But there is a difference. She has more money available for her other needs since she is in a low-cost housing project. The housing project in which she lives is near her old neighborhood and is in the same block as her cousin. There she is no longer isolated. Her medical needs are being met. She has furniture, clothing, and most important, hope. Mrs. Lincoln is more chipper and we hope now to get her involved in a golden age club.

This, then, is the case of Matilda Lincoln, an example of the kind of help we provide in Operation Reason. I hope that it is helpful for you to hear about it.

Mrs. Crawford and Mr. Bevans, health aids, will describe other services performed by our project through them.

Senator WILLIAMS. Thank you very much.

Mr. Bevans.

Mr. BEVANS. Gentlemen, my name is James E. Bevans, health aid in Operation Reason.

My job is to help the chronically ill tend to their sicknesses, their disabilities, otherwise neglected. We are not doctors, but we are trained to help in all phases: physically, mentally, and otherwise.

Our real job is to get these sick elderly people to their clinics and get them hospital treatments. Our program is getting to be so well known that we do not have any difficulties getting them to the hospital, as when we first started.

We do not mind getting up in the morning at 5 o'clock to get these sick people to the clinics at 8 a.m., early clinics, and we see that they have future appointments. We put their names on file, and when they have to go to the next appointment we go with them and see that they get there. The transportation cost is paid by this project.[50]

Now, keeping their appointments, as the doctor has told me, is very important for treatment of their different illnesses because most of them have two, three, and four different illnesses. They are sick: sick in mind, some senile, but we have an approach. We have been trained. We have an approach to get right close to them and get all the information that we want so as to be able to get them to our social worker and the nurse so that they be given treatment as soon as possible.

We do not stop there. We keep their appointments and go with them. We call on different agencies: nursing, housekeeping services, clothing, and so forth. This project is doing something that has never been attempted before. It helps to give the elderly people hope which they have lost, and hope is the mother of all men.

Senator WILLIAMS. Mr. Bevans, how many people are you reaching right now with your services?

Mr. BEVANS. Individually?

Senator WILLIAMS. No. Not you, the program.

Mr. CONAWAY. 103 persons since we have been operational, and we have been operational 4 months. We hope in the first year to reach 300 to 500 with the staff that we have, which is quite limited.

Senator WILLIAMS. How many people work with you, Mr. Bevans, as health aids?

Mr. BEVANS. Three others besides me.

Senator WILLIAMS. Are these people volunteers?

Mr. BEVANS. No, they are paid, Senator.

Senator WILLIAMS. What is the wage rate in this area?

Mr. CONAWAY. We are paying certain elderly poor persons, themselves, to act as escorts to other elderly people who need to get to clinics. As Mr. Bevans pointed out——

Senator WILLIAMS. How much?

Mr. CONAWAY. $1.25 an hour.

Senator WILLIAMS. There is a lot of splashy publicity about the program being extravagant in salaries and wages. I wish your health aid salaries could be more, myself, but I would say $1.25 does not put you in the category of the extravagant.

Mr. Bevans, this is a personal question. Are you over 50?

Mr. BEVANS. Yes, sir. I am 67.

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[50] Additional data on Project REASON, p. 855.

Senator WILLIAMS. I was not going to ask you how old you were.

Mr. BEVANS. I am glad to be able to reach that age and be as active as I am.

Senator WILLIAMS. Do you drive? When you go out to help people, do you drive your automobile?

Mr. BEVANS. No, sir; I do not. I walk or ride taxis and buses.

Senator WILLIAMS. How do you transport people from their homes to the clinics?

Mr. BEVANS. Taxicabs, sir, to and from home.

Senator WILLIAMS. You are in a beautiful city and you have got people that you can reach. It is easy to communicate with those that have a need for your services. In a lot of communities, it is rather difficult for communication from those who want to help to those who need help.

You mentioned—and this is the first time it has been mentioned—the golden age group. More and more people in cities are coming together in the groups, and this makes your job easier, does it not?

Mr. CONAWAY. It certainly helps alleviate some of the loneliness for many of these people. But, as I pointed out in the Lincoln case description, there are so many other immediate needs that need to be cared for first, such as getting adequate and safe housing and helping a person have a decent dress or pair of slacks and shirt on his back before we can talk about such frills, actually, as golden age clubs and library services, et cetera.

Senator WILLIAMS. My point was that the more groupings you can have the more you will be able to discover how you can be helpful.

Mr. CONAWAY. Yes.

Senator WILLIAMS. People living absolutely alone, you might never even hear of; but if they are communicating with people in a club or an organization, why, it is easier to find out where the need is.

Mr. BEVANS. Senator, may I say something?

Senator WILLIAMS. Certainly.

Mr. BEVANS. Lots of people we deal with, I know myself from experience, are by themselves sitting in the corner being neglected and that is why we go in to help them. They are not able to get out physically, or some of them have not got the mentality to visit these golden age groups; they just have given up hope. Those are the people we are attending to.

Senator WILLIAMS. Finding them, knowing who they are, where they are and what they need—that is the difficulty.

Mr. BEVANS. Yes, sir.

Senator WILLIAMS. One of the difficulties.

Mr. BEVANS. One of the difficulties; yes, sir.

Senator WILLIAMS. Thank you very much, Mr. Bevans.

Mrs. CRAWFORD. Mr. Chairman, I am Mrs. Celia Crawford, a health aid.

First I would like to say how grateful I am that I have been included in this hearing. It is a dream come true, because knowing the needs of my community but have not had financial ability to reach these people. Through Operation Reason, however, we are reaching them. Also, I would like to say that we are working with a dedicated staff. Our professional staff works together as a team; they are very patient in the training of the health aids.

One of the first things that we have to do as a health aid after we are given a referral is to get to the homes of these clients and then get the necessary information to meet their needs. It has been at first very difficult to get the necessary information because these people have been neglected so long they can't believe that there is anyone who is really interested in them and who is interested in helping them. We have to use many means.

Sometimes we have to use a little flattery to get this information. We may have to hold their hands and hug them a little and let them know that we really are interested.

Then after we have gotten this information we take it back to the professional staff. This information is evaluated and then we have a followup plan. We first find out some of the family background; then we find out about their income and then, of course, their health needs.

Many of these people are not able to read or write. They have been given an appointment in hospitals, but because of their inability to read, they are not able to know when their appointments are due. So, then, we have to keep in touch with our clients to remind them of their appointments and then get there and sometimes we have to almost pull them out. Sometimes they won't help us because they don't want to go to the clinics when they are due.

In some instances, we find that our clients don't want to go back to the institutions where they are to be treated because they have been treated there before and were given bills; they were not able to pay these bills so they don't want to go back. So, then, we have to overcome this problem, which we do.

Then the followup work leads us to many places of work for those who need more income. We are able to contact the agencies, increase the income for them. Many of them don't need nursing homes; some of them need boarding homes, so we have contact with the boarding homes that will take them.

Then, sometimes their problems are maybe just social. I have one case in mind of a lady who had had her teeth removed with the promise that she would get these teeth back, and she was given a runaround. Her teeth were not necessary to her life; she could live without these teeth. Well, she was not a good learning subject for dentists; she was not one of a desperate 65 who would be given dentures. This lady had applied to every agency that she could think of to get these teeth. Finally, she was referred to our office. When I went to see her, her state was pitiful.

She had stopped going to church because it was difficult for her to talk without her teeth. She was having digestive problems because she could not chew her food. She was just desperate. She was in tears, and I had quite a problem of getting her quieted down.

When I went in to talk to her, she said, "It does not mean a thing; you just want to come find out about me."

Finally, I convinced her that we really were going to help her. Our professional staff got the dentists and we gave this lady a list of dentists to select one from. I guess she was so happy at having a list of dentists instead of selecting one she went to all of them, but finally we stopped her and she selected this dentist.

After 2 years, this lady has her teeth that were paid for by Operation Reason. She is just as happy as she can be. I always found her at

home at first but now that she has her dentures, she is up and away and just having a wonderful time.

Senator WILLIAMS. May I interrupt and ask a question?

Mrs. CRAWFORD. Yes.

Senator WILLIAMS. How did you find out about this woman and her needs?

Mrs. CRAWFORD. She was referred to the Community Action Agency.

Senator WILLIAMS. You don't know how she found out about the Community Action?

Mrs. CRAWFORD. Well, they have the Community Action centers in the community and she went to that center and told of her plight.

Miss MIKULSKI. Senator, if I may comment, this lady was in public welfare, and her welfare worker was so upset in Baltimore City that he contacted the program, hoping that they had some unknown resource, and that is how she found her way to us.

Mr. CONAWAY. Just to add another dimension to that, Mr. Chairman, in Baltimore, as I mentioned in my testimony, the Community Action Agency, a newly created municipal department, carries primary action responsibility for the community action program for Baltimore City. They have a neighborhood development program in which counselors and assistants to those counselors are employed to go out in small geographical areas of a certain part of the city and develop those neighborhoods. They adopt this sort of generalized approach. They go out to talk to people, have meetings, try to decide what the people want and help the people go after what they want.

Now, in this project, this particular project that we have been trying to describe—which we are trying to experiment with these 2 years—we had to find out if there are any special services of a specialist nature that need to be given to elderly people who are chronically ill so that when the generalist counselor goes out in his area and finds persons over 60 who are chronically ill and who are not getting to the health facility that they need to be using, that is when the referral comes to us. We work very closely with the Community Action Agency.

Mrs. CRAWFORD. Well, I could give you more instances of the people who are helping in the various ways. We have a husband and wife who are our clients. The husband was blind and he was mentally disturbed. The wife was suddenly taken ill and placed in a hospital. The man was left alone in his home. Through the aid of a neighbor, we were able to get this man placed in a nursing home but after he had been there a short time they found that they could not keep him there.

Senator WILLIAMS. Why was that?

Mrs. CRAWFORD. Because of his mental disturbance. He created disturbances in the home and he had to be moved out very quickly. So, we were able to get him to the police station where he had an evaluation of his mental state and placed in a proper mental institution for him. Of course, we find homes for them.

In another instance of another man who lived alone, he was ill but not ill enough to be bedridden and he needed a home. He became so frightened in living alone that we had to get him out of there within 24 hours but fortunately we were able to get him in a nursing home. He has been there 10 days—not a nursing home; it is a boarding home. We find that he is very happy and satisfied there.

Senator WILLIAMS. Do you find that it is difficult to find accommodations either in a boarding home or nursing home?

Mrs. CRAWFORD. Yes, we do, because in most of them they have fixed incomes for people in these nursing homes. I find that all of my clients—and I have about 33 that I am working with—have an income around $80 per month; about maybe 1 or 2 have $90. In a nursing home, I think the lowest rate is $210 per month. Many of the boarding homes—there are not too many that we know of—but most of the homes want at least $80 a month for boarding these people.

So, we have been up against it but fortunately I think lots of people have become aware of Operation Reason and what we are trying to do. For the last few weeks, I have been getting calls from people who are willing to open their homes to take these elderly people and care for them.

Mr. CONAWAY. Mr. Wyatt.

Mr. WYATT. Senator, gentlemen, I am Arthur Wyatt, the director of the Over-60 Employment Counseling Service of Maryland which will have been in operation 3 years the 1st of April. This agency was opened to tackle the special problem of the space age reentry. In this case, it was the reentry into the labor force of hundreds of men and women over 60 years of age retired from part-time jobs and looking for a productive use of their extra years of healthy life that modern science had given them.

The Over-60 Employment Counseling Service of Maryland is a privately sponsored nonprofit organization which provides Baltimore's only inventory of senior citizen talents and experience for which we use this folder.

The service has a placement record of 37 percent of its applicants and presently has a list of 800 lifetime experiences in its files, all available for employment.

This service is staffed by retired qualified counselors under the direction of the director. Nine of the thirty-one people are now doing volunteer duty of at least 1 day a week volunteered to serve 1 or 2 additional days each week on the antipoverty contract when we were offered $10,000 for 1 year on July 1, 1965.

The work was to be done in the project area for which these people are paid $12.50 per day, from the OEO allotment of $10,000. We have these nine people, three of them now working 1 day a week on our poverty project, in addition to 1 day of volunteer work. That was the stipulation we made. Six of them work 1 day a week, for which they receive $50 a month for 4 days' work, and three of them work 2 days a week for $100 a month. The $8,400 of this $10,000 was provided for payment of personnel which we have spread out in this manner:

Forty-two interviews have been scheduled by the counselors of the CAC Center, either in the CAR neighborhood centers or in ours. A designated interviewer is assigned to each applicant, and that interviewer follows the course of the applicant's progress. During the initial interview the applicant's employment record, qualifications for kind of work desired, and general characteristics are studied.

Available jobs are investigated and referrals made to these potential employers.

If no suitable placement can be made, or if the applicant lacks the necessary qualifications, the interviewer follows the case by telephone or home visits and additional office interviews until a satisfactory job can be located or other disposition made of this case.

Of the 42 referrals made to our office, there were some initial disappointments. For instance, 18 of these 42 people failed to appear in the neighborhood office for their initial interview. Seven of these were followed up and made their second appointment.

(Mr. Wyatt gave this summary. Testimony resumes on p. 605.)

OVER-60 EMPLOYMENT COUNSELING SERVICE OF MARYLAND, INC., 369 CATHEDRAL STREET, BALTIMORE, MD.

About April 1, 1963, a new agency opened in Baltimore to tackle a special problem of the space age: reentry. In this case it was reentry into the labor force of hundreds of men and women over 60 years of age, retired from past jobs, and looking for a productive use of the extra years of healthy life that modern science had given them.

The Over-60 Employment Counseling Service of Maryland is a privately sponsored nonprofit organization which provides Baltimore's only inventory of senior citizen talent and experience. The service has a placement record of 37 percent—of its applicants, and presently boasts 800 lifetimes of experience in its files, all available for employment.

The service is staffed by retired qualified counselors under the direction of the director. Nine of the thirty-one now on duty 1 day per week volunteered to serve 1 or 2 additional days each week on the antipoverty contract in the project area for which they are paid $12.50 per day from the OEO allotment of $10,000 for 1 year beginning July 1, 1965.

Our contract allots the sum of $10,000—for use as follows:

Personnel	$8,400
Travel	1,000
Supplies consumable	200
Telephone	400
Total	10,000

Forty-two interviews have been scheduled by the counselors of the CAC either in the CAC Centers or in the office of the Over-60 Service.

A designated interviewer is assigned to each applicant. During the initial interview the applicant's employment record, qualifications for kind of work desired, and general characteristics are studied. Available jobs are investigated and referrals made to potential employers.

If no suitable placement can be made, if applicant lacks necessary qualifications, the interviewer follows the case by telephone and/or home visits and additional office interviews, until a satisfactory job can be located or other disposition made.

Total applicants referred by CAC July 29, 1965–Jan. 19, 1965	42
Applicants failing to keep initial appointment	18
Applicants scheduled for 2d appointment—kept	7
Applicants scheduled for 2d appointment—not kept	1
Applicants placed (1 placed 2 times)	11
Cases closed[1]	16
Cases reactivated	3

[1] Unemployable, medical reasons, returned to former employment, declined all jobs, unable to locate.

EXCERPT FROM QUARTERLY REPORT OF THE EXECUTIVE DIRECTOR TO THE BOARD OF GOVERNORS, JANUARY 11, 1966

The past quarters results are more rewarding than the following figures indicate. It was not a record one for new applicants, 189, nor for total placements, 76. Those applying were generally better qualified for work and new jobs coming

to us were greater than in any previous quarter. Many new people and jobs were the result of continued space on WBAL–TV 11 as well as the other sources shown below.

Number of registrants in December 1965 (43 males, 16 females)	59
Total registered April 1963 through December 1965 (1,118 males, 818 females)	1,936
Withdrawals through December 1965 (368 males, 213 females)	581
Placements (jobs filled) in December 1965 (21 males, 7 females) (20 full time; 7 part time; 1 temporary)	28
Prior placements (jobs filled)	703
Total placements (jobs filled through December 1965) (467 males, 236 females)	731
Total individuals placed in the 731 jobs (many were placed in several jobs)	522
Registrants employed as of Dec. 31, 1965 (217 males, 91 females)	308
Available for placement, including those returned to active files	1,047
Registrants sent to the city hospitals to help in the study of aging	169

Our survey shows we have had 2,226 jobs as opportunities which became known to us through the following contacts:

Apartment and hotel magazine	16	Placed persons	52
Applicants	22	Radio and TV	792
Catholic Charities	18	Satisfied employers	26
Churches, church homes and schools	31	Senior citizens	2
Contributors	10	Sign (over-60)	31
Glen Burnie office	1	Staff and board	540
Heart Fund	1	State agencies	45
Lutheran Social Services	8	Telephone book	6
Newspapers	86	Unknown	396
Motion Picture Association	6	Welfare agencies	40
Miscellaneous	138	Yellow pages	22
		YMCA, etc	7

Eight of those registering for work had such favorable work experience that they were asked to become volunteers until they could be placed, i.e., they were "on the job trainees." Five of these have now taken positions as legal secretary, office clerk, pension plan salesman for a large life insurance company, social worker on a project of the community action program, and bookkeeper and typist in a busy office.

Our range of placements runs from the very needy, for example a janitor at Peabody Conservatory, a childcare companion to do marketing, laundry, cooking, etc., for the six children of a young employed widow, a live-in caretaker at 7 West Mulberry Street, at the Maryland Academy of Science who is a widower with only a small social security check as his total income, to a CPA in a small firm to complete conversion of accounting to automation, a retired accountant to a newly created position of business manager of a large private school, and the placement of a most competent volunteer secretary as waitress for 4 months in the Hobe Sound home of a Baltimore couple where her duties are light and pleasant, her treatment most considerate and her privileges what many have dreamed of as she states in her 10-page letter saying to save her a place when she returns in March.

The knowledge that every other of the 76 total placements completed since October 1, was the solution of some person's great need for more income and the need to feel wanted and be engaged in some worthwhile occupation is a genuine satisfaction to our faithful volunteers. Many of them are completing 2 years service here. Eight will begin their third year 3 months from now. Those who wished employment for pay have been placed elsewhere or for an extra day on our contract with the poverty program * * *.

Senator WILLIAMS. How many interviewers have you? How many people are working in this?

Mr. WYATT. As interviewers, we have five of our nine people working as interviewers.

Senator WILLIAMS. You have nine people in the over-60 employment counseling service?

Mr. WYATT. Nine of the thirty-one volunteers of our over-60 project have been assigned for pay to this poverty program, we call it.

Senator WILLIAMS. But you have only had 42 inquiries?

Mr. WYATT. We have had 42 people referred to us by Mr. Conaway's staff in these neighborhoods since the first of last July. This took a while to get started. The first one came to us on July 29.

Senator WILLIAMS. But you have 30 people prepared to help applicants, is that right?

Mr. WYATT. We have nine people prepared to help applicants. We have placed in our contacts with Mr. Edelston, the director of the health and welfare in Baltimore, the subcontractor with OEO—we were warned not to expect to place 37 percent of these people that came to us under these different circumstances. We feel that our record of having made 12 placements out of 42 referrals is not too bad under the circumstances.

I brought with me Miss McCurley and Miss Wagner, who work particularly well as interviewers as well as on statistics and they have with them a log, or record, we have kept telling you the number of interviews we have had with each of these people who are finally contacted and the final result of the 12 placements that have been made and some 18 cases that have been closed for other reasons.

If there should be questions, they are prepared to answer those questions, sir.

Senator WILLIAMS. Thank you, Mr. Wyatt.

Mr. Norman.

Mr. NORMAN. Mr. Wyatt, these 42 applicants that you have been talking about, they are only the individuals who have been referred to you by Mr. Conaway as interested in employment? Is that correct?

Mr. WYATT. That is true.

Mr. NORMAN. And you serve many other people besides these people?

Mr. WYATT. We are hoping. Our folder shows that on 3 days a week we are now interviewing an average of 10 persons a day who come to us voluntarily who are not steered our way by some other agency.

Mr. NORMAN. These 42 are exclusive of those who found their own way to your agency?

Mr. WYATT. Yes, sir. They do not come under this contract or under our organization, a volunteer, nonprofit, privately supported organization, that has been in business for 3 years.

Mr. NORMAN. Yes, sir.

Now, as I understand it, you have placed 11 since the economic opportunity aspect of this project was initiated last July. Is that correct?

Mr. WYATT. I believe it is 12 now.

Mr. NORMAN. Twelve of the forty-two?

Mr. WYATT. Yes, 12 out of 42.

Mr. NORMAN. I see. That does not in any way include the many other people you serve and place?

Mr. WYATT. No. We have 70 people come to us a month under our own original program and we are placing an average of 37 percent of those people that come to us voluntarily, on their own.

Mr. NORMAN. To what extent would you say that your services save public funds by placing in employment people who would otherwise have to go on old-age assistance or some other type of public payment?

Mr. WYATT. I am sorry, I don't get that.

Mr. NORMAN. This is the question, Mr. Wyatt: To what extent do you believe that your organization saves public funds by placing in employment individuals who would otherwise have to go on old-age assistance or some other type of public dependency?

Mr. WYATT. Outside of the ones that were referred by the poverty agents you mean?

Mr. NORMAN. Yes.

Mr. WYATT. Well, 75 percent of them are on social security and we don't know the percentage at this time but many of them have other sources of income: company pensions, civil service pensions, railroad retirement pensions, and things of that sort. In many cases we believe it is a matter of therapy, particularly with the men. Sixty percent of those who come to us are men; 40 percent of the applicants are women. we place 45 percent of the men and about 20 percent of the women. Many of the men who come are apparently sent by their wives. Where they are 24-hour residents of the home, after a time it is a problem to the wife and they frequently ask, "How can I prove to my wife that I have called here and tried to get a job?"

We give them a letter or statement that so-and-so was here, we had a certain job we offered him which, so far, he has not accepted, if they wish that.

I have no idea of how many of those people would have been on relief. I think comparatively few of them, actually. We have had people come to us who are on public relief or getting welfare funds or something of that sort. Of course many of them are on unemployment benefits during the 6 months or a year after their compulsory retirement. We run our own staff, our office, by selecting these people. "Do you want the job? Will you work 1 day a week for us in our service? We will consider you an on-the-job trainee after you have been with us 3 weeks to a year. We will be in a better position to recommend you to some prospective employer for the type of thing that he wishes that we feel you can do."

Mr. NORMAN. Mr. Wyatt, one further question and I believe this will be my last one.

You mentioned the word "therapy" a while ago. To what extent do you believe that placing these people in employment benefits their health, both physical and mental health?

Mr. WYATT. I feel I am an example of that. After 46 years in a bank I was compulsorarily retired at 65. After 6 weeks of trying to find something to do, Miss McCurley and other founders of this service contacted me and a number of other people to ask if I would be interested in starting this service. Certainly it has done something for me.

Mr. NORMAN. You feel much healthier than if you had not had this opportunity?

Mr. WYATT. I do. I carry these blue folders in my pocket and pass them out to anyone my age who seems to have lost the spark, or something. A man turned up 2 weeks ago and I handed one of these folders to him. Two years ago he was retired from long service

in the FHA and he said he and his wife had agreed it would be better for him to be doing something than to stay home.

There are many examples of that. I think that we are doing a genuine public service that way. I don't think we are saving the Government or the city or the State public funds, necessarily, because these are the people that could get along on what they have. They have not sought aid other than what everyone is entitled to in the way of a company pension, social security, and such things.

Mr. MILLER. You do feel, however, you are saving much more than dollars, you are saving lives of older people?

Mr. WYATT. That is what we say, yes. We believe that most of you gentlemen probably realize that 20 or 30 organizations of this type exist. There is the Arlington Senior Citizens Placement Service. There is the Montgomery County service right next door to you, the Montgomery County service in which our former State Senator Margaret Schweinhaut was interested, as an earlier model for our originally setting this thing up, staffing it.

We have an advantage in having so many applicants available in Baltimore. We have grown to be one of the largest in the country outside of Atlanta and Montclair, N.J. We have correspondence with those people and a manual has been provided by perhaps UCLA or some research organization in California showing how this work can be done. It is a wonderful occupation for the 40 or 50 people who work with us as volunteers 1 day a week.

Senator WILLIAMS. What kind of jobs have you been successful in finding for old people?

Mr. WYATT. A great variety. A bank president who was observed walking up and down the suburban street leading a tired looking dog came in to our place and answered the telephone 1 day a week for 3 months. A public-spirited citizen asked if we could find a businessman to be the executive director of an art museum run by a foundation in Baltimore. This gentleman has been doing that for 2 years now.

We have a man who was a retired clergyman. He came in; he was a very polite Negro man who quoted the Bible and said he was lonely, he didn't know what to do with himself. We found him a job as a 4-hour a day porter-janitor in a small business. He was one of 25 out of 800 people who came back out of gratitude, and each payday for 3 months he gave us $5 of his pay and said we might help someone else like we had helped him.

We have found jobs for live-in companions. We have 125 orders for people of that type. It is hard to get people to do that but we have made 15 successful placements where a woman would live in with an elderly person.

We placed as elevator operators, desk clerks in motels and hotels. We placed a retired professor who lectured in three Boston law schools as a night clerk in a 550 North Broadway apartment house and a doctors' office building run by the trustees of the Johns Hopkins Hospital for the families of foreign patients at Hopkins. This gentleman said it suited him; he works 5 to midnight 5 nights a week as a desk clerk in this place.

We could not get him work lecturing in the local law schools as he might have gotten in California, where one law school is run by retired lawyers and judges, and so on.

Senator WILLIAMS. Serving basically in the service area, not in the industrial.

Mr. WYATT. Yes, many people, we have to persuade them, if they really want something to do they must step down a bit from the sort of things they did to make a living during their productive years. The thing has grown tremendously. We are supported by the members of the board whose names are listed here (indicating folder) by about 50 corporations in Baltimore, and including the gas and electric company, the telephone company, some banks and insurance companies. Members of our staff speak at a course given by the telephone company for employees approaching retirement. One night a week of this 10-week course is set aside for employment opportunities available for retired people.

At three sessions of that course I have been the speaker at night and from each of those talks I have gotten a telephone company trained employee who was tops.

We have difficulty, of course, with corporations with retirement policies, Blue Cross insurance and things of that sort. They will not take employees at the age of ours, but with small employers we place bookkeepers, CPA's as bookkeepers and women secretaries on a 1- or 2- or 3-day-a-week basis.

Right now I should say we have 125 job opportunities which came to us through public donated time, public service time on television and radio stations in Baltimore. Right now Channel 11 in Baltimore shows a card with essential information about allocation, telephone number and days of service.

Last Tuesday we had 16 new applicants to register, and 9 of them have heard about our service through the program of that particular television station.

People have been most cooperative apparently to consider us a public service although we are not a member of the community chest. We are completely privately supported. Three people out of the fifty-some are paid. I am paid $100 a month as the director and we have one lady who is paid $50 a month for 4 days a week of clerical service after donating the other days. I have a secretary who will not accept more than $100 a month because she is on social security. We are increasing her to $1,500 a year beginning the first of January under the new regulations permitted.

It has been a very interesting service and very interesting project for a great number of our interested citizens in Baltimore.

Senator WILLIAMS. There is some pressure to lower the basic retirement ages: shorter workweek, earlier retirement. What do you think of this philosophically, the earlier retirement age?

Mr. WYATT. I think it would be unfortunate to do that. I am certainly not in favor of it personally.

Mr. CONAWAY. This concludes our presentation.

Senator WILLIAMS. How about these girls that have not said anything?

Mr. CONAWAY. I believe they were here as resource people, is that right?

Mr. WYATT. That is true. They would be very glad to answer any questions.

Miss McCURLEY. Do you want to talk about the Over-60 or antipoverty?

Senator WILLIAMS. What is your function?

Miss McCURLEY. I am in both. I have been in the Over-60 since it was organized. I was, you might say, a charter member of the Over-60 and I am secretary of the corporation. We are incorporated. Then last summer I said that I would give 1 day to the Over-60 and be paid $12.50 for 1 day for antipoverty, and I have been doing that.

Now as far as the Over-60 is concerned, I think it is well worth while. We run the gamut from the man who can get a job—we only had one at $10,000—down to the man or woman who is paid $1 an hour. We have, I believe, given satisfaction to a large number of people because they are gainfully employed in one way or another.

Also in addition to employment they have, people have the opportunity to talk over their problems, and that is often very therapeutic. Just this week I had a woman who was there at least an hour and a half, a woman who was being forced out of a job she has held for 15 years. She is being forced out because of her age and because the new employer is young. I think getting that off her mind has helped her considerably. I think she will be happier now to go about maybe finding another job.

Now we have many cases of that sort. Most of our cases are not welfare cases, but we occasionally have one. We had one this week where the counselor persuaded the woman to go to welfare and ask for assistance because, of course, we have no money to give out. Occasionally we give a breakfast or give carfare but we have absolutely no money. Our budget is very, very small indeed. It is all voluntary.

As far as the antipoverty is concerned, we have had very few people with whom to work; and as Mr. Wyatt said, quite a number of them did not come and some of them we persuaded to come. We have found that some of them say yes, they want to work, but they are not qualified. We have closed a number of cases because the doctor has said that the man or woman is physically unable to do any work. We have closed other cases because the applicants have said, well, they really don't want the work. One man I recall said, "I have my own job during the winter," I think he is selling wood and coal and he really does not want a job until summertime. We have closed some other cases because of lack of cooperation; we have not been able to get the people in.

We have placed 11 people, or 12 placements because 1 man took a job and then resigned that and we placed him a second time. I think that considering the material with which we have had to work because these people are just not 65, the oldest one was born in 1886. We have two of them that I know who were born in 1886, and considering the age and the previous history and the qualifications I think that we have succeeded in doing something.

Senator WILLIAMS. I wonder why it is that you don't have more people who are receiving welfare coming to your service.

Miss McCURLEY. Well, I can't answer that. We have not advertised as being a welfare agency, we are not a welfare agency.

Senator WILLIAMS. It seems to me that people receiving welfare are at the bottom of the barrel in terms of——

Miss McCURLEY. We have not gone out, really, for welfare cases because they are welfare cases and we are not welfare people. The majority of us are not trained social workers. We have all had experience in counseling and working with people but the majority of the counselors of the Over-60 are not trained social workers.

Mr. WYATT. Recently a person who came who had been a factory worker making $110 a week, had been laid off and told by her employer that it was very unlikely that she would be rehired. She was 45 years of age and she said, "My unemployment benefits are $45 a week; why should I take this job you have offered me at $40 a week? The $45 is not taxable, I take that home. Out of the $40 would come the social security premium and the income-tax deduction."

So we said, "Well, when your unemployment benefits run out, come back to us and we will see what you can do for us."

There are quite a few cases of that sort.

Mr. ORIOL. The committee during the inquiry has run into that problem: taking on a job would result in loss of benefits. Also, at a Foster Grandparent Program in Denver, Colo., the housing agency was actually permitted earnings under the Foster Grandparents Program not to have any effect on the minimum income level requirement.

Mr. WYATT. Seventy-five percent of our people are on social security, and when you get to be our age you think about redtape and one thing or another. They say, "I would not give social security benefits up for 60 days or 90 days or 6 months that this job might last because it takes so long to get the social security benefits back," which is not so. I have investigated that, we are close to a local social security office. They keep these folders in their offices and distribute them to people that come in. Many corporation personnel departments do the same thing and refer to retirees with the problem to see what we can do for them.

Mr. ORIOL. The Senator before he left asked me to ask Miss Wagner for a description of her work with you.

Mr. WYATT. Miss Wagner is the supervisor of the poverty work as far as working schedules are concerned, and interviews and all of that sort of thing. I depend on her for that. I am with the service three days a week and it runs 5 days a week and she is there the 2 days I am not there. She would be glad to add something to what I might say.

Mr. ORIOL. Miss Wagner, the project if I understand correctly, is still in a demonstration state as far as the war on poverty part of it is concerned. Is that right? This is a demonstration, isn't it?

Miss WAGNER. Yes.

Mr. ORIOL. I wonder if and how long a period will it be a demonstration? For 2 years?

Miss WAGNER. We are under contract, we have a contract for 1 year.

Mr. ORIOL. A 1-year contract?

Miss WAGNER. Yes.

Mr. ORIOL. What is going to happen when the 1-year contract is up? How will this service be maintained?

Miss WAGNER. Well, if we prove that we really are helping the poverty program, that is going to be up to the Government.

Mr. ORIOL. The reason I ask: so many of the demonstration programs demonstrate something and we don't sometimes hear anything more about it. Do you have plans?

Mr. CONAWAY. Yes; as I said, our project is a 2-year demonstration project. We have received funds of course only for the first year of the project. With a subcontract such as the Health and Welfare Council has with the Over-60 Service, Mr. Wyatt's organization, this contract is for 1 year. As Mr. Wyatt mentioned, the total amount of money he is receiving is $10,000 and this is why he is utilizing the same personnel that he has been utilizing, these same ladies, Miss McCurley, Miss Wagner, and others who have been volunteering their services for a long time.

The dearth of referrals that have been received by Mr. Wyatt's organization can be traced to the fact that the community action program is in its very beginning stages in our city. One of the things that I hope this committee is having impressed upon it is that the old people who want employment are sometime the very last persons who are approached. We have only sent to the Over-60 Service 42 persons who have indicated that they wish jobs. Twelve of these people have received jobs as a result of the services provided by Miss Wagner, Miss McCurley, Mr. Wyatt, and their colleagues.

We have for this component project an evaluation consultant from the University of Maryland who is submitting reports that will help us at the Health and Welfare Council as well as help the Office of Economic Opportunity make a sound decision on whether the second year program for employment services in contract with Over-60 should be continued.

In other words, it would be on the basis of not only the evaluation in the consultant's reports but our day-to-day activities and the way the staff feels also.

Mr. ORIOL. Is there anything else, Miss Wagner?

Mr. CONAWAY. No. I think it has been pretty well covered by everyone here.

Mr. ORIOL. We thank you very much for coming and especially on such short notice. We appreciate it. I know the Senator would say that, too.

Mr. CONAWAY. Thank you.

Mr. NORMAN. Dr. Blue Carstenson will be our next witness. I think you can go ahead and begin your statement, Doctor. Senator Williams will be back in a minute and he will be interested in asking questions on what you have said.

STATEMENT OF DR. BLUE CARSTENSON, EXECUTIVE DIRECTOR, SENIOR MEMBERS COUNCIL, NATIONAL FARMERS UNION AND PROJECT DIRECTOR, GREEN THUMB, INC.; ACCOMPANIED BY MR. WALTER HASTY, DIRECTOR, COMMUNITY DEVELOPMENT SERVICE, NATIONAL FARMERS UNION

Dr. CARSTENSON. Mr. Norman, Mr. Miller, I am Blue Carstenson, Executive Director of the Senior Members Council of the Farmers Union, and Director of Project Green Thumb. With me is Walter

Hasty, Director of Community Development for the Farmers Union. He will share in the testimony and in the questions.

We are very happy to be asked to testify before this committee and especially in light of our testimony last summer when we were more critical of the lack of progress than we are today.

You have asked us to testify about the Green Thumb Project. Before I do, I would like to comment just a word about a couple of things that were said yesterday, in particular, concerning Senator Prouty's statement about Social Security increases. We supported increases then and we support them now and we hope that there can be some Social Security increases this year. We also feel that it is not just a matter of income, that poverty has to do also with the way that people are able to spend the money that they have, and that the lack of transportation which has been mentioned here at the hearing several times is a very critical fact of poverty. If you can't get around to shop, you are at the mercy of whatever is nearest to you and whatever arrangements can be made.

Second: many of the older people do not have the consumer education, particularly the older men. When they go into the supermarkets, they are as gullible as any other man being taken by the kinds of "specials." More consumer education is needed.

Certainly the record of your committee indicates that Senator Williams and others have carried on the need for more consumer education, and practically nothing is being done in this area at this time, either by the Office of Economic Opportunity or by HEW in any of its programs.

You have asked us to testify on Project Green Thumb, the basic concept of this program. If it is all right, I will just submit the testimony for the record and just outline and highlight the program.

Mr. NORMAN. Proceed as you wish, Dr. Carstenson.

(Testimony resumes on p. 618.)

(Dr. Carstenson's prepared statement follows:)

STATEMENTS OF THE NATIONAL FARMERS UNION, BY BLUE CARSTENSON, EXECUTIVE DIRECTOR, SENIOR MEMBER COUNCIL, AND WALTER A. HASTY, JR., DIRECTOR, RURAL COMMUNITY DEVELOPMENT

We are pleased to be asked to testify before this committee again on the problems of poverty and old age. We want to congratulate this committee for its interest and action on behalf of the older poor. We also want to commend the Office of Economic Opportunity for taking the first steps in helping the older poor, in response to congressional concern. These first steps must be followed by action commensurate with the vast problems of poverty among the older poor.

You have requested us to testify on the Green Thumb Project. This project is simply one of taking the skills that older and retired low-income farmers have and using their skills to help beautify the highways. This program will help fight poverty among older people. It will also be a part of the war on ugliness that President Johnson has spoken about. It will also help the efforts to fight poverty among the small low-income farmers in rural areas. Finally, it will also help to build a new image of the potentials and the abilities of older people which is one of the goals of the Older Americans Act, passed last year by the Congress. This is multiple use of that valuable public dollar.

This is a program which is directly tied in with the States and their programs. I want to thank each of the Governors, Governor Hughes of New Jersey, Governor Faubus of Arkansas, Governor Rolvaag of Minnesota, and Governor Hatfield of Oregon and their staffs for their full and open cooperation with the program. To our knowledge no CAP grant has had a higher local and State to Federal matching ratio. The total budget for the project is $1,451,680. The Federal

share is $768,142 and the non-Federal share is $683,538. This means that the Federal Government is only providing 53 percent of the funds to make this project possible.

The project is only made possible by the full cooperation of many of the State and Federal agencies and many local groups. We have worked closely with the TAP (technical action panels) committees in each State which represent the various Department of Agriculture agencies, the State employment service and particularly the State highway departments. The State highway departments provided the largest chunk of non-Federal share by agreeing to provide nearly all of the materials and heavy equipment. Out of the $768,142, about $595,301 will go for subsistence allowances and travel expenses for the poor. The remaining funds, will be used for training, counseling, health, examinations, job development, supervision, evaluation, some materials, insurance, etc. Twenty-five days of training are provided so that the trainees will be able not only to do their jobs effectively and safely but will also prepare them for future employment as gardeners, nurserymen, landscape assistants, and county and State highway maintenance employees.

Each trainee will be paid $1.25 or the prevailing wage in the area and will not displace existing jobs. They will work 3 days a week and will earn $1,500 a year which is the limit under social security without losing benefits. The work schedule will be flexible both in terms of the individuals involved and the weather.

The highway department, of course, is the only agency which can determine what and where to plant and prune. We will supply the recruitment, training, counseling, placement, supervision, and personnel work. The highway department will supply the plant materials and planning, and will oversee the projects.

The first priority will be persons age 65 and over and second priority age 55 and over. We will employ 70 worker-trainees in each State. We expect that there will be persons who are on social security, persons on welfare, persons on private pensions, persons who are still doing part-time farming, persons who have been farmers or farm laborers and who have retired to the small towns. In one of the counties (Fulton, Ark.) over half of the people over age 65 are on public welfare.

We think that the concept is widely acceptable to the public as a good use of public funds in the war on poverty. We hope that this will serve as a national demonstration program.

Senator Williams (New Jersey) of this committee, Senator Morse and others in the Congress have aided in the development of this project and we appreciate their help.

We hope that Green Thumb will bring both "bread and roses." Bread for the older poor and roses for everyone.

We are also thankful that the Office of Economic Opportunity has funded several other projects, including Medicare Alert. We are afraid that it will be a "guns and not butter" situation in the case of senior citizen and rural projects in OEO planning. Just as in the case of rural programs, the senior citizen programs have just started to come in. The National Farmers Union has worked hard to develop local community action programs in rural areas—harder than any other voluntary organization. We have devoted much staff time to assisting rural communities develop project proposals and we are just now beginning to see these proposals go through the Office of Economic Opportunity redtape for approval. It would be a terrible shame, with a real backlash, if just as these proposals for which we have worked so hard to stimulate were coming forth, and we are told "sorry, no new projects, we have run out of money." The senior citizens are just now getting their hopes up about OEO and to have these dashed would be tragic. We urge the Congress to expand the war on poverty so that rural and senior citizen projects can be funded.

Our praises go to Dr. Robert McCan of the Office of Economic Opportunity staff who has moved mountains to project the senior citizen program. He deserves much of the credit for moving Green Thumb and Medicare Alert. He does need more staff assistance and we strongly urge that more staff be given especially during this developmental period.

While we are complimentary about OEO's new direction, we do want to comment about the McGovern amendment to the 1965 act: "The OEO Director shall adopt appropriate administrative measures to assure that benefits of this Act will be distributed equitably between residents of rural and urban areas." As

we have said, the Farmers Union and its State affiliates have been helping to develop many projects. As OEO has developed its program it has compounded its red tape and rules and regulations. We can say with experience that it is tougher to gain approval for OEO projects for rural areas today than it was before the McGovern amendment was passed. I hope that the OEO will put a watchdog on duty to prevent OEO from being smothered by self-made rules and regulations. The people in the rural communities do not have the grantsmanship of the cities and their agencies. If the rules and regulations and the conditions are not made simple and clear, there will be few rural projects and especially rural aged projects. The rules and regulations on Green Thumb have strained our accountants, lawyers, and our technical staff.

It is small wonder that we are the first project under the Nelson amendment for beautification and conservation.

"The Director is authorized to make grants under this section for special programs: (1) which invlove activities directed to the needs of those chronically unemployed poor who have poor employment prospects and are unable because of age or otherwise to secure appropriate employment or training assistance under other programs; (2) which in addition to other services provided will enable such persons to participate in projects for the betterment or beautification of the community or area served by the program including without limitation activities which will contribute to the management, conservation, or development of natural resources, recreational areas, Federal, State and local government parks, highways, and other lands, and (3) which are conducted in accordance with standards adequate to assure that the program is in the public interest and otherwise consistent with policies applicable under this Act for the protection of employed workers and the maintenance of basic rates of pay and other suitable conditions of employment."

We commend the Office of Economic Opportunity for its new steps and hope that they will continue for it is a long walk to the end of poverty. We are happy that more attention is being given to administration. Six months ago the attitude seemed to be more "What's wrong with this project?" So that projects could be rejected. Today the attitude seems more like "Well, what do we need to do to make this project be effective, efficient, and legal?"

We are also thankful to the chairman of this committee and the members of the committee for their continued vigilance on behalf of the senior citizens.

Project Green Thumb—A Proposal of the National Farmers Union

Basic reasons for the project

There are 8 million elderly persons living in the rural areas and small towns of this country. Well over half of these are living below the poverty line. Most have lived and worked on farms during their adult lives. Relatively few still live on the farms (about 1 million). Many of these people are still engaged in farming. Most of these retired farmers, their wives and widows, live crammed into substandard houses in the small bypassed towns of America. They are truly "forgotten poor Americans"—out of sight and out of mind. They are reached by almost no social agency or poverty programs.

These neglected citizens are generally thought to be unemployable as they have few marketable skills. As farmers, their one talent has been "green thumb" which has produced such an overabundance of food in this country. In fact the overproductivity of the farmer has helped create the poverty in rural America.

America has awakened to a new need; that of beautifying our cities and towns and especially our highways.

The National Farmers Union proposes to take the "green thumbs" of the poor older and retired farmer and put them to work to beautify our highways.

In so doing, National Farmers Union proposes to make maximum use of the scarce tax dollar by making each dollar help solve the problems of (1) poverty among senior citizens; (2) poverty in rural areas; (3) economic stimulation to our small towns; (4) aid in conservation and beautification of our highways; (5) retraining older and retired people for useful occupations and functions in society; and (6) aiding tourist business and travel pleasure.

While it is possible to plant vast areas of grass along the highways with mechanical equipment through contracts, beauty is more than grass. The planting and maintenance of flowers, shrubs, and trees take skilled men with a green thumb. Cleanup efforts may be done more appropriately with youth, but to

make a tree, a plant, or a shrub come alive again takes knowledge and skill that comes with years of working with the soil and plants.

The two domestic wars of President Johnson—the war on poverty and the war on ugliness—can be blended so we can have both "bread and roses."

President Johnson said in his message to Congress which called for action to beautify our highways—

"For centuries America has drawn strength and inspiration from the beauty of our country. It would be a neglectful generation indeed, indifferent to the judgement of history and the commands of principle which failed to preserve and extend such a heritage for its descendants."

The President also said that by acting to bring beauty to our roads, by making nature and recreation easily accessible, our highways system can become immediately more valuable in serving the needs of the American people.

In a recent Office of Economic Opportunity (OEO) community action memo (July 9, 1965), the Director of the Community Action Program called attention to the fact that one-third of the poor were over 55. "The war on poverty cannot succeed unless the elderly become active participants and beneficiaries of community action." He also said "* * * few applications have included activities designed to meet the special and severe problems of low income elderly persons and families" and urged the "development of new program proposals which concentrate on the needs of the elderly."

In a letter to the Farmers Union concerning the project, Mrs. Johnson said, "I am very happy to learn that action is being taken on your excellent proposal to utilize the skills of retired farmers on highway beautification. There are many older farmers who through no fault of their own have suffered adversity. Unfitted for other work, they face deprivation and poverty in their declining years. What an opportunity is presented here to provide them with useful employment for which they are fully qualified and, at the same time, to beautify our highways for the benefit of all our people."

THE BASIC PROPOSAL FOR PROJECT GREEN THUMB

This will be a 1-year national demonstration project. It is proposed to carry out demonstration projects in about 40 counties in 8 States, using some 518 older and retired low-income farmers. The Office of Economic Opportunity has initially funded four States.

The older and retired farmers would be organized into teams of seven with a working foreman and would be paid a training allowance of $1.25 per hour for an average of 3 days a week or $1,500, the maximum allowed under social security without losing income. The foreman would get $1.50 per hour. Where the prevailing wage for similar positions in the county is higher, individuals will be paid the prevailing wage.

A plan of operation will be developed by each State project director with the State highway department and would work on the roads and areas agreed upon by them under carefully developed plans. The State and local highway departments will be asked to assist in supplies, equipment, and in some cases special supervision. Jointly with the State highway department and their resource people in the Forest Service, Soil Conservation Service, State agriculture colleges, and other State and local groups, the project director will develop a training program for these 518 older and retired farmers. The training will be designed to teach those skills which they will need on the job and will be tied into the work plan for longer range employment in landscaping, road beautification, gardening, nursery work, and related vocations. These are occupations not usually affected by age discrimination and training. Prime supervision and training will be done under the direction of the project director, but planning will be by joint agreement with the State highway departments. Maintenance of plantings and greenery is expected to be a big portion of the work.

A great deal of effort will be placed in getting wide-scale community involvement.

It is anticipated that October 1 would be the starting date. In Mrs. Johnson's advice to "Green Thumbers" in Life magazine, she said, "October is a prime month for planting ornamentals, such as flowering trees." The winter months will be used mostly for training, except in the South.

This will be a demonstration project which it is hoped will pave the way for larger programs under the amendment to the antipoverty bill sponsored by Senator Nelson. This amendment calls for a special program of beautification and conservation.

A variety of experimental approaches in the various demonstration projects will include—

1. Beautification of the approaches to a major city.
2. Beautification in recreation areas of Minnesota.
3. Beautification of main highways, secondary roads, and roadside parks.
4. Working as teams or assigning individuals to specific stretches of roads.
5. Intensive training (Philadelphia).

ASSUMPTIONS AND HYPOTHESES

1. Older and retired farmers can be successfully used to beautify the highways and roads.
2. There will be sufficient numbers of able bodied, low-income and interested older and retired farmers who want to participate in the program.
3. Older and retired farmers can be retrained with relatively small amounts of training to enable them to become capable of doing the beautification work on the highways and roads.
4. Older farmers can also be retrained in this program so that they can qualify for long-range jobs of beautification, gardening, landscape work, nursery work, etc.
5. Despite age factors, they will be able to do all of the above, including overcoming the age discrimination in employment.
6. A new image of the contributions of retired people can be developed. It is also believed that the individuals self-image will improve.
7. The various Federal, State, and local agencies and private organizations can and will work together to make this project possible.
8. Such a program will gain wide-scale public support.
9. Use of the older and retired farmers to beautify the approaches of cities and tourist areas will be particularly well received.
10. The use of teams of older and retired farmers will be helpful to both the training and the work.
11. This approach can be used in every area of the United States and should be expanded to a nationwide program.
12. Highway departments will be particularly happy with this program in that it will be supplying a more highly talented group of workers.

BASIS FOR SELECTION OF TRAINEE-WORKERS

A. The prospective trainee-workers must meet certain criteria:
   1. They must have total family incomes of $3,000 per year, or if alone, a personal income of no more than $1,700.
   2. They must be from a farming background and have farm experience.
   3. They must be able bodied and judged capable of participating in the kind of work-training envisaged in this project. Each prospective trainee must pass a physical examination prior to acceptance.

B. Preference will be given to:
   1. Persons who are age 65 and older, with next preference to persons aged 55–65.
   2. Persons with extremely low incomes including those on welfare and minimum social security.
   3. Persons who live in the counties where they will be working.
   4. Persons having longer and relevant farm experience.

C. Method used to determine poverty: A copy of the person's last year's income tax will suffice, or in the absence of an income tax return, and/or a written statement by the individual of his income source can be utilized. In a rural community it is much easier to check on income levels than in large urban areas. The fact that the names of trainee-workers accepted for the Green Thumb project will be released to the press will help insure compliance.

LIAISON WITH APPROPRIATE AGENCIES AND GROUPS

(1) State highway department: Initial cooperation was secured from the Commissioner of the Bureau of Roads and letters sent to State highway departments. NFU has made contact with highway departments and specific agreements worked out for the project.

(2) Experts on horticulture: Conferences were held with Department of Agriculture officials (Rural Area Development, Forestry Service, Soil Conservation, and Assistant Secretary Baker, who promised assistance). State highway departments have either staff horticulturists and/or relationships with State forest service department and State soil conservation services, which they feel have competence in these areas for assistance in planning. The Adult Education Division of the U.S. Office of Education has helped in the planning of the education program.

(3) State project directors will be expected to work with the employment service and welfare departments.

(4) Older farmers can also be retrained in this program so that they can qualify for long-range jobs of beautification, gardening, landscape work, nursery work, etc.

The national staff will evaluate the various training patterns and curriculum including the amount of time of "on-the-job training" and source and type of instructors. At the end of 6 months, the project will report to the Office of Economic Opportunity on the number of people getting jobs, then again at the end of the first year and again at 15 months.

(5) That despite age factors, they will be able to do all of the above, including overcoming the age discrimination in employment.

(6) That a new image of the contributions of retired people can be developed. It is also believed that the individual's self-image will improve.

State project directors will make a report. These will be evaluated by the National Advisory Committee and their findings reported on these two hypotheses.

(7) The various Federal, State, and local agencies and private organizations can and will work together to make this project possible.

The project will report the number of and the extent of participation by State and local agencies and organizations.

(8) Such a program will gain wide-scale public support.

The National Advisory Committee will evaluate the extent of public acceptance.

(9) Use of older and retired farmers to beautify the approaches of cities and tourist areas will be particularly well received.

We will request an evaluation by public and private tourist and beautification promotion organizations in each area.

(10) The use of teams of older and retired farmers will be helpful to both the training and the work.

The State project director and the field supervisors will be asked to evaluate the impact of the team on training and work. In a number of cases there will be individual projects with which they can compare.

(11) This approach can be used in every area of the United States and should be expanded to a nationwide program.

(12) Highway departments will be particularly happy with this program in that it will supply a highly talented group of workers.

The State highway director will be asked to evaluate the project.

(13) In addition to the above a confidential mail questionnaire will be distributed to each trainee asking him to evaluate the program and make suggestions for improvement.

(Testimony resumed from p. 614.)

Dr. CARSTENSON. Thank you.

The program is very simply to take the skills of older people, of older farmers in particular—the skill of growing plants and shrubberies and flowers, where they have been growing wheat and grains and corn and all the rest—and to put this talent, this green thumb to work in beautifying the highways.

This is almost a natural and at the same time it tackles a number of very serious problems that the Nation is faced with all at the same time; attacking the problem of poverty in rural America, attacking the problem of poverty among older people, attacking the problem of how to beautify this country.

It is also doing something about the farm situation environment and farm income. We have had great cooperation from Governor Hughes, Governor Faubus, Governor Hatfield, and Governor Rolvaag who have all been very cooperative, and I think the cooperation is most evident when it comes to showing the extent of State and local participation.

I think this is one of the highest ratios of State and local participation to Federal participation in any of the OEO programs and perhaps in more than the great number of Federal projects or projects in the country, because 53 percent of the program comes from the Federal Government and 47 percent comes from the local and State contributions.

Mr. NORMAN. At that point, Dr. Carstenson, may I ask you about that? It is my understanding that OEO projects for the first year are funded at the rate of 90 to 10?

Dr. CARSTENSON. Generally speaking, yes. It must be over 90 percent or well beyond the 90 percent.

Mr. NORMAN. Did I understand you to say something like 50 percent comes from local funds for funding this project?

Dr. CARSTENSON. Forty-seven percent comes from local and State sources, yes.

Mr. NORMAN. Why does not the 90–10 apply here?

Dr. CARSTENSON. We felt it should be greater State and local participation because the State highway departments and the local agencies and all are receiving a benefit of beautification. They are putting up the equipment and the planning for this and a lot of other things that go to make this whole project possible. So it is a major effort on the part of the State.

The grant is for a total of $1,451,680. The Federal share is $768,142 and the Farmers Union and the States and other groups that are participating in this program are contributing $683,538.

That is a pretty healthy share.

Mr. NORMAN. For what period of time do these grants apply?

Dr. CARSTENSON. One-year grants, one-year projects.

Mr. NORMAN. One year beginning when?

Dr. CARSTENSON. December 23, 2 days before Christmas.

Mr. NORMAN. At the end of that 1 year, that is, December 23, 1966, they will either have to get additional funds or fold up the project, is that correct?

Dr. CARSTENSON. The Office of Economic Opportunity has indicated approval and we have undertaken this as a demonstration project. We are just getting started in this. This is the first project under the Nelson amendment for beautification and conservation.

This OEO statement came back to us on our submittal, which we called a demonstration program and indicated that we did expect further projects, said that they would do it only on the basis that this would be looked upon by Farmers Union as something that is on a continuing basis assuming that the project proves out well.

We have had a great deal of help from the Department of Agriculture, from the Bureau of Roads, from all of the members of the CAP committee, the technical action panels of the Department of Agriculture at the State level. The cooperation has been excellent with the

employment services with the Commissions on Aging and there have been many, many different groups that have agreed to cooperate in this program. We have a number of other States where the Governors are interested, and our State agencies have expressed interest in proceeding as soon as possible. Wisconsin, Iowa, and several others have expressed interest in the Act. But these are still off in the future. We hope that there will be many other Nelson-applied programs.

The trainees will be paid $1.25 an hour or the prevailing wage. About the problem of transportation—we are concerned about this area. Because we think it is a major problem, transportation will be provided for the worker-trainees so that they can get to work. They will earn a salary or allowance of $1,500 a year in addition to the transportation and all the other things that go with insurance protection. They will receive up to 25 days of training so that they can be trained as gardeners, as landscape assistants, as nurserymen, as working for the highway departments, and a number of other jobs that we are looking forward to for training these people.

Back in Oregon we already have the first three trainees, already promised that they will employ them as soon as we get them trained. So we do expect to have a number more. At any one time we are planning for 70 in each of the four States of Arkansas, Oregon, New Jersey, and Minnesota.

Senator WILLIAMS. Is your only link at this point with State government?

Mr. CARSTENSON. No, we have been working primarily with the Federal and State Governments. We do have some work that we are doing with local groups in the area. In Minnesota we have been in contact with the local RAD committee and a number of other communities in the area, farm junior groups, and this sort of thing.

In New Jersey we have talked with the CAP director in Bergen County and we have talked with some of the farm groups, farm leadership in the State.

Senator WILLIAMS. Of course the people that are recruited for this program are mostly rural people?

Dr. CARSTENSON. They have to have a farm background. They may be either farmers who are still farming part time; they may have moved into the small towns where most of them do retire off the farm; they may be people who were farm workers, some of the migrants that came to New Jersey; and, for example, we will be working to reach that particular group. The first priority will be 65 and above, and the second priority will be 55 and above.

Senator WILLIAMS. But they are removed from the cities so it could not be expanded easily into a city beautification program?

Dr. CARSTENSON. Well, in the case of New Jersey we had originally envisioned a ring around Philadelphia, actually going clear on around the Philadelphia side. There was initial interpretation by the Office of Economic Opportunity that this could not be an urban program. We then revised our plans and moved accordingly. The latest is that this can be used for urban areas, so it looks like we will be moving back at the request of Mr. Bullitt from the OEO office in New Jersey. We will be moving back into Camden County and into Mercer County but we will have to pick and stick to people with the

farm backgrounds because what we are trying to reach here is to tap a talent that these people have.

I think that is the main thing, we are looking for ex-farmers who have the green thumb.

We have had a feeling about this program and, incidentally, we have had a great deal of help from many people. Senator, we appreciate your help and the help of Senator Morse and particularly Mrs. Lyndon Johnson, who has given us great encouragement to develop this program. We think that this has a real great potential for helping the some 6 million, and I repeat that again, some 6 million older people living in rural America.

When I say 6 million, this is in towns of less than 5,000 and in rural areas. Nobody seems to have an exact figure on how many of these are poor. Under OEO definitions OEO does not really have the information, but there is an estimate that at least 2 to 2½ million of these are poor. Many of these women and men have skills which we feel can be tapped. They are rather a hardy lot, and we hope we can use them not only in this program but in other programs.

I will ask Mr. Hasty to comment in just a moment about our Project Hope, which we hope will develop other programs to use the talents of older people in rural areas.

I would like to comment a moment and come back to Green Thumb and you will see why I am taking the diversion to talk about Medicare Alert, since I was involved in some of the early discussions on this. Actually it is quite amazing that we have had as much response on Medicare Alert as we have. We have had, as it was said yesterday, 400 CAP's which have applied. However, had Medicare Alert had the same kind of staffing and the same kind of support and the same kind of rules and regulations as had Operation Head Start we probably would have had between 1,000 and 1,500 counties applying for these programs. In particular I would like to say that one of the reasons for the limitation on Medicare Alert was that they were limited to CAP areas, and Mr. Hasty will comment on this in just a moment.

The other part is that Operation Head Start had some 200 employees who were assigned to get that program off the ground. At the present time there is one person, Mr. Robert McCan, who has done a Herculean effort in working on Medicare Alert. He also has the assignment of handling all the Nelson amendments. He has done major Herculean work in helping us with Project Green Thumb. In fact, he has worked on every one of the aging programs. He still has responsibilities in employment and as you can see, his hands are quite full. He has been given a temporary person, Mr. Harold Hagen, a very capable person, to help on Medicare Alert, but this means we have, even when you throw in the work of Jack Ossofsky of the National Council on Aging, probably maybe three people who are working on developing projects in the field of aging all across the board in contrast with the 200 on Head Start or the large numbers on the other programs.

I am happy to say that Sargent Shriver indicated yesterday he would like to see more staff assigned to this and perhaps also give it a permanent status in the OEO which it does not really have at this point. We think that many of these programs will get going (1) if

there is publicity, (2) if there is staff, and (3) if there is a continued commitment on the part of OEO to push on these programs.

I would like to compliment the committee on taking the initiative. I think that your hearings have had a great deal to do with the increased effort of OEO and I think that the Smathers amendment last year was another reason why OEO is really beginning, and I say this is only a very slight beginning, on the war on poverty among older people.

I think I would like to stop at this point and either talk a little more about Green Thumb or turn it over to you, Walt.

Mr. HASTY. I will take just a moment, if I might, Senator.

I would like to say how much I appreciate your efforts. I have never seen a group of aged people visiting the Hill on either Medicare or any other of the aged issues that I didn't also see Senator "Pete" Williams addressing them and meeting with them and I certainly appreciate your interest.

Senator WILLIAMS. We don't see the groups as frequently as we used to. You see, so many things have been accomplished that they have been urging on us and the Nation for—well, as long as I have been here, on and off for 12 years. The senior citizens groups, the Golden Age groups are vibrant when they come to town, I will tell you that. But apparently there is some thought to the effect that this committee can now go out of business because we do have Medicare and we do have the Administration on Aging.

Would you gentlemen comment on the desirability of folding this Aging Committee's tent because the job is all done?

Dr. CARSTENSON. I would like to strongly urge not only that you continue—and I know of many, many areas that need investigation and study—but I would like to also urge at this point that the House create a similar committee, because I think this is going to be continually an increasing problem. We have not solved the problems of poverty among older people. We are just beginning in the area of housing. The area of consumer protection is a major one where much needs to be done. Many hearings should be held in this particular area. I think that instead of talking about curtailing the committee that we ought to work to get a House committee to work in the similar area. I think there is more than enough for both to do and I urge you to continue.

Senator WILLIAMS. Well, I am delighted to have that expression from you, Dr. Carstenson, and your associate Mr. Hasty, because you men have been through the long battle. The battle certainly is not won, and we have a lot of new programs that must be watched carefully to make sure that they fulfill our goals and our hopes. For those who suggest that our work is done, I think they are dead wrong. For one thing, we have the responsibility of legislative oversight to make sure our legislative program is operationally as good as it can be.

Mr. HASTY. I might mention, Mr. Chairman, it seems there are two schools of thought that are beginning to evolve. Yesterday's expressions and some that I have heard today differ on ways to assist the aged poor, one school suggesting that we better maintain them with increased social security and other maintenance programs. Certainly this is desirable. Then there is the other school of thought, the other pole, that we provide economic opportunity, job opportunity for those

who are able and would like to have jobs even though they have passed age 65. We believe that a lot of people would like to have employment.

A month ago I listened to one lady who said by being given a job, some person had been given a great deal of psychological and emotional therapy, and this is true of a great, great number of older people. They don't want to sit down and just rock, they would like to contribute something and in turn receive a remuneration for it. So we think that this is what Green Thumb is doing and Farmers Union has been very, very active in trying to create programs for the aged poor. It seems that creating programs for youth is more glamorous; helping a youngster seems to be more popular in our local community action agencies, but yet we owe a great deal to our older citizens who have already contributed a great amount, still have a great deal more to contribute.

I might describe briefly the McGovern amendment to the 1965 Economic Opportunity Act, which was, as you know, to make sure that rural areas would receive a proportionate share of OEO funds. The McGovern amendment was one that was to guarantee that a proportionate share of the Office of Economic Opportunity funds would be spent in the rural areas. It is in the testimony which you have there. I wanted to point out that we are particularly eager to see that this money is spent in the rural areas because, as you may know Senator, the median age of the head of the household in rural America is 57 years of age. This is the median age over the entire United States. So we have a problem of an aged citizenry in rural America and therefore we must serve the needs of the aged. This is specifically why Dr. Carstenson is working for Farmers Union as director of our senior members division, because commodity programs and so-called farm programs don't always serve the needs of these individuals when they are aged.

One of the reasons why we have a lack of economic opportunity for younger men to get into farming is because the older people can't leave the farm, they do not have a retirement program. Social security is inadequate to maintain them so they hang on in a marginal situation whereby if there were other job opportunities offered and other benefits provided they could leave the farm and a younger man could move in. The median age being 57, we do have an aged clientele to serve and to provide economic opportunity.

Dr. CARSTENSON. I would like to comment on two other things that have not been mentioned. One of them is that in the area of cooperative effort on the part of older people to conserve money, the Farmers Union has had a long history in cooperatives. We have a large number in New Jersey. In fact, throughout the country we do about a billion dollars a year in business. It is a very large-sized cooperative effort. We think that this effort in large measure, along with legislation in large measure, saved much of the Midwest from the kinds of economic plight that has hit much of the South.

We think that there may be areas of cooperation in consumer cooperatives that are possibly in the food area and other areas among older people.

As an example of cooperative effort which the Farmers Union has undertaken quite apart from Government and Federal aid where it has no connection with the Federal Government except that it follows the

rules and regulations of the Food and Drug Administration, we have set up a direct drug service which services not only the Farmers Union and its members but also the National Council of Senior Citizens.

I have here, which I will submit to the committee, our information about our drug service which we have found is a great aid in helping to help older people face the problems of poverty and to save money on their drugs and medications.

Mr. HASTY. I would like to mention one other program that we now are developing, Senator, that I think will thrill you. This is a program specifically to serve the rural aged poor. We tried to determine what the difference in needs were between the urban aged poor and the rural aged poor. Our studies reflected that first of all they were isolated, secondly in many instances immobile, and, thirdly that through the very fact that they have lived in isolation for a number of years and before that were farmers, some of them have a degree of independence in their philosophy that has actually become a barrier now to accepting aid and to being willing to go forth and look for aid that might be available should they go into the nearest small town or city.

So we try to come up with a plan that we might serve the individual aged person living out in a rural area alone. Many times the family lives some place else. We came up with a program that we referred to a senior aged maintenance plan. It spells SAM. Everything else has to spell something. This project was to create an individual who would not have to have an extensive formal education. He could be someone with, say, a high school education or equivalent, a person who had certain maintenance skills who we could put wheels under, say a station wagon or a four-seat pickup truck; and this individual could call on the aged poor living in the rural areas. He would carry a supply of magazines and books from the local library that he could check out to them. He would have a hammer, nails, panes of glass, tools and equipment to make minor repairs there in the home. He would do such things which are quite simple but hard for someone who is aged to do such a replacing a burned-out light bulb, putting in a pane of glass, covering a hole in the floor, looking for safety features that might be installed, taking combustibles that are sometimes there right in the home in the living room and suggesting that these be housed outdoors.

He would even provide some seeds and fertilizer and some instruction and assistance to plant a little garden of food plants that require a minimum of cultivation and yet will reap a maximum of good food value; such as turnips and tomatoes and cabbage, for many of these that all you need do is prepare a seed bed, sow the seeds, they need never be cultivated.

We feel that if this individual could call upon the aged poor and provide these maintenance services and provide counseling of this nature, not only would he help them where they can't help themselves but he would become a friend, someone they could live from month to month or 15 days to 15 days knowing that he is going to come see me and I can talk with him and I can see him. We feel that this would be a psychological help that would even exceed the physical.

Senator WILLIAMS. I could not agree with you more. Of course, you say the rural aged poor. And of course if it is part of the Fed-

eral poverty program, people have to fit the definition of poverty. But, you know, it could even go beyond that.

Mr. HASTY. Absolutely.

Senator WILLIAMS. You are right about the independence of a man who has been a farmer all his life. I know a man 80. The highway is coming through, and he lives all alone. It would be smart for him to go into town where he has relatives but he is going to move that old farm house over in the pasture and live alone. He is at the point where it would be good indeed if someone dropped in once in a while to see how he was making out. And combustibles you mention, this man can't see very well and I am wondering—he happens to be my uncle—but he would not meet the definition of poverty because he has been stable enough to make an income above the official poverty level.

Mr. HASTY. Yes.

Dr. CARSTENSON. There are also possibilities of carrying on a demonstration project of the type you are talking about under the Office of Aging, and we may try a blend here of some sort of experiment and see what is the next condition.

Actually, we think that most of these older rural people we're talking about will have the very, very low income. For example, in one of the counties we are working in now in Arkansas, half of the people over 65 are on public welfare, and in none of the counties in Arkansas are less than a third of the total population on public welfare. As you know, there are many who should be on public welfare but who are not and will not because of their personal pride or because they are getting along on just barely enough on social security.

Mr. HASTY. Senator, your comment is so pertinent. Your uncle is not poor, but he needs help. I hope many people feel that because we have set arbitrary definitions of what is poor and we have had to put dollar symbols to measure this, I hope that the time might come that we will realize that though your uncle is not poor economically he is poor in the social interaction that he is being permitted to participate in and therefore does need attention.

So we are a long way—as your committee, I hope, will believe, and I know that you do—from having fulfilled the mission that it can. We are a long way from winning the war on poverty because we must defeat more than economic poverty to make a healthy, wholesome citizenry, and a Great Society.

I might also mention briefly some of the problems of the aged poor are having is this red tape, not only in OEO but any program of technical or financial assistance that the aged might participate in. There is a great deal of red tape and I do appreciate the progress that the Office of Economic Opportunity has made to redirect its efforts into assisting the aged poor. However, we still, and I find this so every day because in the rural communities that I am particularly working with they do not have the "grantsmanship," if you please, to prepare the slick presentations to OEO. And believe me, Dr. Carstenson has spent hundreds of hours putting green thumb projects together and there are not many Dr. Carstensons available out in the small rural towns. People with the greatest need cannot prepare the beautiful brochure and fly it to Washington and walk it through OEO, or whatever the agency might be. So we find the people with the greatest need getting the least.

I would hope that there might be some emphasis on eliminating this red tape within OEO and within these Federal agencies rather than have an attitude of you submit your project and we will tell you what is wrong with it, as now prevails. The attitude should be: present your project, we will tell you what is wrong with it, what we think needs to be done to make it right and sit down with you and try to work it out.

Then this would help the people who don't have the technicians, they don't have the lawyers, they don't have the public relations experts, no other means to fly to Washington.

Senator WILLIAMS. Let's consider this: The county agriculture agent is sort of the lawyer-counselor-liaison for farmers in dealing with the complexity of all of the laws dealing with farmers, isn't he?

Mr. HASTY. That is true.

Senator WILLIAMS. For farmers it is not a simple matter, I would think, to come into the various programs designed to assist agriculture It is the county agent who is available, the go-between of the farmer and the bureaucracy.

Mr. HASTY. Supposed to be. Grow two blades of grass where was only one before. This truly is what we feel their road should be and many of them are beginning to see this; but here again when you become too old to farm the county agent no longer feels a responsibility for you.

Senator WILLIAMS. That is right. I was not saying that we had a new role to his responsibility but that concept of someone within reach to guide and counsel——

Mr. HASTY. This should be that individual but unfortunately it isn't in all cases.

Senator WILLIAMS. I mean just on this poverty program. That concept of someone to counsel within reach rather than flying to Washington.

Mr. HASTY. Exactly.

Dr. CARSTENSON. One of the problems we have on the SAM project is that we cannot take a person out of the low income group and train him to be that link with the individual and do this kind of supporting job that we have. While Bob McCan has helped me many, many, many hours and done a tremendous job, he is only one person, and until we get more personnel and also some simplification we will never be able to really move like we should. I hope that they don't get sunk there with all the paperwork and that the Administration on Aging does not evolve too much paperwork that will prohibit local groups and particularly groups directed by senior citizens to prepare proposals.

Senator WILLIAMS. We have seen some noble ideas really flounder on the roots of bureaucracy and red tape. Take urban renewal. Cities' areas are razed and 12 years goes by and they still have not been rebuilt. Plans and changes and plans and changes.

Dr. CARSTENSON. One of the areas which is going to be particularly susceptible to this but which has been a great potential is the housing program. Mr. Spector [51] and I were going over the various programs of the past with you, Senator, and the other Senators on the Housing Subcommittee and we figured out that there are now some 26 differ-

[51] Sidney Spector, Director (Housing for Senior Citizens, Department of Housing and Urban Development.)

ent variations of housing for senior citizens, that it is now possible under the various Federal programs and how this is translated to the public. Until we get a little community involvement it is going to be a major task.

I can't help but also commend your State, Senator, for having a special conference on poverty and aging and discussing many of these things. Mr. Oriol was up there for that conference and we are going to have more of this and we are going to have more staff to do this kind of interpretive job and to help these projects along.

Mr. NORMAN. Dr. Carstenson and Mr. Hasty, we are very interested in the discussion of your Project SAM. Is my understanding correct that this is just a gleam in the eye of the Farmers Union, or has it progressed beyond that?

Dr. CARSTENSON. It is in the task force report and we have been working on it. We decided that as our first project we would tackle Green Thumb partly because Mrs. Lyndon Johnson has an assistant who is always asking: "Mrs. Johnson wants to know when you are starting to plant the first shrubbery."

So we have been under the gun there to start the program as quickly as possible. We hope that we can get going on the other. Mr. Hasty, you have been doing some work on it.

Mr. HASTY. We were asked to come up with something strictly rural.

Mr. NORMAN. Asked by OEO?

Mr. HASTY. Yes; by the Task Force on Aged Poor, which Mr. James Patton, our president, was a member. I was permitted to stand in for him. So it was a part of the report of this committee and we were encouraged to sponsor a pilot phase of it. We now are about to move to begin a pilot project of SAM after which it is hoped this could be expanded into all regions of rural America.

We are most concerned with the reports we are receiving concerning the 1967 appropriations for the OEO programs. We are told by the administration that there will not be a cutback; however, we are realists and we are aware of the tremendous pressure on our domestic programs which the Vietnam crisis is creating.

Even if the OEO budget is not cut, and if it remains the same, our projects to assist the aged poor will be badly hurt. The reason being that as rural projects were late in being developed and submitted, so were projects to assist the aged late in coming in. The reason for this was, of course, that these groups did not have the technical and other assistance necessary to move rapidly. So a hold-the-line budget could scarcely do more than maintain the ongoing programs with little left to approve these new projects.

I might mention the rural areas are just now getting projects. It has taken an entire year where the cities were able to help to get projects funded, the rural areas took longer. Now as projects come in for funding from aged groups and from rural groups, if we only have a domestic budget for the Office of Economic Opportunity, let's say, that is equal to the budget we had last year, then we will only be able to maintain those programs that are already in existence, the majority of which are in the cities and for younger people.

As the new projects come in we are afraid they will be told, "Sorry, we cannot fund any new projects, we can only maintain those previously funded."

So there is no comfort in a domestic budget which holds the line.

There must be more funds if the aged poor in the rural areas are now to be funded.

Senator WILLIAMS. You gentlemen certainly have been most helpful, as always. I don't know of any of these good and new ideas that you have not supported with eloquence and determination. We are very grateful indeed.

Dr. CARSTENSON. I want to thank you, Senator, for giving us a chance.

I want to leave for you our emblem for our Project Green Thumb, which we are going to have on the safety jackets of the men on the highways of New Jersey, Arkansas, Oregon, and Minnesota.

Thank you, sir.

Senator WILLIAMS. Thank you very, very much.

(Whereupon, at 12:57 p.m. the committee was recessed subject to call.)

APPENDIXES

APPENDIX 1—ADDITIONAL STATEMENTS AND LETTERS

STATEMENT BY CHARLES E. ODELL, DIRECTOR, OLDER AND RETIRED WORKERS DEPARTMENT, INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA—U.A.W.

Detroit, Mich., January 12, 1966.

DEAR SENATOR SMATHERS: At the request of J. William Norman, Staff Director of the Senate Committee on Aging, I am submitting this statement for the record of your committee's investigation to progress made by the Office of Economic Opportunity and the other departments and agencies involved in services to the aged poor. I regret that a conflict in speaking commitments will not permit me to appear in person before the committee.

First, as Chairman of the Task Force on the Problems of Older Persons established by Sargent Shriver, on March 4, 1965, prior to your hearings, I would like to submit formally to your committee a copy of the task force report, along with the letter of transmittal and Mr. Shriver's reply.

I hope sincerely that your committee will find it possible to publicize the report as part of your proceedings if only because it has been so difficult to get it distributed through official channels in the Office of Economic Opportunity. One of the specific steps which Mr. Shriver promised to take in his letter to me accepting the task force report[1] was, as the letter indicates, to distribute the report within the OEO and among local community action program organizations. This has only very recently been done with the result that most local community action programs have not been either informed or encouraged to undertake such programs in any official manner by OEO.

Notable exceptions have occurred in a few places such as New Jersey and Michigan where members of the task force were able to have some little impact on local community action program planning. However, there has been very little evidence of forceful leadership and direction from OEO with regard to stimulating programs for older poor persons until the belated announcement of Operation Medicare Alert at the end of December 1965.

Mr. Shriver's letter also mentions the foster grandparents projects and other Federal commitments announced by President Johnson late in August.

While I do not wish to prejudge the foster grandparents program, it is my impression from our experience with it in the city of Detroit, that it has taken an inordinate amount of time to get the program here off the ground.

In contrast to this discouraging picture of effective action or the lack of it in the Federal agencies, I have been impressed with the diligence and perseverance of the National Council on the Aging and in particular on the part of Mr. Jack Ossofsky, who is directing a National Council on the Aging project financed by a contract with OEO, in trying to formulate and promote model programs which community action people could adopt to extend OEO services at the local level to older people living in poverty. As a matter of fact, it is my impression that, had it not been for Mr. Ossofsky's untiring efforts little, if any, significant action would have taken place in OEO on behalf of older people since the task force report was submitted.

It was therefore heartening to receive word on December 28 that Operation Medicare Alert had been approved as a national project by OEO with more than $2 million earmarked to recruit and train part-time people among the aged poor

[1] Text of report will appear in committee report, "War on Poverty As It Affects Older Americans," to be published in May 1966.

to bring information about Medicare to their unreached neighbors and friends and to assist the unreached to sign up for both the basic and supplementary benefits available under Medicare. The tragedy is that this effort should have been authorized in September as recommended by the task force. Now we have less than 2 full months to achieve what was obviously at least a 6-month job.

But the dereliction does not begin and end with OEO. The failure of the Office of Aging and the new Administration on Aging in the Department of Health, Education, and Welfare to take leadership in developing Government-wide interest in the problems of the aged poor is also an important factor in the situation. A logical source of leadership for such effort would have been the President's Council on Aging in which Cabinet and sub-Cabinet level representatives of various Federal departments and agencies are represented. Certainly this group should have been exploring and recommending ways and means by which OEO projects could be developed and dovetailed with existing agency programs in order to help the aged poor. But so far as I can determine the President's Council has not had a meeting since it submitted its last report to the President in January 1965, and to all intents and purposes it is not now functioning.

Further, the delay involved in activating the new Administration on Aging which became law on July 14, 1965, in appointing the Commissioner and the 15-member national advisory committee are all indicative of a business-as-usual attitude about the problems of older people in the Department of Health, Education, and Welfare. Of course, the Department will argue that it is preoccupied with all its other new responsibilities like Medicare, the new education bills, water pollution, etc., but this is hardly an acceptable excuse for failing to take the proper steps to implement a new agency structure that could, by vigorous leadership, have brought almost immediate and effective help to hundreds of thousands of older people under the Economic Opportunity Act.

As I see it, there are a number of projects in behalf of the middle aged and aged poor which could be energized and spearheaded by other departments and agencies, with or without, direct financial assistance from the Office of Economic Opportunity. Among these I would list the following:

(1) Development of a recruitment and training program for home health aids, nursing home attendants and aids, and other health personnel that will be needed to implement various aspects of the Medicare program, particularly the home visits program and the nursing home care program. Certainly the Department of Health, Education, and Welfare and the Department of Labor would have major responsibilities in implementation of such a program and much could be done with or without OEO financing under the MDTA program.

(2) While there is no specific legislative authorization for it, and perhaps there should be as you have suggested, there is great need to initiate action on a senior citizens service corps and a counterpart neighborhood senior citizens service corps which would provide both paid and nonpaid service opportunities for qualified and trained middle aged and older people from the ranks of the poor.

(3) Under the existing VISTA program, there are many instances in which qualified retired people could be recruited and trained for work in a variety of settings in which the older poor could be served such as senior citizen centers, golden age clubs, public housing projects, the basic public and voluntary welfare and housing programs, etc. Yet, we were told recently by VISTA personnel in Washington that in all likelihood VISTA volunteers in the future will not be assigned to work in programs serving older people, as a matter of policy.

(4) The need for trained, paid staff to work with older people in rural areas is very substantial. Operation Green Thumb announced recently by OEO is a step in the right direction, but it only scratches the surface on the need for this type of program in areas like Appalachia and many other areas adversely affected by heavy outmigrations of the younger and better educated population.

(5) Finally, as I pointed out in my letter of June 10, 1965, there is need for a nationally inspired State-by-State and locality-by-locality effort to reach out to the middle aged and aged poor to inform them of existing services and to help them to find and use such services. The TAP program in Detroit and its counterparts in Wayne, Oakland, and Macomb Counties have agreed to join together in such an outreach program. We have already demonstrated on a modest scale that such an outreach effort is effective in finding the aged poor and helping them to improve their social, economic, physical, and mental conditions by making better use of existing services and in some cases in helping to create new ones that are truly accessible to them in their own neighborhoods.

The National Council on the Aging has developed other possible program models to improve the health, nutrition, and general-economic condition of older people. The task force report also enumerates many additional ideas.

I hope that the continuing evidence of interest and concern in your committee will help to focus attention on the need for a vigorous action program in behalf of the aged poor. It is a rather sad commentary on the current situation, but I conclude from my limited observation that significant progress in this field is made only when we continue to press for such action from the vantage point of the Congress and the political and social action efforts of older people themselves.

After 9 months' observation and experience with the OEO programs, I see real merit and value in the proposals contained in S. 1759 which you[2] introduced in the last session. Certainly aid to public and voluntary nonprofit organizations which develop and provide employment services for the middle aged and elderly is in order. I would hope, of course, that the energies and efforts of such agencies will be tied in with existing community structures and services to avoid competition and duplication of effort. Certainly there is need for a clear mandate to initiate national action on a senior citizens service corps. Certainly there is need, based on our experience to date, for a specific organization structure within OEO to develop, promote, and implement services to older people. Certainly there is value in establishing and maintaining an advisory committee, or task force, to perform on a continuing basis, the function so capably begun by the task force which I had the honor of chairing.

While I am sure it will be argued that the things proposed in S. 1759[2] can be done by OEO under existing legislation or by other departments and agencies under existing legislation, experience in the past 2 years indicates that this has not happened, nor is it likely to happen without specific legislative authority, mandate, and appropriations.

STATEMENT OF MAYOR RICHARD C. LEE, NEW HAVEN, CONN.[3]

JANUARY 7, 1966.

Mr. Chairman, honorable members of the Special Committee on the Aging, I have been asked to submit a statement to you concerning the war on poverty as it affects the elderly. Specifically, I have been asked to discuss how municipalities can use urban renewal programs not only for rebuilding of neighborhoods, but also to eliminate causes of poverty, especially among the elderly.

My statement is based primarily on New Haven's extensive experience with urban renewal and the war on poverty. I would begin by describing for you the steps taken in our urban renewal program to deal with the problems of the elderly.

Our most important effort and our most significant progress has come in providing decent, safe housing for our elderly citizens. New Haven has built or has under construction nearly 350 units of housing especially designed for the low-income elderly.

A typical apartment in these projects contains a fully equipped kitchen, living-room, bedroom, and bath. Every apartment has either a private balcony or a private patio and garden area for the use of the elderly tenant. Apartments are designed for the safety and convenience of aging citizens, with features such as safety handrails in the bath, waist-high electrical outlets, and emergency assistance devices built in. For this housing, our senior citizens pay an average of $40 to $50 per month including heat, hot water, and electricity.

For many of the senior citizens in these apartments, this is the first decent safe housing which they have occupied in their lives. The apartments are built in small clusters to avoid any feeling of a project and to fit pleasantly into existing neighborhoods. New Haven has 6 of these developments, ranging in size from 23 to 109 apartments. Four of the six are built on sites provided through urban renewal.

Each project is designed by a distinguished architect to take into account both the housing needs of the elderly residents and the visual impact of the project on the surrounding neighborhood and on the city as a whole. The result has been developments which are a beautiful addition to our city, as well as fine housing for our retired citizens.

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[2] Amendment No. 303 to S. 1759, 89th Cong., 1st sess., offered by Chairman Smathers on June 29, 1965.

[3] Sent at request of Senator Edward M. Kennedy.

For the future, several hundred additional apartments for the elderly are needed. Some 200 low-income units are now in the preliminary planning stages. These include 50 units of so-called congregate housing, in which senior citizens who are physically handicapped or otherwise unable fully to care for themselves will be able to live in private aparments but utilize common dining facilities, common health facilities, and other shared conveniences. Additional sites for elderly housing will be provided in four city neighborhoods where urban renewal is now in its early stages.

To complete the picture on housing for the elderly, a local community organization is now planning a development of about 100 apartments for moderate-income elderly families. The apartments, to be built in an urban renewal area, will tap a housing market which has so far received little attention in the New Haven area or in Connecticut.

The recreation and leisuretime needs of our senior citizens are also receiving detailed attention in our urban renewal planning and four senior centers are now operating in our renewal neighborhoods. More than 2,000 senior citizens in New Haven currently participate in our senior citizen programs and the number is growing each year.

Typical is the senior center built as part of the Conte Community School. Conte School was designed not only as an educational facility, but also to provide a wide range of services to the entire neighborhood, from preschool children to senior citizens, on a 16-hour, 7-day-a-week basis. At the Conte Senior Center, elderly citizens participate in a wide variety of recreation, educational, cultural, and community service activities. They are also able to take advantage of the health care and other neighborhood services provided in the community school complex.

Clearly, urban renewal is an effective tool for meeting the housing and leisuretime needs of our senior citizens. But it is also important to realize what urban renewal cannot do. Urban renewal cannot, of itself, raise the pitifully low incomes on which too many of our senior citizens are forced to live. Urban renewal cannot help these citizens meet their expenses for food, clothing, and medical care.

Our experience with more than 12 years of urban renewal in New Haven, involving nearly 30 percent of the area of the city, has shown that there are an enormous number of human problems in our city, and in every city, which have too long been forgotten and neglected.

In the process of relocating more than 5,400 families for our renewal programs, we rediscovered the problems of the poor, including the elderly poor, unequal opportunities, lack of health care, inadequate education, lack of recreational facilities, and many other problems which had been swept under the rug for generations.

Planning and local action to combat these problems was initiated in the late fifties. By 1962, our efforts were sufficiently advanced to qualify for a $2,500,000 Ford Foundation Grant and Community Progress, Inc. (CPI) was established as one of the first community action programs in the United States. Since 1962, 2 years before the national war on poverty was launched, CPI has taken enormous strides in the fields of employment, education, and neighborhood services.

CPI programs are focused on the low-income family, regardless of age. As the programs have developed, however, it has become apparent that the low-income elderly family has special needs and special problems. We have learned for example, that an estimated 50 percent of our elderly families have incomes under $3,000 per year. Too many of our senior citizens struggle for the necessities of life on an annual income of less than $1,000.

A number of community action programs directed toward the problems of the low-income elderly are underway, or are now being initiated. With funds provided by OEO the Community Council of Greater New Haven and CPI are making detailed studies of the needs of the elderly and developing programs to meet these needs. As the plans have developed thus far, they include proposals for increased use of community schools to serve our elderly citizens; extension of existing community services such as health, nursing, and nutrition aid into every neighborhood; development of employment opportunities for the elderly; and an effort to locate and serve the unknown aging who are outside the mainstream of community life and unable to take advantage of services and opportunities available in the community.

Specific projects include a Foster Grandparent Program which would enable senior citizens to supplement their income by providing care, advice, and com-

panionship to handicapped and hospitalized children. A meals-on-wheels program is now being developed to provide better nutrition for senior citizens residing in public housing projects.

Although this is an impressive catalog of aids and services to the elderly, it is important to note that nothing is now being done on a significant scale to eliminate the basic cause of poverty among our senior citizens—a lack of income.

New efforts, whether through the war on poverty or through the social security program are urgently needed to raise the income of thousands of senior citizens in New Haven and millions of senior citizens across the Nation, to permit them to live their retirement years in decency, comfort, and self-respect.

Our cities and towns can do much to meet the needs of our senior citizens, both through urban renewal and through community action programs, as our record in New Haven shows. But there is more, much more, to be done to meet the financial needs of the elderly, and it certainly appears that only increased Federal assistance can do this job.

I have also been asked to comment on how the lessons of organizing for urban renewal can be applied to the establishment of truly representative community action programs.

It is important to note that in community action, as in urban renewal, true progress can be made only if local government and community leaders work and plan with the people served by the programs. Our experience with more than 12 years of urban renewal has repeatedly demonstrated that neighborhoods, and indeed the city as a whole, are vitally interested in rebuilding, in rehabilitating, in raising the quality of life in our city.

But no community, no neighborhood, no citizen will accept or cooperate with a dictated solution to his needs, whether it be a need for housing, for schools, or for medical care. But working together, the city administration, the neighborhood residents, and community leadership have developed plans which have the full cooperation and enthusiastic support of everyone involved. This has been our approach in urban renewal; this is our approach in the community action program. This approach sometimes seems long and inefficient. But it works, and it is the only approach that will work in dealing with the problems of people and the problems of neighborhoods.

In New Haven, CPI programs have placed heavy emphasis on neighborhood leadership and neighborhood participation. Much of the community action staff has been recruited from the intercity neighborhoods served by the programs. In addition, seven members of the CPI board of directors are community representatives elected by neighborhood organizations, who insure that the phrase "planning with people" is a vital part of CPI's day-to-day operations.

I thank you for the opportunity to submit this statement to you. I hope the information provided in this statement will be useful to your committee in your deliberations.

STATEMENT BY JOHN C. BULLITT, DIRECTOR, NEW JERSEY

OFFICE OF ECONOMIC OPPORTUNITY,
Trenton, N.J., January 19, 1966.

This week the Republican House leader Gerald Ford seemingly established a "youth only" position for his party in his "State of the Nation Speech." In the context of a speech devoted to areas in which less domestic spending should in his opinion occur, Mr. Ford appeared to be trying to restrict the economic opportunity program to young people by saying, "The children of the poor should have highest priority." He didn't suggest that their low-income parents should have any priority at all.

The implications of Representative Ford's remarks are both cruel and wasteful. Cruel because they assume that two generations of Americans, most of whom never recovered from the great depression, must be written off as useless. Wasteful, because more than half of all families are headed by persons aged 45 and over. Wasteful, because we cannot treat the ills of the children without improving the economic position of their parents.

It is senseless to sacrifice this group which our experience already indicates has so much to offer. In the same address, Mr. Ford urged "greater participation" of the poor in planning at the community level. Let me assure you that very real and worthwhile planning assistance is being given by the poor in commu-

nity action programs throughout the Nation. I assume, however, that he does not propose to limit such advice to the tots enrolled in Head Start classes but is willing to include those with long experience in the poverty of our ghettos and rural areas at the conference table.

And finally the Congressman implied that the rights and resources of our States are being overlooked in the Great Society programs and presumably this charge includes the war on poverty. On the contrary, those states which have taken the initiative in this great effort—and I include those headed by Republican Governors such as Michigan—have already made measurable contributions.

The Office of Economic Opportunity wisely took the course that no one agency of the Federal Government or one level of government would be given a monopoly of operating responsibility. Those that can prove they have something worthwhile to contribute were put into business. Obviously, much more can be done—but the framework is there for those states who wish to join the battle.

Let me suggest how one state economic opportunity program—New Jersey's—has assumed a leadership role with respect to the older poor. We were fortunate in having one of our State staff members selected by Sargent Shriver to serve on his special task force which made a series of policy and program recommendations designated to improve the participation of the community action program with respect to needy older persons. On the basis of this report Governor Hughes called a statewide meeting of community action leaders, professionals in the field of helping older people, and the older poor themselves, last October. Their report of that conference, which I submit for your consideration, was the first such workbook[4] on the subject produced anywhere in the country and is a current best seller in antipoverty literature. Governor Hughes told the assemblage that that meeting was "a testing ground for a new national effort."

While the national effort has not gained the momentum we hoped, in New Jersey the necessity of developing sound programs for those over 45 who need special assistance is now widely recognized. Programs are being planned throughout the state to make use of the special talents and experience of the older poor. Programs that will at the same time provide greater opportunities to our older poor to live in decency and dignity throughout their lives.

It is clear from our New Jersey experience that programs for the older poor have great potential for effective community action. New Jersey's organized communities fully recognized the acute needs of this group who constitute almost 40 percent of all persons living in poverty in this State.

I think that our brief experience with Medicare Alert is illustrative of this point. Both my office and the New Jersey Community Action Agency are well aware that the passage of Medicare is not the final solution of the medical needs of the older poor. Tens of thousands of the elderly in our State have long been out of contact with public services and with their communities and must be reached and encouraged to utilize Medicare. When Mr. Shriver just 2 weeks ago announced Medicare Alert, NJOEO and the State's communities responded immediately. Thus far, and with only a few weeks to prepare, almost all community action agencies in the State have already filed plans to support this effort.

Unfortunately, I am not confident that all of these applications will be approved since it is my understanding that the USOEO will fund only 200 of such programs nationally. I am hopeful, however, that New Jersey will be allocated its fair share.

Nevertheless, this response of our communities shows that community action agencies in New Jersey are ready and anxious to respond to any Federal encouragement to develop programs for the older poor. I am certain that our state will match our accomplishments in such programs as Head Start and the Neighborhood Youth Corps if the USOEO provides the money for implementation.

This will require assignment of a high priority of funding to meet the needs of the older poor. Senator, we just need the tools. There are more than enough hands, in young and old, to use them in New Jersey.

Indeed, we are now planning programs which could well become national prototypes. For example, my office is, with the assistance of one of our universities and the National Council on the Aging, developing an experimental project

[4] Excerpts appear on pp. 848–855.

which is important to both the 45 to 65 year old group as well as to those who are in retirement. We are working to establish a cooperative in rural areas through which those who are 45-plus can be trained to provide such services as home health aids for the elderly under Medicare, all under their own management.

While self-help programs are important for the 45 to 65 year old group, improved income maintenance for the elderly remains a major need. I hope that Congress will further improve benefits under the Social Security Act to help those who presently subsist on cash incomes far below the presently recognized poverty levels, often as little as $1,000 a year. Similarly, a great many of those fully employed are earning less per year than will enable them to support themselves and their families. Approximately 10,000 of these employed persons in New York City alone must depend upon supplementary relief payments to feed and clothe their families. Unskilled, undereducated family heads over 45 are a sizable percentage of this struggling group. They are generally working in occupations excluded from minimum wage protection and they desperately need the help which expanded coverage under the Fair Labor Standards Act could bring.

Mr. Chairman, while much more can be done under the Economic Opportunity Act, President Johnson obviously did not intend that this legislation serve as the entire resource in the Nation's war on poverty. I hope that the Congress will not sacrifice the needs of these older, low-income Americans, and will bear in mind their needs as you consider a whole range of domestic legislation this year.

I want to commend you and your committee for creating this timely opportunity to focus public attention on the long-neglected needs of the older poor.

STATEMENT BY DONALD D. BREWER, CHAIRMAN, DISTRICT OF COLUMBIA INTERDEPARTMENTAL COMMITTEE ON AGING [5]

Washington, D.C., January 21, 1966.

Your committee's concern that the antipoverty program be utilized to some substantial degree as a means of reaching and aiding the elderly poor is shared by the District of Columbia Interdepartmental Committee on Aging, of which I am chairman.

While there is evidence to support a view that employment for many of the elderly poor cannot be looked upon as a proper or realistic objective to be sought as a significant means of raising incomes to a decent subsistence level, the reaching of this conclusion should not be used as an argument to relieve Federal and local decisionmakers from responsibility for using the antipoverty tools to aid the elderly who are real and significant members of the community of the poor. Many have needs which contribute to deprivation, but are not exclusively related to income.

Our committee has established a subcommittee on neighborhood services for the elderly, headed by Mr. Schuyler Lowe, Director of General Administration of the District of Columbia.

Membership of this subcommittee includes broad representation from community agencies, including settlement houses, health and welfare agencies, church organizations and neighborhood development centers funded by the United Planning Organization, the local planning agency for the antipoverty program for the National Capital area.

There has been a firm expression of a desire on the part of the members of this subcommittee to see services developed and support provided by the United Planning Organization, to carry the fight against poverty into neighborhoods where the aged may be informed of existing facilities and programs.

A recent report to this subcommittee revealed there are about 143 senior clubs meeting regularly in the metropolitan area. Many are sponsored by churches, some are supported by the District of Columbia Department of Recreation, which provides facilities and staff assistance for some clubs, and staff assistance only for others.

These clubs meet, for the most part, once a week. A few meet semiweekly, and others only once a month. In all cases, however, there are gross inadequacies, due to lack of funds, in meeting the needs of club members. Some lack

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[5] Related letter on p. 791.

clothing or the ability or funds to make clothing repairs. Many lack funds for transportation to clinics, to church, or to club meetings.

A few clubs provide a light lunch on the days when meetings take place. None of the clubs is able to provide daily meetings, nor for the expense of daily hot lunches nor a nutritionist to supervise preparation. Yet, there is clear evidence that for many senior club members the lunch is a major importance.

Members of the subcommittee who are neighborhood workers, working out of NDC's funded by UPO, have reported that they are uncovering, in their house-to-house block visits, isolated aged persons who need help in getting up and down stairs and negotiating even short distances to places where they would like to go—perhaps to a barbershop for a haircut, to church, to a clinic, to a club meeting. These antipoverty workers have expressed frustration because they have so little to offer in the general antipoverty program to provide help for these older persons.

The importance of efforts to help these isolated elderly persons retain links with their own neighborhood activities has been stressed by gerontologists who feel that such efforts help maintain the individual's independence and keep him from slipping into the deep depression characteristic of the onset of senility, total dependency, and the need for institutionalization.

While various community agencies do provide some limited programs for aged persons in their home, such as the friendly visitor program sponsored by the Health and Welfare Council, there has been great difficulty until now in reaching the individuals who need the service. The neighborhood development centers now operating under UPO direction offer great promise of becoming the link between these individuals and the greater community, provided that sufficient funds be allocated for use for this purpose.

Our Subcommittee on Neighborhood Services, upon polling its membership, has found that at least five project proposals to benefit the elderly have been submitted to the local planning organization. A request has been sent to the director, asking for a report on the total number of such proposals received by UPO and the status of each, in terms of consideration for funding.

It becomes apparent that if funds are not forthcoming, or extended, delay is likely to be experienced before decisions are reached regarding their acceptability by the local agency (and some of these projects were submitted nearly a year ago), they should go direct to the Office of Economic Opportunity for consideration.

A blind spot regarding the needs of the elderly which characterize planning to date by local planning agencies should not be taken to reflect a general community indifference toward the aged poor in the presence of expressed concern by representative community groups.

The lack of communication between groups concerned with the aged and the planning officials in the antipoverty program has been a major difficulty. While there appears to be some indication that this is beginning to yield as the local antipoverty program matures, it is my continuing concern, as Chairman of the Interdepartmental Committee on Aging, that the Committee may properly discharge, in relation to the antipoverty program, the function assigned to it by the Board of Commissioners in Organization Order No. 144, namely:

"To serve as a medium through which various public and nonpublic organizations can exchange information, coordinate programs and engage in joint endeavors."

A similar concern for both Federal and local coordination was made evident among our counterpart state agencies on aging, when this matter was discussed at a meeting sponsored by Region III, of the Department of Health, Education, and Welfare on October 19, 1965, in Charlottesville, Va.

A resolution was unanimously adopted by that group, directed to the Commissioner, Administration on Aging, who responded, expressing complete agreement with it. The resolution stated:

"In order to avoid overlapping and to assist in the closest coordination within each state of all projects affecting in whole or in part the well-being of older people, the Commissioner on Aging is requested to use the full strength of his office to the end that coordination on the Federal level of all such projects emanating from any Federal agency will in turn result in full disclosure to and use of the state agency on aging as advisers and consultants on any and all projects on behalf of the older people of the individual states."

I should feel remiss in discharging the responsibilities of Chairman of the official District of Columbia Agency on Aging, if I did not express the hope that moneys will be made available, and local antipoverty agencies encouraged to use them to give the elderly neighborhood programs, including drop-in centers, hot lunches, referral services, opportunities for casual paid jobs in their neighborhood, and the chance to be useful and to feel wanted and understood.

The need for these efforts to help the aged has been known for a long time to professionals working in the health and welfare areas, but programs to provide for them have been restrictive and rigid. The elderly have been the least aggressive in seeking out services and should not be penalized for their fortitude and long-suffering quiescence.

Any war on poverty will do a great disservice to our nation if, by implication, it gives sanction to the practice of casting aside the elderly and concentrating only upon the productive or potentially productive as worthy of help.

Funds to make possible direct benefits to meet individual subsistence requirements not presently available to the aged poor, should be allocated by the antipoverty program and sufficient staff should be assigned to see that a cohesive approach is achieved, utilizing the entire range of community resources.

Operation Medicare Alert offers an excellent means of establishing a beachhead for the kind of program we would like to see developed in the District of Columbia and which we believe could be worked out cooperatively with the United Planning Organization and concerned agencies.

We are hopeful that the Office of Economic Opportunity will give priority to the support of planning and implementing of projects to accomplish these goals.

APPENDIX 2—STATEMENTS REQUESTED DURING FIELD INTERVIEWS

In order to receive direct information on current or pending projects related to the war on poverty and the elderly, a committee staff member visited several cities late in 1965. The following statements were submitted as a result of his inquiries:

California

STATEMENT BY HON. EDMUND G. BROWN, GOVERNOR, STATE OF CALIFORNIA

SACRAMENTO, *January 5, 1966.*

Mr. Chairman, members of the committee, I wish to make a few introductory remarks prior to the presentations which will be made by the California agencies concerned with the elderly poor in California.

As Governor, and before that as Attorney General of California and as District Attorney of San Francisco, I have long been concerned and occupied with strengthening the economic security of California's elderly citizens.

With the cooperation of the California Legislature, we have made considerable progress. For instance, old-age security grants in California range from $111 to $176 a month. But much remains to be done. Of the 1,601,000 Californians over 65, only 250,000 are beneficiaries of our old-age security program. The majority of the remainder must live solely on their Social Security benefits of $80 to $85 a month.

Obviously then, the Federal, State, and community governments working in partnership, must find ways of increasing the incomes of such people to a level of decency which will support them in the dignity to which they are entitled.

It is our conviction in California that one very vital means to accomplishing this end is harnessing the skills and capacities of our elder citizens to serve their fellow men. Through this means, we can provide older Americans with a means to increase their incomes. Nearly as important, we can provide them a means of reentry into a world of activity, productivity, and usefulness from which they were expelled simply by passing the age of 65.

Under the California Community Services for Older Persons Act, we have observed a variety of services by and for older persons which have served as patterns for other communities and States. One example is the project developed in Hayward, Calif., to train older persons to visit the less-fortunate elderly confined to a nursing or convalescent home. Education, social satisfaction, and the development of specific skills are all components of this outstanding program.

One of the 22 national Foster Grandparent Projects administered by the Office of Economic Opportunity and the Administration on Aging, will soon be implemented in San Francisco for the purpose of providing institutionalized children needed services while employing impoverished elderly persons.[1] There are countless other services which our older citizens may perform for those who are more handicapped. An outstanding example is what the elderly can do for the mentally retarded, both in State institutions and in private residential facilities. Retarded children crave affection just as other children do, and the foster grandparent can give the warmth and individual attention so necessary to the happiness and security of these handicapped youngsters. Designed to benefit both the young and the old, these programs reach out to the young by providing opportunities for emotional satisfaction, learning of social skills, and gaining self-confidence; to the aging by remunerative employment, development of skills and job creation, and most important, the sense of purpose and value to oneself and to the community. It is my fervent hope that the future may manifest an

[1] See p. 774.

expansion of such programs directed to the moral and physical uplift of our youth while assuring the material, social, and spiritual security of older Americans.

We in California see great promise in this approach to the needs of the elderly poor; promise to the elderly themselves and to a society whose forward progress is fueled by maximum use of its human resources.

STATEMENT BY MRS. A. M. G. RUSSELL, CHAIRMAN, CITIZENS ADVISORY COMMITTEE ON AGING FOR THE STATE OF CALIFORNIA

SACRAMENTO, *January 5, 1966.*

Mr. Chairman and members of the committee, as chairman of the Citizens' Advisory Committee on Aging my remarks will reflect the concern and continued support of the members of our committee in behalf of consideration for the elderly under the Economic Opportunity Act in the State of California.

Although implementation of programs have been slow and the first emphasis has been on youth, it is the contention of the Citizens' Advisory Committee on Aging that there are countless opportunities for services by and for older persons in every section of the economic opportunity program.

Our committee has provided information on the role of the older person within the economic opportunity program through staff and committee consultation with community groups, both urban and rural through:

Addresses by the committee members before various organizational groups, both public and private, throughout the State;

Special addresses for directors of community action programs; and

Dissemination of statistical and program materials throughout the State.

A statewide promotional program for older VISTA volunteers by the Citizens' Advisory Committee on Aging cooperating with the Office of Economic Opportunity met with broad community enthusiasm and support. Volunteer services among the elderly continues to increase. However, there is extreme need for professional direction and some type of funding to defray expenses incurred by the older person while contributing services. Examples of these expenses might be transportation costs to provide a service; meals away from home, which are usually more costly; personal needs which many times would not otherwise be necessary.

Statistics concerning specific inclusion of older persons in poverty programs have not been readily available. In order to secure information, the Citizens' Advisory Committee on Aging requested answers to a series of questions sent to 50 community action program directors. At this date, 24 replies have been received. Of these, 13 indicated that they were presently assessing the needs of older people or were planning specific programs to meet these needs. Of the 24 replies, 6 reported continuing programs for the older person. These included counseling and referral programs, legal aid, health and homemaker services, home management, consumer information, and employment counseling. Replies also indicate that older people (because of their capabilities, not solely because of their age) were being employed in professional and subprofessional capacities and were also being used as volunteers.

The following comments are excerpts from the questionnaires and indicate awareness of the need for planning for older people within the program:

"* * * The use of older age persons in tutorial programs, English literary instruction, etc., will be stressed as programs of this nature became operable. Presently there are no programs exclusively designed to meet the needs of the older age persons beyond the discussion stage. However, the agency remains mindful of the special problems of this low-income segment and the development of relevant programs is just a matter of time."

"* * * While the emphasis will be on children, youth, housing, and handicapped, there very likely will be some programs for the aging."

"* * * We expect that when programs are formulated there will be those which will either be built upon, or encourage, the participation of the elderly poor."

"* * * At this point, there are no project proposals submitted by agencies which contemplate the extensive use of older persons either as employees or as recipients of services to be rendered. Most projects are being directed toward the youth and larger groups living in specific areas in which there is a high incidence of poverty. We have encouraged children's institutions and agencies in the child welfare field to develop a project to use older people as foster parents in children's institutions. The agencies are developing such a program."

"* * * Programs are not yet underway. It is anticipated that programs will be developed not only for the aged as recipients but as employees in subprofessional positions in other programs."

"* * * The program priorities committee is presently considering a variety of programs that will be of service to the aged, though no programs have been, as yet, developed specifically for that age group."

"* * * We anticipate that programs for the elderly will be developed once a staff for the commission is developed."

The Citizens' Advisory Committee on Aging is aware of several programs developing to provide a broad range of services for older people within neighborhoods, in employment counseling, job training and development, management counseling for small business as well as specific services such as legal aid, housekeeping, home health aid, and health education.

Many volunteer service programs will be developed in conjunction with the projects to be designed under California's plan for the implementation of the Older Americans Act of 1965.

Problems which have appeared in California relating to the establishment of programs under the Economic Opportunity Act concern the requirement that large geographical areas must be organized within one community action program. One example has been the delay (in the Los Angeles area) caused by disagreement over board representation. This condition resulted in the failure of some California cities having a large older population to participate in the early stages of the program. Another example has been the exclusion of older persons from a neighborhood program due to their isolation through lack of transportation. Also, while it is somewhat understandable in a new program, continuing changes in policies and requirements have caused serious difficulties at the community level and should be eliminated insofar as possible.

The California Citizens' Advisory Committee on Aging is anxious to cooperate to the greatest extent possible with the Office of Economic Opportunity and with those groups and agencies being given program responsibility. We will cooperate fully at any level to assist in providing programs that will fulfill the needs of older people through necessary services, income, and protection from exploitation and in helping them to use their abilities, experiences, and skills in making a personal contribution to society.

STATEMENT BY MISS ELEANOR FAIT, DIRECTOR, OLDER WORKERS PROGRAM, STATE OF CALIFORNIA DEPARTMENT OF EMPLOYMENT

SACRAMENTO, *January 5, 1966.*

Many retirees are going to continue to look to the world of work for a satisfactory place in our society until retirement includes adequate financial security, and provides a role in the community.

The importance of work to the retirees is best described in the Social Security Administration report (Survey of the Aged, March 1963) which states that earnings are still the largest single source of income for persons 65 years and over and that there is an increasing proportion of these workers in the national labor force.

Systematic efforts to remove the 65-plus worker from the labor force, spearheaded by those who believe that retirement is a "happy time" for all, and groups who advocate the removal of older workers in order to provide more jobs, have created an extremely difficult situation for the worker who wishes to continue in the labor market. These efforts are taking various forms and include—

1. Imposition of restrictions by employers and unions preventing the retiree from working in his occupation if he wishes to keep his pension;
2. Earlier mandatory retirement;
3. Limitation on earnings while drawing social security benefits; and
4. Attempts to deny unemployment insurance benefits to retirees. (Legislation to deny benefits was introduced at the last session of the California Legislature.)

The statistics of the 65-plus worker who contacts the California State Employment Service do not give us a true picture of the retiree in relation to his desire to work, either remuneratively or for the psychological satisfactions.

As is true in the national picture, there is a persistent increase each year in our active file of 65-plus workers. During calendar 1964 (complete statistics

for 1965 are not yet available), 22,122 persons age 65 years and over registered in our offices for work, an average of almost 2,000 a month; 6,837 placements were made in this age group in gainful employment and 1,004 received our vocational counseling services. We assume that most of the people need to work to assist themselves with basic living expenses. The oldest applicant placed in a job in 1964 was 86 years old; in 1965, 92 years old.

STATEMENT BY MRS. HELEN NELSON, CONSUMER COUNSEL, STATE OF CALIFORNIA, FEBRUARY 11, 1966

To be poor in our affluent society is to be outside the economic mainstream.

To be both poor and elderly is to be doubly disadvantaged. The elderly, poor person is seldom employed and hence his whole economic activity is being a consumer.

Having little to spend, an elderly low-income person can afford no mistakes in making his buying decisions, can suffer no losses of money through hidden credit charges, and may literally have to go hungry if he is swindled of any substantial sum or deceived by a quack or a bunco artist.

Yet the elderly in our society are probably the least able among us to defend themselves from the cheat, the quack, and the swindler. It is the elderly among us who have had the least educational opportunity. Their knowledge of anatomy and physiology may have been gained totally by what they've seen on their TV sets. Their formal education was too often cut short in the fifth or sixth grade, if not sooner.

The elderly poor consumer is even more prone to fall victim to the con man than is the young poor consumer because the miseries of the older one are not attended "by that best of nurses, hope."

Moreover, more often than not the elderly consumer spent his early years, if not most of his life, in a rural or smalltown environment where buyer-seller relationships were on a continuing and person-to-person basis, and where the products and services he purchased as a consumer were familiar to him and could be judged by his own knowledge of them.

Now, in his older years, he lives in an urban environment where buyer-seller relationships are increasingly impersonal and products and services are complex and unfamiliar, beyond his evaluation at time of purchase.

When the elderly and poverty-striken person is also a Negro who finds himself in a large urban center such as Los Angeles, after spending most of his life in a rural environment, the challenge confronting him as a consumer must often seem overwhelming.

Such data as were readily available about the Negro family as consumers in Los Angeles were assembled by the consumer counsel in an effort to shed some light on the sociological conditions in the area of the Los Angeles riots of August 1965.

Having in mind that the elderly carry a greater disadvantage as consumers, the data suggest that some of the most disadvantaged strive to do the near impossible.

The data as presented to the Governor's Commission on the Los Angeles Riots by the consumer counsel on November 17, 1965, follow. The testimony includes suggestions on actions that could be taken through Office of Economic Opportunity programs to be of direct assistance to all consumers, including the elderly.

(Exhibit)

EXCERPTS FROM STATEMENT BY MRS. HELEN NELSON, CONSUMER COUNSEL, STATE OF CALIFORNIA, TO THE GOVERNOR'S COMMISSION ON THE LOS ANGELES RIOTS, NOVEMBER 17, 1965

I am here at the request of the Neighborhood Adult Participation Program (NAPP), headquartered at Wrigley Field in Los Angeles, and, in conformity with the statutory responsibility of the position I hold to appear before governmental bodies such as this commission, to speak in behalf of consumers' interests.

I shall address myself to the second and third of the three charges Gov. Edmund G. Brown placed upon this commission—to "probe deeply the immediate and underlying causes of the riots" and to "develop recommendations for action designed to prevent a recurrence of these tragic disorders."

To probe the causes of the disorders, Governor Brown suggested the commission will want to consider "A. The physical and sociological condition in the area of the riots at the time they commenced." I shall address myself to this matter first, giving you—

(*a*) Selected economic data that will throw some light on physical and sociological conditions in the area; and

(*b*) Pertinent findings from several days spent in the area meeting with and listening to its residents, and from summarizing 250 reports, obtained by NAPP staff, of interviews with householders in 14 neighborhoods, including the riot zone and surrounding areas. These reports were entrusted to me to summarize and interpret for this commission.

Then I shall make some recommendations which I hope the commission will find helpful.

The economic data I have analyzed for your consideration is derived primarily from surveys of consumer expenditures made by the U.S. Bureau of Labor Statistics. This factfinding agency of the U.S. Department of Labor made a detailed survey of the expenditures of a representative sample of urban families and single consumers in the Los Angeles metropolitan area in 1960–61.

For major categories of expenditures, the BLS felt justified in publishing their findings separately for white and Negro families. These comparisons I shall present for your information.

The NAPP community survey was of quite a different sort. During October 1965, the Neighborhood Adult Participation Project (NAPP), which operates under an Office of Economic Opportunity grant, undertook a survey to identify some of the consumer problems affecting low-income families in the Los Angeles area. This survey included, but was not limited to, the so-called curfew area.

NAPP, with 14 outposts in the Los Angeles area, assigned 27 consumer aids to the survey. These aids are employed full time by NAPP, receive $333 monthly, and reside in poverty communities. In addition to their regular assignments, the consumer aids were instructed to request other residents in their communities to answer a questionnaire (sample attached). These aids were not trained interviewers but largely compensating for this inexperience was their ability to establish rapport with the householders interviewed.

A great value of the one-page questionnaire design was that it evoked expository responses in the householders' own words, in addition to "Yes" or "No" responses to specific queries. Some of these expository responses are included in this report to illuminate the statistical data.

Distribution of expenditures for current consumption white and Negro, urban families and single consumers, Los Angeles 1960–61 [1]

	White	Negro
Average:		
Family size	3.0	3.0
Number full-time earners	.7	.6
Age of head	46	44
Number of children under 18	1.2	1.2
Money income after taxes	$6,482	$4,584
Homeowners, all year	52.0	18.0
Automobile owners, end of year	85.0	68.0
Expenditures for current consumption	$6,130	$4,133
Food	$1,406	$947
Housing (includes shelter, utilities, furnishings, and household operation)	$1,733	$1,249
Clothing, clothing materials, services	$554	$578
Transportation	$1,087	$503
Medical care	$463	$245

[1] Source: Table 7A, Supplement to BLS Report No. 237-72, January 1964, Survey of Consumer Expenditures, 1960–61, U.S. Department of Labor, Bureau of Labor Statistics.

* * * * * * *

EXPENDITURES FOR TRANSPORTATION

We have now noted expenditures of Negro and white families and single consumers in Los Angeles for food, housing and clothing, as reported by the Bureau of Labor Statistics in their 1960–61 survey. When expenditures for medical care are added, 67.8 percent of the spending by white families in the sample is accounted for, and 73 percent of the spending by Negro families.

White families in the survey had remaining 32.2 percent of their current consumption expenditures to allocate to such needs and wants as transportation,

including an automobile, personal care, recreation, education, tobacco, and other expenditures. In dollars they had $1,974 remaining for these categories of spending, according to the BLS survey.

The Negro family had 27 percent of current consumption expenditures to allocate to the same needs and wants, representing in dollars $1,114, as reported by the BLS survey.

After paying the costs of food, housing, clothing, and medical care, the white family had remaining close to $2,000. The Negro family had remaining somewhat more than $1,000.

Transportation is an important factor in family spending in Los Angeles. According to the BLS survey, 1960–61, transportation costs absorbed a higher percentage of current consumption expenditures for Los Angeles families than for the Nation as a whole. The percentage for Los Angeles families was 17.5 percent, compared with 14.7 percent which transportation costs claimed among all urban families and single consumers in the United States.

Automobile costs, of course, account for the major share of transportation costs. In the Los Angeles area survey by the BLS, automobile transportation costs absorbed 15.2 percent of all expenditures for current consumption, compared with 13.0 percent among all urban families and single consumers in the United States.

By way of comparison, in the Chicago area automobile transportation costs were found to absorb 12.3 percent of expenditures for current consumption, and in the Baltimore area 11.8 percent. This means that Los Angeles area consumers put nearly 17 percent (16.9 percent) more of their spending into auto transportation than do urban consumers as a whole; 23.4 percent more than Chicago area families, and nearly 29 percent (28.8 percent) more than Baltimore families.

* * * * * * *

STATEMENT BY MRS. MARJORIE BORCHARDT, PRESIDENT, INTERNATIONAL SENIOR CITIZENS ASSOCIATION (LOS ANGELES, CALIF.), AND MEMBER, STATE OF CALIFORNIA CITIZENS ADVISORY COMMITTEE ON AGING, DECEMBER 29, 1965

The greatest need in the field of aging is to reach the depressed, elderly poor.

These elderly live alone. They suffer from physical handicaps that prevent them from associating with others. They suffer from loneliness and sink into deep depression.

Recreation and a social life mean nothing to them. They are unaware of opportunities available to them; they are ignorant of the Medicare program and its values.

The plight of the single, elderly man presents a special problem and little is done to rescue him from despair, even suicide.

I urge that a program be instituted through the Equal Opportunities Act that will reach every elderly person who lives alone. In this way, the many conditions that make for poverty among the elderly will be discovered and alleviated.

The antipoverty program should be specially concerned with those who because of weakness due to poverty and old age have no voices to speak for themselves and have little support from society because they are "difficult" and unattractive.

To live a long time is to no purpose if one has to be alone and forgotten.

(Exhibit)

INTERNATIONAL SENIOR CITIZENS ASSOCIATION, INC.,
Los Angeles, Calif., December 29, 1965.

HON. GEORGE SMATHERS,
Chairman, U.S. Senate, Special Committee on Aging,
New Senate Office Building,
Washington, D.C.

DEAR SENATOR: To my knowledge there has been nothing accomplished for the elderly poor in Los Angeles County through the antipoverty program.

However, I am enclosing a letter from Mrs. Jessie Terry, chairman of the South Central Committee on Aging, 219 East Adams Boulevard, Los Angeles, and a copy of the plan for a senior citizen multiservice center.

The proposed center would be of enormous value to the older people in the Watts area.

Mrs. Jessie Terry is a remarkable senior citizen, 80 years of age. She is the founder of the New Horizons Club, a group of elderly Negroes who are an influence for good in the community through their self-help programs and services to all age groups.

I strongly recommend that funds for a senior citizen multiservice center be provided through the equal opportunities program.

Enclosed is a brief statement concerning the need for a program that would involve the "elusive" or "hard to reach" elderly person.

With much appreciation for your efforts on behalf of senior citizens,

Sincerely,

(Mrs.) MARJORIE BORCHARDT, *President.*

Enclosure.

SOUTH CENTRAL COMMITTEE ON AGING,
Los Angeles, Calif., December 6, 1965.

Mrs. MARJORIE BORCHARDT,
Los Angeles, Calif.

DEAR MRS. BORCHARDT: Enclosed are two copies of the proposal drawn up by our South Central Committee on Aging for a multiservice senior center.

Also attached is a proposed budget. Please use this in whatever way you think best to promote meeting the needs of our committee.

Yours very truly,

JESSIE L. TERRY.

Enclosure.

SENIOR CITIZENS MULTISERVICE CENTER

1. Applicant agency: South Central Committee on Aging, 1219 E. Adams Blvd., Los Angeles, Mrs. Jessie L. Terry, chairman, private agency.

2. Area: North to Washington—east to Alameda—south to Slauson—west to Figueroa.

3. Target population: Aged 65 and over, low income (under $4,000). Population: 1960 census. F–4 equals 6,548, F–10 equals 2,336, potential clients, 8,884. 50 percent average less than $4,000 income, two-thirds of unrelated individuals, less than $2,000.

4. Need for program: All older people need protection against the hazards of life, but few older people cherish isolation from community living. Many older people find themselves increasingly isolated because of lack of funds, lack of inner resources because of years of deprivation and for many lack of family and community roots.

There is need for older persons to meet more often in smaller groups in a place of their own where they could engage in a comprehensive program which would provide opportunities for the productive and satisfying use of the free daytime hours which had previously been occupied by employment and family responsibilities.

The center will serve as a bridge to other services for older people such as income maintenance, health and medical care, housing, and living arrangements. The center will serve as a place to which older people may go daily, with assurance that "there is always some place to go," "there is always something going on", "and there are always people to do it with."

The center will go a "long way toward bringing about a renewal of the feelings of self-worth on the part of the individual. It does so by bringing to the lonely and isolated individual a sense of belonging, of being accepted and wanted, and of being recognized. To the individual who has no further life outlets for being productive, it offers new avenues for self-expression and for individual achievement; it brings senior citizens together with their peers to give them strength of sharing and coping with their problems together."

A causative relationship between loneliness, social rejection, and illness may be hard to prove, but the importance of loneliness as an element in the unhappiness and maladjustments of many older people is generally recognized. "That a corollary situation exists between mental health and the feeling of social relatedness as evidenced by possession of adequate social contacts is widely recognized."

5. Program concept: In a culture which is youth oriented all older people find many difficulties in continuing in the mainstream of life. Through the senior citizens center we propose to create a climate in which people, as they grow older, can maintain status, realize their potential, and continue in dignity and health to find meaning and satisfaction.

Activities to include:

Individual services: Information and referral, remedial reading, job counseling and referral, medical adviser, inspirational and enrichment conferences.

Group services: Literary courses, home management courses, job training, personal grooming, leadership development, current events, public speaking, retirement planning, retreats for renewal (mountain, oceanside, handicrafts for esthetic enjoyment and remuneration, geriatric calisthenics, discussion groups, lectures, creative writing, films—education, travel, etc., recreational events, trips, citizenship, education, history, cultural experiences, games (yard)—croquet, bowling, etc., gardening, social events—birthday parties, holiday celebrations, etc., choral groups.)

Community services: service projects, volunteers, committees.

Cooperating agencies in center service: Social Security, adult education, parks and recreation, county health department, California State Employment Service, bureau of public assistance, South Central Welfare Planning Council.

Staff:

(1) Director to plan, organize and develop and direct the program of the center; to meet with the board of directors and participate in planning and reporting; to assist the committee on aging in interpreting needs of older persons; to develop and manage the budget; to promote and develop further interpretation; to recruit and train volunteers; to arrange the house for convenience of seniors and recommend alteration in keeping with their needs.

(2) Program aid: To assist with program under the supervision of the Director.

(3) Escorting and hostess aid: To escort clients to public and private agencies, and provide information for the client and agency staff; to keep premises clean, attractive, and comfortable for the well-being of the seniors.

Housing: Estate settlement: (a) Entire lower floor; (b) assembly room upstairs; (c) yard.

6. Resident participation: (*a*) Board of directors, two-thirds of membership from area, one-third prominent persons out of area; (*b*) committee on aging; (*c*) house committee, program, public relations, finance, membership.

7. Current community effort: Eastside Settlement House Board of Directors has made available its facilities for daytime use for seniors. The settlement house is initiating a fundraising (membership drive) project.

I. Neighborhood adult participation project has provided a worker for the first phase of the program.

(*a*) One staff person for the information and referral center.

(*b*) NAPP is providing two workers, too.

II. The south central committee on aging has coordinated the services of six major public agencies who serve the area involved in the program: county health, adult education, parks and recreation, social security, bureau of public assistance, California State Employment Service, and south central welfare planning council.

III. The Los Angeles County Department of Senior Citizens Affairs has provided consultive service to the project.

8. Problems: Transportation poor for handicapped persons and seniors for whom public transportation is not convenient. Facility at Eastside Settlement House will need to be altered to accommodate handicapped seniors.

9. Budget: Staff: Director, program aid, escorting aid; rent; supplies; leadership developments, 10 retreats of 50 persons per session; transportation, mileage; insurance.

10. In-kind resources: Telephone, Los Angeles County Department of Senior Citizens Affairs; supervision, by department of senior citizens affairs professional staff; volunteers, board of directors, committee on aging.

11. Evaluation: (*a*) Board of directors; (*b*) committee on aging; (*c*) department of senior citizens affairs (coordinated).

STATEMENT BY LARRY CHRISCO, PRESIDENT, SENIOR CITIZENS ASSOCIATION, LOS ANGELES COUNTY, DECEMBER 22, 1965

In discussing the antipoverty program this weekend with a member of the Senate Committee on Aging, I called attention to the fact that the senior citizens of this State did not seem willing to go to other parts of the country to participate in the VISTA program. Most of these people when they retire "pull up stakes" from various parts of the country and make their decisions to settle in California, due to climate conditions and other reasons and they consider this more or less "the end of the line." Many of them would take some part-time employment or part in the VISTA program, if they could work in their local areas. This conclusion has been reached after my having arranged some of the original VISTA meetings for the people from the office in Washington.

Another thing in connection with the antipoverty program is the matter of food stamps. We have so many conflicting answers. It would seem there should be some definite answer that we might be able to give a person when they ask us what action to take in the food stamp program. How much income can they receive, how much property or cash can they have and what is the amount of food stamps that they get for so many dollars.

The programs for the lower income groups are fine, but why should it take so many months to give the right answers in order that help may reach the people for which it is intended?

STATEMENT BY DUANE O. CRUMMETT, PH. D., EXECUTIVE DIRECTOR COMMUNITY PLANNING COUNCIL, PASADENA-FOOTHILL AREA, FEBRUARY 14, 1966

A lifetime of struggle against mounting odds coupled with the devastating inroads of inflation have turned the golden years for many into an era of bleakness and despair. To the aged impoverished, the Economic Opportunity Act can be a stimulant and catalyst, if properly administered, to break the bonds of hopelessness and open new vistas of opportunity. To date little has been done in Los Angeles County to expedite these goals.

The greatest single obstacle to accomplishment has been the prevailing concept coordinately generated by county and Federal administrators and imposed county-wide that local neighborhood needs can best be met through a single central citadel of authority, planning and administering a gigantic Federal largess for people in need. To many this is neither compatible with the intent or the letter of the Economic Opportunity Act nor in harmony with the essential nature of human beings and the neighborhoods in which they reside. Rather, the key to effective accomplishment in this or any similar endeavor is an effective teamwork of Federal and local resources impelled by cooperative involvement of local private citizens representing all walks of life and neighborhoods in a balanced local community council. Here the recipients—those in real need—can have a dominant communicative voice unhampered by overriding influences and administrative edicts from a remote metropolitan colossus unfamiliar with and unresponsive to their self-generated wishes. Recognition of this basic principle—self-contained in the act itself—and its adequate implementation locally in major metropolitan regions of the country, and especially within a huge urban complex like Los Angeles County, would expedite significant uplift for the aged poor as well as for other important segments of the impoverished. This has yet to be accomplished in poverty neighborhoods of Los Angeles County.

Three areas of programing for the aged are especially relevant: (1) information and referral, (2) protective service, and (3) mobilization of skills. All might be most ably executed through locally administered multifunction neighborhood opportunity centers strategically located regionally, with a cluster of surrounding satellite service units.

A complete information and referral service for the aged is most essential in every sizable community or area. Here knowledge about all community agencies serving the aged can be consolidated and professionally carried through to insure that clients receive what they need in the best possible manner. Such a service seeks out needs and sees they are met. Most older people neither seek nor receive potential community services already available. A complete information and referral service would assure this.

Adequate protective services are a crying need for the aged—especially the poor. These should include preventive, diagnostic, and remedial programs in medical, legal, custodial, counseling, educational, and social service fields.

A third neglected emphasis is effective mobilization of skills in community service—both voluntary and remunerative. Vast senior resources are untapped that could be put to excellent use in every neighborhood. The primary job is to match lifelong experience to needs—a mobilization and channeling of local resources into community activity. This, too, is a local concern best expedited by initiating financial grants to set the wheels in motion—to provide productive, creative roles for community betterment and employment opportunities for specialized skills.

The Economic Opportunity Act and related Federal legislation can contribute tremendously to uplifting the lot of the aged in America if local impetus and competence are capably harnessed in a cooperative venture under local community guidance and administration. This is the Federal challenge of today—to provide resources where needed for neighborhood development. The aged should be an increasingly important part of this dialog.

STATEMENT BY TED ELLSWORTH, ADMINISTRATOR, PUBLIC PROGRAMS, INSTITUTE OF INDUSTRIAL RELATIONS, UNIVERSITY OF CALIFORNIA, LOS ANGELES (AND MEMBER OF THE STATE OF CALIFORNIA CITIZENS' ADVISORY COMMITTEE ON AGING), JANUARY 3, 1966

During the past several years, several staff members at the Institute of Industrial Relations both at Berkeley and Los Angeles have been concerned with the economic problems of the aging. These staff members have participated in a number of conferences, testified before various committees, and have participated in studies and the compiling of numerous reports in regard to this subject matter.

As part of our activity at the University of California, Los Angeles, we have worked with a number of civic and community groups and senior citizens' organizations which have been concerned with discrimination, because of age, in employment. We have been concerned with hardships caused by mandatory retirement provisions by drastic reductions in income, and by forced reduction in the standard of living of older persons resulting from inadequate income.

During 1964, the institute participated in a series of eight workshops throughout the State of California which were held in cooperation with the California Department of Employment and the Citizens' Advisory Committee on Aging. These workshops were held as a result of House Resolution No. 77 passed by the California State Legislature in 1963 which instructed the two agencies mentioned above to make a study relative to improving employment opportunities of older persons. * * *.

Testimony given at these workshops indicated that discrimination because of aging was widespread, although no specific statistics were compiled. Information received at these workshops and at numerous other hearings and conferences in which we have participated indicates that such discrimination and reduced income resulting from other causes among older persons leads to many cases of improper living arrangements, curtailment of educational and recreational activities, failure to secure needed medical treatment, and improper diet and poor nutrition. This in turn results in many cases of emotional insecurity, poor health, dependence upon uninformed persons for nutritional and other advice, and eventually to institutionalized care. This expensive type care is often unnecessary and in most cases it comes sooner than need be if proper housing, health, and nutrition could be maintained.

The information secured from the various workshops mentioned above indicated that in some areas and industries that discrimination in employment because of age begins as early as age 35. However, at this time we are submitting our ideas concerning poverty among the aging only to those over 60 years of age. While we agree that there has been sufficient reason to concentrate on problems of youth and of young families, it is our belief that the aging have been neglected in many aspects of the poverty program and other Federal programs. We would therefore like to call your attention to several proposed projects in the State of California which have or will request governmental funds for future support.

At the present time, the Institute of Industrial Relations at the University of California, Los Angeles, has requested a grant of over $500,000 for a 2-year contract for the purpose of developing an employment project for persons over 60 years of age in the Los Angeles area.

The aim of this project is to determine the employment needs, both economic and social, of older persons and to seek out and develop job opportunities for

all of those who are able both physically and mentally to be productive and who need or desire full- or part-time employment.

One phase of the project provides for research in order to determine the real employment needs of older persons. Our experience in working with senior citizens' organizations indicates, as mentioned above, that many of the other problems of older persons are caused by insufficient income. In some cases, part-time employment would rectify the situation and in others, full-time employment might be required. The survey will be made in at least two different areas in metropolitan Los Angeles. One area will be in the West Los Angeles area, which is essentially a middle-income area and in which many retired professional and technical persons reside. It is our belief from preliminary discussions that even in an area where most people are apparently fairly well off, there still exist financial hardships which in turn create many other problems.

The other area will be selected from the very low income area where most of the aged population exist on social security or public assistance or a combination of both. This area will be either in Watts or an area with similar economic problems.

Personal interviews will be conducted by trained interviewers under the direction of a research team from the university. Economic, social, educational, recreational, and health needs will be included in the survey.

This project has been developed with the cooperation of the Hollywood Wilshire Committee on Aging, the Los Angeles County Committee on Aging, the California Department of Employment, the Adult Education Division of the Los Angeles Schools, and several other agencies and organizations. The proposal is now pending before the Office of Automation and Manpower Training, which we hope will make funds available. If not, funds will be requested from the Office of Economic Opportunity.

A second project in which the institute is cooperating and for which funds will be requested under the Older American Act is now being prepared by the staff of the institute. A proposal will be made for funds to continue and expand a voluntary employment project which has existed in select West Side areas of Los Angeles during the past 2 years. The present project was developed by the employment committee of the Hollywood-Wilshire Committee on Aging. In cooperation with the committee, one of the large chainstores, Ralphs Grocery Stores, has made available to the committee, the full use of its bulletin boards in various stores through which customers can be advised of types of personnel that can be secured for full- or part-time employment through the Hollywood-Wilshire Committee on Aging. While a considerable number of persons have been placed for employment under this program, it has not been able to function to its full capacity because of the fact that all of the services performed are on a voluntary basis.

The new project proposal will provide for a wider use of bulletin boards in the Ralphs Stores with larger and more adequate space available to the committee. Ralphs Stores have already agreed to this proposal.

At the same time, the parent-teachers' associations have agreed to cooperate and disseminate information through their meetings and bulletins.

With an expanded program it will be possible to go into the real poverty areas of Los Angeles. It is intended that a full-time office and staff will be established so that better information on job skills of older workers and job opportunities for them can be classified. The staffing itself will be by people over age 60 who are in need of work for financial reasons. At the same time, staff personnel of the institute will cooperate in the project and try to determine the best methods of bringing together persons or organizations who need and are willing to hire older workers with the older workers who are skilled and who are able to do the jobs required.

The existing employment project has had the full cooperation of the California Department of Employment and it is anticipated that if money is obtained for the expanded project that the department will continue its cooperation.

A third project for which funds will also be requested under the Older American Act is now being developed by the Century City Medical Foundation, a nonprofit organization, sponsored by the Beverly Hills Doctors Hospital, an accredited hospital.

The Institute of Industrial Relations at the University of California is cooperating with the Century City Foundation and it is expected that the School of Public Health at UCLA will also cooperate in this project.

The Century City Foundation was established by the hospital and its staff members for the purpose of furnishing complete diagnostic care for low-income

persons in the area. The foundation's facility is located adjacent to the hospital and is in an area where there are both very high-income groups and very low-income groups. It is also close to an area where a large number of retirees live.

At the present time the foundation furnishes services for those in need on a free or part-pay basis. The charge is determined by the administrator of the foundation on the basis of financial information secured from the patient or the referral source.

The proposed project will enlarge this activity but will make free diagnostic services available to all persons over 65 regardless of financial need. The following services are anticipated:

1. A health education program: This will be conducted with the cooperation of senior citizens organizations of which there are a large number in the area and with other community organizations. There will also be health counseling at specific times for small groups or individuals at the hospital or foundation facility.

2. A nutritional education program: There will be a nutritional education program conducted in the same manner, utilizing nutritional personnel from the Los Angeles County Department of Public Health.

3. Physical examinations: Every available means will be used to provide for all persons over 60 years of age an annual physical screening or physical examination.

4. Followup treatment: If treatment is required, such individuals will be referred to their private doctors but in the event that the patient desires a staff doctor, any treatment that is furnished will be on the basis of acceptance of the fees allowed under the Social Security program, the California State Public Assistance program, or any private insurance program that the patient may have. In the event that no third party is involved and in the event that such persons cannot pay private patient rates, then a free or part-payment basis will be approved by the administrator of the foundation.

5. Transportation will be provided: In order to secure maximum participation in a community which is spread out over a rather wide area, a transportation program will be worked out using persons over 60 whenever possible.

The purpose of this project is to bring early health care to needy and low-income persons in the area who otherwise would not secure it. It is the belief of the staff doctors at the foundation based on their experience with older persons in the community that early care can keep many older persons ambulatory, productive, and independent. At the same time it will help to avoid wasteful institionalization.

All of the present personnel of the foundation with the exception of its paid nurse administrator are voluntary workers. Specialists who are board certified or board eligible donate their time on a regular basis as do general practioners. Supplies and equipment are furnished by the hospital and if it is necessary to use additional hospital equipment there is no charge made to the foundation.

The final project in which our staff is cooperating calls for an expansion of another health facility which exists in the south-central Los Angeles area. This facility is the Foot Health Center, and is sponsored by the Southern Division of the California Podiatry Association. It is located at 1901 Trinity Avenue, Los Angeles, in an area which is largely Mexican-American and Negro population. The Foot Health Center has existed since 1959 and is staffed on a voluntary basis by podiatrists who belong to the association. The only paid personnel consists of the director and the office nurse. All equipment and supplies as well as the rent for the office has been donated by the association and by private agencies.

The activities of Foot Health Center have not been expanded as they could be because of inadequate financing. However, about 75 patients per week are seen and with few exceptions they are all in a very low income group and most of them are public assistance patients. Better than 50 percent of the patient load at the present time are persons over age 65.

Many of the techniques which the Century City Foundation program will use will also be used in this particular program. The center now operates on a free or part-pay basis and in many cases special shoes, special arch supports, and routine foot care, all of which serve to keep persons ambulatory are furnished to the patient on a free or part-pay basis.

This is truly a poverty area and involves the type of service that is normally not given in public health facilities accessible to older persons in the area.

The staff of the foot health clinic believes that by utilizing modern techniques that many of the persons in the area can be kept ambulatory and become and remain physically able to perform many types of employment in order to earn

money which will keep them off the public assistance rolls and at the same time may also help to reduce institutionalized care.

Another project in which the institute is now participating is one sponsored by the Los Angeles Regional Welfare Planning Council. This proposed project is one which would provide for a comprehensive community services facility in the south-central area of Los Angeles. The proposal is now pending before the Office of Economic Opportunity. The proposed center would provide health, protective, educational, recreational, employment, and many other services for the elderly in one central location.

One of the problems that exists in the poverty area of Los Angeles is that there is no central area where older persons can receive information and services. For example, to secure medical treatment at the Los Angeles County General Hospital, a 2½-hour trip each way is involved. Similar situations are involved in securing other services. This is a project which truly would serve the aged in a poverty area.

We call these projects to your attention as we are convinced that better job opportunities and better health care for older persons in low-income areas is the only way in which we can possibly hope to avoid being burdened beyond any reason with older persons on public assistance and older persons institutionalized only because there is no other avenue of support available for them. We urgently request that your committee give its attention to these problems and at the same time we request your support in helping us to secure funds for these projects.

STATEMENT BY GEORGE M. LOGAN, EXECUTIVE DIRECTOR, COMMUNITY WELFARE COUNCIL OF LONG BEACH, JANUARY 17, 1966

We have been delayed in submitting a statement to you concerning our interest in the war on poverty as it affects the elderly, but we do appreciate the opportunity to submit information.

In Long Beach two poverty areas have been defined, wherein more than 25 percent of the residents have annual incomes under $3,000. One of these two districts is the downtown area. In this downtown area 40 percent of the residents are over 60 years of age.

We feel that one of the most effective services for the many low-income elderly in this district would be a service bureau. This bureau would include several functions:

1. Information about community resources in health, welfare, recreation and social activities, education and volunteer opportunities. A qualified social worker would conduct interviews with those seeking information and make referral to the proper agency.
2. Provide information about housing, including board and care homes and nursing homes. There is no coordination of such resources at present.
3. Information about employment opportunities.
4. Development of information about foster homes for the aged.
5. Registration of volunteers for assignment to health and welfare agencies and related nonprofit organizations.
6. Assistance in the development of senior adult participation groups, supplementing ongoing social and recreational projects.
7. Coordination of community efforts to improve services for the aging.

We anticipate that the above activities would be directed by a qualified, well-trained social worker with special interest in working with senior adults. One of the greatest needs is to assist the elderly to take advantage of existing resources. This kind of project would greatly advance their participation in the community.

STATEMENT BY MRS. NATHAN SLOATE, EXECUTIVE DIRECTOR, VOLUNTEER BUREAU OF SACRAMENTO, JANUARY 5, 1966

Mr. Chairman and members of the committee, as Executive Director of the Volunteer Bureau of Sacramento, I wish to present the many ways the bureau utilizes the time and talents of our older citizens as volunteers.

Of any group, is it more true than for our older citizens that "most men lead lives of quiet desperation"—finished with their jobs, children grown, perhaps living in increased isolation and feeling unneeded and useless. Many older persons whom our culture has cast adrift seek creative outlets still ex-

pected of maturity through a satisfying and adequate use of their new leisure time. Though much has been done for and by the older persons in our community to provide recreation and social activities here in Sacramento, as in many other communities, there has been no organizational method for stimulating participation in community endeavors prior to the development of the Sacramento Volunteer Bureau so that they could continue to make a real contribution to society so that they are not "done for" but do the giving.

Volunteer work helps maintain the dignity, status, self-respect, and self-esteem of the individual and has broad social, physical, and mental health implications. The older person as a volunteer finds personal satisfaction and growth in developing new interest and skills, strengthening old skills, making new friends while learning about and contributing to his community.

An ad hoc committee was formed in January 1962 to explore ways that senior citizens could constructively utilize their surplus time so that they remain active contributing citizens in our community, and at the same time not lose their productive skills nor feel bored, useless, and unneeded.

The committee was later supplanted by the Volunteer Bureau of Sacramento and started its program in October 1962, with an excessive focus on older people, to test the interest senior citizens have in doing volunteer work for nonprofit health, welfare, recreation, education, and cultural and civic agencies in the community, and to test community interest in supporting such a program. This bureau was made possible by an initial grant from the Sacramento Soroptimist Club, long interested in the welfare of our older citizens, and a grant from the California State Department of Social Welfare under the Community Services for Older Persons Act, and later by the Junior League of Sacramento.

The November 1965 monthly report reveals over 700 volunteers, of which 300 were older persons, were served by the bureau during this month. These volunteers were placed in 72 agencies in the following volunteer jobs: library assistant, assistant at blind health clinics, physiotherapy, tape recordings for blind students, braille transcribing, bookkeeping, assisted at blind social and recreational groups, poster work, assembling in mailing, statistical research projects, driver, friendly visiting, filing, typing, clerical work, receptionist, mimeograph work, information and referral services, hospital volunteers, public relations, graphic artist, tutor, ceramic; instructors in sewing, group leaders, projection operators, child care, and teacher's aid. Many discover that volunteer work brings a zest to life because it offers a new challenge. Volunteers indicate the placement has given to many a new feeling of usefulness, opportunities to make new friends, and satisfaction in using their time and talents productively.

Volunteers come from a cross section of our community. Some are financially independent; some are on a limited budget; others are dependent on county welfare aid; some have specific skills or talents; some have work experience; others have none. Educational background varies from grammar school to master's and professional degrees. Every effort is made to refer volunteers to the most challenging jobs possible. However, some volunteers have little confidence in themselves and initially will do only the routine work such as stapling, sorting, and hand addressing. But, with encouragement and direction, many do demand more challenging assignments.

The bureau encourages county welfare clients to do volunteer work as this often is one of the few opportunities to "do the giving." There has been an increase in the number of public welfare recipients inquiring about volunteer opportunities, as well as the number of volunteers placed in public agencies. The war on poverty is opening up new opportunities for volunteers from all segments of the community and greater placement possibilities. Some examples of how people were helped by the volunteer program follows:

A recently retired man of 69 and his 53-year-old wife found that though they enjoyed fishing in the summer and belonged to the American Legion and its auxiliary, they were bored and frustrated much of the time. They responded to a news release of the bureau calling for volunteers. He is now driving each Friday for the American Red Cross and on Thursday for the Sacramento Society for the Blind, while serving on occasion as a volunteer bookkeeper for various agencies. His wife works with the blind society on Tuesday and other activity programs at the center. She also does clerical work for five additional agencies. Both have telephoned to express their satisfaction in their volunteer work. They appreciate the opportunity to do this separately so they can exchange new experiences.

Mrs. H, a widow age 65, who lives with her unmarried son and is partially dependent on him financially, found her days unoccupied for great periods of time and indicated her loneliness and frustration. Since registering with the bureau she has made a number of new friends and now volunteers 40–50 hours per month to various agencies doing simple clerical work. Eagerly she awaits her next assignment. Her opportunities for opening new vistas for her obviously contributed to her happiness and satisfaction.

An employed woman, age 63, was recently widowed. Her husband had died in a mental hospital. Although she had friends at her place of employment, she found her evenings and weekends at home lonely and boring. She now volunteers part of Saturday and Sunday evenings in the psychiatric wards in the Sacramento County Hospital, through the Mental Health Association and thus helps the patient to maintain contact with the world around him. She has now a new interest and satisfaction of being part of a constructive community program.

Mr. M., age 68, a retired hotel clerk, lives alone in a small apartment. He moved to this community recently and has few friends and no hobbies other than watching television. Since registering with the bureau, he is tutoring students at the grade school level one evening each week, as well as giving 30–40 hours of clerical assistance at the American Cancer Society each month. He indicates his life has greater meaning to him now and he looks forward to his volunteer work.

Mrs. J., age 61, moved recently with her employed husband to Sacramento. They have no children and few friends. She had formerly done secretarial work and now finds her days long with little feeling of accomplishment. She was referred to the Travelers Aid Society where she now does secretarial work once a week and thus enjoying the activity and routine of an office that she missed.

A widow of 71 who lives alone and is receiving financial aid from Sacramento County Department of Social Welware, who has an eighth-grade education and no employment history was placed at the USO as a receptionist. Although her health is poor she rarely misses her scheduled volunteer assignment. She has indicated that this gives her an opportunity to mingle with young people and to give her "something to think about."

The growing recognition of the need for a volunteer program has been evidenced by its increased expansion by older persons, community groups and agencies and public and private financial support. Although the program started as a demonstrational one, it has become firmly established as a prominent community social agency as evidenced by its inclusion in the United Crusade this last year. For such programs to be incorporated in the mainstream of services to older people, it is obvious that support must come from all sources, both public and private, at all levels of our community and government.

There are many unmet needs that can only be provided through the availability of a wide variety of resources, many of which might depend upon Federal encouragement. The program has proven to be a successful working model in opening new dimensions and enriching the lives of older people and in community betterment through imaginative utilization of volunteer services.

STATEMENT BY TOR TORLAND, REGIONAL INFORMATION OFFICER, U.S. DEPARTMENT OF LABOR, OFFICE OF INFORMATION, PUBLICATIONS, AND REPORTS (SAN FRANCISCO), DECEMBER 29, 1965

I have a few ideas about jobs for the so-called mature citizen. The ideas are not necessarily consistent with surveys, and are pretty much my own views.

First, it seems to me the job problems of the older citizen are in several categories which may overlap, of course:

1. The older worker displaced by automation and technology. His main problem is to retrain for another occupation or a marketable skill level in his own. We all know most of the difficulties involved here. Much of industry wants a trained worker ready to go, not a potential worker willing to be trained.

2. Another category is the retiree, whether from industry, the military, a craft, education, or what have you. He wants to keep working, either to supplement his pension or to stay in the mainstream. Again, there is usually a retraining problem.

3. A general problem is the antipathy of much of industry to hiring older persons. The reasons have been pretty well ventilated, but remedies have been rather slow in coming. Attitudes as well as actual needs weigh into this equation.

4. There is the older worker who has become handicapped through illness, injury, or general debilitory ailments more common to older individuals than those in middle or early years. His problems are indeed compounded.

5. To all of the above we might add the additional barriers of race or sex discrimination often encountered by the older jobseeker who is a woman, or a member of a minority race, or both. And finally the older person is often unwilling to move to a new job away from places and people that are familiar to him.

Some of the remedies for the jobless older person are the general remedies applicable to all unemployed: The need to update, sharpen, or renew their job skills for the labor markets of today and tomorrow. Here there are available Government-sponsored training programs under the Manpower Development and Training Act, the Economic Opportunity Act, etc.

State employment services have focused sharp and searching attention on special testing, counseling, and placement services for older job hunters. Older worker specialists have been assigned to most offices to spearhead such activities.

There is a specific public policy against discrimination on account of age by Federal contractors or subcontractors. Age discrimination, it seems to me, is really the crux of the whole problem. And the Labor Department is working hard to gain the cooperation of employers in assuring that their manpower policies do not arbitrarily exclude hiring a job applicant simply because he or she is no longer young. (By 1980 we anticipate there will be some 70 million Americans 45 and over.)

Now, as to ideas on jobs. In addition to the necessity for training older persons in jobs that industry must be persuaded to open up for them, I think there is room in public service for older persons that has not been wholly occupied.

The Peace Corps has shown dramatically that the senior citizen can be a superior citizen if given a proper chance. It seems to me there is more room in the antipoverty fight for older people. Certainly the young person knocking at the door for the first time, and the seasoned worker supporting a family, deserve high priority in getting help to help himself. But I should think a bit more emphasis could be put on giving the older worker a hand, too. A prerequisite for many poverty programs is that the poor be given an active role in them. Why not the elderly, too?

We have a Neighborhood Youth Corps that has racked up some mighty impressive achievements in helping disadvantaged young people 16 through 21 get a new lease and outlook on their lives.

Would it not be possible to envision a corps of mature citizens, say 45 and over, organized into public service that badly needs to be done? And I do not mean make work. I mean work that needs to be done. Helping in day-care centers, in public and private welfare activities, and so on.

It seems to me that the craft skills of retired workers such as carpenters, plumbers, mechanics, tool and die makers, etc., could be put to better and fuller use in apprenticeship training activities. That's the way it all started, the young learning from the old hand who had either retired or was close to it.

On-the-job training, through MDTA or privately sponsored, can be highly successful with older workers. Perhaps more emphasis could be given them here?

I know you'll agree that it is important to give first priority to the older worker who needs to work rather than the older worker who merely is bored with retirement and wants to work. In other words, the preretirement worker between say 40 and 65 is the fellow who probably really must find work. And I would hope our efforts in retraining, vocational reeducation and so on help him first.

Finally, our economy must continue to create more and more jobs. Older workers are not unemployed in Sweden because demand exceeds supply there, and because the Swedes have an enlightened and constructive attitude about putting their mature citizens into training and jobs.

Well, I'm afraid my treatise is more definitive than prescriptive. Undoubtedly you've found that to be general. The Manpower Administration of the Labor Department, under Mr. Stanley Ruttenberg, is undertaking vigorous and often innovatory programs to find productive futures for older Americans. I know you will be contacting Mr. Ruttenberg's office for ideas and information on the older worker problem. If you feel I can add further to your study, please write or call anytime.

STATEMENT BY JOHN T. WALKER, DIRECTOR, LOS ANGELES COUNTY DEPARTMENT OF SENIOR CITIZENS AFFAIRS, JANUARY 4, 1966

The Board of Supervisors, County of Los Angeles, has always demonstrated concern for the older citizen. Their concern was forcibly demonstrated when in 1955 they authorized what is now known as the Los Angeles County Committee on Affairs of the Aging, which was charged with, briefly, "promoting the well-being of the older citizen."

At the same time they established what is now known as the Los Angeles County Department of Senior Citizens Affairs staffed by civil service employees, who, in addition, serve as a working arm of the above committee working with groups, organizations, and communities.

From the beginning the philosophy of this department, in areas affecting the aged, has been based on certain principles and objectives:

(1) Belief in the worth and dignity of all people, regardless of age or other factors.

(2) The right of all people to a standard of living which protects their mental, physical, spiritual, and social well-being.

(3) The community's responsibility to help seniors help themselves, and to remain independent and self-sustaining as long as possible.

(4) Better utilization of all existing resources of the community—established agencies, churches, service organizations, and dedicated volunteers.

In the 10 years since our formation, great strides have been made in creating an awareness on the part of the community to the needs of the older person. We, in Los Angeles County, can look with pride on accomplishments to date, with full realization that there is still a great need in many areas before the objectives I mentioned in our philosophy will be accomplished.

During the past 2 years we have devoted considerable effort to the information day for senior citizens program. This has been based on the knowledge that there are many resources and services available to meet many of the needs of older people, but of which they are unaware, or are unable for one reason or another to take advantage of. In an area the size of Los Angeles, with transportation being such a paramount problem, the effort it takes to go from agency to agency to obtain an answer to their questions or to meet their needs has been a deterrent to the older person. Also, sometimes for the reason of physical handicaps or an economic barrier. So, we embarked upon a program of bringing the services to the older person by assembling them together on a given date, time, and place, wherein the agency person will very briefly explain his resources and services, then those in attendance will have the opportunity to go from agency to agency, asking questions and obtaining an answer. This has proven very successful. We have had as high as 1,400 in attendance at these events.

Another program in which we have been involved is stimulating the various communities within the county to establish a local committee on aging. It is our thought that there is much valuable experience and ability among our older citizens and if put to proper use could solve many of their problems and needs with the help of professional services. We ask the question—"What is your problem or needs?" "How do you think they should, or could be met?" Then we assist them in meeting their needs. We have some outstanding examples of successful committees in Los Angeles County. With 76 incorporated cities in the county and in excess of 600,000 past the age of 65, this method to date has proven very successful.

It has been our experience that many of our older people are willing to give volunteer services but are usually unable to do so for economic reasons. In those instances in which they can be reimbursed for out-of-pocket expenses, such as transportation and lunch money, they will render valuable service.

A number of local Committees on Aging I mentioned above have submitted requests for the funding of various projects as a result of their studies having revealed unmet needs within their community.

One of the problems that has been encountered has been the administrative detail, rules and regulations, that must be complied with before action can be instituted. Over a year ago this Department assembled representatives from some 23 agencies and organizations, from which developed a proposal for two multipurpose centers for older persons within the poverty areas. Approximately 1 year elapsed before a grant was made available for planning purposes. We realize that there are certain rules and regulations necessary for control, but

simplified procedures would be helpful in putting some of these into operation much sooner than under present procedures. With the tremendous burden placed upon the taxpayers in such a rapidly growing area as Los Angeles County, the matching fund requirement and the eventual assuming of the entire cost of the project has been a deterrent in initiating many worthwhile activities. We hope that this will be taken into consideration by the Congress.

STATEMENT BY ISABEL VAN FRANK, PRESIDENT EAST BAY COUNCIL OF SENIOR CITIZENS GROUPS (BERKELEY), JANUARY, 17, 1966

While such programs as foster grandparents and home health aids are desirable and will no doubt benefit some few elderly, there are and will always be millions of elderly who because of ill health or frailty can no longer be expected to work on a regular basis, if at all.

I feel very strongly that the war on poverty, with a long-range view, should concentrate on developing job opportunities for young and middle-aged workers and educating and training them for such work. In my judgment then, it would make more sense and be less costly to maintain the incomes of those over 65 than to establish various programs to alleviate the very conditions brought about by the low standards of Social Security and welfare prevailing now.

Welfare programs, so restrictive and even punitive in their administration in many counties, should be phased out as rapidly as possible and Social Security be made to cover all now 65, just as in the case of Medicare. Social Security should be increased to meet at least the levels indicated by the Bureau of Labor Statistics and should be financed in part from general funds.

Given a modest but adequate income, and with certain protective services, such as meals on wheels, homemaker and health aids, good housing, most elderly will enjoy more years of independent living, rather than facing prolonged, costly institutional living. If there is one universal desire among the elderly, as among people of all ages, it is the desire to remain independent, in one's own home, be it ever so humble.

I hope that with the coordination made possible through the Administration on Aging, we will see across the Nation communitywide planning, with emphasis on such preventive and supportive programs as—

1. Income maintenance.
2. Adequate housing, embodying recognized security and safety measures.
3. Multipurpose service and activity centers.

As an elderly person giving her full time to volunteer work I see such centers as a means of not only bringing and developing services to the elderly, but also a focal point for developing many volunteer opportunities for my peers. We might even wind up as foster grandparents, after all.

Thank you again for this opportunity to express my thoughts. Best wishes to you and all your committee.

COLORADO

STATEMENT BY ROBERT B. ROBINSON, EXECUTIVE SECRETARY, COLORADO COMMISSION ON THE AGING, JANUARY 5, 1966

There has been little change in Colorado as far as the war on poverty affects older Americans.

The Foster Grandparent Project in Denver is now operational, and a comprehensive report is being submitted to the committee by the project director.[1]

There are two other projects in the exploratory stage, one which would provide services to the children in ADC families where the mother is participating in training programs. It is envisioned that this would be sponsored by the State department of public welfare as a pilot demonstration that could, if successful, be implemented throughout the State. Whether or not the local CAP would become involved is not known.

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[1] See pp. 767, 777.

The other project is proposed for the State hospital at Pueblo and would provide foster grandparent services to children in the hospital. It has been reported that an exploratory contact has been made with the local CAP office, and their reaction was negative. The proponents of the project have not yet been able to interest a local agency to become the sponsor; however, they are continuing to try to develop community support.

It is their hope to utilize the services of retirees from the hospital as the grandparents, and one major difficulty they will face if the hospital sponsors the project is receiving two checks from the State. This is not permissible under Colorado law. For this reason, it is hoped the community will respond.

To the best of our knowledge there are no other projects involving older people in CAP programs in the State, except for those few who, as heads of households, might be involved in title V projects.

A major stumbling block in the preparation of proposals for submittal is the strict limitations imposed by the requirements for matching funds. We recognize the need to prove community interest in a proposal and that the local community must be encouraged to participate in an economic manner, but we feel the whole purpose of the program is being defeated when a project cannot take credit for the volunteer services provided by members of the community.

The requirement that an economic good must be inherent in the service is most unrealistic. Many older people ask only that they can serve their fellow man, and they are fortunately able to serve without compensation. These people can be utilized in worthwhile programs that would be of benefit to them as well as to their fellow citizens.

It should not be difficult to place an economic value on the services they render, If this is done, then the small community would be in a better condition to meet the matching requirements. This would, of course, pose a problem for the continuation of a project, but when such a project has proven its worth, the community should be more receptive to continuing the program.

I feel that one of the most significant statements made by a foster grandparent was when asked what he thought about the program, and he said, "Now I have something to get up for." This is what all of the programs should be striving for, to give older people a reason for living.

One recent development which could have far-reaching implications is the OEO proposal to hire older persons to contact those individuals over 65 who have not indicated a preference on medicare. If they are able to reach these people, we will have a chance to integrate them with the rest of the community. Time is short, and whether the proposed program can be implemented before the March 31 deadline is a real question. The local CAP office informs me that they have a register of 15 people who would like to work in the program. However, as the procedure for operation has not yet been established and they do not have complete information, they are unable to start.

If through the efforts of your committee and all of the organizations such as the Administration on Aging and the State and local commissions and committees we can accomplish this, we will have moved far towards providing a better later life for all our older Americans.

STATEMENT BY MRS. STEPHEN H. HART, CHAIRMAN, METROPOLITAN COMMITTEE ON AGING, DENVER, COLO., JANUARY 20, 1966

It is my pleasure to add some plans for the future that may well involve the war on poverty. The Metropolitan Committee on Aging will undertake a survey in selected census tracts of a selected percentage of the older Americans living there. This will be to discover, the needs and wants and pleasures of such a person as he sees them. The survey will be carefully structured using graduate students in a related field and a senior citizen in the team interview. The proposal is still in the preliminary planning stage and has been met with great enthusiasm by all related departments and agencies. The Office of Economic Opportunity might be asked to reimburse the elder person who interviews and give financial assistance in the tabulation and evaluation, also there is certainly going to be an expansion of the highly successful foster parents project as well as the development of a new plan for use of older Americans in DAS Care Centers.

There are several other proposals in the metropolitan area and throughout the State, which will be prepared using and assisting the senior citizens. These are still at the talking state. As now planned they will be sponsored by existing agencies. Thank you for extending to me this opportunity to help.

ILLINOIS

STATEMENT BY MR. BERNARD KAPLAN, EXECUTIVE DIRECTOR, SENIOR CENTERS OF METROPOLITAN CHICAGO, JANUARY 3, 1966

We have been deeply involved in translating our OEO grant into valid services for elderly poor. We welcome this opportunity to share some of our own observations and experiences.

When the Senate Subcommittee on the Aging held hearings around the country in 1959, one witness testified: "Within the past year seven men retired from our local post office. Since retiring, five of them have died. All seemed content and happy before retiring. Sometimes you wonder.

"Putting retired workers into good housing is no guarantee of a happy life. People die in good houses as they do in slums. They die when they have no purpose for living."

This quote tells the "why" of Senior Centers of Metropolitan Chicago. It is not enough to have good housing or recreational facilities following retirement—each aged American must also have a feeling of worth. They must be provided with the opportunity to contribute to society and to feel that they are an integral part of a greater whole and not an isolated section of the population.

We see our centers providing feedback necessary for human growth and development. They provide the important relationships of daily contact as the mainstay in preventive health care and maintenance of morale.

The principal value of a multiservice senior center lies in its preventive maintenance service to elderly participants and in the optimistic projection of useful living into retirement which it provides to the younger community. One of the principal ill effects to the old in a youth-worshipping, work-oriented society is the negative attitude that the young evince toward them. The elderly, to many young, represent the living symbol of what they are afraid they will become. This attitude is expressed by the unconscious omission of the elderly from life processes. A good example can be found here in Chicago when a most important study by the welfare council, entitled, "The Open Lands Project," seeks the essential conservation and reclamation of outdoor recreational facilities and considers the needs of all groups in this regard except the elderly who have perhaps the most time and need to find themselves "recreated" in an outdoor environment. A larger measure of rejection of elderly is found in the thinly disguised contempt that speaks of "golden agers." Youth may have all the power but we are saddled nonetheless with expense and maintenance of our elderly and with perhaps some honest anxieties and their needs as well. We contend that a senior center is the healthiest and lowest cost alternative to neglect that builds into guilt and large-scale public cost.

Senior Centers of Metropolitan Chicago attempt to demonstrate to each older person as he originally becomes involved with the agency, that he is not going to experience rejection as he probably has in employment, in housing from his children, or from society as a result of his attaining a certain number of birthdays. SCMC works with the older person and his ego to help him deal with the realities of workless days. Work and the satisfaction one derives from such an experience is a most important factor in determining one's self-esteem. American society has decided that the worth of an American adult, in his own eyes and in the eyes of all others around him, is to a great extent determined by his ability to earn a living. H. A. Robinson and Jacob E. Finesinger, "The Significance of Work Inhibition for Rehabilitation," Journal Association of Social Workers, II (October 1957), 22. Status, power security, bread on the table, a sense of belonging and of being a man is all interwoven with work. When society denies an individual the right to work, the result can be a tremendous

loss of self-esteem. SCMC provides opportunities for the aged and the aging to realize substitute satisfactions in place of work experiences.

We offer some observations of elderly we know well.

Many members of SCMC have expressed themselves as to what this private agency means to them.

"I want to shout thanks to the Conrad Senior Center for what it has meant to my mother. Her entire outlook on life has changed since she learned that she still can 'belong'."—From a grateful son of one of SCM members.

"We never cannot express with words how much we appreciate for all the things you do for us old people. If I were able to write better in English things how I feel toward you all wonderful people—I write a book."—From a foreign born couple now members of one of SCMC centers.

"May I say thank you for the nice times my husband and I have at the center. I write this as I have a hard time talking. I mentioned about talking, you see why, I am not too good at words in English, because I know I never cannot say what I want to say when I want to say in my mind—then I say wrong and I know it's too bad but it's too late, then I feel so terrible so I not have any courage to talk much no more but to you I can talk you understand. You are expert in this kind of people."—From an elderly lady.

"It's so wonderful what you are doing for us. Thank you very much."—Mrs. Pauline Chapman.

"We will not be able to say how wonderful it has been to have friends so kind and helpful as you have been to us, especially to mother and father when they needed you."—Family of George Hudson.

"A thank you to all the staff of senior centers who have helped to make my living in the senior citizens home a real pleasure—the friendly, efficient service helps me to do a lot of living."—Mrs. Elizabeth Taylor.

"It's so wonderful all the patience you have with all of us."—Mrs. Ruby Peters.

"It's so good to have you here because there is less confusion now."—Mrs. Cora Carlton.

"We're so glad you're here; you're so good for us."—Mr. Samuel Siegel.

"When you come in, I feel lifted, 50 years younger." (He's even using his cane less now.)—Mr. Nathan Colmon.

"This is the nicest birthday I've ever had." Following our October birthday party.—Mrs. Mellie Bieman.

"You mean that all of this equipment (looms) is for us? This is just marvelous! I don't know whether I can learn to weave or not, but I am surely going to try."—Mrs. Maria Chatman.

While we are most happy that OEO funding has permitted us to open five more full-time centers, we feel that we would be better served if such support could come through the Older Americans Act rather than as an adjunctive piece of a youth-oriented community action program. We feel that some observations we made to Mrs. Betty Breckinridge, Supervisor, Community Resources Development, anent our OEO participation bear on our statement to the Senate committee.

"OEO (war on poverty) centers: Our agency's participation in war on poverty has meant a significant expansion in our services to about 3,500 additional elderly in economic poverty. The prospect of continuing support from this source presents some very serious problems, however:

"A. We are prescribed to service only elderly already in poverty and the application of that designation is narrow. There is no provision, for example, to include those suffering not from poverty of purse, but poverty of spirit and no opportunity to serve in less 'stricken' communities where we might be able to reach elderly, sliding toward poverty through isolation and despair, with their implications for psychosomatic illness.

"B. Antipoverty programs require a 10-percent contribution from the participating agency. We have been able to just barely meet this with inkind services of volunteers. If there is to be an increase in this 10-percent requirement, as is now provided in the national legislation, we will have to withdraw.

"C. The war on poverty contract makes no allowance for the time and effort of board and staff. The following is a statement in this regard extracted from a recent correspondence from Senior Centers of Metropolitan Chicago.

"* * * The war on poverty program has had a serious impact on our day-to-day work which has affected our financial position. While there has been no direct cash flow either to or from our OEO funded programs, as compared

with our ongoing operation—there has been a measurable drain on board and staff time in behalf of OEO and away from essential fund-raising efforts. We cannot emphasize enough, the severe drain on the time and effort of our personnel in the handling of the OEO program. Please realize that there are 5 new centers servicing a total of 3,500 persons whose program and organization has been developed under the auspices of our executive director and his assistants. This is in addition to our regular program which has expanded significantly during the same period.

"The preparation of our poverty proposal began last November and was accompanied by the participation of staff and board in overall planning with the Chicago Committee on Urban Opportunity. Our participation can best be summarized by dividing it into preproposal consultations, preparation, and revisions of proposal as policy lines became clearer between OEO, Washington, and Chicago Committee on Urban Opportunity and implementation of program * * *.'

"D. Inclusion of elderly services has been an afterthought of the Office of Economic Opportunity and there have been many problems with respect to program and emphasis.

"The concept of a multiservice center as developed by the NCOA, accepted by the Welfare Council of Metropolitan Chicago and implemented by this agency has not been adopted by OEO. We have been restricted in many areas of service. Furthermore, they have funded the Recreation Department of the Chicago Park District for the operation of so-called senior centers which are understaffed, nonprofessional, and in truth, only drop-in centers. It may even be that the in-group atmosphere prevailing in some of these facilities may be harmful in that they may take on the characteristics of senior age fraternities or sororities.

"These low-budget, minimum-service operations are accepted by the local OEO people as senior centers and the erosion of standards is in process. We might add that there has been no review by the welfare council for these centers as there was in our case. In fact, one has just been opened 1½ blocks from one of our established—OEO funded multiservice centers. Our board intends to review most seriously the question of our continuing OEO relationship when our contract comes up for renewal in January."

We feel further that a statement we have made to Congressman Yates may be of interest.

"We are anxious to convey to you our concern for a more meaningful commitment of public funds to help avert, through "ounce of prevention" services, those very expensive pounds of institutional cure which are largely borne through public taxation.

"We are all concerned about the impact of Medicare and the voluntary health insurance program through the new social security legislation, when large numbers of eligible elderly seek admittance into inadequate facilities and care from the too few available doctors. Furthermore, we are appreciative of the fact that both public and private investment in the creation of new facilities and the training of additional medical personnel and proceeding; but these are long-term investments and can only provide long-range benefits.

"In the meanwhile, the anticipated press on such services by elderly, when Medicare takes effect, might well prove damaging to Medicare itself and add a measure of demoralization and anxiety for elderly and their families. On the other hand, recent studies have shown that the extension of preventive maintenance services through the extension of senior center programs provides effective and preventive alternatives to institutional care in largely terminal facilities such as nursing homes, homes for the aged, hospitals, and mental institutions.

"Recent studies in New York support this thesis and concludes that participation in adequately staffed and constructively implemented senior center services prolong independent living for an average of 10 years for the participating elderly members. It must be apparent that social isolation and aimless living in a youth-worshiping, work-oriented society prematurely ages our postretirement population and is an important factor in the chain of personnel deterioration which feeds anxiety and demoralization and which has so terrible a psychosomatic effect on illnesses associated with aging.

"It is our contention that funds provided in the Older Americans Act for support of senior center programs are inadequate in amount and more than complicated to obtain. Furthermore, it is yet not clearly interpreted as to whether or not such funds can only be used to develop new centers or whether they may

be used in the public interest to save existing and vital center services. Our own figures show that it costs just $0.21 a day to retain an older person in a full range of activities in one of our centers as against a minimum cost of $15 a day for intensive institutional care beyond the basic living costs that an elderly person undergoes when strengthened through senior center participation.

"We have enclosed a section from a letter of inquiry sent, recently, to the Illinois Department of Public Aid. Their answer is still 'evolving,' but it is clear that they do not have significant resources to allocate nor are they apparently sure if they can support effective ongoing services.

"It is our contention that both response to human need and prudent public fiscal policy make imperative prompt and vigorous strengthening and expansion of senior centers."

We would further argue that the time to conserve public money by investment in "ounce of prevention" service was never more urgent than at this time of national concern for reduction in public expenditures. We hope our enclosed current antipoverty project is of interest and we would be happy to appear personally before the committee if you feel it would serve a useful purpose.

Please accept our continuing admiration for the efforts of yourself, your fellow Senators in the subcommittee for aging, and your dedicated staff.

WASHINGTON

STATEMENT BY MARGARET WHYTE, EXECUTIVE SECRETARY, WASHINGTON STATE COUNCIL ON AGING (OLYMPIA), DECEMBER 30, 1965

We are very happy to be able to report that several of the communities in Washington, in their community action programs, are considering the needs of the aging members of the community and planning toward special projects to serve the older person of low income.

In those communities which have local committees or councils on aging there has been an effort made to coordinate their work and plans with that of the CAP. Such coordination has, of course, been more effective in some communities than in others. The State council staff and two area consultants on aging who are assigned by the State department of public assistance to demonstrate the value of concentrated staff consultation on aging in an eight-county area, are working closely with the State Office of Economic Opportunity and with directors of local community action programs to plan for integration and coordination of services for the aging with other community programs under OEO.

The deadline for submitting a statement for inclusion in your report does not permit me to secure action from the executive committee of our State Council on Aging on the questions raised by Mr. Oriol in his visit. Therefore, my comments are based on my personal observations and opinions together with those of our area consultants on aging who were in the State office for a staff meeting at the time of Mr. Oriol's visit.

The State of Washington has a higher than average number of households with age of head 65 and over who are living on incomes below $3,000. In 1960 the U.S. Census reports that 61.6 percent of these families in Washington have income under $3,000. In 1962, 47.1 percent of all households in the Nation, with head age 65 and over, had under $3,000 income.

Greater opportunities and services to alleviate the social and economic hardships related to low income could, in our opinion, be provided to older persons more adequately through the economic opportunity program if the following policies and programs were incorporated in the OEO program.

1. Community action councils coordinate their planning with that of local councils or committees on aging where such exists. Where there is no local committee on aging copies of proposals by community action programs related to the aging should be sent to the State council or commission on aging to assure coordination with programs under AOA and other agency services.

2. Provide for summer in-training institutes and other training opportunities in gerontology for staff and volunteers to work with older people. The shortage of trained and/or experienced staff in the field of gerontology is a major roadblock in expanding services in aging in our State.

3. In cooperation with the Administration on Aging, identify the socially and physically isolated person and establish programs to interpret and meet his needs.

4. Provide transportation programs to eliminate a major hardship faced by older people. In our State 48.9 percent of all households without an automobile are headed by a person age 65 or over and of all households with head age 65 and over, over 42 percent are without a car. These people find that public transportation is not convenient for their participation in community activities and, in addition, it is too costly. Thus, this becomes a major factor in increased isolation of the older person.

5. Revise the VISTA program to permit the older volunteer to work in his home community. Many older persons have indicated an interest in applying for VISTA until they learned they would be required to leave their home community. The services of these experienced older people could be used to advantage in every community.

I am happy to have the opportunity to submit this statement for your study and consideration.

(Exhibit One)

WASHINGTON STATE COUNCIL ON AGING,
Olympia, Wash., January 5, 1966.

WILLIAM E. ORIOL,
Professional Saff Member,
Special Committee on Aging.

DEAR MR. ORIOL: You will recall that when you were here Mrs. Alva Terry told about the woman in her late fifties who is serving as a VISTA volunteer at Toppenish, Wash., in Yakima County. It was suggested that we try to get a letter from Mrs. Ruth D. Harris, the VISTA volunteer, to secure her reactions to her work and for suggestions on future programing. I am enclosing a copy of a letter which I received today from Mrs. Harris.

I am very interested in the comments of Mrs. Harris regarding her experience in working away from home. Her opinion does not agree with that which our area consultants and I have picked up from people older than Mrs. Harris who have considered this program. They decided against volunteering for the service due to the fact they would have to be away from home.

The satisfaction derived by Mrs. Harris should certainly be a stimulation to other people to join VISTA volunteers.

Sincerely,

MARGARET WHYTE,
Executive Secretary.

(Exhibit Two)

TOPPENISH, WASH., *January 10, 1966.*

WASHINGTON STATE COUNCIL ON AGING,
Olympia, Wash.

MY DEAR MISS WHYTE: I introduce myself first: Ruth D. Harris. VISTA volunteer. I was happy to have received the letter from Mrs. Alva S. Terry concerning ways of improving the modes of living of the aged. First let me say that no aging person will accept the ways, the manners of the young. That is out. Even the youth will not accept a youth as an instructor.

I do not recommend an older person who works with any type of underprivileged to be near his or her home. I am sure not much would be gained. There is or would be a temptation to go out only when necessary. Here I am, far removed from my residence, and the mornings I have free (three to be exact) hang heavy on my hands. I'd rather put in an even 8 or more hours away from home daily, and know I'm on the job assisting, teaching, even being a psychiatrist which I've had to do on two special occasions. This could never happen if I were in Phoenix or St. Petersburg, my two residences. I love it here, alone. I am happy in work, and, although I'm tired at times, I do know I'm doing good to those who regularly, or irregularly, come to my classes for learning, and uplifting.

When a colored old grandmother of five children learns to play "Old MacDonald Had a Farm" and grabs me and squeezes me in appreciation that's success there for me. Simple forms of music selections played with gnarled,

swollen fingers; that's altogether lovely. I know a younger person could never have accomplished the things I have with these people, my friends and brothers, whether they be red, black, white, or mixed. They wait for me, they look for me; even the little children coming home from school know my car, and screech my name. Oh, yes, they have come to love me. I am their VISTA teacher. What bothers me most is that I cannot reach out any further and do justice, so I am sticking to the one community.

Many different ways of uplifting is in having someone who has had experience in civic community meetings, go out and work. Work, not play, but work. Cooking classes, sewing classes, art classes, literature, English, mathematics, spelling, reading, basket weaving, ceramics, quilting, etc., and these, many of them, could be subdivided into several different classes. Music with preschool children. Small orchestras, singing groups (if they're only hymns). But—and here's the drawback, lack of facilities. The school couldn't give me a room. The churches cooperated; the library will let me use a room for my art display. I'll use the math room for the musical recital. And so it is endless, the opportunities. I am teaching "kids" to crochet. Anyone is welcome in my classes. All this could be done for the aged, finger painting; but I must stop. May I add for further consideration, I was very closely connected with the aging in St. Petersburg.

They assembled in groups such as shuffleboard playing and contests; croquet and contests; hobby clubs, dancing, even square dancing (this I am not too keen on; the square dancing is too strenuous) a general get together for a game party for fun. Using the hands and muscles and latent skills will do wonders toward living useful lives and keeping limber. The enthusiasm among these groups catches on. I knew an acrobatic man of over 70 who did stunts that were amazing. To get them to join in is a goal set that is rewarding. Band concerts, many of those aging can play instruments, form a band. Get the dusty instruments out and see for yourself. Have evening band concerts, debate clubs. If there is anything pitiful, it is to see lonely old people sitting out time in restaurants, eager to talk. Oh, yes, it's a forgotten age, the lonely elderly.

I hope I have again put some ideas to be started. A civic center with facilities is important, no community center.

Sincerely,

RUTH D. HARRIS, *VISTA Volunteer.*

STATEMENT BY MRS. R. J. ARONSON, EXECUTIVE DIRECTOR, COUNCIL ON AGING FOR SEATTLE AND KING COUNTY (SEATTLE), JANUARY 3, 1966

We are encouraged that our application to the Office of Economic Opportunity has been approved. Through this opportunity, we plan to accomplish these basic objectives:

(1) To modify those values and behaviors of the elderly disadvantaged which militate against their successful participation in the mainstream of community life.

(2) To create new economic opportunities.

(3) To make the lower income elderly aware of existing economic opportunities and those in the process of creation; and to guide them in the ways to prepare for and take advantage of these.

(4) To increase the understanding and responsiveness of individuals and institutions to the needs, wants, and desires of the impoverished elderly.

(5) Through their direct involvement in planning and program to increase the ability of the lower income elderly to affect the social conditions in which they are enmeshed.

(6) To ameliorate the inherent strains and tensions in a life of poverty by providing or improving health and social welfare resources.

This multiservice program for the low-income elderly will include a homemaker-housekeeper service designed to help these older persons to remain in their own homes and maintain the greatest possible degree of independence. The able elderly will have the opportunity of being trained to perform these homemaker-housekeeper services.

The project will sponsor two teams, consisting of a caseworker and a public health nurse, who will go to the places where older people congregate and to their homes to help them resolve their social and health problems.

The Council on Aging for Seattle and King County is most enthusiastic over the opportunity afforded by this grant from the Office of Economic Opportunity and highly pleased with the excellent cooperation and guidance we are receiving from the local OEO office.

STATEMENT BY MRS. LORENA PETERSON, A.C.S.W., EXECUTIVE DIRECTOR, LEE HOUSE FOR SENIOR CITIZENS (SEATTLE), JANUARY 4, 1966

I am writing this letter to tell you of our experience with Miss Rachael Hauck, VISTA volunteer assigned to our agency.

Lee House for Senior Citizens is a multiservice social agency offering services to help maintain the health and promote independent living for senior citizens of Seattle, who are 60 years of age or older. In addition to providing a rich social and recreational program at our agency, we also provide casework services, public health nurse services, homemakers, and short-term foster home care.

Miss Hauck, a VISTA volunteer who is 71 years of age, came to us September 10, 1965. Her first assignment was to catalog a large amount of material that had been gathered the past 3 years on homemaking and to work with the public health nurse and social caseworker to design the curriculum content for a homemaker training coures. We had also planned to use Miss Hauck to help in the actual training of homemakers. Our agency was unable to get the necessary funds to carry out this project and since December Miss Hauck has worked as a case aid helping the social caseworker visiting in the homes of members who are physically unable to come to the center, or who are temporarily ill. She has also worked well with our recreational worker, and Lee House members as they have planned and executed recreational activities.

In all her assignments Miss Hauck has demonstrated a high degree of flexibility and has brought imagination and creativity to her work. She has an optimistic outlook on life that has been an inspiration to many of the aging she serves who are her juniors. I believe Miss Hauck has effectively demonstrated that a very real contribution can be made by retired people, and that certainly a very important source of manpower is available in this age group.

It is indeed a very worthwhile contribution that Miss Hauck is making as a VISTA volunteer and without her help our agency would not be able to accomplish.

(Exhibit)

LEE HOUSE FOR SENIOR CITIZENS,
Seattle, Wash., January 4, 1966.

Senator GEORGE SMATHERS,
Chairman, U.S. Senate Committee on Aging,
New Senate Office Building,
Washington, D.C.

DEAR SENATOR SMATHERS: Your committee may be interested in my work as a VISTA volunteer in an agency especially concerned with the problems of elderly persons.

I, myself, am 71 years old, a fact which seemed unimportant in my Chicago training period. In Seattle, however, my age has impressed many people; it has seemed to be a factor in whatever success I have had here; and so perhaps recruiters for VISTA should try to find other volunteers of the wider interests and job experiences which added years bring and which 20-year-olds cannot have.

When I came to Seattle in August, I was assigned to the remarkable neighborhood house tutorial program. I had just begun to serve here, when a need arose at Lee House for Senior Citizens and I was transferred to help there.

For 3 years, the Lee House staff had been accumulating material on homemakers for the elderly: brochures, leaflets, magazine articles, Government documents. Now they were ready to make definite plans for a training course for homemakers. Since I was one of the few college graduates in our VISTA group, it was felt that I would cope with this accumulation of material, and later, help to plan a schedule of classes.

As I read and sorted and classified, I became intensely interested in the project itself. Homemakers would be able to add years of life and hope to the aging ill by keeping them in their own beloved surroundings and out of the sterility of nursing homes. But my years of teaching, my volunteer work at home in Denver, and my experiences in Chicago made me more concerned with what our training course might do for aid-to-dependent-children mothers and their children. True, we would need funds to support these women while they were in training—there was that whole vexed problem of reduction of welfare funds if a parent receives training pay. But I was very hopeful. I had been a volunteer teacher in job opportunity center in Denver and I knew that heads of families on welfare had been paid while they attended school.

Well, things didn't work out for Lee House. Funds were not forthcoming. The staff did the only sensible thing. They gave up the training program and employed a few part-time homemakers, who will be given inservice training.

I should have been out of my Lee House job at once. I could have gone back to the tutorial program, where I had kept a toehold by teaching three children one evening a week. But by this time, I seemed to belong to Lee House. I have stayed on. In Chicago, I had been given some experience in home visiting. Now I am a caseworker's aid in such visits. And a busy staff has many needs for help in other ways.

Would other people, 60 to 70 years old find enjoyment and satisfaction in Vista?

Yes, if they are reasonably healthy.

Yes, if they train right along with the youngsters (Our Chicago training group still is a band of brothers).

Yes, if they don't stress age or expect privileges because of it.

Yes, if they have had experience in working with people and especially, if they have already done volunteer work in their own hometowns.

I was fortunate in my Chicago training. I enjoy working under the sponsorship of the Seattle Housing Authority, with its emphasis upon social services to the tenants. At Lee House, I have been treated as one of the staff, not as an outsider new to social work.

It is my hope that the members of the Senate Committee on Aging will find equal satisfaction in the work that they are doing.

Cordially yours,

RACHAEL HAUCK.

STATEMENT BY HELEN S. WILSON, EXECUTIVE DIRECTOR, SENIOR ACTIVITY CENTER OF BELLINGHAM, DECEMBER 31, 1965

The key to successful programing for and with older people is providing transportation. When transportation is made available, senior citizens are able to attend varied events and participate in everyday affairs of their communities. With transportation, the elderly are able to secure counseling and many needed services, enjoy socialization, develop their talents and skills, also give time to many community enterprises as they grow in service to others.

Without transportation, the great majority of older men and women are isolated, with no frequent contacts with others and unable to do errands and business affairs. Many are living meager lives of desolation, deprivation, and often desperation.

In my 10 years experience working with and for older people in rural areas and urban centers on the East Coast and in the Northwest, the No. 1 problem encountered by the majority of elderly everywhere is lack of transportation. While serving as coordinator, Community Services for Older Adults in Bellingham and Whatcom County for 3 years, the need for transportation has been stressed repeatedly by older adults. As Executive Director of the Senior Activity Center which opened in Bellingham in May 1965, the writer has been more and more aware of the need for planned transportation.

A plan for leased transportation has been developed and included as one of several component parts of an application for financial assistance submitted to the Office of Economic Opportunity. The application, "Aids to independence for older people" was submitted by the Whatcom County Council on Aging Inc., sponsor of the senior activity center and has received enthusiastic endorsement by the local, State, and regional offices of economic opportunity. One section,

"Transportation plus," is enclosed for your information with details which will be helpful in other communities.

I hope this will be of assistance to you and members of the Special Committee on Aging who are doing such outstanding service in meeting some very human needs.

(Exhibit)

TRANSPORTATION PLUS

WORK PROGRAM

(*a*) *Purpose and beneficiaries*

The purposes of "transportation plus," a plan for leased transportation, is to provide special transportation for older men and women so they may attend varied programs and share in many services to be developed at the senior activity center. The beneficiaries or the particular group of retired to be served by this unique plan for special transportation is a group including the homebound or ambulatory residents of nursing homes who are not well enough to get around independently. It will also provide transportation for those who manage to get around fairly well at home but for various reasons, cannot use regular city transportation, cannot afford taxis or have no cars of their own. Some of this group may live too far from a bus, many cannot stand and wait for the bus, or others need help in getting up and down the bus steps. Many of these older individuals experience economic poverty. The majority are deprived of opportunities for socialization, new experiences and pleasant, stimulating group activities. No service such as "transportation plus" is available in the community so this is not an expansion of activities already provided.

(*b*) *Scope and content*

Introduction.—Bellingham has a very high percentage of older men and women in the population. About 5,000 or 14.7 percent of residents are age 65 and older. Approximately 60 percent of these older residents have total incomes of less than $1,000 per year so the very great majority must depend on public transportation. A taxi would be prohibitive in cost and yet with many women employed today, this means that they are no longer home to give daytime transportation to older relatives and friends. There are no buses after 7:30 p.m. on weekdays and there is no bus service at any time on Sundays or holidays. Very few elderly can afford to drive their own cars—many of these individuals cannot drive at night. City bus fare is 25 cents or five tokens for $1. Many on limited retirement budgets must plan carefully and curtail their bus trips to not more than five or six round trips a month. For elderly couples this means more careful planning and fewer trips for shopping, business errands, or to see friends.

The need for transportation has been mentioned frequently by older individuals in their conferences with the coordinator, community services for older adults. The need for transportation was stressed over and over, leading all other replies in two informal surveys made by mail in 1963 and 1965 among older residents of Bellingham who were asked what they felt were needs of older people.

The need for transportation is a growing one as people become older year by year. The special need for transportation becomes apparent as plans begin to crystalize and focus on an activity center, long an objective of the Whatcom County Council on Aging. The importance of offering varied social, recreational, educational and service type of activities for older adults cannot be overestimated The positive values of participation for older people in professionally directed day center programs have been repeatedly and dramatically demonstrated with no incidence of mental health care, nursing home or chronic disease hospitalization needed by those enjoying companionship and developing new interests in such centers.

Many of the above trips could be planned with transportation paid for by older people.. Guest tickets for some could be provided as a service project by different clubs. A part-time staff person would be needed as programs develop to make arrangements, plan schedules, and oversee this particular part of the senior activity center programs.

(*c*) *Timetable*

The manager of the Bellingham Transit System has been very cooperative in discussing plans for leasing transportation for "Transportation Plus." He is

thoroughly familiar with the need for special transportation for many older people and after reviewing preliminary plans for scheduling, endorsed the plan wholeheartedly. The city transportation system will provide a regular city bus which will cover different areas of the city on different days. It is planned to provide transportation will be the responsibility of a part-time staff person who in turn 3 months. The next 3-month period will provide transportation 3 days a week (4 hours a day). The following 3-month period will expand the transportation program to 4 days a week (4 hours each day) and the last quarterly period will provide special transportation 5 days a week (4 hours a day).

(*d*) *Administration and organization*

It is anticipated that administration and organization of the program of leased transportation will be the responsibility of a part-time staff person who in turn will report to the executive director of the senior activity center. It will be coordinated with other component parts of the community action program because of the general supervision of the director of the senior activity center and because all arrangements will be made and carried out from the senior center. The half-time staff person responsible for programing, scheduling, and supervision of "Transportation Plus" may be needed full time later on. This position could be filled by an experienced retired person with good organizational ability and every effort will be made to employ such a person.

(*e*) *Evaluation*

"Transportation Plus" will be evaluated regularly by monthly reports showing interest and response to the plan of leased transportation, the number served and the areas of the city which have the greatest number using the plan. Also included will be comments and suggestions from older persons using this service. Reports will be requested from operators of nursing homes and boarding homes if ambulatory patients use the leased transportation. These reports will evaluate the older persons' general health and any improvement that may be noted in their attitudes. The busdrivers' comments will also be helpful. Future scheduling and further development of leased transportation will incorporate changes or additions as monthly reports provide this information.

As varied activities are developed at the proposed activity center, and more older people wish to enjoy varied programs, the need for transportation will also become more acute. It is planned to start activities at the senior center on a part-time basis, later full time. More time including evening and weekend programs can be planned if there is adequate staff.

Many older people can attend daytime programs using regular transportation. However, there is a large number of people who are homebound or who are residents of nursing homes who could come if special provision is made for transportation for them. This is the purpose of a special demonstration project, "Transportation Plus."

Many ambulatory residents of nursing homes or elderly homebound men and women would benefit from activities and social participation with others according to their physicians who feel patients need diversion and change. Because often family and friends of older people are no longer able to drive and so cannot be of assistance, a planned program of special transportation must be worked out. Activities for those with limitations will be carefully planned around their needs and interest. They will be free to do as much or as little as they wish. Returns in improved general well-being can be expected—an important part of the demonstration project can be a study and evaluation of patient' attitudes and physical health at regular intervals.

Transportation for special events.—As well as transportation to and from the senior activity center, additional programs can be arranged with special transportation provided. These might include:

(*a*) Short trips to places of local interest: waterfront, parks, college, business district, Christmas decoration and outdoor displays.

(*b*) One-day trips: Mount Baker, Lake Samish, State parks, campsites, Whidbey Island, Lake Whatcom, Ross Dam, Vancouver, British Columbia, Stanley Park.

(*c*) Evening programs: Concerts, films, lecturers, or plays at the college; concerts, films, lectures, or plays at the high school; guest tickets might be made available for many of these events.

(*d*) Special-interest events: Sumas—Festival Day, Lynden Fair, Old Settlers Picnic, Blossom Time Festival, Port Townsend Craft Festival, plowing match, Everson—Fall Festival, Deming—Logger Rodeo, Anacortes—Art Festival.

BASIS FOR PLANNING TRANSPORTATION TO BRING OLDER PEOPLE TO THE SENIOR ACTIVITY CENTER

We plan to provide round trip transportation to bring the elderly to the senior center three times a week for the first 3 months. This will be 4 hours each day for leased transportation at $6 per hour. At this rate the cost for 3 months will be: 144 hours, at $6=$864.

We plan transportation 4 days a week the second 3 months: 192 hours, at $6=$1,152.

We plan transportation for 5 days a week for the next 6 months: 480 hours, at $6=$2,880.

A total of 816 hours to bring elderly to the center, $4,896.

Additional plans to take the elderly from the center to cultural programs at the college and events in the community are being developed.

An estimate of three trips per month or 12 hours per month or 144 hours per year at $6, $864; 960 hours, at $6, $5,760.

I, Robert W. Mallory, owner and operator of the Bellingham Transit System, located at 2117 Iowa Street, Bellingham, Wash., do hereby agree to furnish transportation in accordance with the outline listed above at the rate of $5 per hour instead of the regular rate of $6 per hour; therefore, the net cost will be 960 hours by $5, $4,896; 960 hours by $6, $5,760.

The net non-Federal contribution for "Transportation Plus" is $960.

WISCONSIN

STATEMENT BY MR. JAMES F. MCMICHAEL, EXECUTIVE DIRECTOR, WISCONSIN STATE COMMISSION ON AGING, MADISON, DECEMBER 22, 1965

Relative to our conversation on Friday, December 18, this can be considered a followup report to the U.S. Senate Committee on Aging in developing services for the elderly under the poverty program.

The program has been temporarily discontinued due to three reasons:

1. A lack of community action planning bodies to work through in developing services for the elderly and some uncertainty concerning OEO's priorities and requirements.

2. A general lack of awareness of the needs of the indigent aged and, related to this, an unwillingness to use poverty funds to assist them.

3. In view of these two factors, our conclusion was that the part-time staff given to this project was inadequate and that a sustained effort can only be made by a full-time staff person.

As a result of our temporary discontinuance of the program, our present activities consist of encouraging the development of community action planning bodies and consolidation of materials relative to ways in which the aging can be assisted under the poverty program. Conversations with Mr. Carl Olien, director of our State Office of Economic Opportunity, have been held relative to the continuance of the project when a sufficient base of community action planning bodies has been formed. We both feel that there is definitely a need to create community awareness of the needs of the poor aged and to provide positive direction in meeting such needs.

When there are a sufficient number of community action planning bodies formed, we will consider engaging a full-time field consultant to provide technical assistance to community action planning bodies relative to the needs of the aging poor.

We will keep you apprised of our progress in this area.

[Earlier letter and report sent to committee]

STATE COMMISSION ON AGING,
Madison, Wis., September 27, 1965.

Hon. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: Enclosed is a final report on our 6-month poverty project. I hope you will find it interesting, and informative as to one State's experiences in trying to use the community action program.

This report was accepted by the State Commission on Aging at its September 15, 1965, meeting and effectively terminates for the time being, any extensive staff efforts to work through the poverty program in developing local services for the elderly.

As the report indicates, some progress was made in these 6 months. The Milwaukee Community Action Program project for older adults is nearing approval; over 100 older persons will be working in the Foster Grandparent Program and many older farmers have been helped in improving their farms and in setting up small businesses. All this shows some progress, but obviously much more needs doing, and doing soon to help the poor older person in Wisconsin. It is hoped the Federal authorities will recognize this and allow development of all Community Action Program projects for the elderly where local interests are ready to move, even though multicounty planning bodies have not been formed.

If you wish additional information on our experience with this program, please let us know.

Sincerely,

Enclosure.

JAMES F. MCMICHAEL,[1]
Executive Director.

REPORT ON POVERTY PROJECT

February 1, 1965, marked the beginning of the State Commission on Aging's poverty project, made possible by a $2,000 grant from the Wisconsin Office of Economic Opportunity. The three project activities aimed at developing community action programs in local Wisconsin communities were: (1) an assimilation of all statistics related to the indigent elderly to determine their characteristics and to better guide consequent programs; (2) to develop poverty program models using poverty funds to assist the poverty-stricken aged; (3) to work intensively with Wisconsin communities in the development of such needed projects.

The grant, subject to review and possible renewal on August 1, was extended to September 8, at the request of the Office of Economic Opportunity when the overall poverty program in Wisconsin could be reviewed and its future more carefully decided.

At the July 30 State Commission on Aging meeting, authority was given to continue the project until September 8, with the director being asked to evaluate the project's effectiveness and to report to the commission before any decision was made on the continuation of the project.

Expenditures under the program

The bulk of the $2,000 grant was used to pay the salary of Mr. J. Michael Gramling, a graduate student at the University of Wisconsin, who worked on a 3-day-a-week basis from February to June and nearly full time during the summer as the technical assistant for poverty to fulfill the objectives of the project for the commission. The commission's contribution to this project was considerable secretarial assistance, materials, and supervision of the project by the commission's executive director. More time was required than had been anticipated, however, this was minimal in terms of the results of the project.

Project results

The first phase of the project, the gathering of statistical information, served two purposes: first, it helped substantially in orienting the technical assistant to the field of aging; second, it helped to compile all available data related to the characteristics of the aged poor. This activity, including a meeting of outstanding research people from the University of Wisconsin and various State agencies, emphasized the lack of statistics relating to the characteristics of the poverty-stricken elderly Although much general information about the elderly is available, it is not broken down by income groups Some information correlating housing and family status to income was obtained, but not much else. This information, although relatively sparse, did produce some valuable tables which have been used many times since, created an opportunity to bring together research persons to discuss some of the research needs in the field, and served to orient the new technical assistant very well.

The second phase involved the development of program models. In this activity, the technical assistant worked with Miss Verna Due, the Regional Representative

[1] Letter of June 14, 1965, from Mr. McMichael appears on p. 226, hearings.

of the U.S. Office of Aging, as well as with others from the Economic Opportunity Office. The existence of models of programs for the aging were scarce around the United States, thus a great deal of imagination had to be shown in this particular phase of the project. A very unique program model was developed by Mr. Gramling showing how an average Wisconsin community could take advantage of the community action program to help its elderly residents. Put in the form of a two-act play, it was accurate, informative, and yet easily understandable. To most, this was useful in implementing the booklet published by the Office of Economic Opportunity. In addition to this, other program ideas were suggested and copies of a Milwaukee program proposal were made.

The presentation of this material at a meeting of local committees on aging held by the commission on April 19 marked the beginning of the third or promotional phase of the project. In addition the materials were distributed to all mayors of major communities in Wisconsin, all local community action committees, local committees on aging not attending the April 19 meeting, and persons interested in developing programs for the elderly. Altogether, all the material was sent to over 100 communities showing how they could use the poverty program to help the elderly. As a result of our work, two definite programs are now underway in Wisconsin: (1) in Beloit, under the direction of Arthur Lundh and the Beloit Kiwanis Club and (2) in Racine, under the direction of Ray Vance working with the Racine YMCA. In addition to this, programs are under way in Milwaukee and interest has been shown by Waukesha and Manitowoc.

Thus, while no definite program has been submitted and accepted within this short period of the project's life, much has been accomplished to let Wisconsin communities know what they can do for their elderly by use of community action program funds, resulting in some actually beginning action to secure them.

Difficulties encountered

Some real difficulties were encountered in the project relating to the newness of the Economic Opportunity Act. It has undergone and is continuing to undergo changes in policy. This constant refining of policy creates the problem of trying to interest community leaders in a project, not knowing for certain what the latest criteria are for project acceptance. A second problem is that if at all possible, the project should be submitted through a community action committee. Wisconsin has practically no acceptable community action committees, hence the chances of securing a specialized project for the elderly are not too good. As a result, during the last months of the project, the technical assistant spent considerable time in developing a Rock County community action committee in order to then proceed with the Beloit project for the elderly in which there is considerable interest.

While the necessity for this is understandable, it is not the function of the Commission on Aging to develop community action committees in the poverty program.

A third difficulty relates to the amount of staff time proven to be necessary to develop such programs. A part-time employee, regardless of his ability and drive, cannot sustain the necessary interest to promote such programs throughout the State. More and continuous staff time has to be made available to the communities to stimulate interest in the poor elderly and to assist in the development of project proposals.

Conversations with Mr. Carl Olien, Wisconsin Director for the Economic Opportunity Act, have indicated that such a full-time person to work wholly in the field of aging is not possible at this time due to their own limited funds to develop community action programs generally throughout the State.

Recommendation

Therefore, based on 6 months' experience with this project and on the foreseeable future of the poverty program, it is recommended that the State Commission on Aging discontinue the poverty project for the time being. Serious consideration should be given its continuance when the Office of Economic Opportunity has had an opportunity to clearly define its program priorities and procedures, and when there is a sufficient base of well organized and staffed community action committees throughout the State to assist in the development of programs for the elderly. Then, the State commission on aging could play a valuable role in assisting these local bodies in considering the needs of

the elderly and in developing programs accordingly. At that time the commission should seriously consider employing a full-time staff person having major poverty responsibility to work in a consistent and concentrated manner in the development of programs for indigent elderly in Wisconsin.

STATEMENT BY EUGENE M. COX, ASSISTANT DIRECTOR, COMMUNITY PLANNING, UNITED COMMUNITY SERVICES OF GREATER MILWAUKEE, INC., DECEMBER 28, 1965

Milwaukee County has a population of 1,087,520 persons. The community has great pride and a spirit of doing prevails. This can be attested to by the number of cultural and community improvement projects which have been initiated during recent years.

Approximately 9 percent of its population is 65 years of age. Many aged persons live in old deteriorating parts of the city. These are the locations where they settled when they came to this country and thence to Milwaukee after World War I. Older persons who live in these areas are most frequently found to be living in what would be deemed a poverty level. It should be remembered, however, that it is not wise to restrict effort designed to help the aged to selected geographic regions because there is a scattering of aged poor throughout the entire county. It is estimated that less than one-half of the aged poor in Milwaukee County live in the prime target areas designated by the community action program committee.

Milwaukee has an extremely low unemployment rate (2.2 percent in November) and the economic well-being of the community is at an alltime high. This means that the standard of living for the aged poor is far below that of the community in general, and that the gap appears to widen.

The 1960 census revealed that there are over 30,000 heads of households, 65 years of age and older, with incomes under $3,000 in Milwaukee County. Of this number, 14,235 were in the inner-city poverty area which has been designated by the community action authority. It is estimated that there are an additional 10,000 persons over 65 years of age living alone, in poverty, in Milwaukee County.

UCS PROJECT AN OUTGROWTH OF COMMUNITY CONCERN

The United Community Services' poverty project entitled "Assisting the Aged in Poverty To Use Community Health and Welfare Services" was developed as a result of a number of years of study carried on by the agency in the area of aging. This proposal prepared for consideration under the Economic Opportunity Act reflects the thinking of a number of UCS study committees which were concerned with the very problems of the aging and aged. Consultation has been received from the State Commission on Aging as to the project's scope and approach. The Social Development Commission of Greater Milwaukee's Committee on Aging has reviewed the project and reacted favorably on the basis of community concern which was established at public hearings conducted in the various Milwaukee areas during the past year. The Board of Directors of UCS approved the project for consideration by the Economic Opportunity Office.

PROJECT CONCEPTS

The project is aimed at testing out a number of concepts in regard to working with the aged and specifically, the aged persons in poverty. The attached description of the project explains the undertaking in detail. The approach is suggested as being a grassroots community organization project. This approach does not envision the creation of neighborhood study or pressure groups but rather is aimed at meeting older individuals in their everyday environment to make sure that they understand the health and welfare services which are available for their use. An effort will be made to get older people in poverty to participate in programs and activities which already exist and to get help in solving pressing health and welfare problems. Project aids selected from the aged poor will be used to establish basic contact with aged poor in underprivileged areas. It is thought that an effort will be made to do a house-by-

house, block-by-block survey in those census tracts of the poverty area which are characterized as having a high proportion of older persons.

A great deal of effort has gone into developing services for the aging and aged within the community spectrum of health and welfare services. Serious question has been raised as to how effective these services are. While the effectiveness of these services may be questioned, it is also quite possible that older persons, for one reason or another, do not understand where and how such services can be utilized. A prime purpose of this project is to learn if the existing services can meet the needs of the elderly poor. It would seem foolish to create a number of new services without first determining what the aged really want and what they really will use.

MORE THAN A SURVEY NEEDED

While the project will provide some answers to questions raised about community services, it will not be a survey type of operation. The survey method is one which can be used to establish contact with older persons. It is assumed that in using a serial-survey approach in selected areas, people contacted will become informed as to services available, will use such services when they are needed and will provide information to the project as to the reason that services are not used when needed.

It is extremely unfortunate that many survey projects are conducted in groups that are extremely in need of service without actually providing service. This project has educational, service, and research components with heavy emphasis on the services aspect expected. It must be stressed that aged persons need help today, if they need it, and that to put off for tomorrow what they need today is a serious mistake in that tomorrow might never come.

PREVENTIVE ASPECTS

A major premise under which this project was developed is that a great deal can be done to prevent the occurrence of many health and welfare problems from becoming catastrophic and totally disabling if people can be convinced of the importance of seeking assistance in finding solutions to them. It is extremely difficult to determine just how effective preventive programs are, but there is every indication to suggest that the lack of information or the complete disregard for personal well-being has been a contributing factor to the misery of the aged poor living in poverty.

AIDS AS A KEY TO COMMUNICATION

A sustained effort will be made by the project aids to follow up the initial visits in situations where there may be serious problems and individual involved needs and wants. Aids will work with individuals who are referred to the service through other community agencies and organizations. In some areas where there is a high percentage of aged persons, it is possible that we will test the possibility of establishing a cop-on-the-beat type of operation.

Utilization of older persons to function as intermediaries between the aged persons and the service agencies appears to have certain decided advantages. The most important being that the aged themselves undoubtedly feel more at ease and consequently, should be inclined toward discussing their problems with persons from this peer group. Efforts will be made to secure aids who will be able to speak one of the foreign languages which are most frequently used by older people of Milwaukee County. There are a large number of aged persons of German, Italian, and Polish descent. The Negro component of this group is extremely small.

SUMMARY

This project will be developed as a grassroots community organization project. A concentrated effort will be made to reach and to communicate with aged persons in poverty. Aged persons in poverty will be used as the working arm of the project. The project aids will function in a number of capacities, including perhaps, in a cop-on-the-beat fashion. In addition to providing information about community services to the aged persons and getting them to use such services when needed, the project should provide a tremendous amount of information which can be used in planning new programs and in expanding or modifying existing programs to meet the health and welfare needs of the aged persons who live in poverty in Milwaukee County.

REGIONAL MEETINGS PROPOSED

It is suggested that an effort be made by the Office of Economic Opportunity and the Division of Aging to bring together project directors, and key personnel involved, at regional meetings to discuss projects which are similar in design. This might provide new stimulus for project improvement or design as well as to suggest possible solutions to problems with which individual communities are faced. It would seem extremely desirable to have persons who function in key positions at the firing-line level throughout the various regional areas get together on an annual basis in workable groups so that the knowledge and insights achieved through such projects can be used to prove the individual well-being as well as to promote the standard of living of the aged persons as a group in our society.

STATEMENT BY MR. DAVID SIGMAN, EXECUTIVE SECRETARY, ALLIED COUNCIL OF SENIOR CITIZENS (MILWAUKEE), DECEMBER 30, 1965

(Presented in form of letter to Mr. Sargent Shriver, Director of the Office of Economic Opportunity)

Must we, the 450,000 aged in Wisconsin, resort to sleep-in, protest demonstrations in order to get action for the aged?

We want to avoid the need of protest meetings which resulted in action in the civil rights program.

We want to make it clear to the OEO that the allied council has not decided to declare war on the war on poverty. The OEO still has time to adjust its approach to the elderly by working together with them and really make the Poverty Act useful to the aged.

The Allied Council of Senior Citizens of Wisconsin is a voluntary, nonprofit, nonsectarian, nonpolitical organization, composed of delegates representing many organized senior citizens groups in Wisconsin.

Its objectives are: to improve the way of life of all aged (some 450,000 over 65 years of age or more), by supporting legislation and activities in their behalf and to translate such programs to the aged so they can fully participate and continue to be active citizens in community affairs. In this way they can restore their dignity and self-respect.

Our executive board has met and, after due deliberation, finds it necessary to issue the following statement:

The Economic Opportunity Act became an act of Congress August 20, 1964. Sixteen months have elapsed and, to our knowledge, in Wisconsin not a single project has been developed with the participation of the aged in planning and policymaking. Not a single aged to date has been employed as a result of the act. Two projects, one on a State level and one on a community level, are being contemplated—all without aged participation or policymaking. This is contrary to the policy of the act itself.

We believe that it is criminal to hold out to the aged hopes of their being able to play an active part to help themselves and others out of the despair of poverty that they have been compelled to live under, and do nothing about it.

Conditions of the aged must be improved so that they need not live in fear of trading their dignity or self-respect by turning to public welfare. This is what the Poverty Act is supposed to remedy.

Instead, despair, hopes of responsibility of planning programs and policymaking are denied them. Confusion and lack of understanding of the Medicare program, Social Security benefits, has resulted because of the inability of administrators to reach the aged themselves without the help of the aged.

Many of the aged are on State and county relief because of Social Security of only $40 to $60 a month as their sole income. These people have the 7 percent increase in Social Security taken away from them and applied to their relief budget. Those aged got nothing but disappointment and frustration. This certainly did not help their self-being and individual dignity. It aggravated their situation.

Our Federal administration of the Federal Medicare program points out the importance of the aged to participate in the $3 a month voluntary insurance program. We concur. The State Department of Health and Welfare, on the other hand, advised the 27,000 aged under their administration to wait and not take out insurance as is provided in the Federal Medicare program. What additional confusion is added to the problems of the aged.

Our council feels that the aged, with the aid of resources from the Federal Government, can be of unique service to all the aged in the State by pointing out to them the advantages and benefits being offered that are not now known or understood to the aged and what they must do to participate. The aged, we believe, are the most effective in reaching the aged. The aged can be most helpful in restoring their own prestige, confidence, and individual dignity.

The declaration of purposes of the Economic Opportunity Act reads: "The United States can achieve its full economic and social potential as a nation only if every individual has the opportunity to contribute to the fullest extent of his capabilities and to participate in the workings of our society. It is therefore, the policy of the United States to eliminate the paradox of poverty in the midst of plenty in this Nation by opening to everyone the opportunity for education to live in decency and dignity."

The aged are not being given the opportunity to contribute to the fullest extent of his capabilities, and to participate in the workings of our society.

The facts are and are documented that the aged are the largest low-income group in America.

In Wisconsin alone there are some 450,000 people 65 years of age and over; their average income is less than $1,500 per year; some 27,000 receiving welfare aid. All of our aged have contributed to the growth of our society.

The Allied Council of Senior Citizens of Wisconsin, over 9 months ago, suggested ways and means under the Poverty Act to improve the way of life of the aged and the importance of their helping in the planning of programs and policy making. Our pleas and suggestions have been ignored. It seems that only those with doctors and master degrees are qualified to deal with the problems, even though many are far removed from the situation itself.

We contend that the rich experiences, understanding, and commonsense knowledge of the aged cannot be ignored nor do they need a master's degree to help in the planning and participation of our society.

There seems to be no coordination of activities of agencies interested in helping the aged. One agency doesn't seem to know what the other is doing. We have time and time again suggested a meeting of all those involved in programs for the aged to meet with representatives of the aged to coordinate the activities in order to obtain the most fruitful results. Full benefits cannot be derived unless understanding and coordination is achieved.

The Allied Council of Senior Citizens of Wisconsin has been active in promoting legislation for Medicare, improvements in Social Security, and the creation of poverty-program legislation because we do believe the proper functioning of such legislation would mean a better way of life for all. Yet, it seems that those people and agencies who did not raise a finger in behalf of such legislation have been given the responsibility of carrying out its programs. Certainly the administration of such a program, with the help of the aged in planning and policymaking, would insure a more productive and meaningful program.

We fear the fall of the poverty program for the aged because of the weight of its errors.

In one of the projects proposed by an agency here in Milwaukee, the carrying out of the program is placed in the hands of a director at $12,000 per year; two field supervisors, $10,000 per year, half-time; an accountant, $10,000 per year—qualifications for assistants—must have at least a master's degree; and the wage set for project aids (elderly) at $1.25 per hour. We strongly protest the minimum wage the law allows as the maximum wage established for the aged. This is establishing a wage which in the first instance was to a large degree the cause of the aged's poverty condition. This does not lend itself to creating confidence, respect, and the self-dignity of the individual. We believe that many of the aged who have years of experience and understanding are qualified and should be paid a decent living wage on a part-time basis for their help in carrying out a meaningful program. If the aged were involved in the planning and policymaking in the first place, as was contemplated by the law, adverse situations could be avoided.

The hearings on "The War on Poverty as It Affects Older Americans" before the Special Committee on Aging of the U.S. Senate, under the chairmanship of Senator George A. Smathers, clearly points out the importance of the aged in participating in the planning and policymaking of projects. Useful information and program suggestions are contained in the hearings. We suggest the report be read by the policymakers dealing with the aged problems.

The Allied Council of Senior Citizens of Wisconsin urges immediate action to remedy the present situation and trust this statement will result in the immediate development of meaningful programs for the aged with their participation in planning and policymaking.

STATEMENT BY ANTHONY J. SINSKY, PROJECT DIRECTOR FOR PROJECT OFF (OPPORTUNITY FOR THE FUTURE), MILWAUKEE COUNTY DEPARTMENT OF PUBLIC WELFARE, MILWAUKEE, DECEMBER 29, 1965

We appreciate your invitation to submit a report on the role our project plays in helping the aged.

The major objective of Project OFF (Opportunity for the Future), a title V, EOA program is to train 1,020 women who are on welfare for employment. A brief but inclusive coverage of our various training programs is included in our leaflet attached to this report. Project OFF began in May of this year and it has only been in the last few months that some of the women have completed their vocational training goals.

A quick sketch of the impact of this project on older women (50 years of age or older) reveals the following:

1. Presently, 150 women who are 50 years of age or over are included in the project population of about 900 women.

2. In our long-term (9 months) vocational school program, 20 women over 50 years of age are included in a student population of about 200 women. These women are enrolled in the following programs: office clerical, business machines, cooking and baking, industrial foods, eighth grade completion, high school completion, and adult basic education under title IIB of the EOA program.

3. The Words in Color (6 weeks) program, used to upgrade learning skill and develop confidence of women reading between a third and sixth grade level has had 95 graduates. Of these, 16 were women over 50 years of age. One of these graduates obtained employment while the other 15 advanced to higher level programs and are presently enrolled in home management, Red Cross, job readiness or adult basic education programs. Only two women over 50 have dropped out of this program thus far, indicating the desire, even at their age, to learn with limited academic skills. The two dropouts became seriously ill and were physically unable to continue.

4. The Home Management and Red Cross (8 weeks) Programs have graduated 145 women to date. Thirty-one of the graduates were older women. Many of these women claimed to have minor health problems, little or no previous work experience and limited education. Only 4 had graduated from high school and 15 never reached the sixth grade. Even with these limitations, 15 managed to obtain jobs after completing training. These women found jobs as nurses' aids, housekeepers, office clerks, cooks' helpers, and homemakers.

Some specific samples of home management graduates who obtained employment present a more comprehensive picture of the advantages of training the aged.

Mrs. D., a 50-year-old woman, divorced and on relief for 10 years, took the home management and Red Cross program. She had not had any previous work history and dropped school after completing the ninth grade. While she was in training she applied for a nurse's aid job at a nursing home and was able to obtain it upon graduation. Her earnings were more than her welfare budget so she is no longer receiving public aid.

Mrs. H., a 50-year-old woman, had applied for aid at least three times in the last 5 years. She had completed the 12th grade and had a very limited work history for a brief period in a hospital setting. She made an excellent record in the home management training program and took the job readiness program immediately after this course to prepare for an employment search. A private agency hired her as a homemaker because of the training and evaluation she had received in the home management program. Her earnings were more than enough to enable her to leave the welfare rolls.

5. Project OFF is also being used as a resource to recruit women for the Foster Grandparent Program sponsored by the Office of Economic Opportunity. Seven home management graduates over 60 years of age are being interviewed and are interested in the program being organized at Southern Wisconsin Colony at Union Grove, Wis.

6. Group counseling sessions have been very productive in helping to socialize the older women who often lack confidence because of their age and tend to be withdrawn.

Our experience with older women leads us to formulate the following judgment:

1. They require a longer period of training and a more gradual program in order to succeed.

2. They need medical help and an opportunity to develop self-confidence before they undertake vocational training.

3. Many fear the task of looking for work and are fearful of rapid readjustment to an employment setting.

4. The longer these women are on welfare, the more difficult it is for them to change their attitudes in order to risk the security of welfare for the unsureness of private employment and independence. It is therefore best to help the women immediately when they apply for public assistance.

5. Many women need adult basic education or a rapid refresher program to upgrade learning skills.

6. Older women require more casework and counseling support to help them achieve their training and employment goals.

7. Women with chronic physical disabilities or intense insecurity developed over a long period of time, need to be placed in sheltered workshop settings. Private industry is reluctant to hire these women, and it is only in this setting that they can work in a dignified manner and feel useful.

We were advised to submit any recommendation that may be of help to the Federal poverty program. Our suggestions are:

1. There is a need to permit more flexibility for readjusting a project once it gets underway. Many problems arise that are unforseen when the project is written. Often the adjustment must be rapid and decisions must be made without waiting for prolonged approval from Washington, D.C.

2. Federal policies should be formulated after local projects have been given the opportunity to evaluate or help structure the policy. Policies that flow from one direction only are often unrealistic and difficult to put into practice.

3. There is too much emphasis on immediate success with the aged or the poor. Success of the project is always measured in short-term rather than long-range gains. It often takes several failures before a long-range effort can result in success.

4. It is extremely difficult to hire good help for a temporary project. It would be more prudent to establish projects within existing welfare departments and utilize trained staff to develop and experiment with new and better methods to help the poor. This approach would permit upgrading of existing staff and training of new staff needed to expand services. A natural result would be an upgrading of welfare departments and not merely brief ventures that lack continuity because they are subject to immediate termination.

Please advise us if we can be of further assistance in your efforts to help the aged.

APPENDIX 3—STATEMENTS SUBMITTED BY WITNESSES FROM MASSACHUSETTS AT THE REQUEST OF SENATOR EDWARD M. KENNEDY

Extensive field inquiries were made in Massachusetts during 1965 for this committee in connection with the War on Poverty as it Affects the Elderly. Senator Edward M. Kennedy [1] requested statements from the following witnesses for this transcript:

A. COMMONWEALTH OFFICIALS

STATEMENT BY RT. REV. JOSEPH T. ALVES, CHAIRMAN OF THE MASSACHUSETTS COMMISSION ON AGING AND THE COMMONWEALTH SERVICE CORPS, JANUARY 19, 1966

My name is Msgr. Joseph T. Alves, and in my unique capacity as chairman for both the Massachusetts Commission on Aging and the Commonwealth Service Corps I have been privileged to witness firsthand the federal commitment to elderly people in direct services through the Commission on Aging, and broad community planning through the Commonwealth Service Corps, and other community action programs presently funded and in operation. While there is so much to be proud and thankful for, it is not now improper for us to review what has been done in getting these programs off the ground and determine if any changes are necessary to make the first battle in the war on poverty a successful one.

In a nutshell, I believe it can be said that the Office of Economic Opportunity can do more in the way of coordinating the planning and services for our elderly. This is not to say that OEO needs more money right now, although additional funds will be necessary soon. Rather, I am convinced that tighter coordination with present State programs in the framework of State and local government is necessary to prevent duplication, waste, and low-quality programming. If there have been any difficulties in making community action work, it has to be because of the inability of local planners and leaders to educate, recruit, and sell the best ideas to the community at large by means of the most effective methods of communication. Knocking on doors, and mobilizing people already too busy to be involved, is difficult work at best, but these are the people who can put the best ideas across. Yet, many of these people are already in the community as agents of State government and probably more than anyone else can assist by bringing in the talent, imagination, and the enthusiasm to give the new local program the benefit of years of community service and planning. In short, the Federal Government must increase its communication and use of public and nonprofit agencies already in the field.

By this I do not mean that the State or some other group should absorb these programs into their present structure. This would, of course, defeat the administrative purposes of the antipoverty legislation which was designed to cut red-tape and make for immediate community use of Federal funds to strike at the very roots of poverty at the local level. On the other hand, something more than just the opportunity to use public and nonprofit private organizational help in developing local action programs is needed. A coordinating blue ribbon commission or committee is needed immediately to sit on top, as it were, to be able to investigate, evaluate, and recommend the ways and means of developing the structure and talent necessary in making an idea a reality. In addition, this commission or committee would have the prestige to bring State governmental action immediately to the front in those areas where information, assistance, or just plain action is needed and none has been provided. A middleman,

[1] Statement by Senator Kennedy on p. 526.

therefore, is needed now so that the large view implementation of the Great Society programs will be guaranteed.

To give an example of the type of thinking I am trying to convey, legislation was filed in Massachusetts this year to create a health-welfare commission to cut the lines of redtape between the four major departments concerned with health and welfare. The purposes and potentialities of this commission indicate the thinking going on in at least one State. If this bill passes, the legislature will be directing these departments which spend over half of the total State budget commitment to make better use of personnel, training techniques, recruitment, budgetary programming, legislative coordination and research, and availability of Federal fundings to all the departments. In short, the State does not intend to allow these four major departments to struggle independently in making the best use of people, information, and money.

Mentioned, but not overlooked in this discussion. is the availability of my own agency, the Commonwealth Service Corps, in performing this task. As you know, the Service Corps Commission has the direct responsibility for approving grants for community action programs. In addition, the corps is responsible for coordination of all the efforts of both public and private nonprofit agencies and organizations. On paper, this looks like the answer, but the facts clearly show a general lack of communication between agencies and communities. Perhaps the strengthening of this State organization which has the statutory responsibility in the area of technical assistance with a view to increasing their size and authority, would allow them to make far-reaching plans for an orderly application and use of all Federal funds allotted to our State. Certainly the Service Corps gives us the framework for the kind of changes I am recommending might be necessary at this time.

One needs to look no further than the Older Americans Act of 1965, to see how well the system can work. The Massachusetts Commission on Aging has developed a State plan which determines the priorities upon which it will recommend grants to public and private agencies up to $350,000 in the next 18 months. This agency, created for the purposes of coordination of ideas and planning for elderly citizens has as ex-officio members. the commissioners of the five major departments of public health, mental health, welfare, and education, including labor and industries. With the additional funds now provided by the Older Americans Act, this commission can overlook the entire situation as its affects the elderly, and can make useful recommendatons, grants, and provide the staff assistance to get things done. Why should this thinking be ignored in the anti-poverty planning? The need for a strong but administratively efficient group to see the broad State picture was contemplated in the elderly program and appears to be well thought out. To give a good example of how this system could work, I call your attention to the cooperation already existing here in Massachusetts with respect to the two agencies I chair. Since I believe strongly that the Commonwealth service corps should take positive direction in developing ideas to assist the poor in general and the elderly poor in particular, I directed the Commission on Aging and the Commonwealth Service Corps to work closely to develop the kind of cooperation which would lead to worthwhile action now. The results have been gratifying. Firstly, in the State plan forwarded to the Administration on Aging for implementation of the Older Americans Act, the Commission on Aging has suggested that a top priority will be given to:

"Development of volunteer services for local and community programing. In this regard, the emphasis will be to determine the long-range use of volunteers both on a permanent and temporary basis to handle usual as well as special projects in the particular community. Areas of principal concern will be—

"(1) Use of volunteers recruited by the Commonwealth service corps for use on the community level to provide information, program ideas, and community direction in those areas where the need to help elderly people exists.

"(2) Use of senior service corps volunteers recruited by the local council on aging or other public or nonprofit private agencies or organizations for use in the community to benefit the elderly." (See sec. 8.3 of the Massachusetts State plan.)

The above is important because not only do we desire to determine the availability and usefulness of service volunteer groups for direct services to the elderly, but we will be able to achieve our primary goal of community action development at the same time. In addition, we expect these volunteers to encourage and promote the formation of a State Senior Service Corps, to allow elderly people to help those less fortunate in their age group. We deem the development of these programs as top priority and hope to have some exciting results in the coming months.

Secondly, at a meeting called by the Commonwealth Service Corps, the Commission on Aging agreed to cosponsor an all-out drive to include those not reached through regular governmental agencies for inclusion into the Medicare program. This drive, in conjunction with the OEO program, Operation Medicare Alert, is a perfect example of how two State agencies can quickly meet and mobilize all segments of the community to assist in giving all elderly people an opportunity of being included in this, the greatest of all health insurance programs.

The above explains, in my view, and clearly demonstrates how an aggressive coordinating agent of OEO can effectively get results fast. The Commonwealth Service Corps being the agent. This is the exceptional case, however, and probably came about only because of the unusual circumstances I have indicated, exist.

Assuming the demonstration results of the Commonwealth Service Corps-Massachusetts Commission on Aging programs show the effectiveness and need for this volunteer type of program on a permanent basis, through either the OEO or Administration on Aging, this will indicate not just the need of further development of specific ideas, but a broader, more comprehensive amendment to the antipoverty legislation specifically calling for technical assistance funds to State agencies in the aging field. That is to say, that whereas now it is possible for a State aging commission to be so funded (the Utah Commission on Aging is a good example) it might be necessary to specifically allow agencies in this field to be allotted technical assistance funds for development of programs not exclusively within the jurisdiction of the Older Americans Act, which has limited funds anyway. It may be that the Commission on Aging could develop a statewide program based on a successful program elsewhere, and funded either under OEO or the Older Americans Act. The need for this thinking is becoming more apparent with the limits of Administration on Aging is developing on grants from this source, and the inability of CAP people to see the big need for helping elderly people. I recommend, therefore, a quick and specific amendment to the antipoverty legislation calling for technical assistance planning to agencies doing specific programming and coordination for elderly people at the State level.

I have spent much time discussing ways to implement the Federal acts via the method of community action. In my view, the development of important local programming by all elements of community is the real cornerstone of a program intended to dilute or diminish poverty and general underprivilege. With this in mind, I look with some encouragement at the development of the field program in my Commission on Aging. It is my hope to have every single community which needs a local council on aging, have one within the next 2 years. Only by the etsablishment of these statutorily created local organizations made up of the members of the community leadership, can we do the job anticipated on a permanent basis. In doing so, then, it will afford an opportunity for the necessary information, people and supervision to assist not only the community action planners, but those concerned with the elderly, whether part of a community action program or not. This is why I believe additional assistance to those agencies working with elderly people (especially those with field programs) have the additional support of OEO on a positive basis. Of course, the commission on aging is properly the place to begin since it would then have the opportunity of thinking not only in terms of what it can do (with OAA grants) but what it ought to do (OEO planning).

When you attack a problem such as the elderly poor, it is impossible to do more than just scratch the surface. In my previous appearance before a subcommittee of this committee, I discussed welfare problems of the elderly and the need to do so much more in this area. Today, I can only broadly outline again some of the problems before us. The situation of our elderly poor might well be resolved if the Government determined that more direction in the administration of these Federal assistance acts available in the overall War on Poverty is needed. Whether this be the creation of new federal or state agencies, or the strengthening of existing ones is something for you to determine. For my part, the longer we hope that this unusual local-Federal relationship ignores the full impact of public and private nonprofit assistance and advice, the more difficult it will be to get the best services for the most people.

With respect to the increased coordination and cooperation with OEO, I strongly urge this committee to consider perfecting the role of state aging commissions by allowing for technical assistance grants to provide information and planning help to those people and organizations whom the state commissions are already working with in the development of local field programs. In this way, we will not only provide the method of insuring the continuation of successful

demonstrations through one of the sponsoring federal acts, but we will be providing the community action people with ready made organizational and informational assistance when community action movement takes place, for not only the elderly, but the elderly poor.

In conclusion, let me thank this committee for the opportunity of presenting this statement. The information gathered during your months of diligent work will bear great fruit. You are to be commended for your concern and dedication. The poor older Americans of our country will always remember what you have done.

STATEMENT BY JOHN C. CORT, DIRECTOR, COMMONWEALTH OF MASSACHUSETTS SERVICE CORPS (AND OTHER REPRESENTATIVES OF THE CORPS), JANUARY 17, 1966

I understand Maureen Mahar, Robert Tickle, our regional director in Fall River, and Dr. Willgoose, our project director in Needham, have already written you about programs for the elderly in their jurisdictions.

To fill in the spots, Commonwealth Service Corpsmen are working with the elderly in the following projects, all of which are designed as models which can be reproduced throughout the Commonwealth:

AGE CENTER OF WORCESTER AREA, INC.

Corpsmen assist recreational therapists in serving elderly people who are in rest homes and nursing homes. The corpsmen received intensive training before beginning work.

TEWKSBURY STATE HOSPITAL

Geriatric patients who previously had few opportuinties to develop their interest in any activity are now participating in a recreation and crafts program run by Commonwealth service corpsmen. The corpsmen are teaching the patients ceramics using a kiln which is on the premises to glaze and bake the patients' work.

ROXBURY FEDERATION PROJECT FOR THE AGING

The Roxbury Federation has developed the most extensive program for the low-income elderly in Massachusetts. A comprehensive meals program is designed specifically to improve nutrition of the elderly who live in the Orchard Park housing project and surrounding neighborhoods, and generally to provide for their physical, mental, and social well-being. This program will focus not only on the provision of palatable and nutritional meals, but also on the integration of this service with a broad program of home care and nutritional counseling. The 20 corpsmen staffing this project, many of whom are themselves elderly, participated in a leadership training program before beginning work.

COMMISSION ON AGING

A full-time corpsman is working as a research assistant compiling material for implementation of the Older Americans Act of 1965.

NEEDHAM COUNCIL ON AGING

The project was the first geriatrics project fielded by the Commonwealth service corps. Led by Dr. Dorothea Willgoose, who has already sent you a detailed description of the project, corpsmen are running a comprehensive program of community services for the elderly.

If there is any further information that you would like to have on any of the above programs, please let us know.

* * * * * * *

The following is additional material describing service corps activity in the aging field, particularly in the OEO antipoverty area.

The Office of Economic Opportunity program called Operation Medicare Alert is a crash program lasting 2 to 3 months to be run only by broadly based, funded community action agencies. Its purpose is to mobilize teams, mostly of older people, to reach out to people eligible for medicare programs who have not made application. The staff of the Medicare Alert operation will concentrate on contacting isolated, unregistered elderly persons through door-to-door searches, arranging neighborhood meetings, providing transportation to meetings and the Social Security Administration office and in other ways bring-

ing awareness of the Medicare programs to people who have not heard about it, who have misunderstood eligibility and payment requirements, or who are unable to follow through on their application.

The Commonwealth Service Corps, as requested, is providing technical assistance to the 15 Massachusetts communities eligible to apply for OEO funds: Pittsfield, Holyoke, Springfield, Worcester, Leominster, Fitchburg, Boston, Cambridge, Chelsea, Revere, Malden, Lynn, Haverhill, New Bedford and Fall River. In addition, it is cooperating with the Massachusetts Council on the Aging in a joint project for reaching elderly people living outside of the funded areas.

Besides the above the Commonwealth Service Corps has initiated a statewide coordinating vehicle for antipoverty activities and involved in this working is the Council on the Aging in Massachusetts.

This technical assistance agency for OEO has directed its staff to encourage local community action agencies to develop programs that will make a significant impact on eliminating poverty within the ranks of the elderly.

(Exhibit)

THE COMMONWEALTH OF MASSACHUSETTS,
EXECUTIVE DEPARTMENT,
SERVICE CORPS,
Boston, January 14, 1966.

HON. EDWARD M. KENNEDY,
U.S. Senate,
Washington, D.C.

DEAR SENATOR: In connection with the material sent to you on Service Corps Volunteer Projects for the aging, I thought you ought to have our annual report, which will give you the overall picture in a little better focus on how our volunteers are used by Service Corps to develop and expand manpower in these kinds of projects.

Sincerely,

JOHN C. CORT, *Director.*

FIRST ANNUAL REPORT OF THE SERVICE CORPS COMMISSION TO THE GENERAL COURT

To the Honorable Members of the Great and General Court:

On a dusty playground outside a school for retarded children in Taunton, a young girl struggles to help a 10-year-old boy say his first word.

In a small workshop in Quincy a retired sheet-metal worker shares his trade with a group of juvenile first offenders, turning their minds and hands slowly but surely toward better things.

In a tangled woods outside Holyoke a group of high school boys, blisters showing on their hands, clear a picnic and recreation area for the people and children of the city.

On a vacant lot in Roxbury, cleared of trash by the neighbors, a college student helps a group of children build their own jungle gym.

In the prison at Concord an assistant professor of law and retired businessman work with a group of convicts to build an organization that could do for criminals what AA has done for alcoholics.

In a State hospital in Tewksbury a senior citizen gives a course in ceramics to elderly patients.

In a parish hall in Wareham a young man, two nights a week, teaches English to Puerto Rican migrant workers who have come in from the cranberry bogs, weary but eager to learn.

In a day-care center in Worcester a housewife helps a handicapped child make a small basket.

What do these people and 700 others have in common? They are all members of the Commonwealth Service Corps and they are all people helping people. More exactly, they are all people helping people to help themselves.

THE FIRST STATE PEACE CORPS

The Commonwealth Service Corps Commission herewith presents to the General Court its first annual report, an account of its first year of stewardship under the mandate given it by chapter 622 of the acts of 1964.

On August 21, 1964, Governor Peabody appointed the undersigned members of the commission, as well as John Teger, who died suddenly in February, to the great loss of the Service Corps and the Commonwealth.

On the same day—August 21, 1964—the commission appointed a director, John C. Cort, of Newton, who proceeded to assemble a staff and to recruit full-time and part-time volunteers to meet, in the words of the statute: "the critical human needs of residents of the Commonwealth, including the health and education needs of residents of depressed and slum areas, the training and education needs of youth, particularly of school dropouts, and the care and rehabilitation needs of the persons in the charge of correctional agencies, of the elderly, the disabled, the mentally ill and the mentally retarded."

On January 5, 1965, Governor Peabody inducted the first 15 service corps men in an impressive ceremony in the State House. In a similar ceremony on February 8 Governor Volpe swore in an additional 60.

Again on June 28, at the opening of a week's training session at Boston University, Governor Volpe inducted another 435 and hailed the Service Corps as "one of the most promising agencies of our State government."

By the first week in July the Service Corps had enlisted 723 volunteers who were working for public and private agencies in 50 projects including the following state departments; mental health; public welfare; corrections; Commission on Aging; probation; parole; Department of Education; Division of Youth Services.

It should be noted that this was just within the statutory limit of 750 set by the general court for the first fiscal year. The work of these volunteers consituted a contribution of 30,000 man-days to the Commonwealth.

Of the 700 corpsmen in the field at the end of the first year of operation, 140 were serving in tutoring programs; 30 were working with pre-school-age children; 200 were working with school dropouts, in teenage recreation programs and in correctional institutions; 100 were working in neighborhood cleanup and renewal programs; 45 were working with the mentally ill and 50 with the mentally retarded; 30 were working with the aging; 65 were teaching English to migrant farm laborers, and 40 were working in community action programs funded under the Economic Opportunity Act.

These projects stretched from Springfield and Holyoke in the west through Worcester and Fitchburg to Lawrence and Lowell in the northeast, south through the metropolitan area to Fall River and New Bedford. * * * They were serviced by five regional offices. * * *

At the end of its first year of operation the Service Corps staff was working on memorandums of agreement with 80 different agencies in 35 cities and towns of the Commonwealth, agencies that had requested 288 full-time corpsmen and 900 part-time corpsmen.

FEDERAL AND FOUNDATION SUPPORT

The study commission that recommended this legislation to the general court expressed its belief that Federal and private foundation support could be secured to supplement State funds in promoting the purpose of the Service Corps statute.

The Commission can report that this has been done and that further efforts are continuing.

The Service Corps has had proposals approved by the two largest foundations in Boston: $25,000 from the Godfrey M. Hyams trust and $14,000 from the Permanent Charity Fund. Agencies working with the Service Corps received an additional $30,000 largely because of CSO participation.

Discussions are in progress with other national and local foundations for financing of service corps projects in 1966.

In addition to the $116,000 technical assistance grant from the Office of Economic Opportunity (see below) the Service Corps secured a grant of $93,000 from OEO to run an educational project for migrant laborers. Both grants were on a 90-percent-Federal 10-percent-State matching fund basis.

Over 400 service corpsmen were trained last summer by Boston University under a $23,000 federal grant, and negotiations are now underway for further federal funding of Service Corps projects in 1966.

We are confident that with a new appropriation from the general court, plus federal and private funds, over 1,000 volunteers will be recruited, selected, trained, and supported in the field during the coming year. This would mean a contribution of over 125,000 man-days of service to the citizens of Massachusetts.

THE ANTIPOVERTY AGENCY OF MASSACHUSETTS

On August 20, 1964, the day before the appointment of this commission, President Johnson signed the Economic Opportunity Act. (Since the general court

enacted the Service Corps statute and Governor Peabody signed it on June 30, 1964, Massachusetts can truly say that it predated the Federal Government in this field by several months.)

Sargent Shriver, Director of the Office of Economic Opportunity, set up under the antipoverty bill, asked the Governors of the States to name someone within their official families to help the cities and towns develop antipoverty programs, and to coordinate all antipoverty activity within the State.

On October 17, 1964, in response to this request, Governor Peabody designated the Service Corps as the most appropriate agency to do this job, a designation which Governor Volpe continued.

In December 1964, the Service Corps received a grant of $116,000 from OEO to employ a staff of technicians to assist the cities and towns to develop community action programs. This staff also operates out of the Service Corps regional offices.

To date the Service Corps staff has organized about 80 percent of the state into community action councils, and programs are operating under all 10 sections of the act.

These projects number 194 and have reached into over 100 separate communities of the Commonwealth. The Federal share of the funding is $28,843,925. Most projects are operated with 90 percent Federal funds and 10 percent local. * * *

They include job training centers at Camp Wellfleet and Fort Rodman which will serve nearly 1,000 high school dropouts. With its grant of $14,000 from permanent charity the Service Corps prepared a Job Corps proposal that was largely instrumental in bringing the Rodman Center to Massachusetts.

A total of 39 community action councils have been organized, and in all but 2 of them the Service Corps has played a key role. The size and scope of these councils range from single cities to entire counties, such as Barnstable, Franklin, and Hampshire.

Programs funded include:

Preschool classes in 102 communities (Operation Headstart).
Multiservice centers in poor neighborhoods.
Work training for dropouts and unemployed adults.
Jobs for high school and college students so that they can continue their education.
Loans and training for small businessmen.
Literacy classes for adults.
Loans to rural families.
Education for migrant workers.
Remedial help for students of all ages.

Thirteen of the community action councils have requested the Service Corps for volunteers to help them staff their programs.

In fact, the blending of its "domestic peace corps" program and the technical assistance function has enabled the Service Corps to perform both functions more effectively than would have been possible otherwise.

Sargent Shriver called attention to this fact in his testimony last April before Congress, during which the Service Corps was one of only two State antipoverty agencies singled out by the OEO Director for special mention.

COORDINATING AGENCY

Part of the value of the Economic Opportunity Act is that for the first time it brings together many Federal and State agencies in a coordinated attack on the problems of poverty.

But this coordination needs some medium of expression on the State level. That medium is the Service Corps and the monthly meetings of its advisory council, which brings together representatives of the public, private agencies, 16 state departments and 5 federal agencies, all of whom are directly or indirectly concerned with the war on poverty, to exchange ideas and information and to develop policy and program.

The Service Corps has also organized regional meetings of antipoverty directors and conferences on various aspects of OEO projects, and publishes a monthly newsletter to inform news media, legislators, and local state and federal officials about latest developments on the antipoverty front.

ADVISERS TO THE GOVERNOR

Finally, the Service Corps serves as advisory to the Governor in the exercise of his approval and veto power over certain antipoverty programs.

At the Governor's request the Service Corps has acted as mediator in disputes between civil rights groups and community action councils in Boston and Worcester over the question of "participation of the poor." The agreement negotiated in Boston represents one of the most liberal settlements of this issue in the entire country.

CONCLUSIONS

The goal of the Service Corps, as envisioned by you, the members of the General Court, was to apply the principles of the U.S. Peace Corps to the homefront here in Massachusetts and thereby build a living monument to the memory of John F. Kennedy, who created the Peace Corps as an expression of America's concern for less fortunate people.

The Service Corps is still the only one in the Nation that embodies these principles, the only one fully engaged in creating new opportunities for its citizens to give themselves to the service of their fellow men.

The question has been asked, "Is there a need for such an organization and if so, can a State agency fill that need?" From the record of this first year we can now testify that there is such a need and that the Service Corps can fill the need if it receives your support.

In conclusion therefore, on the basis of this record, we the undersigned members of the Commonwealth Service Corps Commission do hereby thank the General Court for its support of this agency in the past and request its continued support in the future.

Signed:

Rev. JOSEPH T. ALVES,
Chairman.
THOMAS COATES.
EDGAR DRISCOLL.
LAWRENCE H. FUCHS.
MAX R. KARGMAN.
ROY H. STEVENS.

STATEMENT BY MAUREEN MAHER, REGIONAL DIRECTOR, REGION 1, COMMONWEALTH SERVICE CORPS; AND JAMES B. KING, COMMUNITY ACTION TECHNICIAN, REGION 1 (SPRINGFIELD), DECEMBER 31, 1966

I hope that the following material will be of help to you and the Special Committee on the Aging.

The Commonwealth Service Corps during the past summer had a program in Holyoke using 30 high school boys and girls over an 8-week period to do simple housekeeping chores for the elderly. The high school students tried to work with the elderly on a one-to-one basis. They were assigned to four different housing projects within the city limits. This was our first experience using teenagers in a volunteer setup with the elderly. We found from this one experience that there seemed to be an overwhelming acceptance on the part of the elderly to have these students with them. We had no trouble with the teenagers wanting to be transferred from this project. They seemed to enjoy working with the elderly, and we had a great many comments and testimonials from the elderly about their work. Unfortunately, these letters of praise were sent to a local newspaper, and copies of them had been destroyed so I am not able to submit them to you.

I have enclosed a statement from Mr. Joseph Paul who was the summer director for the project and a statement from Mr. Louis Falcetti, director of the Holyoke Housing Authority. This project has been carried on through the fall on a more limited basis using only 10 students. However, we constantly receive calls to increase this number, but our budget at the present time makes this impossible.

The only programs that I know of that have been submitted through local community action programs in the four western counties for funding by OEO that are directly concerned with the elderly is the one submitted by the Holyoke Community Action Program. A summary of that program is also enclosed.

The Holyoke Community Action Committee has also submitted a Medicare "Alert" program to assist the elderly to take advantage of medicare before March 31, 1966. I am hoping that both these programs will be reviewed and funded in the very near future.

The Hampden County Home Improvement League had submitted a program to the Springfield Action Commission to train homemakers. This program

would be open to all and, of course, the elderly could benefit from the services performed by the homemakers, but it is not specifically for the elderly.

The Commonwealth Service Corps has provided two corpsmen to work directly with the Chicopee Community Action Program. The Service Corps reimburses these corpsmen $80 a month. These two corpsmen are both over 65. We also have three corpsmen over 65 working in other projects in our area. Both Jim and I try to stress when community action committees are being funded that the spokesmen from our aging population be included in the membership.

From our limited experience we have found that our volunteers have enjoyed working with the elderly, and I know that this seems to refute the common opinion that volunteers do not like to serve this group. Perhaps we have been successful simply by chance, or perhaps the fact that the very young and our very old were mixed in the summer project. I think that it is very difficult to design programs to help the elderly without having members of that group included in any discussion or initiation of such programs.

I hope these enclosures will be helpful to you; and if there is anything more that we can do, please do not hesitate to call on us.

(Exhibit One)

SUMMER DIRECTOR'S IMPRESSION OF YOUTHS' INTEREST IN THE ELDERLY

(Submitted by Mr. Joseph Paul)

One facet of our summer project was our work with the elderly. Many of the high school boys and girls were involved in a variety of activities. The girls were available for simple housekeeping chores, doing errands, grocery shopping, and in some cases providing companionship, also escorting some of the elderly on short walks, reading for those who could not, etc.

Some of the boys helped with the heavier housekeeping chores, i.e., moving of furniture, appliances and also painting areas that would be out of reach or dangerous for the elderly to do by themselves.

The response was terrific. Many of the chores performed by the boys and girls would be an impossibility for the elderly.

This particular phase of our project developed some very pertinent attitudes. For example:

1. Developed a sense of usefulness.
2. Developed an attitude of acceptance among the elderly.
3. Developed a sense of respect toward our elderly.
4. Developed the attitude that "volunteerism" is a two-way street.

An interesting sidelight of this phase of our program was the unusual sense of appreciation and friendship formed between the elderly and the youths. During the workday many of the elderly couples would offer small lunches or a "tea break," as they called it, for the boys and girls who helped them.

(Exhibit Two)

HOLYOKE HOUSING AUTHORITY,
Holyoke, Mass., December 13, 1965.

Miss MAUREEN MAHER,
Commonwealth Youth Service Corps,
Springfield, Mass.

DEAR MISS MAHER: In answer to your request for our evaluation of our summer program, we wish to submit the following:

The youngsters which we had in our program worked out very satisfactorily and probably the most striking feature of the services that they performed was the reaction from the youngsters and the elderly in our elderly projects. As we discussed with you, there were many things that our elderly people were not able to do for themselves. We assigned these youngsters to the various elderly projects which we have under our jurisdiction and they performed such duties as moving refrigerators and ranges away from the walls and cleaned and washed the walls behind these fixtures. Our elderly are not able to do this and this proved to be a very practical aid, both to them and to the housing authority.

Furthermore, we found that when the youngsters went into these apartments to perform these services, the elderly found any number of additional chores that they wanted done but could not do themselves. This included taking down curtains and putting them back up after the elderly had washed them, washing windows, dusting picture frames, helping to clean kitchen cabinets,

and a variety of other chores, including running to the store where the elderly person was not feeling well. In short, we had to go in in some cases and reassign the youngsters because the different projects would monopolize all of their time for a good part of the summer and we felt that every elderly citizen should be able to secure some advantage from their services.

I have asked you before, and I hope you will answer affirmatively, that we will be able to use another crew of youngsters next summer. The elderly are already asking the same question. We feel that with this experience under our belt, next year this service will be better organized by us and greater benefits will result to the elderly and to the youngsters, many of whom commented to us that they did not realize the plight of so many of our elderly citizens.

We trust this will give you a fair evaluation and again we hope that these youngsters will be available to us and to the elderly in the future.

Very truly yours,

LOUIS B. FALCETTI,
Executive Director.

Enclosure.

THE GOALS

I. To provide nutritious meals at low cost to the aging of Holyoke.
II. To provide social stimulation to the aging.
III. To provide a modest income to many of the aging.
IV. To provide adequate health and dental checkups for the aging.
V. To establish an effective forum for the aging and of the aging.
VI. To utilize existing facilities to accomplish this.
VII. To provide meals for those homebound.
VIII. To provide some companionship for the homebound.

THE RATIONALE

I. For most older Americans, the remaining years of life are characterized by markedly reduced incomes, increased incidence of disability, separation from friends and family, and a nutritionally inadequate diet.

To relieve this largely aging population of any one of these burdens of seniority would be only a token assistance and of relatively little consequence.

It was apparent that Holyoke, a city with a disproportionately large aging population, must concern itself with the problems of the aging. The present mayor of the city reactivated the Council on Aging. The council began an educational as well as information gathering program. One outgrowth of this was a conference on aging which was held in Holyoke November 3, 1965, to which all public and private agencies, civic and church groups were invited along with groups primarily involving the aging.

Some of the kinds of needs pointed out were good meals, adequate social activities for more people, additional income and for the homebound, visitors to dispel loneliness.

Nutritional studies of the aging are thoroughly reported in "Operation Loaves and Fishes," a model proposal produced by the National Council on the Aging. Additional rationale here would be redundant.

II. The fact of loneliness is hard to prove. It is obvious that olders—widows and widowers—have undergone a basic change in their social relationship with the loss of a mate. It is also obvious that retired working people have less opportunity for social contact than they had when they were working. It is safe to say the aging, with less opportunity to have social contacts and with less likelihood of making an emotional adjustment due to age, will be more lonely.

The tragic implication of this aging woman's statement should suffice, "When you're 75, you know death is near. I just don't want to die and no one knows about it for 3 or 4 days."

III. The restriction on income is severe when one retires or when one only receives social security and/or old-age assistance benefit. For many of the aging there is not even enough for the basics, let alone the little extra needed to call the family long distance once in a while, or go to a movie, or eat a good meal in a restaurant. A small amount of additional money would add greatly to the dignity and feeling of well-being of these aging.

IV. It is recognized that the aging do not take adequate preventive steps in their medical and dental care. Therefore, their deterioration is sped up. The loss of teeth brings about a change in diet, the earlier onset of a chronic ailment, and eventually makes more difficult ability to take care of one's self.

V. The problem of the aging and the programs for the aging are not understood well enough by the community services in the case of the former and by

those for whom the services are available in the case of the latter. There is need of more mass and personal communication between the aging and the community.

VI. Every community has in it many resources which can be brought together to meet the needs of these folks. There is no reason that churches, social agencies, both public and private and civic organizations cannot meet the major needs of aging with a modest assistance in some cases.

VII and VIII. There are many homebound aging, both physically and emotionally disabled, for whom much of the previous reasoning applies. The nutritionally sound meals and the daily contact with someone else is as important if not more so for the homebound.

SPONSORSHIPS

The willingness, physical facilities, and ability of the Holyoke Y.W.C.A. and the Holyoke Y.M.C.A. to share this project make these agencies a logical choice to carry out the program. As with any agencies doing their jobs in the community there is a staff shortage and a dollar shortage thus this program is being submitted for Federal assistance through the Office of Economic Opportunity.

The Holyoke Y.W.C.A. is in its 78th year of operation making it one of the oldest Y.W.C.A.'s in existence in the United States. It has been a member of the Red Feather (formerly Community Chest now United Fund) since the Chest's inception in the 1930's. In the area of the aging, it has been the sponsor of the Golden Age Club for 15 years and has between 150 and 300 in attendance at weekly meetings.

The Holyoke Y.M.C.A. was established in 1855 and has been a member of the National Council of Y.M.C.A.'s since the latter's inception. It is one of the participating agencies in the new Holyoke United Fund. The Y.M.C.A. has a tradition of never turning down a youth for lack of funds and annually included 10 percent of its camper's registration on campership (subsidized basis), thus having an awareness of the financially needy.

These two agencies each have a lay board of directors to establish policy and to support the professional staff in administration of their policies. Both boards are representative of the community with racial, religious, and social class representation sought and elected to serve.

The fiscal responsibility of both the Y.W.C.A. and Y.M.C.A. are indicated by the continual satisfactory audits * * *.

To facilitate a program such as this proposal will execute, a slight change in structure, but not in the respective bylaws, will be necessary for each of the two sponsoring agencies. In addition a third and fourth group will be involved at the policy level (serving on a joint board of directors). The third group being the mayor's council on the aging and the fourth group being the aging themselves who will be selected by the golden agers and the senior citizens groups. In the latter case the representatives will have to be among those this program will ultimately serve.

The board of directors, will, thus, consist of three representatives each from the Holyoke Y.W.C.A., the Holyoke Y.M.C.A., the Mayor's Council on the Aging, and the elderly who are economically disadvantaged. This group of 12 will elect its own officers with one officer from each of the 4 groups and with each office rotating among the four groups to insure a total involvement and to assure 2-way communication between the sponsoring groups, the board of directors, the staff employed to serve the board, and the aging community as a whole.

Since those on old-age assistance are allowed to earn $60 a month in addition to their assistance checks and those on social security will be allowed (in 1966) to earn $1,500 without losing benefits, it is planned that these people willing to work will be employed for 2 to 3 hours daily 2 or 3 days a week. This will allow them to earn close to the above maximums. Some of these folks may be hired on a full-time or increased part-time basis if they are both physically able and personally interested in such additional employment.

Because of the amount of time and energy needed for such a position the project director may not be in the age category. If there is a job requiring physical work not to be expected of an aging person a younger person, either from the Neighborhood Youth Corps or from the Division of Employment Security will be hired.

The overall staff will be the project director, the bookkeeper, and the office clerk. Their responsibility will cover all centers.

The rest of the staff will be assigned to specific centers and will be considered as center staff with similar staffs at each of the four centers.

PUTTING THE PROGRAM INTO ACTION

The project will offer services which would seem to be of value to any aging person. However, it is recognized that older persons are reluctant to change their ways, their habits, etc. Thus it would be a responsibility of the program director to encourage participation by utilization of mass media, direct mailing, public speaking and face-to-face contact with the aging themselves. The latter, "face-to-face contract" will be done by utilizing "neighborhood organizers," on the staff of the community action committee and the social workers on the staff of the department of public welfare as well as the clergymen in the respective parishes and congregations. The public speaking will be primarily to groups such as the Golden Agers, Senior Citizens and church circles, sodalities and sisterhoods. * * *

The recruiting of staff will be done in a similar manner with the exception of the director.

Criteria for acceptability will be:

(a) Age—must be 62 years of age or older;
(b) Acceptable according to board of health regulations;
(c) Must have income below $2,000 annually with preference to those whose total income is derived from social security and old age assistance;
(d) Physically able to work 9 hours a week—no more than 3 hours per day;
(e) Must live within five blocks of the center.

With the exception of the chefs in each program, experience in any of the types of service to be performed is not necessary. All employees will have a basic training program and specific training will be provided for each position. This will be done prior to the opening of the centers and all employees will be paid for their time.

STATEMENT BY J. ROBERT TICKLE, REGIONAL DIRECTOR, REGION 5, COMMONWEALTH SERVICE CORPS. (FALL RIVER), DECEMBER 29, 1965

In response to your request of November 27, we offer the following:

A. RESEARCH—SENIOR CITIZENS

I had done nothing prior to your request because of lack of staff. However, you prompted me to obtain the services of a senior citizen as a corpsman to help me obtain answers to the questionnaire enclosed. To date we have 42 replies, which although far from being comprehensive are revealing and interesting.

1. All are residents of an urban area (Fall River).
2. Thirty-eight percent live in public housing.
3. Sixty-two percent live in private housing.
4. Forty percent live alone.
5. Sixty percent live with their families.
6. Eighty-three percent enjoy their homes.
7. Seventeen percent do not enjoy their homes.
8. Sixty percent of those not enjoying their homes would like to get into public housing.
9. Ninety-three percent of those in public housing enjoy it.
10. Sixty-three percent are females.
11. Thirty-seven percent are males.
12. Thirty-four percent are receiving public assistance.
13. Fifty-five percent of those replying think they are receiving Federal assistance.
14. Twenty-six percent report a physical disability which immobilizes.
15. Seventy-four percent report no disability condition and are quite mobile.
16. Twenty-four percent express an interest in community activity.
17. Sixty percent have problems of transportation.
18. One hundred percent do not resent being senior citizens.
19. Eighty-five percent signed the questionnaire.

OBSERVATIONS

Because of the small numbers polled, our percentages can hardly be called representative. Despite this I am recommending a combined Commonwealth Service Corps and Massachusetts Commission on Aging program to extend this research. I believe that considerable value will accrue by having such research

conducted by senior citizens. Funds will be needed for training in the skills required of interviewers. Mr. Edward J. Sullivan, CAP Director in Fall River, is working jointly with us on this matter. OEO should contribute to funding, preferably as a research project.

Such a survey in depth could be improved if we had data processing available. We intend to seek the services of colleges in the area for this purpose. Professional competence and guidance in developing a better questionnaire would be useful.

Coordination of similar studies made in the past is essential. I have learned that study committees have been active previously but because of waning interest, work done is not being fully evaluated.

Other agencies such as the Massachusetts Council for the Aging should be part of this same coordinating effort in order to reduce duplication and provide professional assistance.

In reference to No. 13 above, I suspect that most responses have been made with the belief that Federal Social Security benefits are in the nature of public assistance. I believe that the community has an obligation to correct this misunderstanding. The dignity of senior citizens should be lifted rather than squelched. CAP's, through multipurpose centers and by programs of education for senior citizens, might be a source of correction.

The percentage of those receiving public assistance (34 percent) appears to be an enforcement of a dole on the elderly particularly in view of the fact that 74 percent report mobility. Narrative replies to the questionnaire firmly establish a spirit of independence which is contradictory to compulsory relief.

The elderly should have an opportunity to earn additional money in areas of activity which are of interest to them. Social needs of our nation cannot possibly be met from available trained social workers. In Fall River, senior citizens have demonstrated loyalty, empathy, and constructive work in one of our programs in the Fall River Association for Mentally Retarded. However, some of them have fear of identifying themselves as corpsmen or accepting the nominal expense allowance which we can provide because the Veterans' Administration would curtail disability payments if they were to do so. In addition to this useful involvement, I believe these senior citizens derive therapeutic values from this activity. These men and women are not shirkers and are to be commended for productivity, not condemned for inactivity.

Narrative response further indicates that senior citizens do not have facts before them on what community participation can mean to them and society. Opportunity for education and service of senior citizens in all facets of social activity (economic, cultural, health, etc.) should be provided.

Preparation and education of middle-aged citizens (who are the senior citizens of tomorrow) for opportunity and responsibility as senior citizens can prevent problems facing us today. An investment must be made for the motivation of the middle aged and elderly for enjoyable but productive outlets. This is particularly important because of increased lifespans, better health for the future, and higher levels of education of future senior citizens.

Problems of transportation are serious. Senior citizens in Fall River have gained concessions from taxi companies and public transportation systems as a result of their own organized efforts. Subsidization of transportation for productive purposes should be considered.

ORGANIZATION OF SENIOR CITIZENS' CLUBS

In Fall River there are 7 clubs for senior citizens comprising 571 members. Waiting lists for memberships are staggering. Efforts are being made to form more clubs throughout the city (Corpsman Samuel Clegg is a moving force in this work). These clubs provide an excellent means of expression for senior citizens and are of value to the community.

Efforts to assist in formation, program development, and financing should be encouraged.

Establishment of a senior citizens' group through the facilities of the Administration on Aging to work as a component of OEO through CAP's appears desirable. Such action would provide a vehicle for an organized assault on problems of the aging and effect coordination of efforts within the broad framework of community action.

Our objective is to assist the CAP in Fall River to determine the facts which will lead to either a request for a study grant or a project grant from the Administration on Aging and/or OEO.

We would further like to explore the prospect of developing leadership skills among the elderly. I believe that business firms through their training-within-industry program can be an important resource for this.

Finally, use of the questionnaire enables us to pinpoint specific problems which may be referred for action.

Enclosure

RESEARCH STUDY—SENIOR CITIZENS

Date_____
City or town_____Address_____
Do you live: Housing project_____ Alone_____ With family_____
Do you like where you live? Yes_____ No_____
Age_____ Sex: Male_____ Female_____
Do you receive public assistance? City_____ State_____ Federal_____
Do you have a physical disability which prevents you from "getting around?"
Yes_____ No_____ Can you get around—Easily_____ with difficulty_____
Not at all_____
If you could , would you like to participate in community activity: As a volunteer_____in organizations_____other_____
What do you think is your greatest personal need?
What can you do to influence your community? (Please consider effect on community's economy, way of life, education, welfare, etc.)
What type of community work appeals most to you?
Do you have problems of transportation?
What is needed to help you become active in the community?
What kind of work have you done in the past?
Do you now belong to any organization? Please list them.
Do you resent being a senior citizen? If so, why?
General comments:

Name_____
(Do not sign name if for any reason you prefer not to do so.)

STATEMENT BY THOMAS FREEMAN, FIELD REPRESENTATIVE, COMMONWEALTH OF MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION (BOSTON), DECEMBER 23, 1965

In accordance with your request of November 27, 1965, there are several salient points contained in the "Study of Employment Problems of Older Workers," [2] which should be of interest to you and your committee.

As one point of special interest to you it should be noted that the latest census reports reveal that 37 percent of the Nation's labor force is 45 years of age or older. During the same period 41.4 percent of the civilian labor force in the Commonwealth of Massachusetts was in the same category.

The study revealed that for the years 1960 through 1964, during the peak employment month, October, the continued claims for unemployment insurance and joint unemployment insurance benefits were always greater in the 45 years of age and older age group than in the total age group under 45 years of age. In the 5-year period reviewed, the number of persons 45 years of age and older on the rolls in excess of those under 45 years of age increased 648.8 percent.

In addition it was the consensus of officials interviewed at the division of employment security that the older worker tends to be on the rolls a much greater length of time than others, even though actively seeking placement.

The above-mentioned statistics maintained by the Division of Employment Security present an excellent picture of current trends but do not portray the entire problem.

Another area considered was that of public assistance as provided by the State Department of Public Welfare. The area of interest was that of general relief. During January 1965 the public welfare reported 8,970 cases on file for the month. Since the state department did not maintain statistics relative to age, other avenues were followed to obtain the necessary information.

The City of Boston Welfare Department statistics revealed that for the month of March 1965, in the category of general relief there were 2,466 cases handled;

[2] Issued by Massachusetts Commission Against Discrimination, July 1965.

1,232 cases involved recipients from 49 to 65 years of age. A large percentage of the balance was in the 45 to 49 years of age category; 759 men and 473 women comprised the total of general relief cases 49 to 65 years of age; 30.27 percent of the men and 30.2 percent of the women were considered to be employable. Many of those considered to be employable were and still are unable to obtain employment because of their age. It is significant to note that the average cost per general relief case to the city of Boston was $101.68 for the month of March.

A review of job orders placed with private employment agencies revealed that 49 percent of such job orders contained direct age limitations precluding applicants over 45 years of age and often much younger. It was further revealed that when a job order contained the words, "mature man or woman" the age bracket for such a request was 25 to 35 years.

Conferences with 14 major employers in the Commonwealth from the Metropolitan Boston to the Berkshire area revealed that the employee over 45 years of age rated 40 above average, 27 average and 3 below average in five selected areas. The best employee from averages selected was 51.3 years of age.

It is significant to note that the Massachusetts Commission Against Discrimination which was originally established as the Fair Employment Practice Commission, in 1946, did not include the age factor until 1950. The total number of matters handled by the commission since 1946 exceeds 5,700 of which in excess of 40 percent pertain to discrimination based on age.

Massachusetts has long been a leader in the area of attempting to eliminate job discrimination based on age. Other States have sought to follow suit, the most recent being Michigan.

There is no doubt that discrimination because of age exists in regard to the older jobseeker. Experience has proved that often such discrimination is practiced against applicants as young as 35 years of age.

Action on the part of the Federal Government is not only desired but is required if improvement is to be made in the area of age discrimination.

The matter of age discrimination has also been discussed at great length with private and public employers, private and public employment agencies, unions, and social agencies. The consensus was that such discrimination does exist. All agreed that such a situation is not only morally wrong but economically wasteful and unsound.

In order to alleviate the problem I feel that a number of actions are necessary. I do not believe that there is any single solution to it. An excellent starting point could be the Federal Government employing units. They could lead the way with an immediate affirmative action program. The need for action on the part of the Commonwealth has already been brought to the attention of Gov. John A. Volpe, and his staff who authorized and endorsed the study. It would be desirable to have the Office of Economic Opportunity and Equal Employment Opportunity Commission participate in the area of correcting discrimination because of age with the necessary legislation.

It is quite possible that a program of education directed toward the employer in regard to the unsound practice of precluding qualified older workers from employment is in order. The problems in the area of age discrimination are many and unfortunately often based on misconception, lack of knowledge, and antedated personnel policies.

The current emphasis on youth in poverty programs tend to cause the older person to be overlooked or bypassed. Quite often the youth who is the recipient of assistance is in such an economic position because his parent who as an older worker is unable to obtain suitable employment to support his family because of age discrimination. Such programs should direct more emphasis toward the older unemployed worker.

The Federal Government provides funds to, and exercises a degree of control over, the various State employment services and divisions of employment security. In view of the job order experience of private employment agencies it is reasonable to believe that attempts to place similar job orders with public agencies are made with a degree of success. A closer monitoring of public agencies in regard to job orders should be required. It is possible that the adoption of an incentive system based on the number of older jobseekers placed could be part of a solution.

I hope that you find the foregoing information and suggestions helpful.

I look forward to meeting with you again.

STATEMENT BY HARRY T. PHILLIPS, M.D., CHIEF, BUREAU OF CHRONIC DISEASE, COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (JAMAICA PLAIN), DECEMBER 20, 1965

This is in reply to your letter of November 27, 1965, in which you asked for information about the program to train geriatric aids for nursing at the Waltham Hospital in Massachusetts.

The program there was designed to train nurses' aids and the age group was limited to persons between the ages of 16–62. All are from low-income groups. The training course covered a period of 6 weeks (30 hours per week), and the curriculum was a modified version of nurses' aid training for nursing homes. (See attached material.)

This training program began October 15, and 19 (1 male) students were graduated in December. The program was funded under the Manpower Development and Training Act, and selection of trainees was made by the Division of Employment Security.

Up to this time none of the trainees have been employed by nursing homes, although a group of 14 local nursing homes had originally expressed an interest in such aids. I have no idea how appropriately their training prepared them for their jobs.

Discussion prior to the selection of trainees, relating to the inclusion of elderly persons in the program, elicited the reaction that the work demands might be too strenuous for them.

In inquiring about other volunteer and training programs throughout the Commonwealth, we find that there are very few in operation or projected. The Commonwealth service corps has so far had little luck in recruiting geriatric volunteers.

However, I am aware of one program which draws on senior citizens from a low-income population in Roxbury (Orchard Park public housing). This project encourages senior citizens to develop their own volunteer programs. Over a 3-year period they have prepared and served meals in their center and are developing a meals-on-wheels project, done light housekeeping for shut-ins, escorted patients who are slightly confused through hospitals, and have done friendly visiting and shopping. They hope to embark on a nursing home aid project shortly, but it will be on a volunteer basis. The agency does its own training which comprises both preemployment and in-service training.

A related study was recently completed at Brandeis University. It indicated that in Newton, which is above average socionomically, social agencies were not eager to employ volunteers or aids; that recruitment was difficult; that if senior citizens were volunteer oriented, they were already giving service. However, senior citizens did not initiate these projects and this may have been a factor in their lack of enthusiasm.

In Boston ABCD is developing a Foster Grandparent Program for retarded children, and those employed in the program will be paid.

The homemaker programs throughout the State would probably be willing to employ older women and would train them, but I know that some at least of these programs are having difficulties recruiting personnel.

The one additional activity with which I am familiar is the Age Center in Worcester. They have a Senior Service Corps which for 2 years has provided trained volunteers for local hospitals and social agencies. Retired postmen have provided intramural hospital transportation and reassurance to patients awaiting treatment. Retired teachers have tutored in Head Start. In all those programs which seem to have an element of success, the senior citizen has been involved in the planning of the program.

I am sorry that I am not able to give you reports of more successful use of older people as aids in nursing homes and in other settings. I would suggest a further look before encouraging programs to train geriatric aids for nursing homes in view of the type of work required. If such a project were embarked upon, it would seem feasible to involve elderly people from low-income areas as long as they were involved in the initial planning for programs.

I am enclosing an outline for the nurses' aid program of the Waltham Hospital, and a summary of the Age Center of Worcester report.

(Exhibit)

NURSE'S AID TRAINING PROGRAM

Course information: 2.1. Topical outline of major units in course.

I. Introduction, 30 hours; total hours, 180:
   1. Ethics.
   2. The patient, the family, the community.
   3. The purpose of the nursing home.
   4. Community resources for health and welfare.
   5. The nursing assistant-nurse relationship.
   6. The patient is a person and the patient's home is the nursing home.

II. Understandings necessary for the nursing assistant, 40 hours:
   1. The human body.
   2. Body mechanics.
   3. Normal nutrition.
   4. Diet therapy.

III. Supportive nursing measures, 90 hours: Meets the patients' basic daily needs in the nursing home:
   1. Meeting particular needs:
      (*a*) Receiving patients in the home;
      (*b*) Care of emotional environment;
      (*c*) Maintain safe physical environment for patients;
      (*d*) Answer patients call;
      (*e*) Making beds, etc.
   2. Foods and fluids: Passing fresh drinking water, trays, feeding patients, etc.
   3. Nursing patients: In bed, positioning, out of bed, etc.
   4. Elimination: Give and remove bedpan, collection of specimens, etc.
   5. Persons activities of patients: Care of teeth, bed bath, tub shower, etc.; dress and undress patient.
   6. Ways of protecting a patient: Use of bed cradle, side rails, use of footrest, etc.
   7. Admission and discharge of patient: Assist with physical examination. How to discharge patient. Post mortem care.
   8. Care of equipment.
   9. Vital signs: How to take temperature, pulse, respiration.
   10. Applying hot and cold: How to fill hot water bottles, ice cap, apply swabs (hot and cold).
   11. Special problems in nursing: Care of incontinent patients. Prevention of bedsores.

IV. Nursing aid meets the patients, 20 hours: Particular needs in the nursing home.
   1. Spiritual needs.
   2. Identify records, and report patients' needs, etc.

References:

1. Knoedler, Evelyn L., "The Nurse Assistant," Delmar 1958.
2. Reese, D. E., "How To Be a Nurses' Aid in a Nursing Home," American Nursing Home Association.

B. COMMUNITY PROGRAMS IN BOSTON

STATEMENT BY MR. ARTHUR J. GARTLAND, PRESIDENT, ACTION FOR BOSTON COMMUNITY DEVELOPMENT, INC., DECEMBER 22, 1965

It is a pleasure for Action for Boston Community Development to contribute to the testimony of the U.S. Senate Special Committee on Aging, especially as it relates to the growing impact of the Office of Economic Opportunity programs for the improvement of community services to the aging poor.

We of ABCD, although but one of several agencies in the city dedicated to the task of resolving the problems of the aging, believe that we have a special charter in this respect. Our broad goal is one of promoting desirable social change and our designation as the official antipoverty agency in the city enables us to concentrate our efforts on behalf of an identifiable target population.

On the basis of the income criterion alone, more than half of Boston's 86,000 individuals over age 65 can be considered as "poor." In addition, the general lack of delivery and/or use of health and social services for these people makes their plight one of serious concern.

We submit, for the testimony of your committee, the attached paper prepared by Joseph S. Slavet and Paul R. Mico of our staff, entitled "A City of the Aging: Role and Function of ABCD." This paper presents the charge which we of ABCD accept as a mandate to intervene effectively in the lives of the aging poor, and help them help themselves. It describes the various activities with which we are now engaged, and the manner by which the aging poor are reached through them. These are modest beginnings, but they provide encouragement for more productive efforts in the future.

We would like to submit, also, a draft for a neighborhood age center. The Boston antipoverty program is unique in that nine area planning and action councils have been organized throughout the city, to provide for maximum feasible participation among the poor in the resolution of their problems. Several of these neighborhood councils have expressed the desire to sponsor local programs for the aging among them. Lue Faris of our staff, working with Mr. Mico, developed the model mechanism through which comprehensive services can be organized and delivered to the people in need. Charlestown, North End and South Boston are three area councils which have expressed such an interest. We are hopeful that one or more of these centers will be programed during the current OEO fiscal year.

Please be aware that we are vitally interested in the proceedings of the Special Committee on Aging. We are ready, willing and able to assist you in whatever manner indicated. Most importantly, we are eager to increase our efforts on behalf of the aging poor and we look forward to the impetus which your committee will provide in this direction.

Thank you for calling on us.

EXHIBIT 1

A CITY OF THE AGING—ROLE AND FUNCTION OF ABCD

INTRODUCTION

(Joseph S. Slavet and Paul R. Mico)

We live in exciting times. Like the Phoenix of ancient Egyptian mythology, which rose from its own ashes to live again renewed, a new Boston is being reborn. She is rising from the ashes of her indifference to resume her proper place as a major seat of American progress.

We citizens of Boston have undertaken the task of rebuilding ourselves physically and socially, and it is a task which promises to be equal to our greatest efforts. We have started on this road and we cannot stop until we have reached our goal.

There are many paths on the road we have chosen, each leading us to key mileposts along the way. One leads us to a renewal of our decayed structures, and we are well along the way on this path. Another leads us toward greater economic opportunity for all, and on this, our struggle to circumvent the barriers of poverty will be a long and relentless trip. Others lead us to confront the problems of the uneducated, the sick, the delinquent and the criminal, the poorly housed, the restless, the isolated, and the many who are deprived of their civil, social, and economic rights.

We are at different places along these different paths; indeed, on most we have just begun. We are not dismayed, however. A famous son of Boston, the late President John F. Kennedy, used to quote an ancient Chinese proverb: "A journey of a thousand miles begins with a single step."

One of the paths on the road we have chosen has led us to this meeting today. We have come together to discuss a particularly pressing problem: What are we to do about those of us who have been judged to be too old to do for themselves?

THE PROBLEM

Let us for a moment consider the dimensions of this problem. The President's Council on Aging has compiled some interesting information which describes the older American about whom we are concerned[3] (p. 1):

"He may be between 65 and 70 but he is probably older."

"He may have an adequate income but probably not. He may be working but it is unlikely. He may have a high school education but probably doesn't."

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[3] President's Council on Aging: "The Older American." U.S. Government Printing Office, Washington, D.C., 1963; 73 pages.

"He may be in good health but probably isn't. He may not receive Social Security but probably does. He would like to have more to do but the opportunities do not exist. He may collect a private pension but probably doesn't."

"He may have adequate health insurance but probably doesn't. He may live alone but probably not."

It is obvious that the person about whom we are concerned has many problems. But there is another dimension which disturbs us even more—the numbers of such individuals. One in every eight or nine Bostonians is over the age of 65, making a total of more than 85,000. As a group, they comprise more than one-third of the aged living in the metropolitan area; our metropolitan aged in turn, comprise nearly one-half of the aged individuals residing in the entire Commonwealth.

In terms of sheer numbers alone, Boston's 85,000 older Americans constitute a larger population than the total populations of most of the cities and towns in our State. It seems most appropriate, therefore, to think of these Bostonians as the reluctant inhabitants of a city within a city—a city of the aging. It is surrounded by the most formidable barrier ever devised by man: the age barrier. We say to those committed to its confines: "You have outlived your usefulness to us and since there is no longer a need for you, we are letting you go."

But, as we know, we have not been able to dispose of the aging so easily. In depriving them of a useful role and function, we have forced them to wither on the vine. And the specter of their plight has come back to haunt us.

INTERVENTION BY ABCD

ABCD is but one of many agencies in the city which are dedicated to varying courses of action designed to resolve aspects of the overall aging problem. We have a special charter, we believe. In addition to our broad goal for promoting social change, our designation as the official antipoverty organization for the city charges us with the specific aims of alleviating the conditions and effects of poverty. Based on the criterion of income, which has been established to help identify the poor, more than half of Boston's older Americans are living in poverty. The President's Council on Aging cites that half of the aging families composed of couples have annual incomes of about $2,500 or less, and that half of the aging individuals living alone have annual incomes of about $1,000 or less. These figures are well below the respective amount of $3,000 for couples and $1,800 for individuals, established by the Office of Economic Opportunity to determine those who are eligible to participate in antipoverty programs.

We can conservatively estimate, therefore, that there are 50,000 aging poor in Boston to whom ABCD has a responsibility. What are we doing and what do we propose to do? Here is a brief review:

1. Multiservice centers

We helped organize two multiservice centers, one in Charlestown and one in Roxbury, to deliver a broad array of coordinated services to their clients. Many of these people will be the aging themselves.

2. Charlestown elderly workers' project

One of the multiservice centers, the J. F. Kennedy Multiservice Center, has a special poverty project designed to meet the special needs of those among the estimated 500 elderly in Charlestown who suffer from a wide variety of social and economic ills. In addition, an economic counselor on the regular center staff is working to develop facilities which would make it possible for the elderly to learn new skills under supervision. Also the center is conducting a demonstration program testing new techniques in training and employment for persons 50 to 65 years of age, under a grant from the U.S. Department of Labor.

Efforts are also exerted to provide budgeting services and financial counseling, so that the elderly can make the best uses of their limited financial resources. Legal counseling services are provided as well, and the support of the business community is being enlisted.

3. The skid row project

Another funded poverty program will soon be carried out in the South End, under contract with the Boston University Medical Center. This program will be screening and rehabilitating problem drinkers and socially isolated individuals. Many of those being reached are the elderly.

4. Bromley-Heath Family Health Center

This is a poverty-supported program designed to provide comprehensive health services to the people living in the Bromley-Heath public housing project. An unusually high percentage of these are people over age 65.

5. Columbia Point community health center

Tufts University [4] has a special demonstration grant under the poverty program to provide comprehensive health services to the inhabitants of the Columbia Point development. Again, an unusually high percentage of aging individuals live there and will benefit.

6. Visiting Nurses Association special relocation project

ABCD has a contract with the VNA of Boston to provide public health-nursing consultation and related health services to residents of the Washington Park urban renewal area. Monthly reports show that effective services are being provided to many of the isolated aging living in the area.

7. Project foster grandparents

ABCD is presently busy designing a pilot program to be carried out in cooperation with many other agencies and institutions. The purpose of this project is to employ the aging poor to provide tender loving care to children and adults who are in institutions for the abandoned, the neglected, the retarded, and the elderly. Services will be provided to the noninstitutionalized as well. Between 50 and 75 aging individuals will be employed in this pilot project.

8. Administration on aging

This new national program provides resources to the Commonwealth, through the Massachusetts Commission on Aging. We have hopes of participating in this program, since we believe that a minimal investment in ABCD can maximize the impact which we as an organization could have on improving the general well-being of the aging.

CONCLUSION

In closing, let me emphasize that these activities, underway and proposed, constitute but a modest beginning for the major journey which lies ahead. It must be recognized that many other agencies are providing a broad array of health and welfare services, also. We do not propose to walk alone. All of our various efforts will have to be harnessed with those of other agencies if we are to make any significant progress.

The city of the aging is a sizable one, and it is growing. It has been, for all intents and purposes, a city of the unseen, for too many of us have chosen to ignore its inhabitants. We can't do this any longer. Our social conscience won't let us; and the very health and well-being of the New Boston is at stake.

EXHIBIT 2

MODEL NEIGHBORHOOD AGE CENTER

INTRODUCTION

There are 85,000 people over age 65 living within the city limits of Boston; 50,000 are regarded as poor, on the basis of their incomes. The plight of the aging has long concerned those engaged in promoting their general well-being. Social isolation, poor health, inadequate education, inadequate employment opportunities complicated by age-limit prejudice, dependency, reduced mobility, substandard housing, institutionalization, and a lack of meaningful purpose in the community—all these are facets of the multiple problems they face. The elderly poor are the most invisible of the "invisible poor."

In the words of Eric Fromm: "The physiologically conditioned needs are not the only imperative part of man's nature. There is another part just as compelling, one which is not rooted in bodily processes but in the very essence of the human mode and practice of life: the need to be related to the world outside oneself, the need to avoid aloneness. To feel completely alone and isolated leads to mental disintegration, just as physical starvation leads to death."

[4] See p. 744 for additional details.

The needs of the aging poor warrant the efforts which can be exerted through the community action programs of the Office of Economic Opportunity. One way in which many of these needs can be met is by the development of neighborhood age centers. These could be operated by the area planning councils, multiservice centers, or other designated agencies participating in the antipoverty programs. Their main role would be to formalize the neighborhood or area organizational structures so as to maximize the quality and quantity of services and resources which are potentially available to the aging poor.

Existing services for the aging, however inadequate, are not delivered to those in need as adequately as is necessary, nor are they used as adequately as they should be. Agencies' efforts to program services suffer from lack of cooperative and coordinated planning, and frequently result in interagency conflicts, overlapping and duplication of efforts. More significantly, lack of effective planning and coordination results in large-scale unmet needs, and serious gaps in services.

New services and resources from the Office of Economic Opportunity, the Administration on Aging, Medicare and elsewhere give promise of supplementing and complementing those existing so that it will be possible to plug the gaps and meet the needs. In the final analysis, however, no service is effective unless it reaches those for whom it is intended. The neighborhood age center places itself in the strategic position of being the vehicle through which the services meet the people. It uses, wherever possible, the elderly poor to help the elderly poor.

BOSTON'S AGING INDEXES

The 1960 census indicated that individuals age 65 and over, living in Boston were located in the following neighborhood areas (or CAP target areas) in the following numbers:

Charlestown	1,995	North End	3,500
South End	5,667	Allston/Brighton [5]	8,657
East Boston	3,236		
Jamaica Plain	5,242	Subtotal	48,951
Parker Hill	6,295	Rest of city	36,634
Roxbury-North Dorchester	8,718		
South Boston	5,054	Total	85,585
Columbia Point	587		

[5] Unofficial CAP area.

The nature and extent of the staff and services of the neighborhood age centers will vary according to the populations being served and the needs and interests of the people. In general, however, a basic model can be described which can be modified to fit the existing situations.

GOAL AND OBJECTIVES

The primary goal of the neighborhood age center is to contribute to the general health and well-being of the aging by means of improving the delivery and uses of community resources relative to employment, education, health, welfare, rehabilitation, legal services, social services, housing, recreation, safety, conducive environment, and cultural enrichment.

This goal will be achieved by meeting the following objectives:

1. By locating and identifying all individuals age 65 and over residing within the predetermined neighborhood area, and determining their general needs and interests.

2. By locating and identifying all relevant neighborhood, community, State and National resources and services available to the neighborhood, with appropriate information as to how they can be delivered and how they can be used.

3. By providing an informational and referral service which makes useful information known to the aging individual, to the aging group and to the aging community; either on demand or by dissemination—and refers people with needs to the appropriate services and resources.

4. By serving as the focal point around which neighborhood planning can be carried out, which will establish ways and means by which priority neighborhood needs can be met at once and gradually.

5. By serving as the focal point around which neighborhood leaders and citizens can be mobilized to act and solve the problems of the aging poor.
6. By constituting itself as the mechanism through which the neighborhood planning and action efforts can be integrated into the respective efforts at the community, State, and National levels.
7. By developing the delivery of existing services and resources into the neighborhood, either through the center or through other effective agencies or outlets.
8. By developing new ways of organizing and delivering existing services so that they can reach those in need more effectively.
9. By developing new programs and services to meet unmet needs.
10. By promoting desirable attitudes, motivations, and behavior among the aging poor so that they will participate effectively in the efforts to help them help themselves.
11. By identifying and describing the barriers which prevent the aging poor from living meaningful lives, and helping to lead the attacks which will resolve or reduce the barriers.

ORGANIZATION AND ADMINISTRATION

The neighborhood age center would be a unit established and housed within the programs-and-services division of an organization, such as an area planning council or a multiservice center. It would be administered by a director who is responsible to the community action program director or to the executive director of the organization. The organization is accountable for the financial and material resources of the age center.

The following staff are critical, if the objectives are to be achieved. Whether they are paid or volunteer, full time or part time, depends upon the resources available and the work to be done. Basic staff can frequently be supplemented by additional resources from special programs: director, neighborhood age center; coordinator, information and referral services; coordinator of programs; administrative assistant; age center aids; secretary; receptionist.

The following facilities should be available to the staff, wherever housed: office space, supplies, and equipment; conference room; telephone and other communication media; transportation; data processing.

Services will be made available to people by the following methods:

1. Conducting surveys to determine needs and resources.
2. Developing new and better services to be delivered, by special projects and demonstrations.
3. Strengthening and supporting existing services.
4. Motivating people to use services by individual contact, group discussion, decision processes, mass media (radio, television, newspaper, literature, speeches), and community organization.

Citizen participation can be promoted by the organization of a neighborhood age center council, composed of the leadership and representative citizenry of the aging community. The council will be advisory in role, functioning primarily to help shape the programs and practices of the center.

PROGRAMS AND SERVICES

The following programs will constitute the service framework of the neighborhood age center:

1. A survey of the aging population, to locate and identify them, and to determine their needs and interests.
2. A survey of the existing resources and services available to the neighborhood.
3. Establishment of an information and referral service to interpret and provide information regarding all community resources and services, and to refer persons as necessary. Also to provide information regarding Medicare, health frauds and quackery, housing, legal services, employment, and other areas important to the well-being of older people.

This program would avoid duplication of services; centralize professional responsibility and develop means through which duplication of intake, examinations, history taking, planning, recordkeeping, and services can be avoided when more than one agency services a person. It would mean the integration of community social and medical services for aging individuals.

4. Job counseling, training, and employment, in cooperation with OEO and non-OEO efforts in these areas. This would include referring individuals for employment in communitywide training and employment projects, as well as being responsible for recruiting and selecting people for employment in such projects as Project Foster Grandparents, Project Safety First, Project Copilot, Medicare, Home Health Aids, and other projects as developed and made available.

5. Adult education, through meetings, classes, and special programs, in areas of literacy, consumer education, hobbies, culture, languages, local government, citizenship, law, art, and music appreciation.

6. Health services, particularly as they relate to educational activities designed to motivate people to develop and maintain optimal health, to use health services, and to follow up on preventive, diagnostic, treatment, and rehabilitation services.

7. Special activities:

(*a*) Nutrition: How to shop for one or two people economically, how to prepare food inexpensively, vitamins and nutrition needs, preventing or solving obesity problems.

(*b*) Personal hygiene, including proper precautions when caring for the ill or communicable diseased people.

(*c*) Housing relocation and upgrading, helping people to find better places to live.

(*d*) Recreation and maintenance of physical conditioning.

(*e*) Retirement adjustment, preparing for retirement, adjusting after retirement, etc.

(*f*) Providing training centers for enabling prospective dentists, physicians, barbers, beauticians, social workers, family counselors, and attorneys to learn while they provide services to people.

8. Family counseling services, embodying the principle of individual and family responsibility, reducing tendencies toward paternalism on the part of the staff of the age center, and excessive or unrealistic dependency on the part of the older person. Involving the older people and their families, if existing, in the planning and assessment of needs for the older person, would conceivably strengthen family ties rather than foster the tendency toward dependency on the family.

9. Legal services, through referrals; through the counseling services of paid or volunteer professionals; and through education.

10. Rehabilitative services, such as medical, social, psychological, and vocational evaluations, through referrals and counseling.

11. Home health aids utilizing the older persons as home health aids for the care of the bedridden sick and disabled. Older people have many attributes required to undertake this responsibility—patience, understanding, a willingness to listen, and a willingness to be constructive, helpful, and useful.

12. Homemaker service, in cooperation with other agencies such UCS, welfare department, churches, and other groups who would provide shopping, housekeeping, and other personal services for those unable to do for themselves. Neighborhood participation and volunteers would be used.

13. Visiting friends and neighbors, to provide companionship and help where needed.

14. Medstart: Unawareness of the older poor of Medicare program, because of no family or close friends, illiteracy, feelings of helplessness in relation to bureaucratic processes. Older volunteers could be trained to seek out these people and communicate with them face to face, if benefits intended for them are to be fully used.

15. Home maintenance: Some homes and rooms occupied by the older poor are dilapidated and endanger health, safety, or well-being of the occupants and need repair. There are many skilled carpenters, electricians, plumbers, and painters among the older poor, whose services could be used as a source of part-time employment.

16. Meals on wheels, a program for providing hot, nutritious meals to the handicapped or bedridden older people.

There are many existing or new projects and programs which could be successfully carried out through the neighborhood age center. It is located in the

area where the older poor live, and through the data collected regarding needs and interests, the people who need services and who are capable of providing services are already identified.

PROCEDURE

The first step to be taken is the decision on the part of the area planning council or multiservice center to establish the neighborhood age center. Then comes the development of a protocol; involve other people for the benefit of their thinking and cross-fertilization of ideas. Obtain approval from neighborhood APAC and ABCD boards, submit to OEO, negotiate, secure facilities, and employ staff.

Participation of the community would be through the neighborhood age center council. The role and function of the council members would be to help plan and promote programs for the health and well-being of the older population, by fostering a better understanding and use of the services available to the older people, and by helping the neighborhood age center staff understand better the needs of the older people.

Neighborhood aids would be used to reach out to the neighborhood older poor to identify the people, their needs, and to cultivate an interest in the center.

Consultants and program representatives from other agencies would be called together to meet with the neighborhood age center staff and neighborhood representatives to outline the initial program and establish an information and referral service. Close coordination with other agencies for information and referrals is a must for the initial phase.

Promotion of the neighborhood age center could be through neighborhood meetings, group discussions, mass media (radio, television, newspaper), face-to-face contact, community organization, and distribution of printed material.

EVALUATION

Program evaluation can be defined as the measurement of success in reaching the stated objectives of the program. In the evaluation of the neighborhood age center, it would involve the number of older poor who are reached; motivated to participate in the center's programs; encouraged to use existing health facilities; stimulated to seek job opportunities made available through the various programs; and the overall improvement in physical, emotional, social, and economic standards of the population reached. General evaluation would be based on who is being reached, what is being done, and the effectiveness of the measures taken. There should be a followup mechanism for insuring that the effectiveness of the program continues.

PERSONNEL AND STAFF

The following personnel shall constitute the basic staff of the center:

Project director.—To be responsible for the overall administration and direction of the neighborhood age center, for the quality of personnel employed, and for the manner in which the center is organized and programs implemented.

Coordinator of information and referral services.—To maintain effective liaison with other agencies, National, State and local. To insure that all services available are registered at the center and that records are kept current, and to coordinate and funnel services to the center.

Coordinator of programs.—To coordinate programs within the center to avoid duplication, identify needs for new programs, and to insure maximum participation in the center's programs.

Administrative assistant.—To handle the administration of the center, schedule and set up meetings, establish administrative procedures and recordkeeping systems, assist the director as indicated.

Age center aids.—For home visiting, promoting the age center, identifying the needs and interests of the population to be reached. Also work with churches and other agencies in determining poverty poor and neighborhood resources.

Secretary.—For general secretarial responsibilities.

Receptionist.—For appointment making and recordkeeping.

The use of volunteers, VISTA volunteers, and Commonwealth Service Corps volunteers, to supplement staff, is encouraged.

Neighborhood age center—Budget

Number of people	Category	6-month budget	Community share	1-year budget	Community share
	A. Personnel:				
1	Project director	$5,000		$10,000	
1	Coordinator for information and referral	4,000		8,000	
1	Program coordinator	4,000		8,000	
1	Administrative assistant	3,250		6,500	
4	Age center aids (20 hours a week at $1.50)	2,880		5,760	
1	Secretary	2,100		4,200	
1	Receptionist	2,000		4,000	
	Subtotal	23,230		46,460	
	Fringe benefits (11 percent)	2,555		5,110	
	Subtotal	25,785		51,570	
	Professional volunteers (lawyers, family counselors, health consultants)		$1,500		$3,000
	B. Rent		3,600		7,200
	C. Consumable supplies:	750		1,500	
	Printing, promotional materials—flyers, pamphlets, postage	1,000		1,500	
	TV, Radio, etc		1,000		1,500
	D. Equipment:				
7	Desk and chairs	700		700	
3	Typist desks and chairs	1,500		1,500	
	Typewriters	350		350	
1	Adding machine	100		100	
4	4-drawer files	160		160	
	E. Other: Telephone, utilities, travel	2,500		5,000	
	Total	32,845	6,100	62,380	11,700

STATEMENT BY MR. CHRISTOPHER GRANT, PRESIDENT, BOARD OF DIERCTORS, ROXBURY FEDERATION OF NEIGHBORHOOD CENTERS, BOSTON, MASS.

The President's War on Poverty is most often associated with the level of income of families or individuals. This to an extent as it should be. There is, however, in our society a phenomena called "psychological poverty" which in fact affects rich and poor alike. The "psychological poverty" faced by our aged, and the generally negative role played by a host of agencies, public and private, involved in fighting poverty must be better understood if we are to be effective.

Experts in the field of aging and the aged refer to the losses faced by the elderly as contributing factors to their decline. The Roxbury Federation of Neighborhood Centers believes that the loss of status is the one factor which can be associated with the greatest number of elderly. It is our feeling that the aged must recapture some of their dignity as a group before they can as individuals fully escape "psychological poverty."

The emphasis on productivity is to a great extent the causal factor behind the loss of status. Status in our society is based on productivity.

The aged, having been forced by retirement into nonproductive roles, are consequently rejected by society. This rejection causes the newly retired individual to accept all of the stereotype images of old age that he has internalized, thus perpetuating the multitude of problems generally associated with old age. Finding solutions for these problems becomes increasingly more difficult if not impossible.

The aged face further rejection by many of our public and voluntary agencies. Although often well meaning, these agencies design programs for aged which are basically set up for nonproductive people. In addition, these agencies create "systems" which force people to fit into them, rather than structuring themselves to fit the needs of people. Most notable in the latter category is our income maintenance agencies. Our Old-Age Survivors and Disability Insurance and Old-Age Assistance programs not only fall far short of providing adequate income and services, but through the requirements established either robs the individual

of his dignity or prevents him from taking advantage of these programs. The old-age assistance means test is the chief reason that many believe welfare is a privilege rather than a right. Consequently, those on welfare feel like paupers and those who may be eligible refuse to expose themselves to the process. We would recommend that such categories of the welfare program be eliminated and that a Federal program be established to serve people according to need and with dignity.

Why not use the machinery of the Social Security Administration to serve all people of retirement age? What a difference in a person's attitude when he or she says, "I am on Social Security."

Voluntary agencies must also share the responsibility for making the elderly image one of dependency. It is within these agencies that we find the basic philosophy of programming to meet leisure-time needs, although the aged do not have the luxury of leisure time. (They have idle time.) The program, therefore, evolves into one of "fun and games" thus strengthening the negative images of uselessness.

If the image of the aged is to change, then the aged themselves must be given vehicles of expression. The Community Action Program is one such vehicle. It therefore becomes the responsibility of the Office of Economic Opportunity to fund such programs that encourage the elderly poor to be involved in productive programs.

The elderly who are served by public and voluntary agencies must feel more comfortable in receiving these services. The Federal Government should begin to overhaul the structures of their agencies and the Office of Economic Opportunity must be sensitive to the structures of the agencies that they plan on funding.

One last point, we would not think of fighting a battle without bringing to bear all of the supporting forces necessary for a successful operation. The same holds true for the war on poverty. The Federal Government must bring all of its supporting agencies into close coordination and cooperation with the Office of Economic Opportunity if it truly wishes to do battle with poverty.

STATEMENT BY JACK LEFF, COORDINATOR, AGED PROGRAM, ROXBURY FEDERATION OF NEIGHBORHOOD CENTERS, INC., ON "A COMMUNITY APPROACH TO THE AGED," FEBRUARY 17, 1966

The President's War on Poverty has, among other things, provided us with a forum to discuss the ills of low-income communities. But what of the strengths that exist within these communities? The key to the success of the Economic Opportunity Act may yet be found in this area. The Roxbury Federation of Neighborhood Centers aged program is based on the premise that change can result by strengthening those community forces which are making positive contributions in Roxbury.[1] We are able to take advantage of existing strengths and have discovered human resources which to date have remained untapped. We are certainly not claiming the discovery of a panacea, but we feel that our community approach has produced valid techniques for working with the elderly poor.

All aspects of community life are relevant for the elderly. The core of our approach is to return the elderly to the mainstream of community life. The involvement of the elderly themselves in the area of planning and most importantly in the implementation of program is paramount.

Our approach is based on the premise that the elderly can learn change and withstand the stresses faced in bringing about broad community change. The difficulty arises not so much in program development and the creation of opportunities for involvement, but in reestablishing in the elderly the lost dignity and a feeling of self-worth.

We are hopeful that the Office of Economic Opportunity will encourage programs designed to change the image of the aged. It will take a concerted effort on the part of both the public and private agencies to break down the existing negative stereotypes. We feel that the time has come when we must recognize the strengths of the elderly as well as the inherent strengths that presently lie

[1] Example: The feeling of friendship on the part of neighbors when they help each other in crisis situations.

dormant in low-income communities. Positive changes will occur within these communities where programs are designed to utilize these community strengths.

For purposes of discussion, we have broken down our approach into three phases.

PHASE I. PREPARING THE INDIVIDUAL

The multiplicity of problems faced by our aged in their day-to-day living are resolved only with enormous expenditures of energy. Many of these problems are amenable to solution through the use of existing community resources. It is our contention that these community resources must be integrated into a supportive service program aimed at promoting independent living. Through the approach of our suportive service program, many of the obstacles which inhibit the elderly individual from moving beyond his own concerns can be removed. Once the individual's energy is freed from these pressing personal problems, he is then able to begin meeting changes in his own image. Only then is he ready to accept the second phase of our program which is aimed at preparing him to regain his lost role as a useful member of the community.

Implementation

Individual counseling.
Information and referral.
Home-care programs:
- Meals-on-wheels.
- Light housekeeping.
- Budgeting.
- Errands.
- Friendly visiting.
- Coordination with other health and welfare agencies.

Legal services.

PHASE II. RECAPTURING LOST SKILLS AND LEARNING NEW ROLES

Initial motivation is recognized by the individual's willingness to participate in group life. The unique quality of group for these members is the relevancy it has for their everyday existence. The group, of course, provides the individual within a protective setting the opportunity of regaining lost skills and testing new roles. Our groups are structured to insure that the roles learned parallel those which are used in daily life. Consequently, newly found skills enable the individual to better handle the stress they face in the community.

It has been our experience that once the individual masters the new skills (one of which is the acceptance of the aging process), he is then able to articulate the problems faced by the aged and begin to exert an influence on the forces that affect his life. At this stage, it becomes a matter of using programing techniques to develop vehicles for the expression of these problems.

Implementation

Adult education.
Leadership training.
Structured organization (officers, committees, etc.).
Citizenship training.
Group discussions.
Small group projects (problem solving).
Fundraising.
Recreation.

PHASE III. VEHICLES OF SELF-EXPRESSION

From an implementation standpoint, this becomes the most difficult part of the program. The difficulty arises not from developing the actual vehicles, e.g., a social action committee to seek better recreation or police protection, but in the resistance set up by the larger community. These forces, of course, are the same that contribute to the psychological poverty faced by the aged. The problem, therefore, becomes one of continual motivation and support so that the individual and the group do not become frustrated in the process of seeking change. We, therefore, build into each approach rewards that guarantee satisfactions from the experience. However, it is only through continual education of the larger community that the elderly can even hope to attain their rightful place in society.

It is our feeling that the elderly must assume the leadership role in this educational process—for who else can be expected to do it? One way of accomplishing this educational process is by using the visibility factor. By visibly involving the elderly in community improvement programs which affect the total community where contact with the younger community members is assured, positive steps can be taken toward changing the rocking-chair image of the elderly.

Implementation

Community action:
- Legislation.
- Police protection.
- Better education.
- Community improvements.

Staff

The community-based program is dependent upon a "reaching out" process wherein the elderly resident is located, his needs identified, and help brought in as needed. It is in this type of process that the resident community worker is most valuable. With intensive training, support, and direction from the technician (full-time staff member), this newly found worker is proving to be effective. He brings to the staff insights into community problems and a dedication to service born out of his own experience as a resident in a low-income community. It is, as yet, too early to evaluate the full impact that neighborhood aids will have in meeting the overall objectives of any program.

We have attempted in this brief discussion to provide an overview of our approach in involving the aged in their own destiny. We now know that good programing dictates strict observance of some fundamental rules. First, that the program be geared to the strengths of the community to provide a base on which other programs can be built. Second, that the aged individual not be overprotected during the process of learning new roles. Third, that the elderly be involved not only in program planning but in the implementation of the program. Fourth, that the program be tied into the main lifestream of the community. Fifth, that the total staff contain a balance between technicians (professional) and resident neighborhood workers, and that the neighborhood people not be changed over to emulate the technician.

STATEMENT BY MR. SHERMAN SASS, MR. CAMPBELL G. MURPHY, AND MRS. DEBORAH COHEN, REPRESENTING THE UNITED COMMUNITY SERVICES OF METROPOLITAN BOSTON, DECEMBER 29, 1965

The following testimony is submitted to you in response to your letter of November 27, 1965, requesting "suggestions for broadened action to help older citizens while meeting overall objectives of the Office of Economic Opportunity and other Federal agencies concerned with our total war on poverty."

We have been privileged to testify twice in the past before Senate committees in which you were personally involved. On January 20, 1964, Mr. Sherman G. Sass, chairman, United Community Services Committee on Aging, presented testimony before the Subcommittee on Federal, State, and Community Services for the Elderly, of the Senate Special Committee on Aging, with you as acting chairman.

On August 9, 1965, you were a member of the Subcommittee on Long-Term Care of the Special Committee on Aging, U.S. Senate, which held hearings in Boston. Mr. Campbell G. Murphy and Mrs. Deborah Cohen presented oral and written testimony before this committee. * * *

OPPORTUNITIES FOR COORDINATION BETWEEN PRIVATE SERVICE ORGANIZATIONS AND PUBLIC COMMUNITY ACTION PROGRAMS

The United Community Services Committee on Aging has accepted as its primary function the coordination between public and private organizations and individuals. Serving with it on the central committee and many subcommittees are top level staff from the Commonwealth Service Corps, Massachusetts Commission on Aging, Action for Boston Community Development, regional office,

U.S. Department of Health, Education, and Welfare, Boston Redevelopment Authority, Massachusetts Federation of Nursing Homes, Inc., Boston University School of Social Work, Boston Department of Public Welfare, Public Housing Authorities of Brookline, and Boston Jewish, Catholic, and Nonsectarian Voluntary Family Service Agencies, combined Jewish philanthropies, nonprofit and proprietary nursing homes, and many others. Over 35 rabbis, priests, and ministers, lay persons living in selected neighborhoods, and a number of elected Commonwealth officials serving at the statehouse, are all participating on one or more aging project committees.

Among those closely working with us whom you have requested to testify are Mr. Richard Scobie (Boston Housing Authority), Mr. John Sweeney (Massachusetts Commission on Aging), Mr. Louis Lowy (Associate Professor of Social Work, Boston University), and Mrs. Magnus Greenman, of Brookline, Mass. Their testimony relates closely to ours, and in order to avoid duplication, we suggest you use cross-reference for full documentation. Some of the actual projects involved are Brookline Residence and Recuperative Center, Inc. (Clergy and Peter Bent Brigham Hospital); Boston Center for Older Americans (Mr. Lowy's "Mobile Service Center"); Protective Services for Older Adults (Richard Scobie of Boston Housing Authority and United Community Services); training semiprofessionals and volunteers (Mr. Lowy's handbooks for training "Human Service Technicians").

SEARCHING OUT THE ISOLATED ELDERLY

Documentation of Massachusetts' elderly population was included in Msgr. Joseph T. Alves' (Chairman, Massachusetts Commission on Aging), testimony before the Subcommittee on Federal, State, and Community Services, August 19, 1965. Mr. Lowy's present testimony describes the need for "existing health and social welfare agencies and institutions under public and voluntary auspices to get together in a joint effort to create a 'mobile service center for older adults" which combines the aforementioned services and delivers them to older people wherever they reside—rooming and lodging homes, housing developments, nursing homes, or institutions for older people."

Two United Community Services projects almost readied for funding are designed specifically to search out the isolated elderly: Boston Center for Older Americans (mobile service center) and Protective Services for the Elderly (in cooperation with Boston Housing Authority).

BOSTON CENTER FOR OLDER AMERICANS (MOBILE SERVICE CENTER)

Seeing both a lack of coordinated services to older people and a lack of opportunity for them to live and serve in the center city as responsible citizens throughout life, United Community Services aging project organized a committee in June 1965. United Community Services acts as its fiscal agent until legal incorporation is achieved.

Several months of preliminary work led the group, which includes several older residents of the Back Bay, representatives of Boston Redevelopment Authority, Massachusetts Commission on Aging, Massachusetts House and Senate, Urban League, Jewish Community Centers, and clergy who serve the "target area," to designate three Back Bay census tracts as the target area. This area includes nearly one-fourth of the Back Bay population of those aged 65 and over, a low-average income, poor housing, and a dearth of social and recreational services nearby. The Christian Science Church, with cooperation of the Boston Redevelopment Authority, plans to take part of the target area for renewal. Action for Boston Community Development (ABCD) has no plans at present to serve the elderly in this area. Hopefully, there will be coordinated planning of the groups involved to (1) serve the isolated elderly living here now, (2) helping relocate those displaced by urban renewal, and (3) making available health and social services to those remaining or moving back into the area.

The purpose of this mobile service center is to alleviate impoverishment of spirit engendered by the erosion of loneliness and loss of purpose in living, by encouraging self-help, self-respect, and meaningful group experience.

The knowledge and experience gained during the establishment of the Back Bay Center will be utilized to formulate a model for such services throughout the Commonwealth (see summary, attachment I; proposal, attachment II; sponsoring committee, attachment III). (In committee files.)

PROTECTIVE SERVICE PROJECT

Boston is among five cities and a county in Colorado selected for a national pioneering project to determine the needs of the elderly for protective care and services, authorized by the National Council on the Aging. The other study centers will be Chicago, San Diego, Houston, Philadelphia, and Jefferson County, Colo.

The United Community Services aging project, in cooperation with the Tenant and Community Relations Department of the Boston Housing Authority, will administer the research study.

Funding will be sought from various sources, including the Office of Economic Opportunity.

The Boston study will center around 200 selected senior citizens in Boston public housing projects because of their concentrations of older persons and the ease and access to them. Many of the 6,000 elderly living in public housing are alone in the world with few friends or family, many illnesses and few financial resources. The protective services study will attempt to find out what services are necessary to prevent a crisis situation in the life of a senior citizen.

Protective services include such things as medical care, homemaker service, mental health care, legal aid, and a general range of social services provided on a more intimate basis than for the normal person who is able to go to an agency for them. No one really knows just how effective these services can be in preventing crisis situations. It is hoped that senior citizens would thereby be able to continue to live more secure self-sufficient lives. There would be less need for institutionalization and less likelihood of older people becoming public charges. Badly needed beds in mental health and other institutions would be freed.

In 1964, 149 elderly tenants vacated public housing projects in Boston to enter nursing homes or State hospitals.

An estimated 4,000 persons 65 years of age and over, lacking capacity to take care of their own routine day-to-day needs, and having trouble handling their budgets, preparing their food, housecleaning, shopping, taking care of themselves, making decisions and in relations with others, were known to almost 175 individuals and organizations in Boston in 1963 (see attachment IV). (In committee files.)

OTHER UCS PROGRAMS OR PROPOSALS AFFECTING THE ELDERLY POOR

Improving nursing home care

The Health, Hospitals, and Medical Care Division—Edward B. Kovar, director—has compiled and sold at cost in 6 months over 150 blocks of referral forms, each block containing forms for 50 referrals, making a total of 7,500 forms. These are used solely for communication between the nursing home and clinic or emergency ward in hospitals.

The Subcommittee on Nursing Homes of the UCS Committee on Aging has held workshops for nursing home personnel with hospitals and other agencies to promote better communication between them. It has also submitted guidelines and recommendations to the Hospitals-Nursing Home Relationships Committee of the Greater Boston Hospital Council, Inc. (see attachments V and V(a)). (In committee files.)

Brookline Residence and Recuperative Center, Inc.

Nearly 1 year ago, ministers and lay representatives of various Brookline churches began consideration of the need of housing combined with health and social services for the elderly or Brookline who are not eligible for public housing, but unable to obtain decent, safe, sanitary housing at rentals they can afford.

The purposes for which the corporation is formed are to provide housing and related facilities and services for elderly families and persons on a nonprofit basis, especially designed to meet the physical, social, and psychological needs of the aged and contribute to their health, security, and happiness. To plan, construct, operate, maintain, rehabilitate, alter, convert, and improve housing, and related facilities and services for elderly families and persons.

Thus long-term care can be translated into comprehensive care serving people who should be treated and regarded as individuals with respect, understanding, and sympathy for their problems.

The Brookline project depends for its success on a combination of Federal programs, such as CFA 202, FHA 231, or 232, Hill-Burton, and provisions for rent subsidies in the new housing legislation. It will be concerned with

preventive health care, provisions for diagnostic and ongoing health care, home care, and safe, decent, secure housing at rents older persons can afford to pay.

In December 1964, the Reverend Walter Van Hoek of the Harvard Church, Dr. James Walker from the Peter Bent Brigham Hospital, Mrs. Deborah Cohen from United Community Services, and Richard Stetson, M.D., chairman, UCS Special Programs Department, discussed this proposal with the Brookline Board of Selectman, Planning Board, Redevelopment Authority, and Public Housing Authority.

A year later, December 1965, selected Brookline citizens and elected officials were invited to attend a special exploratory meeting to find a suitable site for the housing project planned to serve the low- and middle-income aged. As a result, the corporation was requested to write to the Brookline Redevelopment Authority seeking their help in finding a suitable site. A detailed description of the health care component to be administered by Peter Bent Brigham Hospital as well as other services to be provided by Brookline's existing public and private agencies is to be included in this formal request (see attachments VI and VI(a)). (In committee files.)

HANDBOOKS FOR TRAINING "HUMAN SERVICE TECHNICIANS"

Two manuals for trainors and trainees, to be used for training of personnel, both paid and nonpaid, young and old, will be developed by Mr. Louis Lowy with the help of the UCS aging project. (See Louis Lowy's December 27 letter to Senator Edward M. Kennedy.)

VISTA volunteer recruitment, October 13, 14, 15, 1965. United community services aging project, volunteer bureau, recreation, informal education and group work division, and regional national council of senior citizens worked closely with VISTA (OEO) Washington, to schedule meetings for individuals and groups who wished to be informed about VISTA. Two Washington VISTA staff persons were available for the 3 days. A goodly number of older adults filled in VISTA application forms.

ENDORSEMENT FOR LEGISLATION

February 25, 1965, Massachusetts H603 and H604. Removal of financial obligations on the part of children for parents who need old-age assistance and/or medical care for the aging. This was enacted by the 1965 Congress, and is effective January 1, 1966.

Housing and Urban Development Act of 1965, August 10, 1965. Received a thank you note from Robert C. Weaver, Administrator, Housing and Home Finance Agency, Washington.

ONE DAY INSTITUTE FOR SENIOR CENTERS

This is being jointly sponsored by Massachusetts Conmission on Aging and United Community Services Aging Project in April 1966.

It will be a workshop geared to disseminating the latest, most tested comprehensive information on multiservice centers to eastern Massachusetts to councils on aging, golden age clubs, and others interested in promoting broad community based services and programs.

CENTRAL PROBLEM IS A PLACE TO LIVE

The United Community Services Committee on Aging is very much concerned about lack of housing for the low- and middle-income elderly. Whereas there is plenty of loan money from Federal sources, and the thrust of the 1965 Housing Act was to provide more housing for the low- and moderate-income elderly, the reality of the situation is twofold. Land at knockdown prices is either scarce or impossible to find, making it most difficult for those nonprofit groups who are willing and ready to build projects. A good example is the Brookline Corporation of Clergy and Peter Bent Brigham Hospital. Secondly, there are many church groups interested in sponsoring housing for the elderly who do not have competent technical help available for the early stages of sponsorship.

Unless communities alone, or in regional groups, accept responsibility which is rightfully theirs, to promote and encourage nonprofit housing with its attendant health, social, and free time services, the elderly will be sold short. More

and more of them will enter institutions for terminal care, and consequently spend their last days without hope and security of belonging—they will be affluent America's rejects in the thousands. Or in Massachusetts, Milton H. Shaw, a real estate expert, predicts "There will be an increase in the older age groups, but I don't feel we will retain too many of them in Massachusetts as they reach retirement age. Our tax structure here will permit only the more affluent golden-agers to reside here in homes of their own."

Hopefully, the early planning of nonprofit sponsors with community renewal programs could do much to provide elderly housing units on good sites. This is being pursued with the BRA and Boston's potential community renewal program.

STATEMENT BY RICHARD S. SCOBIE, DIRECTOR, DEPARTMENT OF TENANT AND COMMUNITY RELATIONS, BOSTON HOUSING AUTHORITY, DECEMBER 28, 1965

My name is Richard S. Scobie. I am director of the Department of Tenant and Community Relations of the Boston Housing Authority. The Boston Housing Authority manages over 14,400 apartments for low-income families and elderly persons in 33 housing developments. Nine of these developments have been designed and built especially for the elderly during the past 6 years. Limited to under 100 units and built on scattered sites, these developments house over 600 elderly families and individuals. Fourteen additional housing developments for the elderly ranging in size from 40 to 161 units are now in various stages of development. However, the majority of elderly families living in public housing in Boston are not residents of the newer elderly developments. Because of the growing demand for decent housing by low-income elderly, we now find that well over 30 percent of our total inventory is occupied by elderly persons. In 1965 we found a total of 4,019 households in which either the head or the spouse were over 65 years of age. On the basis of this figure, we can estimate that the total number of elderly persons living in public housing in Boston well surpasses 6,000.

The Department of Tenant and Community Relations was created in September of 1964 to begin to find ways of insuring tenants of public housing were better served by community resources. Out of a small staff of 15, some 6 management aids have been placed in individual housing developments (the larger ones) to work with individual and family problems. It was the intent that most of their effort would be placed on "case finding" and referral. It soon became apparent that, while case finding was extremely easy, referral was frequently impossible. Our aids found themselves handling extremely difficult cases which other community agencies were either unwilling or unable to deal with. Also during the early months of the department's operation it became clear that nearly half of each management aid's time was being spent with the elderly, usually on problems related to health.

Intent on determining in more precise terms the needs of the elderly in our developments, the department undertook a survey of 10 percent of the elderly living in the South Boston area. There, in 4 housing developments (Mary Ellen McCormack, Old Colony, West Broadway, and William J. Foley, Sr., Apartments), we found over 1,200 apartments occupied by elderly individuals and their families. With assistance and consultation from public health nurses of the Boston Department of Public Health, an interview schedule was created to determine the extent of health needs. In March of 1965, 9 interviewers conducted 124 interviews in South Boston.

Our general findings were:

1. That the population being interviewed was extremely poor.
2. That most were living in relative loneliness.
3. That the health care they were receiving suffered from lack of continuity and accessibility,
4. That these factors were closely interrelated.

Ninety-one percent of the sample were living on an annual family income of under $3,000—50 percent were living on only $1,500. We found many persons to be paying over 50 percent of their total income for rent, although they were paying the minimum of $45 per month. Thirty-five percent of the sample were living on old-age assistance, and these tended to be slightly better off medically. Only 35 percent had health insurance of any kind, and many of those not on old-age assistance were totally unaware of medical aid to the aged for which they were eligible.

Sixty percent of the respondents conceded that they spent most of their time alone. Sixty-eight percent ate all of their meals alone, and there were many

indications that this, along with mobility problems, results in shopping habits which are irregular and purchases which are unwise. One-third of the sample felt that they were receiving less than adequate nourishment.

The national picture of chronic diseases among the elderly was reflected in our population. Sixty-four percent had been in the hospital in the past 6 years with a variety of complaints. Fifty percent of the persons interviewed referred to a doctor as their personal physician, but he was usually consulted for acute problems. Only 46 percent had been to a hospital clinic in the past 2 years. Many were avoiding contact with medical authorities because of feelings of fear and apprehension about their illnesses and were resorting to self-prescribed and self-administered medications. Although complaints of dental problems were frequent, only 41 percent of the respondents had seen a dentist in the past 10 years.

Because of the many situations uncovered during the survey which needed some additional attention, followup interviews were conducted on 50 percent of the cases. Of these, two needed to be hospitalized immediately, four others required immediate outpatient hospital care, four required nursing home care. Five were assisted in applying for medical aid to the aged, old-age assistance, and social security benefits for which they were eligible but of which they had not known.

Projecting our findings onto our entire elderly population in public housing, we estimate that there are approximately 500 elderly individuals now in urgent need of hospitalization, nursing home care, or outpatient treatment who are not receiving this care because their need is undetected. Many serious cases were discovered which, in our judgment, could have been helped in a much more creative way if the case had been discovered earlier and if community services were more readily available. Were it not for the survey, many of these cases would not have been discovered until conditions had reached an acute stage.

Each year in public housing, 40 or more elderly leave their apartments for good in order to enter hospitals or nursing homes and too often this is the result of medical problems which could have been corrected or controlled were effective treatment available along with supportive community services.

We have concluded that the combination of poverty and social isolation contributes greatly to the health problems of our elderly tenants. The rate of deterioration is far too rapid, and we are convinced that if community services were routinely available which would provide for effective intervention at an earlier stage that the rate of deterioration in most cases could be altered. Mechanisms need to be found whereby problems can be identified early and social and health services brought to the elderly in their own neighborhoods.

We could make immediate use of:

1. Homemaking services available for persons suffering from chronic diseases (most elderly do not require full-time homemakers for a short duration but rather assistance a few hours a week for indefinite periods of time),
2. Community organization and group work services to help create a more exciting and meaningful environment which would make more constructive use of the skills and interests of elderly persons,
3. Public health and nutrition education attractively "packaged" to insure that elderly persons are instructed in basic health care,
4. More flexible and continuous medical services available on a decentralized basis, and
5. A more liberal system of Social Security benefits and Old-Age Assistance.

We have taken some steps since the completion of the survey to deal with the problems uncovered. Preliminary contacts have been made with the problems uncovered. Preliminary contacts have been made with the Division of Adult Services of the Public Health Service and initial contacts have been made with the Boston City Hospital. Because of the current reorganization of the city hospital and its merger with the Public Health Department followthrough here has been temporarily delayed.

Also, we have been working cooperatively with United Community Services on the drafting of a proposal for a demonstration program in "protective services." This proposal, for submission to the Office of Economic Opportunity, would attempt to demonstrate the effectiveness of protective care among elderly who have not yet deteriorated seriously but are beginning to show signs that deterioration is likely unless someone intervenes. One problem which will need to be studied closely in this demonstration is that of providing medical care for those who choose to refuse it, without violating their civil liberties. It would

seem that our society would be capable of devising an alternative to the "broken hip solution" which so often "settles" the case of the elderly person who has been reluctant to receive care.

The housing authority through its department of tenant and community relations shall continue to do all that it can to assist its elderly tenants to make proper use of community resources; but at the same time we earnestly hope that additional community resources needed will be provided through a creative effort on both Federal and local levels, and that the work of this committee will be a major part of that effort.

Thank you for the opportunity to present this material. If I or my organization can be of any further help, we would be happy to respond.

C. HEALTH, HOSPITAL, AND SOCIAL SERVICES

STATEMENT BY SAMUEL BACHRACH, M.D., PROJECT DIRECTOR, AGE CENTER OF WORCESTER AREA, INC., JANUARY 18, 1966

In my third annual report as president of the Age Center of Worcester Area, Inc., I reported on paths of action which the Worcester community had to take in order to create other than disbursing-type agencies for the older American.

A community must set goals for their older Americans beyond those of keeping the older people alive a few years longer. The purpose of any program is to maintain a sound, active, meaningful, and independent period in the life of a human being. This includes medical and health measures, economic survival, and the maintenance of our older Americans as a social unit. In order to start a vigorous organization, and not remain in a ghost-like state, leadership of the type displayed by many Worcester individuals is needed. The power structure, whether public or private, on the local scene is not always guided by the best advice. If the rumor is true, and I hope that it is not, the lack of support for needed services for the older American is due in great part to the advice handed down from consultants who should have known better. "Services for the aging (I prefer to use older Americans) are a hot potato; keep away."

In Worcester, Mass., the ghost-like state of action has been transformed into a visible, functioning agency which is the Age Center, located at 140 Franklin Street, Worcester, Mass. We know that the field of aging is unfashionable, and that it surprisingly lacks emotional appeal for popular support. This is even true among the older Americans who could give some financial aid.

The numerous conferences, organizations, surveys, state councils, private national councils, and even a department, does not raise a voice as strong as is needed to effect a solution to the needs of the increasing number of older Americans in our population. You may wonder why I talk about our older American, instead of aging. It is because I feel that this designation, which is part of the title within the Older Americans Act of March 1965, more clearly gives a picture of what our fathers and mothers particularly, have contributed in the building of our great Nation.

Who then speaks for the older American? Very few.

Let me refer to the issue of Medicare which will come into effect by July 1, 1966. Within the community pressure is on to find and enroll the older person. "Medicare Alert" should also prepare the entire community so that it can cope with this great addition to health care. The enemies of Medicare would like nothing more than chaos. The hospital, the physician, the agency, refuses to actually show other than financial interest, because everything is so fuzzy in the rules coming out of Washington. There should be a call from Washington for the health and medical facilities, agencies, and the people themselves to sit down and plan for the inception of Medicare. This involves teaching the family, not papa and mama, who never seem to demand too much, but daughter and son who might demand services for parents on the basis of a guilt feeling, of not having done enough for them.

Physicians should understand their responsibility so that patients and families will not shop around, to find a physician they can manipulate into ordering hospitalization, and extended care facilities, when they are not needed.

Agencies like the hospitals, the visiting nurse associations, community mental health units, should participate in a positive fashion in this type of an educational program.

This is as important a part at some stage in the near future, as the present concept of Medicare Alert.

Worcester agencies, like the community council, and the Worcester Housing Authority, as two prime examples, have placed aging in a priority in which it

cannot move. Those who make the decisions on funding agencies must give aging a priority so that it can move, rather than remain in a frozen position as a result of the priority system.

The Age Center has enlisted the cooperation of the Worcester Evening Gazette, through the publisher, Mr. Richard Steele, in publishing a coupon to help enroll persons 65 or older for Medicare. The response has been gratifying. A sample coupon is enclosed. Miss Geraldine Collier, staff writer for the Evening Gazette, answers the questions on Medicare which are invited, every Thursday, in a column titled "Medicare and You." The information referral service of the Age Center, which is professionally staffed, is cooperating with the Social Security Administration office in answering personal questions.

Another difficulty is getting not only public, but private, agencies to plan and serve human needs. In housing we have strived to promote decent housing, but also that housing be adequate and include needed services.

Heretofore it was difficult to carry on a partnership between the private agencies, such as an Age Center as one example, and the growing strength and number of public agencies. The most difficult agency to crack was the housing authority.

Finally, on November 4, 1965, a long-requested meeting was held by the Age Center and the Worcester Housing Authority. The manner of how a center for coordinating aging services might help in serving the "human needs" of residents in low-cost housing.

The Age Center of Worcester Area, Inc., was being developed when the late President Kennedy in his classical message to Congress, "The Elderly of Our Nation," February 21, 1963, recommended the type of multiservice agency on which a pattern of service could be based. Such an agency does not specialize in recreation, neither does it wholly ignore it. It is devoted to programs of scope and depth, and includes those services which are not provided by the agencies, both public and private. (This is described in the addendum of the 3d annual report of the Age Center of Worcester Area, Inc., which is enclosed with this statement.)

A major fact on how a knowledgeable and vigorous citizenry can effect an authority, such as the Worcester Housing Authority, is provided in the Murray Avenue housing project for the elderly. The additional housing for the elderly was first planned in the late 1960's. Worcester's nearly 30,000 older Americans over 65 years of age have 1,000 applicants waiting for public units of housing. The housing authority was wedded to the idea that only garden type housing should be provided. Through the efforts of the Age Center, and with the help of the Worcester newspapers and the city council, the decision of the Worcester Housing Authority was swayed so that they changed their plan and accepted the citizen request that high-rise housing of 75 units be constructed on Murray Avenue. Murray Avenue is located in a part of the decaying center core city.

Following debate which continued over several months, the Worcester Housing Authority agreed to construct 176 units. They are now in the process of completion.

I have stated that perhaps the most startling development was our Committee of Older Americans to Combat Poverty. The agencies representing interests of older Americans have been omitted from local community action programs, which have come into being because of the Economic Opportunity Act. Even the Older Americans Act of 1965 did not affect the status of agencies serving older Americans. Our Committee of Older Americans to Combat Poverty is a representational committee in the spirit of the democratic process. Although the antipoverty program in Worcester ignored aging in its organization, we felt that older Americans should have a say in the planning in their behalf. For some time, we tried to come up with a method which would provide this type of participation. I have been sensitive about this since the time I was chairman of the Committee on Aging. It was President Johnson's and Sargent Shriver's philosophy, in which they described how the people themselves must participate in a representational manner, that gave us the solution. When I related this to a group recently as a new concept, the speaker who followed me, and who has known deep poverty, said, "Maybe it was new to you but we have known this all the time."

A neighborhood representation is also needed. However, this requires a special staff type of person with some training and understanding of government and political science. This Older Americans Committee to Combat Poverty reviews programs in operation for the older Americans, as well as those being planned. I have the same feeling about the antipoverty program as I had when the late Adlai Stevenson ran for President. The battle cry was good, but in Massachusetts Adlai got nowhere because the politician literally dragged his feet and voted for the other candidate. I cannot emphasize too strongly that full effort to find new

ways, and full representation, as advised in "Community Guidelines for Action" in the area of poverty is far from fulfillment. The age center staff encouraged the Older Americans Committee to Combat Poverty, following initial call for such an organization, to be wholly responsible for their activities. The staff primarily acts as a resource information function.

These are some of the accomplishments of the Older Americans to Combat Poverty:

Persons on welfare assistance, when buried at government expense, were allowed to only have a numbered marker as a headstone; even though a headstone with a name on it was purchased by private funds. As a result of the Combat Committee's efforts, a person on welfare can now have a headstone marker with their name on it.

The chairman of the Older Americans Committee to Combat Poverty, Mr. Edward Stetson, speaks five different languages, primarily Slavic ones. Earlier, through the Senior Service Corps, he had been assigned as a friendly visitor to the Worcester State Hospital. There his services became very much in demand when it was found that he was communicating with patients who had been incommunicado, as it were, because of speech difficulties for up to 25 years. The Older Americans Committee to Combat Poverty is compiling a list of older Americans who can speak various languages, so that they can go into agencies to help and reach people who have a language problem in making themselves understood.

This group is presently discussing protective services for older people; particularly with patients in nursing homes who might be affected as far as stipends from various sources are concerned.

I could go on at great lengths, but I believe I have made my point, therefore I will close with the following recommendations:

1. Raise income level of older Americans to a minimum of $3,600 per year for a couple.
2. Needed legislation to prevent States, cities, counties, and towns from deducting from old age assistance payments, the recent social security increases.
3. Needed legislation to prevent Veterans' Administration from same procedure as stated in No. 2.
4. Needed legislation to prevent Veterans' Administration from denying veteran's benefits to those who enroll for social security, in order to qualify for Medicare.
5. Small business loans to help underwrite the cost of senior women's activity (combined classroom, workshop, and sales outlet for older American's handicraft).
6. Make retirement retraining available for older Americans.
7. Stress conjoint services with public housing authority.
8. A greater number of low and middle income public housing units, with realistic means test, needed in central part of the city for older Americans. These to include specific safety features; elevators; laundry facilities; and recreation areas; this last to serve the neighborhood as well as the project.
9. Extension of health and social services within the public housing projects where the older Americans live.
10. A program of homemaker services, and/or home health aids to low income older American residents of the public housing projects, who would require such services.
11. A need for tenant organizations in the public housing projects.
12. A need to correct substandard housing conditions and high rentals, in much of the rental housing available to the older Americans.

My grateful appreciation is extended to Sol S. Boskind, executive director, my board of directors, the staff of the Age Center, and the Older Americans to Combat Poverty, for the help (both direct and indirect) in preparing this statement.

STATEMENT BY MRS. ISABEL BANAY, DIRECTOR OF SOCIAL SERVICE, CUSHING HOSPITAL (FRAMINGHAM), DECEMBER 14, 1965

It gives me much pleasure to respond to your invitation to submit data for incorporation in the forthcoming hearing on the war on poverty as it affects the elderly.

Information in the economic area of need has come our way as a byproduct of Cushing Hospital's major function which is to meet the medical, psychological,

and social needs of sick elderly people from all parts of the Commonwealth. It has become evident that over the past several years of operation during which some 5,000 inquiries for help have been dealt with in the social service department, many of the crises leading to hospitalization have arisen as the direct result of inadequate income with which to purchase needed preventive home care and nutrition, or as the outcome of social isolation and cultural deprivation. During the past fiscal year the average age on admission was 79 years; the patients came from 54 different towns and cities of the Commonwealth; 56 percent had less than a high school education; 40 percent were foreign born and 56 percent were supported either entirely or partially by public welfare under the Kerr-Mills Act. The total number of patients now in Cushing Hospital qualifying for public assistance under the Kerr-Mills Act is 70 percent which can be seen as a valid index of "poverty" of the elderly in today's world, if the correlation of illness with old age is accepted.

Although it is patently clear, in my thinking, that meeting economic need is an integral part of total care for elderly people, the chief focus of my work here, including the volunteer home visiting program to which you refer, is toward the relief of despair, loneliness, and sense of rejection brought about by acute social, family, and individual problems of aging and sickness.

With this orientation I have not personally been involved with the work of the South Middlesex Opportunity Council in the war on poverty except to have frequent consultations and discussions with the chairman, Mr. John Murtagh, or his committee members on various aspects of their work. I also expressed my opinion to the representatives of SMOC regional office, Worcester, on July 14, 1965, that in their planning they should give due consideration to the elderly as an important section of the public with which the Office of Economic Opportunity is concerned.

The home visiting program which is mentioned above, and which is apparently of interest to others concerned in community action programs, has been in existence since September 1964. It was initiated by me with the help of a small volunteer committee and several local volunteers as a pilot demonstration and factfinding mission on which to base expanded programs of this nature. A private organization, called Independence Inc. with a board of prominent businessmen and women (see board of trustees on page 2 of the enclosed report) is at present in the process of picking up this program when necessary funding can be obtained. Toward this end they financed a thorough study of the community to a total cost of some $5,000 and recommended the adoption of the home visiting program or VOICE (Voluntary Organization for Improving the Conditions of the Elderly). As the home visiting program has been conducted on an entirely voluntary level under my supervision separate from my duties here in the hospital, we have no printed literature available, but the above mentioned survey made by Independence Inc. contains a brief but accurate report of the program which might suit your purposes at this time. I would be glad to enlarge on the data for any specific community who wishes to get in touch with me.

I hope the information provided here will be of help to your committee in promoting programs for the elderly that are geared to relieve the pressures and plight of some of our less advantaged older people.

(Exhibit)

FINAL REPORT ON THE SURVEY OF THE ELDERLY IN FRAMINGHAM FOR INDEPENDENCE, INC.

The final local service to be discussed in this report is a new and promising program of community visiting to the elderly people called VOICE. Directed by Mrs. Isabel Banay of Cushing Hospital, VOICE is officially unconnected to Cushing Hospital. Mrs. Banay provides professional supervision and in-service training to nonprofessionals who provide:

(*a*) Social contacts for the elderly person, who through ill health or lack of opportunity, is deprived of a normal existence.

(*b*) A channel of communication through which such individuals can be informed of community resources and given help in utilizing them, particularly in the health field.

(*c*) Practical assistance in meeting the day-to-day problems of less advantaged elderly people who are alone or who have no effective family contacts.

(*d*) A liaison service to meet pressing problems.

In identifying the community problem of the elderly, Mrs. Banay in her outline for a community visiting program has succinctly described the condition of some elderly and a plan to alleviate the problem:

> The loneliness and helplessness which frequently accompany old age and chronic disability are problems which legislation and money alone cannot alleviate.
>
> In Massachusetts many thousands of persons, due to advanced years or infirmities, are invalid or housebound, and as a result have little or no stimulation or congeniality in their lives. Such social isolation is contrary to man's needs and has progressively adverse effect upon his physical condition and mental attitudes. Existing problems are additionally complicated by loss of interest in life, increased withdrawal, and feelings of rejection.
>
> There are many community members who would derive satisfaction in participating in a friendship program if they understood the need, knew whom to see and what to do. The task is to bring these two groups together.

Although the theme that underpins VOICE is the extension of service to the elderly, it has emphasized the self-determination of the elderly. The decision to extend service may begin with identification of need by a professional, but the actual contact, as it were, depends completely on the willingness of a potential client to agree to the service.

Because of the limited time and budget, the caseload has intentionally been kept small. Presently, VOICE avoids case finding because of the likely possibility that a promise of help could not be fulfilled. Despite the limitations, the small group of visitors have accumulated an impressive record. The following listing gives a statistical account of the visits between September 1964, and June 1965.

TABLE VII

Visitor	Number of clients	Number of visits	Span of visits
Simmons	3	5	Between Oct. 23, 1964, and Jan. 10, 1965.
Signorino	6	32	Between Sept. 28, 1964, and June 1965.
Banay	3	4	Between Oct. 23, 1964, and May 1965.
Heep	2	2	Dec. 2, 1964.
Pantano	1	1	Jan. 27, 1965.
Total	15	44	

Since each visitor is requested to write a narrative description of each visit, extractions from some of those case records will provide the human texture of a delivered service:

Mr. J. T. is a "solitary" man, likes to be left alone, has been widowed for 2 or 3 years. According to a neighbor's report, he was in poor health. The visitor was received warmly. Mr. T. welcomed a chance to talk, was writing a letter to his sister in Italy. He is aware of the precariousness of his daily life and the hazards of illness. One guard against the hazards is an arrangement with the milkman whereby each morning when he delivers the milk he kicks the door and waits for Mr. T.'s response. Mr. T.'s son brings groceries, and his greatest need appears to be a cleaning woman. He appears hungry for conversation.

An anonymous call to Cushing Hospital suggested a visit to Mr. T. or that he be admitted to Cushing. The worker telephoned Mr. T. who complained of illness but did not want to go to Cushing, said with humor that he was "on his way out." He was pleased with the call and keeps the telephone number of the visitor by his bed.

Mr. E. T., age 82, referred by Department of Welfare.

Mrs. T. lives by herself in a two-room apartment with old furniture but in otherwise clean surroundings. She belongs to the Assembly of God Church and attends two or three times weekly. Members of the church transport her. Highly religious, she did not wish to see anyone unless she could convert them. She stated no desire to do anything except attend church, read the Bible, and pray.

Since the church was her needs in mind, no visiting arrangement was arranged.

Mrs. R. S., age 80.

First visit: Mrs. S. was friendly and talkative and glad to see the visitor. She lives on the second floor, is hard of hearing, and has a nephew with five small children in a nearby town whom she can call if she needs anything. Mrs. S. is in good health, eats well, and appears interested and alert. Her time is occupied with extensive reading, listening to the radio, and sewing. Although she walks with difficulty, she is able to get out during good weather. She seemed independent and self-sufficient but was eager to have a visitor, wanting help particularly in obtaining books.

Second visit: In preparation, Mrs. S. had taken out some dresses and asked for help in trying them on. She had lost her glasses and was reading with a magnifying glass. Her major concern was how long she could continue to take care of herself.

Third visit: The visitor took Mrs. S. on a tour of Cushing Hospital where she visited with two friends; also, accompanied Mrs. S. for a pair of new glasses. She had just learned that her nephew was to be transferred out of the State. This change caused her to wonder what would happen to her.

Mr. H. L., self-referral.

Mr. L. is hearty and congenial despite incoordination of body muscles due to Friedreich's atoxia. He is confined to a chair during the workday when his wife, children, and grandchildren are away. They attempt to take him to three or four sporting events each week. He has a great interest in sports, was involved in semiprofessional coaching and quite conversant on current sporting events. He would also like information on physical therapy.

Mrs. B. B., age 83.

Mrs. B. currently lives in a six-room apartment but uses only two of them. With no central heating, she uses kerosene. She is unable to use the oil space heater because the oil has to be carried from the basement. She recently underwent an operation for a stomach ulcer, doesn't get around much, and because of limited finances has cut down "every penny she can on food." Although very independent, she seems frail and weak. In a recent accident, she injured her leg and had considerable difficulty in walking. She hobbled from chair to chair. She has little contact with other people and must take a cab when she does her shopping.

The following is a letter received by Mrs. Banay:

To Whom It May Concern:

I am writing concerning my parents, ----------, age 72, and ----------, age 79, Framingham.

I have heard that Cushing has a social service program, where old people in the community are looked in upon. This is needed desperately for my parents at this time. They are both ill and completely alone. My father has recently come home from the hospital with a heart attack, his second, and from all indications is not recovering as well as had been hoped. My mother has been ill for a month and is failing so rapidly that it is unbelievable. They want very much to get by by themselves but they are like the blind leading the blind. Mother is getting so forgetful that I don't think she would even know how to contact me if my father should pass away. And I live almost 200 miles away from them. They have no other children or relatives to help them. So if you have such a service would you kindly look in on them now and then. It would relieve my mind so much.

Very sincerely,

These excerpts, then, offer an impression of the conditions some of the elderly live with whom VOICE has sought to help. It appears to be a promising measure to begin identifying unmet needs and providing a way to assist both directly and through appropriate referrals many of the conditions underpinning social isolation.

The second major recommendation is that Independence, Inc., explore the possibility of effecting a transfer of the VOICE community visiting program to Independence, Inc., auspices. Since VOICE has neither the staff, time, nor budget to meet the evident need of friendly visiting, Mrs. Banay has requested that Independence, Inc., consider assuming full responsibility for the operation of the community visiting program. By maintaining essentially the same goals, a meaningful service to the elderly can continue and expand. As a goal for the

first year of operation, Independence, Inc., might aim to recruit a minimum of 30 volunteers. Supervision of the volunteers should continue to maintain its present high standard of professional direction. The program should also include a more formal training course in which volunteers could become acquainted with the fields of geriatrics and gerontology through selected readings, guest speakers, and seminar discussion groups. In this training program, community visitors can become attuned to assessing needs, making diagnosis, and acting as a coordinator of service, a much needed function in order to mobilize services for the elderly who need them.

The following are budgets for each of the demonstration proposals for a 3-year period.

Budget for 3-year demonstration proposal

Informational and referral unit	1st year	2d year	3d year
Director	$8,500.00	$9,000.00	$9,500.00
Secretary-bookkeeper	4,500.00	4,800.00	5,100.00
Office: Heat, light, cleaning, electricity	1,500.00	1,500.00	1,500.00
Office equipment	1,200.00		
Telephone	1,200.00	1,200.00	1,200.00
Travel	1,500.00	1,500.00	1,500.00
Supplies	250.00	250.00	250.00
Publicity, printing, and postage	300.00	300.00	300.00
Conferences and conventions	200.00	200.00	200.00
Consultant	400.00	400.00	400.00
Social security (4.2 percent of 1st $6,600)	416.20	428.80	441.40
Medical insurance	96.00	96.00	96.00
Retirement (5 percent of gross salary)	650.00	690.00	730.00
Total	20,712.20	20,364.80	21,217.40
Total for 3 years		62,294.40	

Home visitors program	1st year	2d year	3d year
Supervisor	$7,500.00	$8,000.00	$8,500.00
Secretary	4,500.00	4,800.00	5,100.00
Payment to volunteers	8,640.00	14,046.00	14,046.00
Supplies	250.00	250.00	250.00
Conferences and conventions	200.00	200.00	200.00
Consultants, speakers, etc	1,000.00	1,000.00	1,000.00
Social security (4.2 percent of 1st $6,600)	416.20	428.80	441.40
Medical insurance	96.00	96.00	96.00
Retirement (5 percent of gross salary)	600.00	640.00	680.00
Total	23,552.20	29,800.00	30,663.40
Total for 3 years (home visitors program)		84,016.40	
Total for 3 years (informational and referral unit)		62,294.40	
Combined budgets for 3 years		146,310.80	

FUNDING

Three sources of funding presently seem most feasible for the programs recommended to Independence, Inc. Both the Massachusetts Commission on the Aging and the Massachusetts Department of Public Health have shown interest in providing joint funding for a demonstration project for an information and referral unit for Framingham. Pending a formal request and the development of a project proposal, the likelihood of funds for this undertaking to be channeled through Independence, Inc., is promising. Although the Commission on the Aging has adopted a formula for funding which requires local financing to be 25 percent the first year, 40 percent the second, and 50 percent the third year, the Department of Health requires local groups to provide one-third of the total costs. In addition, the Department of Public Health would provide their research facilities for processing data and providing direction and consultation on the basis of their findings. Deadlines for project proposals for the Department of Public Health are November 1 and May 1 of each year. No machinery as yet has been organized for the Massachusetts Commission on the Aging. Because project proposals

tend to a better chance of acceptance in May, it is suggested that Independence, Inc., if it chooses that funding source, aim toward the May deadline.

For the Home Visitor Program funding might also be sought from the Massachusetts Commission on the Aging. Further exploration with the South Middlesex Opportunity Council, the local counterpart to the Federal Office of Economic Opportunity, for partial funding, especially the stipend for the community visitors, is also promising. This funding source provides 90 percent of the costs with the local group providing the remaining 10 percent in either cash or kind. Since Gretchen Baker is the person officially designated to recommend programs for the elderly to the South Middlesex Opportunity Council, she and John J. Murtaugh, the council president, would be the appropriate contacts.

Further exploration will be necessary before any funding arrangement can be more specifically detailed.

STATEMENT BY PHILIP D. BONNET, M.D., PRESIDENT, AMERICAN HOSPITAL ASSOCIATION, (BOSTON), DECEMBER 30, 1965

* * * I will be pleased to be of whatever help I can for the committee in serving its very worthwhile purpose. In the meanwhile, you have asked that I express the viewpoints of the American Hospital Association on several questions set forth in your letter.

(*a*) Without doubt, perhaps the greatest problem we face at the present time is in respect to shortages of skilled health personnel. The American Hospital Association strongly supported various programs which the Federal Government now has underway and which should help relieve the pressures in respect to physicians, dentists, public health workers, pharmacists, and others. We also strongly supported the legislation aimed at providing increased numbers of well-trained professional nurses. The earlier programs developed through vocational education to provide substantially increased numbers of practical nurses and auxiliary health personnel were fully supported by the association. We recognize that all of these programs are performing most important roles and have evidenced the Federal Government's awareness of the problem.

A major and as yet untouched area is that pertaining to paramedical personnel outside of the field of nursing. We have had numbers of discussions and are now working closely with the U.S. Public Health Service in the development of a study which is essential in order to determine the numbers of such personnel presently on hand, the numbers needed, the kinds of education required, and the facilities available to provide the education. Without such information, it is not now possible to project Federal legislation that can intelligently assist in meeting the needs of the Nation.

Even in the absence of such definitive information we know the need is great and a substantial amount of effort is already underway throughout the country to prepare such personnel.

The association is now conducting a manpower retraining program under contract with the Department of Labor. Here, a variety of approaches are being used to develop patterns for training individuals for hospital careers. This program, we believe, offers great promise for the future. We hope that it will be substantially expanded. There is, of course, rather careful selection of the candidates participating in this program. At present, they are, in the main, younger persons who are found to have natural ability to learn new skills and definite interest in developing lifetime careers in various areas of hospital operation.

I believe it would be well for all of us to be quite clear that the task of hospitals requires a steadily using quality of employees. The length of training required for many of the positions indicates the need for younger individuals. There is a great need for hospitals to move away from being a repository of the less desirable individuals in the labor market, and our efforts are strongly in the direction of obtaining a much larger share of the more desirable and more highly qualified members of the labor market.

I feel, therefore, it would be a mistake to think that hospitals may be considered as havens for the employment of any large number of elderly persons who are not generally acceptable to other employers.

I hasten to add, there are a good many elderly persons working in hospitals, individuals who have performed well and have remained with hospital employers for lengthy periods. In certain circumstances, hospitals or nursing homes may

find it desirable to employ individuals who have been retired from other areas of employment, but the number is not likely to be great because of the demanding nature of hospital work.

With respect to elderly persons working as volunteers in hospitals, there are at present approximately 2 million volunteer workers who are devoting their time without payment. Such persons perform an extremely important service in behalf of hospitals and patients. I am speaking of unpaid volunteers. We have real misgivings with respect to suggestions which have been advanced for "paid volunteers." The field of volunteer workers in hospitals is growing. The newest development is among high school and younger college age groups. However, I would say, without doubt, there is a definite field of desirable service for elderly persons to serve as unpaid volunteer workers in hospitals, in extended care facilities, and, no doubt, in the larger mental hospitals. They will not in large numbers be able to take on major responsibility in skilled occupations.

(*b*) In respect to your question concerning the coordination of OEO programs, we continually hear from hospitals that they are frustrated by their attempts to locate responsible local authorities. The programs seem to be so divided between various Federal agencies with overlapping jurisdictions that it is difficult to organize any concerted efforts. When the plans were first announced, I know many hospitals enthusiastically attempted to work out local participation but to no avail.

There is one area of potential activity which I feel provides great possibilities for the OEO programs. This is in respect to the development of child care centers. There is a large number of trained and qualified professionals who would be willing to work in hospitals on a part-time basis if appropriate programs were provided for the care of their children. When the OEO program was announced, we had understood that the development of such child care centers was definitely intended. However, we have since found that this is not envisioned in present programing. I would urge that careful thought be given to the value of developing child care centers utilizing as much as possible the services of elderly persons. Functioning day care centers for children may identify an additional source of women who can be trained for hospital work and are young enough and physically able to serve for an extended period.

STATEMENT BY HUGH CABOT, EXECUTIVE DIRECTOR, THE AGING CENTER OF NEW ENGLAND, INC. (BOSTON), DECEMBER 15, 1965

It is very heartening to learn from your letter of November 27, received yesterday, of your interest in Project Co-Pilot which the Age Center has developed as an antipoverty community action program for the benefit of older people. Before discussing it qualitatively and in terms of national significance, it would perhaps be wise to summarize for you its history with the Office of Economic Opportunity.

Project Co-Pilot was submitted to OEO through the Action for Boston Community Development, Inc., on May 28. With the enthusiastic endorsement of ABCD, it was sent to the review board of OEO in early June. We understood that it shortly thereafter received a high priority and was sent on to Washington for funding. Although ABCD asked us periodically during the next 3 months to be prepared to start the project at any moment, nothing whatsoever came of it.

In short, then, the present status of the funding of Project Co-Pilot is unknown to us and there seems to have been no reliable way of determining it. We hope that your expressed interest will now clarify the situation. As we said in our letter of March 23 to Mr. E. Winslow Turner of your office, we can think of no field in which your particular gifts could be better utilized than in forwarding an enlightened view of older people in this country.

As the most effective summary, we are sending you the project introduction and rationale together with the closing section on evaluation of results. We are also sending you a copy of the total project.

You ask me to comment on the potential usefulness of Project Co-Pilot in terms of community action programs throughout the Nation. First, the project grows out of our 10-year experience in studying and intervening in the frequent trend toward dependency in later years. We first dealt with a self-selected group of 1,000 older men and women who expressed their willingness to let us study their life experiences in the hope that it would help coming generations. During the past 3 years, under a grant from the Community Health

Services of U.S. Public Health Service (Ch. 23-6) we have used a random sample of 3,000 from 3 urban wards (Wards 4, 5, and 21 in Boston) and have demonstrated that the trend toward dependency can be arrested and often reversed. This has proved to be as true of the very poor as it is of the more favorably situated and had a large bearing on our development of Project Co-Pilot. We have proposed a citywide program on the premise that a successful impact on Boston's poverty pockets will have self-evident relevance for other cities in the Nation.

The enclosed booklet: "Ten Years of Accomplishment 1955–1965" will summarize briefly for you what we have been doing during our first decade in a pioneering effort which has brought inquiries and visitors from many parts of the world to our doors. It will also show you some of the researchers whose work in the age center has brought credit to the Commonwealth.

Not to make use of our findings and methods in a program as important as the antipoverty program would, it seems to me, be a tragic waste. * * *.

(Exhibit)

PROJECT CO-PILOT

I. INTRODUCTION

Project Co-Pilot is a community action program designed to dip into a large manpower reservoir of aging individuals, who have demonstrated the ability to cope effectively with their aging experiences, and employ them to function as helpmates in improving the self-competencies of large numbers of less fortunate aging individuals—particularly those living in poverty and deprived circumstances.

This program will intervene in the lives of people heading toward total dependency and institutionalization, and help redirect them toward self-sufficiency. It will help many people live better with what they have to live with; it will help some to find for themselves more effective ways of earning a living; it would enable others to regain a sense of purpose in life through helping those in need; and it will help reduce the great national cost inherent in the care of the dependent and the institutionalized.

For example, no commercial aircraft is cleared for takeoff unless there are a pilot and copilot aboard. Both are duly qualified to operate the craft and if the pilot encounters difficulty, his copilot is at hand to help him meet it. It is the pilot who recognizes the difficulty and calls on his copilot until he himself is ready to take full charge again.

Likewise, no human life which extends into late age can reach its conclusion without encountering difficulties. In younger and middle years, people can nearly always count on the assistance of the social resources of the community and their immediate surroundings. During these earlier years, there are families, friends, jobs, and social groups approving, encouraging, and appreciating whatever progress a man or woman makes. If tragedy or poverty strikes, all these resources are there to help strengthen the individual.

In later years, the situation changes drastically. The economy retires and thereby rejects the worker; older and same age members of family, friendship and social groups die; younger members move away or become involved in their own lives. The over-55 men or women in today's America must struggle hard, unless they are well situated, to continue making a living. Further obstacles (for example, retirement and health problems) develop as they become older. For all of them, it is increasingly difficult to maintain meaning and purpose in their lives. If real poverty develops, the struggle often seems too great an effort and rapid decline and dependency develop.

Project Co-Pilot will interrupt this decline and desire for total dependency by introducing a new element into the lives of the people over 55 who are poverty stricken.

Once, many of these now deprived older people dreamed dreams, lived a meaningful life and had their satisfactions and joys. Once, they knew better how to overcome difficulties because then it seemed worthwhile. Once, as competent people (although perhaps not always financially competent), many of them were pilots in full charge of their journey through life. Now old and too poor, they are ready to give up. The copilots must come to their assistance until they can take charge again.

Copilots are men and women who are largely over 65 but who are coping effectively with the difficulties introduced by becoming older. They still see meaning and purpose in life and can help challenge the nearly defeated to take charge of their lives again.

Project Co-pilot will make available copilots to the poverty-stricken people over 55 for the purpose of restimulating their interest in self-management and their desire to become again pilots of their own course through life.

Its purpose is to call upon the inner strengths and resources of an increased proportion of the aging population of poor in order to head them again toward a recognition of what they can and want to do to remain contributing members of the community. Its end point will, with some older poor, be no more than a decision on their part to continue their struggle for independence rather than to enter an institution which they consider "protection." For others, Project Co-pilot can direct them again toward meaningful community participation.

In short, the successful carrying out of Project Co-pilot can bring about a reclamation of countless poverty-stricken older people who are now the nation's expensive and tragic discards and an important decrease in institutionalization for "nursing" and terminal care.

II. RATIONALE

Project Copilot is ready to launch as an antipoverty service program only because of the successful demonstration project now nearing completion by the Age Center of New England, Inc., a nonprofit institution located at 160 Commonwealth Avenue, Boston, Mass.

Under a 3-year project grant from the Community Health Services of the U.S. Public Health Service, the Age Center has been studying and demonstrating its method for helping older people to continue as self-managers. Entitled "Study of the Method for the Prevention of Dependency in Later Years"* (CH 23–6), the Age Center has been working with a random, stratified sample of people over 65 in Boston wards 4, 5, and 21. Among the 3,000 older people involved in the project, there is adequate representation of the very poor, who are the target population for Project Copilot. Not only is there demonstrable scientific evidence that the trend toward dependency can be arrested, but more importantly, for an antipoverty service program, there is also strong evidence that the low socioeconomic group are as amenable to change as older people with more adequate income.

It is not possible to consider an antipoverty project for older people without recognizing that, except for a very small percentage, all the older segment of the population is struggling with relative poverty, as defined by the $3,000 breakpoint for family units. The old are in a sense the "new poor." Only in very recent years have pensions become widespread; the great depression of the early 1930's wiped out not only savings for today's old but also their belief in the soundness of savings. Thus the large majority of today's older population depends upon Social Security benefits and whatever earnings are allowable without sacrificing them. Those forced into retirement by the present economic system and restricted by social security policy from earning more adequate money at second-career jobs, are in general "newly created poor."

Project Co-pilot, however, is aimed at utilizing skills available at earlier ages among the poor. To be old, with no clear-cut community role, and at the same time poor is a reality situation so stressful that only an all-out antipoverty project such as that which is herein suggested can stem the tide of increased dependency. If this tide continues unchecked, the eventual cost to the nation in lack of work effort and eventually for the dependency expenses of nursing, terminal care and institutionalization will be beyond meeting.

* * * * * * *

VI. EVALUATION OF RESULTS

It may be clear from the above discussion that some of the results will be rapidly and dramatically evident as will the economic benefits derived. However, a larger number of results will be more subtle, will have some immediate and profitable results, but will have many more over a period of time. These long-term benefits will be very much more profitable in the long run.

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*Project CH 23–6 and interim progress reports available at Age Center. Final report and papers being prepared for early 1966.

A large body of information will be gathered by the copilots during their work with the pilots. The project will not depend on any general impression of the situations as observed by the copilots but rather rely heavily on instruments used effectively by the Age Center in its work with this age group.

This information will be analyzed steadily throughout the year. Toward the end of the year interviews will again be held with the controls who were interviewed at the beginning of the program. These interviews will give a base in respect to changes that had occurred with each age group during the year with which to compare the changes that have occurred with the pilots.

From the many points of view with which the information will be considered, many thousands of pieces of data will be available. These will be analysed with the center's own IBM equipment and by the large IBM computer equipment available to the Age Center at professional rates at the Harvard Computer Center. In this way the effectiveness of Project Copilot can be appraised through an analysis of changes in the physical, emotional, economic and interpersonal situations of the pilots from the project's outset to its conclusion.

Important evaluation data will also be collected on the copilot's changes in his feelings of effectiveness, worth and competence connected with his project activities.

These analyses are a vital part of the project. They will not only provide the measure of the program itself, they will also increase the understanding of the conditions associated with changes in personnel autonomy and an individual's ability to cope with the problems of daily life.

A COMMENT IN CONCLUSION

The minimal annual cost for institutionalizing one older person in a state hospital in the city of Boston is $3,000.

If only 500 older people were kept out of institutions for just 1 year, this would represent a savings of $1,500,000.

It will therefore be readily seen that the prevention of total dependency will produce very important economic benefits to the community, quite apart from the human benefits inherent in this program.

STATEMENT BY MORRIS A. COHEN, M.D., MEDICAL DIRECTOR, BOSTON EVENING CLINIC, JANUARY 14, 1966

* * * I am a very firm believer—from personal experience of nearly 40 years—with an institution that has served the low and moderate wage income workers. The Boston Evening Clinic admitted the millionth admittance on December 9, 1964.

That rugged individualism has become a firm and constant way of our life in our country, and no matter how we may approach the problem of poverty or need, we must be very very sure that we do not call these people "ragged" individuals.

I, therefore, believe that all those that can and are able, want to do what they can to continue to work and help care for themselves and those dependent upon them.

Health is the only factor that may stop them from continuing as "rugged" individuals. I firmly believe that these low and moderate wage earners must be able to receive medical care at convenient costs and free if necessary. Also, and very emphatically so, at a convenient time.

Therefore, I would stress to all medical institutions with outpatient facilities, the importance of opening their doors in the evenings, after working hours, so that these people, who are part of the poverty program may receive health care at a convenient time.

Health care, at convenient time, means prevention of chronic illness, serious sickness, and prevention of hospitalization and disability.

I am enclosing herewith in my statement made to you, a copy of a letter I have written recently to someone who had made inquiry after hearing my speech in one of the panels at the White House National Health Conference in Washington.

I hope these statements will help to serve in answering your questions relative to the matter contained in your communication dated January 12.

(Exhibit)

NOVEMBER 30, 1965.

Senator HARRISON A. WILLIAMS, Jr.,
U.S. Senate,
Washington, D.C.

MY DEAR SENATOR: Here, at our institution, we have the unique experience of making available to the low and moderate wage earner and his family, medical care at convenient time and at convenient cost, after working hours and at a cost they can afford. We believe that this available health program serves as a deterrent to chronic sickness, serious illness, disability, and hospitalization. Through this program, they can—and are able—to receive timely care that enables these people to stay on the job, supporting themselves and their families, with no interruption of the production line. It is our firm belief that our first line of defense in this economic and social era, is the production line. We believe that evening health services, at convenient time and convenient cost, makes a great contribution to our national social and economic welfare.

We have, since the beginning of our Republic, preached "rugged individualism," and these good people—these Americans who try so hard under trying circumstances, to remain "rugged individuals" rather than "ragged individuals" are one of our main concerns.

We have made a great beginning in the health care of our people with "Medicare." Little did the medical profession realize the latest labor statistics: that 86⅗ percent of our families have less than $3,000 per year incomes; that 76⅗ percent have incomes of less than $2,000 per year, and that 52⅗ percent have incomes of less than $1,000 per year.

We must face up to our national interest and welfare that when one-third of our working population has an income of less than $3,000 per year, and that nearly one-half of our working population have a take-home pay of less than $75 per week, to these people, health is their only asset. Take this away from them and they become your responsibility and mine, and that does become costly and does upset our economic balance and thinking.

I was invited by the President of the United States to attend the White House National Health Conference. Those attending were divided into groups of which they were expert, and were called upon to make "bold" suggestions to the President. I made two, following which I received much comment and correspondence since I left Washington for home.

Apropos to my two recommendations, the week before I left for Washington, I met with a trustee of the Massachusetts General Hospital—one of our largest institutions in the country—who told me that since evening medical facilities are so desperately needed today—he wanted to know why an institution like the one of which he was a trustee—and which had over $300 million invested in buildings and equipment—could not throw open these facilities in the evening to serve those who must have care in the evening at convenient time and cost. Because by receiving timely care, they can keep on the job and support themselves and their dependents, rather than become dependent members of the community.

I, therefore, made the bold suggestion that all such institutions throughout the entire country accept the fact that most all of those attending spoke of the lack of medical and paramedical personnel. I also brought out the fact that we had lists of medical and paramedical personnel who—through compulsive, economic situations—seek, what we call "moonlighting" work in the evening.

And, when one doctor challenged the idea of whether these personnel can do good work in the evening after working an 8-hour day, I asked him a question, whether—at 9:30 in the evening, an orthopedic surgeon—put a cast on a woman's fractured arm—if this orthopedic surgeon—who is on the staff of two teaching hospitals and teaches at medical school, and who has one of the largest practices in the area—did a good job.

Therefore, I made the "bold" suggestion that these medical facilities should be open not only in the evening, but 24 hours a day, for it is only these institutions that can give care at convenient cost.

The other panel I sat in on was psychiatry. We here in this great city of Boston have the only evening ambulatory psychiatry center, which is now supported by the State as a community mental health center. One evening we had 90 poor people in this department. Most of them are not psychotic. They are placed on jobs because 75 percent of their therapy is to keep them busy and occupied. They receive small salaries on these jobs. They must have

psychiatric care in the evenings while they are working, at small cost and sometimes free.

I want to know—and I am sure you do too—why there are not more of these evening centers to care for these people with psychiatric problems. Because these are just the low and moderate wage earners who are not psychotic but just have anxiety; they are depressed, confused, worried and just need friendly care with kindness and compassion that can mostly be done by trained paramedical personnel, such as psychologists, psychiatric social service workers; psychiatric trained lay people, and, most particularly, the clergy.

Yes, my dear Senator, I am very much interested in your thoughts toward the help of our citizens, particularly those who, without help, could not be part of our Great Society of Americans and America. We need them all—God bless them—for it is they who give up their sons and daughters when danger threatens, and, of course, themselves.

Peculiar as it may seem, we must think that health is a very, very great factor in our social structure, in our defense, and is the very life of our country.

Thank you for writing to me and I do hope that my thoughts and expressions will help you in your good deeds and concern for the citizens who are the pillars of our country.

Sincerely yours,

MORRIS A. COHEN, M.D.,
Medical Director.

STATEMENT BY JOHN R. FORD, EXECUTIVE DIRECTOR, COMMUNITY ACTION COMMITTEE, INC., OF FITCHBURG, JANUARY 7, 1966

We were pleased to receive your letter regarding Fitchburg's community action program and the involvement of older persons on our board of directors.

Two people past the age of 65 serve on our board, a man who is 88 and a woman in her seventies. Both have taken an active part in the work of our Committee on Aging.

They have contributed valuable insight into the problems of the older people in our community.

As for these problems, as one older person, a woman put it in a recent discussion of the community action program "get us an increase in our Social Security checks." The problems of isolation, lack of proper meals, health care and poor housing in addition to income have been foremost.

Thus far we have had little if any mention of employment for older people except from the younger people.

Because Fitchburg is a small (43,000) and relatively poor community it has developed few resources for assistance to special groups and our committee work has led us to the conclusion that we must start by instituting some basic resources. We are in the midst of a proposal to establish a local program employing one person who will have three major functions.

First to attempt to help community institutions adapt to the special needs of older people and to bring about some coordinated use of existing services, next to identify the unmet needs of older persons. Third to provide short-term counseling and last to organize a friendly visiting program to reach the homebound.

We do not yet know whether the community action committee or the local council for the aging will be the administering agency.

Establishment of such a position on a permanent basis is the key to constructive action here. We realize that this is not an innovative approach, but it provides the basis for later innovation.

If I may editorialize at this point as one who has worked in communities in various parts of the country. We have a dangerous tendency to be glib about needs and programs and the innovation idea is only the latest cliché to strike us. Innovation is necessary, but to ask communities that lack the most basic resources to innovate and regarding a program just like the other guy's as unimaginative can penalize communities for wanting assistance with their basic needs and can lead to all frosting and no cake. This in effect has happened in many of our demonstration programs.

Thank you for your interest in our program and rest assured that we will do all that is possible to be of assistance to you.

STATEMENT BY DR. MONROE D. GREEN, EXECUTIVE DIRECTOR, SOUTH END CENTER FOR ALCOHOLICS AND UNATTACHED PERSONS OF THE BOSTON UNIVERSITY MEDICAL CENTER AND BOSTON UNIVERSITY SCHOOL OF MEDICINE, JANUARY 18, 1966

I. INTRODUCTION

We welcome this opportunity to tell you about our agency, the South End Center for Alcoholics and Unattached Persons, to share our observations and understanding of the "skid row" group and to include some thoughts about the problem of alcoholism among the elderly unattached men and women, domiciled in Boston's South End.

The center is a cooperative undertaking between the Division of Psychiatry, Boston University Medical School, and the Division of Alcoholism of the Massachusetts Department of of Public Health. The approach we use in helping the skid row person combines public and mental health methods, which are community centered. That is, we evaluate patients using a mental health orientation and use a public health approach by mobilizing and utilizing community resources to meet patient needs.

II. DESCRIPTION OF THE CENTER

A. Background

Historically, the center represents a product of joint planning and community cooperation which dates back several years. While a good deal of concern for the alcoholic homeless, isolated person had always existed in Boston, community mental health agencies did little to cope with the problem. Services to this group rested with the missions, police, courts, and jails. These agencies have a long history of providing protective and other services. In the early sixties, with the inception of additional community health planning groups, concern was again focused on this group. Along with the planning, urban renewal began to make an impact on the areas which housed these people. Here in Boston, we have seen a migration of the isolated from the West End and Scollay Square, when these areas were demolished by urban renewal, toward the South End. There the new arrivals swelled the already existing groups of isolates. In 1964, Boston University Medical School, Division of Psychiatry, and the Division of Alcoholism of the Massachusetts Department of Public Health agreed to work together so that a foundation for this new agency could be established. The South End Center for Alcoholics and Unattached Persons has grown out of this relationship.

B. Administration

The Boston University Board of Trustees, the university president, Dr. Case, the University Medical Center, and the Medical School have all given enthusiastic backing to initiating our center. Dr. Alfred Frechette, Massachusetts Commissioner of Public Health, has also lent his support and encouragement. A major portion of our funds originate through the Office of Economic Opportunity. These funds are allocated to Boston University Medical School by Action for Boston Community Development, the primary planning and funding agency in Boston for community action programs of the U.S. Government's poverty programs. Boston University Medical School administers the funds: Dr. Bernard Bandler, Professor and Chairman, Division of Psychiatry, Boston University Medical School, and Psychiatrist in Chief, University Hospital, and Dr. Edward Blacker, Director, Division of Alcoholism, Massachusetts Department of Public Health, are the codirectors of the project. The project's executive director is Mr. Monroe Green. Additional funds have been given by the Massachusetts Department of Public Health, and the community of Boston is providing services and assistance to our project. A few examples of this service and assistance are: The city of Boston parks department has leased a building to Boston University for our project, for the token sum of $1 per year; the Boston Redevelopment Authority has taken the responsibility of renovating our offices; other health and welfare agencies, and interested individuals have shown a willingness to work with us by providing services to this population.

C. Long-range aims

Our center's aims are somewhat broad in scope, but they are important when considering the long-range implications of our undertaking. Our primary aim

is to alter the alcoholic isolated person's existing modes of living and to help rehabilitate them, whenever possible. A second aim is to learn about and bring changes to existing resources, both in the attitudes of personnel and in modifications of programs. A third aim is to facilitate a closer working relationship between those who are serving this group to coordinate efforts expended for this population. Finally, we feel that if aims can be accomplished, other kinds of individual and community problems can be dealt with more effectively.

D. Objectives

Our center has four general objectives. They are:

1. To motivate alcoholic isolates to seek help for themselves.
2. To evaluate and skillfully refer these people to appropriate existing community resources.
3. To assist other agencies who are already providing services to this group.
4. To initiate and evaluate new action programs which will provide additional community supports for this group.

E. Description of action in the field

1. *Motivating isolates to seek help.*—The conventional approaches to helping people have not been successful with alcoholic isolates who live on skid row. These people do not seek help at their time of need with an appropriate community agency or resource, nor do they become involved in a thoughtful, realistic plan which will be helpful with their many problems. Rather, experience has shown that to have contact with them, one has to reach out to them where they live, be prepared to accept limited change in them and continue to contact them over a long period of time. We are doing this in several ways. First of all, our building is located in the district where these people live. Secondly, our staff is going out to places where these men congregate such as a neighborhood soup kitchen, the street, and public library; at this point we offer help to the men. We have also started to interview men at a State correctional institution, one of the main centers for the drunkenness offender in Massachusetts. Another way we are extending our services to these men is by meeting them at the main temporary lodging house in the city of Boston. The courts, social agencies, prisons, the welfare department, etc., have been contacted and told of our plans. We have also encouraged them to refer people to us and to think of other ways the center can be helpful. Besides our professional staff of social workers, we are using nonprofessional staff who do reach-out work in the community by bringing the unattached person into contact with the professional staff. The nonprofessionals also escort patients to places such as hospitals, welfare department offices, etc. We plan to use more nonprofessionals as the project moves along. By demonstrating our concern and interest in the isolated person, our hope is to reduce their fear of a helping person and decrease their feelings of hopelessness so that they can seek help for themselves in cooperation with a member of the center's staff.

2. *Evaluation and referral.*—When a patient is brought into contact with the professional staff member, almost the first question asked of him is, "How can I help you?" Depending upon the patient, his situation and the kind of relationship the patient is capable of establishing, many things can happen. The patient's request can vary from one that is specific such as money, a place for the night, a meal, to one that is completely impossible to satisfy such as that we hire them on the spot for a job, or that we magically eliminate their problems. Others are able to take concrete steps leading toward rehabilitation. For example, being helped into a hospital or institution so they can gain control of their drinking, finding them a place to live, etc.

Our method in evaluating these people is to obtain factual information about their request, provide a physical and dental examination, take a history, review critical areas of their lives such as jobs, education, marriages, important interpersonal relationships, and how they are functioning in their current lives, etc. For example, we want to know where they are living, when they worked last, what kind of job they had, their physical state, drinking history, etc. In this way, we establish some realistic framework in which to view the particular person, making use of what strengths there are to build upon in our planning with patients.

When there is an agreement between the staff interviewer and the patient to meet a patient's need, appropriate community resources are contacted. The

center staff makes preparation for the patient's appearance then and also the center staff member establishes a framework for further working together with the resource person. Our nonprofessional staff is used to bring patients to resources, remain with them, and become part of the team helping the patient. Even though patients are successfully referred, the center's staff continues contact and acts as a coordinator for the case. We provide the connection between each resource being used. In the close contact with the resource person, the center's staff member also provides consultation around the referred patient hoping that this knowledge will be carried over to situations involving other isolates.

3. *Helping other agencies.*—While coordination and consulting work is carried on around each patient, we have also become involved with community agencies on a broader scale. The center's director has visited many agencies and has offered them the center as a resource for patient referral and program planning. We are currently exploring joint working programs with the courts. Recently, we completed an arrangement wherein the center will provide evaluation and referral for a number of cases handled by the Boston Welfare Department. Requests from agencies for help continues. Agencies visited have reported over and over their feelings of isolation from other services within the community. Even the services within one institution can feel isolated and be out of contact with other services within the same institution. Our services to agencies (in addition to accepting referrals for direct service by the center) consists of accepting referrals for coordination of a case where the center may have only a minor patient contact. That is, we provide only the "glue" and with planning and direct service responsibility remaining with another agency. We share with other agencies information and make our resource files available. Since we are a new program, the number of ways in which we can be helpful to agencies in bringing them together in behalf of the isolate is an area which remains open for exploration. Several agencies in the community, particularly settlement houses, churches, and prisons have used the director and professional staff for consultation on particular persons regarding their approach in working with isolates. They have found our approach and evaluation helpful.

4. *Initiating new action programs.*—Our fourth objective is to initiate new action programs. While we have not started any new action programs as yet, as we have become more involved in the problems these isolates face, it has become clear that new services are needed. For example, we have begun to see that many of these patients live in a borderline area where the community, as it is now constructed, is too much for them to cope with, and yet, for various reasons, hospitalization is not the answer. While halfway houses have been established and are successful, they demand a certain amount of personal organization within the individual for a person to successfully live in a halfway house environment. Frankly, for some, this is much too complicated an environment. We have begun to think of establishing foster homes for a limited number of isolates. In a foster home, more care can be given to a person than in a halfway house; yet, he still functions within the community. We plan to find foster homes, who can accept these people. However, we believe that anyone opening their home needs help in managing the men. Here, it is our intention to develop techniques using center personnel to support foster parents in their job of caring for the isolates placed in their homes. Foster home care has been a successful technique in child-care agencies and for mental hospital patients. As funds permit and needs become clearer, other services can be established. The center plans to provide help to those responsible for any service we help to establish, so that those administering the service will not be cut adrift and become lost as helpers for the isolate.

III. OTHER SKID ROW PROGRAMS

We believe our approach to this population is unique. While there are many agencies in Boston and throughout the United States which provide services to the isolated alcoholic and nonalcoholic, most services are centered around a specific service given in a specific way. For example, programs in San Francisco and Chicago are limited to what their program provides within their physical plant. To our knowledge, the only community approach similar to ours is that of the relocation and diagnostic center in Philadelphia. The differences between the Philadelphia center and ours is that they provide more direct services to the

patients within their building (i.e., food, clothing, medical examinations, etc.) and they are primarily working at relocating these men out of the skid row area. Our program provides a continuing helping relationship where community resources are used by the patient so that these resources can be used to meet patient needs. Our involvement with the patient does not cease when a resource is found and the patient is using the service.

IV. GENERAL OBSERVATION ON THE SKID ROW GROUP

As a background to the above-outlined program, a few observations on the personal problems of the isolated alcoholic and nonalcoholic are in order.

1. *Background.*—As the special studies of skid row point out, there is a general lack of understanding by the public of the skid row population. The majority of these people have not gone further than a grade school education. It is true that some have been able to achieve an acceptable measure of functioning at an earlier period in their lives, but they have moved downward and have become isolated from their families, holding low-status jobs as dishwasher, porter, laborer, etc. Their employment history is spotty at best. Of the alcoholic group, a significant number begins to experience difficulty in controlling their alcoholic intake usually when they are in their late teens and early twenties. By their late thirties and forties, 80 percent have arrived on skid row. Of those who are alcoholic and in their late thirties and older, they usually become isolated when they lose, either through drinking or reasons of death, a mate or parent, and are unable to attach themselves to a partner who is stable and capable of provided for them. With some, they move into an isolated existence when age brings to bear a series of forces too great for them to handle. They then withdraw into the isolation provided by skid row.

2. *The alcoholic problem.*—Boston has not had its skid row studied in the same depth as Chicago and Philadelphia. Based on certain assumptions derived from the latter studies and projecting certain known Boston data, estimates indicate that there are about 5,000 to 8,000 men in this group in Boston. Over 55 percent have current alcoholic problems. In Chicago, approximately 44.1 percent of skid row men are 55 years and older. Here in Boston, using the same percentages as the Chicago group, this is what we would find: of those who were light drinkers almost 47 percent are 55 years and older, of those who are moderate drinkers 36 percent are over 55 years old, of those who are heavy drinkers 15 percent are over 55 years old, and of those who are derelicts, 18 percent are over 55 years old. Light, moderate, heavy, and derelict drinkers make up 85 percent of the isolated male persons in the skid row area of Boston. Drinking is only one problem. These men suffer from physical debilities, inadequate schooling, marked difficulty in interpersonal relations, and their death rate exceeds that of compatible groups in the general population.

In the Chicago study, almost 30 percent of the men who reported that they were currently nondrinkers, had been addicted to alcohol earlier in their lives. If we use the concept of control over drinking, it becomes easier to understand variations in drinking patterns, and the problem of alcohol in this group. With some, we find an addictive history where drinking in the past was out of control. Others drink periodically and are able to maintain various periods of control. Some drink to various degrees which extend from mild intoxication to severe intoxication. While it is always difficult to define alcoholism unless the person's behavior is severely out of control, it is safe to say that of the 5,000 to 8,000 men who live in Boston's skid row, at least 65 percent have an alcohol problem and of these about 55 percent are currently drinking out of control to various degrees. In the group 55 and over, approximately 30 percent are drinking out of control.

V. THE CENTER'S RESPONSIBILITIES TO OTHER PROGRAMS

When we make patient contact, demographic, case, and resource material is recorded in our records. We plan to publish our findings and evaluate our methods and results. Hopefully, this material can be of aid to other communities who plan to attack their skid row problems. Our direct services on a significant scale began the second week of November 1965. However, much preparation has gone into this and we welcome inquiries from others, not only to share our thinking and explain our proposed methods, but also to share what is involved in launching this program within the poverty program.

VI. CONCLUSION

We would like to conclude this statement by thanking those who have asked us to report on our exciting work. The isolated persons living on skid row have long been kept from genuine concerted community interest and action. The problems these men present are tremendous. The city is their home and city life makes more demands than these people are able to cope with in an acceptable way. We do not believe that we know, at present, how to "cure" skid row or the people who live there. However, these people should be helped by all community resources and not left to a few, especially if one considers that these people are basically chronically ill persons, and like all chronically ill, they need services, not scorn.

We hope to develop a program which will lead to a more hopeful solution to this problem and provide a model for other cities to follow.

STATEMENT BY MRS. MAGNUS GREENMAN, DIRECTOR, INFORMATION AND REFERRAL SERVICE FOR THE AGING (BROOKLINE), DECEMBER 28, 1965

In answer to your letter dated November 27, 1965, I am describing my work in Brookline. My interest and concern in the problems of aging has been put into action in the form of establishing an information and referral service, using my personal funds. Hopefully, the design which we are setting up will be adapted and accepted as part of the broad community responsibility for its aging.

The elderly population in Brookline rose from 13 percent in 1955 to 16.5 percent in the early 1960's, and is still rising. This is the highest percentage in Massachusetts and the fourth highest in the United States. It is about double the national figure and about 50 percent higher than the State figure. There are 8,902 residents 65 years and older.

Here in Brookline, in the midst of affluence and prosperity, there exists dire poverty. To focus community concern upon the many elderly persons unable to maintain a minimum standard of decent living, I have developed an information and referral service for the aging. The primary purpose of this program is to improve the effectiveness of the highly complicated network of public and private agencies which offer services to our elderly population. My main effort has been to reach out to the socially isolated, those living in a sort of zero-zone, with very little income, almost no human contacts, and without hope.

This program is designed to develop into a community service center—a place close to the poverty areas. It will make use of all existing public and private agencies to provide comprehensive and varied services and resources. The multiservice approach to the total needs of older persons is necessary, since these elderly are the people least able to take advantage of fragmented services. An important aspect of the community service center is that help is provided to the individual not as charity, but as a public service. The center will hopefully be a mechanism to provide services to the many impoverished, elderly residents who, though they qualify, nevertheless have an aversion to, and reject public welfare. Among these people are retired school teachers, social workers, nurses, etc.—who worked in the years of $2,000 to $3,000 salaries, and who, now in retirement are existing on meager fixed incomes.

The methods I used to reach these socially rejected elderly have been varied. After making detailed population and income distribution studies, I walked day after day through the streets lined with rooming houses, and talked with the mailmen, the milkmen, the roominghouse owners, the food-store clerks, the pharmacists, etc., in the designated areas.

I also assumed a very active role in a survey of the town's public and private agencies and organizations, sponsored by the community renewal program. During the process of compiling a directory of the agencies and organizations, I acquired the valuable volunteer efforts of a growing number of retired older persons with various skills.

Through our local community action program, deprived and alienated older persons are recognized and enlisted to participate in the meaningful activity of neighborhood and townwide planning. Through my involvement in this program, now being developed, I expect to make and maintain additional valuable contacts with lonely older people. Out of the golden age club era is emerging the approach of organized and constructive use of leisure time and thus make available the wisdom and skills of our older residents.

Another effective method of reaching the isolated elderly is through the code enforcement public improvement program. Inspectors examining the interiors

of housing in deteriorating areas, are apt to come upon "live-alone" aged people existing under substandard and objectionable conditions. This is another example of how one Federal program helps another if agencies at the local level have lines of communication open.

The difficulties involved in reaching the isolated elderly arise from three main causes:

1. The scarcity of skilled staff and lack of inservice training programs for volunteers and students under the College Work-Study Program, Title IC of the EOA of 1964.
2. Due to the slow acceptance of social planning at the community level, funds to originate a program are not readily available.
3. The lack of central authority at the local level to coordinate efforts. Much fragmentation and duplication is caused by the competitive attitudes of the various town agencies.

As soon at it is possible for every person in our society to participate at the peak of his capacity, we will be truly great. Everyone has the right to know, at least, what is available. It is then up to him to partake. That is what the war on poverty is all about.

STATEMENT BY THE REVEREND CHARLES W. GRIFFIN, MINISTER, THE FIRST BAPTIST CHURCH OF BOSTON, DECEMBER 28, 1965

I am grateful for your invitation to submit the testimony of our church's concern for integrity among the aging.

The older person, without a sense of integrity, has little time left to gain or to recover it; and, therefore, we do all we can to help each person to fulfill this need.

Among the many ways to meet the needs of the aging, we mention the following which are pertinent to your inquiry:

1. We help aging persons to assume the attitude that although the physical body grows weaker, the mind, the character, and the spirit may continue to grow stronger.
2. We provide financial assistance through the discretionary funds of the Board of Deacons.
3. Recognizing the limitation of funds in the church to meet the massive needs in the various neighborhoods of Boston, we have contributed $500 to the Boston Center for Older Americans to inspire other churches and private interests to confidence in working with this community agency for more effective service for all concerned.

I am assuming that you have adequate information concerning the goals and projected programs of the Boston Center for Older Americans. Our special interest is in its broad range of services beyond our own capacities. We recognize in this agency one handle by which we may come to grips with the realities of poverty. While we focus upon poverty from many vantage points, we are alarmed at the high degree of opposition and danger involved at such critical points as education, housing, and employment, both within and across economic, social, national, and racial lines.

Our work with the aging, however, provides an outlet for a high degree of motivation among those able to give help. It has the advantage of a popular appeal, involving a minimum of risk, and thus providing a first step for participation by the timid ones in the direction of more crucial involvement.

I wish to highlight the importance of personal participation of the aging themselves in the solutions of their own problems, and beyond that to the valuable contribution they can make to society as a whole. For example, the older members of our church have been able to foster a sense of integrity through participation in the civil rights struggle side by side with students in the area, and by personal fellowship with Negro friends through house-church meetings in Roxbury and Back Bay. Much of our know-how in giving help comes out of our understanding of how persons receive help. They usually welcome what contributes to their usefulness and esteem, not just a tip of the hat and a handout.

My conclusion is that the church can maintain a separate and friendly relationship with community agencies by promoting a joint policy where the general needs of the aging are met by the church through fellowship across the age span, and the special needs of the aging are met by a specialized service without segregating them and unintentionally perpetuating their plight.

I congratulate you on your earnest desire for first-hand information from the streets of Boston. As the growing number of aging persons increases the in-

tensity of our concern, it is gratifying to know that your committee work is facing the problems as they approach. Let those who would neglect this issue remember that they are dealing with their own future integrity.

STATEMENT BY MISS MARY B. HEALEY, DIRECTOR, ONBOARD, INC., COMMUNITY ACTION PROGRAM OF NEW BEDFORD, JANUARY 14, 1966

Onboard, Inc., New Bedford's community action program, in its 11-month experience, has found a number of individuals who at age 40 or 50 find themselves unemployed. The problem, however, is enhanced by the fact that the individual lacks education and training and is, therefore, ill prepared to obtain employment in another field.

Through funds received from the Office of Economic Opportunity, Onboard will employ in the near future a deputy director of employment development and job placement. This position, although having a broad focus, will be used to refer, recruit, and counsel individuals who are unemployed. Special attention will be given to the unemployed male who is 45 or over. Referral to programs such as MDTA and vocational training will be made. Also, school department courses offered in basic education and high school competition will be utilized to prepare individuals for employment. We do not, however, have a structured program geared only to the older unemployed male at this point. In the next few months, if need for a specific project is indicated, Onboard will develop plans.

We find that many of our basic programs such as resident participation, legal services and the like are applicable to groups of all ages, including the elderly. Special programs, however, do seem necessary in areas such as recreation for the senior citizen.

Operation Medicare Alert, another OEO program, is one of immense value in the area of health. Other programs of a social nature—reaching the isolated and infirm—are of prime importance. Through our neighborhood centered programs, we hope to initiate student helper and visitor projects involving grade school children in assisting the senior citizen in errands, etc.

Our basic feeling is that wherever possible, senior citizens must and should be involved in total effort. Distinctive programs geared to the senior citizen should be employed in specific areas of need such as Medicare, recreation. We feel it is important, however, to involve rather than isolate the senior citizen as a part of rather than a distinct entity in our total program.

Further, as our programs develop, we would hope to take advantage of the many skills which older persons have such as carpentry, painting, electrical work, and utilize these skills in voluntary training capacities.

We also have been able, through the Commonwealth Service Corps, to recruit one or two senior citizens, at a stipend of $80 per month, as volunteer staff members.

Our small business development center has recruited a number of retired business executives to serve as management consultants for loan applicants. These gentlemen have formed a SCORE Chapter (Service Corps of Retired Executives) in the area and are recruiting other participants to serve with them.

Our senior citizens have an invaluable and inestimable contribution to make in every community. It is our hope to utilize their abilities to the fullest. At the same time, we, as a community action program, feel our responsibility during the months ahead.

Any suggestions which the Senator and his fellow committee members might have will be of interest and assistance.

Your support for our programs is not only of inestimable value but greatly appreciated. If I can be of any further assistance, please do not hesitate to contact me.

STATEMENT BY JOHN H. KNOWLES, M.D., GENERAL DIRECTOR, THE MASSACHUSETTS GENERAL HOSPITAL (BOSTON), DECEMBER 17, 1965

* * * In answer to the questions in your letter I would think the best area for productive solutions to the problems of the aged and impoverished would be to recruit and train volunteers to help work in hospitals and other caring institutions, specifically in this regard, the nursing homes. You are, of course,

aware of the critical shortage of manpower in the whole health field in this country which is assuming serious proportions for hospitals and even more serious proportions for the nursing homes. It is entirely possible that aged individuals could find a new and fruitful life by working with their aged and chronically ill counterparts in the nursing homes of this country. The elderly are particularly attuned to the needs of their aged fellows and in many ways an expanding core of active, aged volunteers to work in hospitals and extended care facilities would do much to aid the war on poverty, to give more fruitful meaning to the lives of the aged and to help solve the manpower shortage of the country. I think in this regard that one should not confine the recruitment of volunteer or even paid help to the hospitals and extended care facilities, but extend it to other caring facilities of the country, such as Red Cross Homemakers' Services, etc.

It was very gratifying to me to know that you read my statement which was requested by the Citizens' Crusade Against Poverty[1] and I do indeed feel that the Office of Economic Opportunity could well send up a trial balloon by establishing an office in the hospitals, particularly those hospitals like the Massachusetts General Hospital which are anxious to fulfill their obligations on a broader scale to the community at large.

As I said in my statement for the Citizens' Crusade, poverty and social disease are inextricably bound up with the problems of health, psychic, as well as somatic disease. If you improve the health of the elderly, you will reduce poverty, particularly if there is gainful paid or voluntary employment available. If you reduce poverty in the aged, you will reduce all forms of disease as I have said in my paper.

I do hope this statement will be of help to you and, once again, I am honored to be asked for such a statement. I share your deep and sincere concern for the problems of the aged and impoverished of this country and I salute your efforts to improve their lot. Please let me help in any way I can, for I, too, am deeply interested and want to help.

EXHIBIT

MEDICAL CENTER, HEALTH AND "DIS-EASE"

(John H. Knowles, M.D.*)

The preamble to the constitution of the World Health Organization defines "health" comprehensively as a "state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity." So be it. Medicine has a long list of triumphs as regards the cure, containment, or amelioration of established somatic disease, is doing much better in some areas of mental health, but knows almost nothing of social as contrasted with biological well-being. Little attention is paid by the medical world to such causes of social disease as parental inadequacy, overcrowding, the oppressive threat of scientific war, poverty, inadequate educational opportunities, the nontherapeutic uses of leisure, the misuse of the mass media, or the suppression and persecution of minority groups. Yet, medicine today, with its successes, its problems, and the demands it faces, has become inextricably a part of larger societal concerns. The obligatory interrelationship of social, mental, and somatic "dis-ease" (and "dis-ease" is stressed for clarity of meaning, that is, a lack of ease) demands a review of medicine's expanding role and suggests new functional departures.

Our teaching hospitals are called health centers today when, in reality, they enjoy a limited and exclusive function as the citadels of acute curative, scientific, and technical medicine. We live in the age of "wordfact," and two of the most blatant examples from the world of medicine are "health center," as applied to hospitals and "comprehensive medicine," as applied to the teaching and practice of medicine. "The wordfact," John Kenneth Galbraith has said, "makes words a precise substitution for reality. This is an enormous convenience. It means that to say that something exists is a substitute for its existence. And to say that something will happen is as good as having it happen. The saving in energy is nearly total." The wordfact is often associated with the jejune shibboleths of politics and journalism, but medicine is increasingly confusing the use of words with states of being, facts, and action. This century's most socially

[1] Statement follows.

*General Director and Physician, Massachusetts General Hospital; Lecturer on Medicine, Harvard Medical School, Boston, Mass.

significant change in American medicine began in 1910 with the Flexner report, which established science and the university in medical education and shut down the proprietary medical colleges. The present conventional wisdom of medical education and medical care has grown by accretion since that time, and states today that acute curative medicine resting on its academic launching pad of "basic science" and practiced in the hospital represents the millennium for our new school graduates.

Medical educators speak of comprehensive medical care as including the preservation of health and the prevention as well as the cure of disease. Continuity of care and home care are stressed. Its aims are laudable but are rarely achieved today except for the "cure of disease" part. As the successes of medical science and medical technology pile up, the subdivision of medical labor increases with its attendant technical competence, discontinuity of care, and high cost. These considerations, coupled with the present defensive isolation of the medical world in its bastions of acute curative, specialized, and technical medicine—the hospitals—prevent the giving of comprehensive care and the development of the true "health center" or a "focal point" for community health care. Obviously, our educational system in medicine must be considered deficient, if its context avoids the study of social and economic "dis-ease" manifested, respectively, by the expanding numbers of what we call the mentally ill and by our increasing difficulty in financing the chronic care of the chronically ill as they steadily enlarge our aged population The question may be: "Should medicine attempt to give comprehensive care and should it arrogate to itself the solution of the world's social "dis-ease," thereby perhaps becoming a surrogate for the community's responsibility?"

All roads in the community lead to the "health center" which finds itself restricted to the treatment of established somatic disease by teams of specialists. There is no public health or preventive medicine discipline available. Most of the hospitals have no social service and, at best, only poorly developed outpatient ambulatory clinics. There is no honest attempt to provide continuity of care or extension of services to the community and into the home. There is little coordination or communication with the other caring institutions of the community—the nursing homes, homemaker services, rehabilitation services, visiting nurses associations, the churches, the courts of law—and the care of the mentally ill has long since been segregated and resides in distant asylums, public and private. The hospital has emerged in the eyes of the profession as the "medical center" only because of its central position in the successful treatment of somatic crises. Should it seize the opportunity to become the focal point for the community health care, if this seems rational?

It is ill equipped to assume this role. How can the problems of chronic disease and mental illness, the two major health problems of the latter half of the 20th century in developed countries, be solved when medical schools ignore the social, economic, and organizational issues surrounding them and when the teaching hospital has not yet extended its interest to the community? Again, the question may be, should it try? and, if so, to what degree? I believe there are two key areas to consider in order to answer this question: (1) the proper place of psychiatry in the function of the urban hospital; and (2) the function of the ambulatory clinic. With expansion of function in these two areas of the urban hospital, I believe what is now a medical center may become a health center, sharing more of the community's responsibility for solving its social problems as they relate incidentally to individual and family health problems. I have spoken of psychiatry elsewhere and will focus primarily on the ambulatory clinic.

SUGGESTED ROLE OF THE AMBULATORY CLINIC

Ambulatory clinics see the problems of mental (and social) disease and those associated with the care of chronic illness, which is always complicated by social, psychological, and economic factors. Mental disease and chronic illness are our two major health problems today, and coupled with the byproducts of specialization—discontinuity of care, rising costs, and rising expectations—present us with formidable problems. We have spoken of the success of the emergency ward with its concentration of specialists and technology—a success predicated on the fact that all the necessary elements are present to give total care to any life-threatening somatic disease or injury. Patients and doctors use it well and all benefit from its services, which represent the holistic approach to acute curative medicine.

A similar view toward the ambulatory clinic could convert this area into an exciting undertaking which could give truly comprehensive care to the community. Comprehensive medicine in this context means the coordination of all the various caring elements in the community with those of the medical profession by a team of individuals representing all disciplines, with all the techniques and resources available to the physician and his patient. The aim of these individuals would be to provide total care—somatic, psychic, and social—to those in need, and to study and investigate the expanding social and economic problems of medical care with the intent of improving the organization and provision of health services. Thus, in addition to traditional medical, surgical, psychiatric, and social service disciplines, there would be representatives of (1) the State's departments of public health and social welfare; (2) the religious professions; (3) academic preventive medicine and public health departments; (4) the social sciences; and (5) the Visiting Nurse Association. In addition, close contact would be maintained with the courts and the Legal Aid Society, the police and the fire departments, and the Blue Cross. We have already dwelled at length on psychiatric services both in pediatric ambulatory clinics as well as the extension by social and preventive psychiatry into the community with its base in the (adult) ambulatory clinic. The present plan would bring the community's caretaking agents into the hospital for ease of communication, coordinated action, study, and research. Thus a community health center could be created in the environment of the hospital to which individuals could turn for all their various needs in time of crisis, much as they now turn to the emergency ward for the fulfillment of their needs in times of acute organic disease.

Public health and preventive medicine disciplines would be represented for their interest in the problems of infectious disease, air and water pollution, alcoholism, narcotics addiction, venereal disease, maternal and neonatal deaths, screening large segments of the population for the early detection, treatment, and prevention of disease and, finally, industrial hygiene. Their traditional interests in the integrity of health of the family unit as manifested, for example, by the development of home care programs would be of value. Most importantly, the public health officer's capacity to organize, develop, and administer health programs would bring a discipline back into the mainstream of medicine, where it is sorely needed. Improvement of facilities for chronic and terminal care and convalescence could spring from the hospital-based public health unit, the hospital being one of the major referral agencies. In addition, continuity of care for the chronically ill could be improved by better liaison with nursing homes. Continued scrutiny of the distribution of and need for health facilities for the whole community would be logically carried out here. Voluntary regional planning might even be possible. Social science techniques would help in determining attitudes and motivations which determine why individuals and communities do or do not utilize existing health services and public health programs and how the attitudes of those who work in hopsitals affect those who come for help. Patient care research, such as objective measurement of the quality of care and the degree of its fulfillment of human wants and needs, would be conducted here. Continuing economic studies could be carried out with trained economists and hospital administrators. Prepayment plans for comprehensive care could be formulated by a clinic-based group practice on an experimental and demonstration basis.

Representatives of the State's department of public welfare would do well to have an office in the hospital-based community health center. The present lack of communication between hospitals and welfare agents is deplorable. Too often, members of the welfare departments picture themselves as representing the taxpayers instead of properly acting as the agents of the impoverished sick and others in need of help. In this latter role, they join with the hospitals and share mutual goals; in the former instance, they too often pit themselves against the hospitals. A recent report from the American Public Welfare Association has stressed this point, stating that medical directors of welfare programs should be "interested in providing good care rather than simply conserving the budget." A further point made regarding the controls on welfare assistance states that "The cost of enforcing the controls should not exceed the savings they are designed to make." What better mechanism could be provided than to have a welfare representative in the urban hospital? Administrative costs for State welfare might well be reduced and coordination of positive action for the indigent sick would be provided. On-the-scene checks of the quality of care,

the need for hospitalization and so on could be obtained for the welfare department. Better interpretation of existing social legislation and translation for the benefit of the indigent population would result. Hopefully, new programs to improve ambulatory care and its financing might be formulated. For similar reasons it would seem desirable to post an agent of the Blue Cross in the ambulatory clinic. Communication and understanding amongst these powerful groups must improve. Talking directly to one another remains the best way to communicate.

The net result would be that the community would recognize an area of the hospital functioning 7 days a week around the clock to which they could come or call for help in any crisis. They have already recognized the emergency ward as the area for somatic crisis and they appear to want the hospital to function in times of mental and social crisis. Hopefully, medical care studies utilizing the social sciences, economics, public health and preventive medicine practices, as well as the special skills of social service, state welfare department, the Blue Cross and other organized third-party payers, would result in improved distribution of services through new functional arrangements and methods of financing. Coordination with the other services and caring institutions of the community would be assured by the permanent presence of their representatives. Medical students and physicians caring for the sick in such an environment would come to realize the expanding nature of social and economic issues surrounding the care of the chronically ill. Hopefully, some of the medical intellect now being drained off to biological and biophysical research might be redirected to these areas, where intellect, imagination, energy, and creativity are sorely needed. Medical care research could be carried out optimally in the setting of the ambulatory clinic by such a coordinated team.

Coincident with this program are several very necessary departures from traditional practices. First, professional heads of departments and other full-time academicians must commit themselves to this long-neglected area of the hospital. They must work there themselves and restructure their academic record system so that medical care research and work in social welfare will become an important part of medicine. Teaching programs will succeed as comprehensive care is given to the community, and research can then be introduced to study and improve the system. Secondly, third-party payers must open Pandora's box of full financial coverage for ambulatory services. When the revolution subsides, one of the most effective ways of reducing hospital costs will have been established. Ambulatory clinics can pioneer in these experiments. Third, public health officers and their schools as well as academic departments of preventive medicine and state departments of public welfare must be willing to function on the firing line in the hospital rather than maintaining a certain aloofness and built-in protection as they criticize from their desks, safely removed from the front. Fourth, trustees and administrators must provide one social environment for the care of all classes of patients. Improved facilities and the necessary amenities and conveniences in pleasant well-kept surroundings for both patient and doctor will do much to change present negative attitudes. Ideally, the doctor would see both public and private patients in the same area.

COMMUNITY HEALTH CENTER, PSYCHIATRY AND THE AMBULATORY CLINIC

The hospital has evolved from a "house of despair" avoided by all but the impoverished sick to a "house of hope" to which all roads lead in time of crisis—be it somatic, psychic, or social in origin. All three problems frequently coexist, particularly in the elderly individual with chronic disease. The acute curative function of the urban hospital is well established, its triumphs are legion. It fulfills this function admirably, and its emergency ward reflects what the community of patients and physicians wants and needs. Because of the ever-increasing problems of mental and social disease, new, expanded functions of psychiatry and the ambulatory clinic have been suggested which would develop a "community health center," transforming the present medical center into a positive force in the prevention of disease and in the improved provision of comprehensive health services.

The urban teaching hospital should join through these doors of expanded psychiatric and ambulatory clinic function with similar health centers located in the suburban community (nonuniversity hospitals). Lindemann's and Erikson's crisis theories are useful in rationalizing the value of such a center in the community hospital, both from the standpoint of organization as well as

communication. The idea that psychic and somatic problems are more easily resolved during the initial crisis than they are during the long aftermath of destruction following poorly resolved crises is the idea basic to organizing a "community health center." Dedicated to the preventive medical aspects of an early resolution of problems, this center must have within its geographic and organizational borders as many as possible of the community's organizations or individuals normally called upon whenever a person, a family, or a group is in trouble.

Those who form the community's first line of defense are easily listed: The doctor, the clergyman, the policeman, the fireman, the lawyer (or Legal Aid Society), the public health officer, the visiting nurse, the welfare officer, the social service worker, the school teacher or school counselor, the industrial nurse or physician, the politician, and the union steward. Depending upon the size, the complexity, and mores of the community, these individuals represent the trained and experienced talent of a much larger number of governmental and nongovernmental organizations, all originated to fulfill a human need, all playing a necessary role, all doing a better job whenever chance communication calls forth effort. Unfortunately, fortuitous communication is not an adequate basis for calling forth the immediacy of concerted action most effective and least costly in resolving crises before they become the expensive and frozen socioeconomic, mental, or physical health problems which will later bedevil the community. Imagine the heightened potential of these dedicated individuals and organizations if they were so located geographically and organizationally that quick and easy communications could call forth the efforts of the others in handling emergencies. The routine coordination of disparate talents which produces the so-called miracles of the emergency wards of teaching hospitals might well be extended on a much larger and more socially significant scale.

The provisions by the central community hospital of office space for representatives of these organizations and such common facilities as telephone switchboard and conference rooms, eating and recordkeeping facilities would be essential to converting a solely medical institution into a community health center. Here one telephone call or visit by an individual to a practicing physician, a clergyman in the pastoral care office, the Legal Aid Society, school counselor, or welfare officer could bring forth the immediate united effort of the entire first line of defense of the community at a time when such effort is most effective and least costly. In the same way the information gathered by the union steward, the visiting nurse, and the industrial physician, who so often know of impending crises, could call forth the response necessary to resolve such crises still earlier. Hospital-based community health centers could be linked with each other to facilitate the regional planning of health facilities. Social and economic research would improve the possibilities of the prevention of disease, the value of public health and rehabilitation programs, and the provision of increasingly costly services.

Urban teaching hospitals are struggling to coordinate the efforts of an expanding number of individuals and agencies concerned with the health, education, and welfare of the community. The community looks to the hospital as a medical center with the expectation that it will become a community health center. This can occur without arrogating the solution of all man's ills to itself and without its becoming a surrogate for the community's responsibility. At present, hospitals and medicine provide for but one aspect of a community's health. By an expansion of its psychiatric and ambulatory clinic programs, it can play a broader role as a community health center and bring in for ease of action and communication the key people necessary for a community's health today. The perspective of the medical profession will enlarge, and with the others, the doctors can help provide solutions to the ever-increasing social and economic problems that beset the community. Prevention of disease will assume its proper role in health services.

Is it also too much to hope that the issues raised will in time become a part of the medical curriculum, so that the medical profession can broaden its horizons in medical school and assume leadership in these broad areas of social welfare? Will the schools recognize the two major health problems of our era—mental disease and chronic illness—problems which are compounded by specialism, rising costs, and our present disorganization of health services—and bend the students' interest and knowledge in this direction? Or, shall we wait for the Federal Government to attempt the solution of these problems, recognizing its inability to satisfy the exact needs of each different community?

Medicine is a social as well as a biological science. Medical school facilities and those who inhabit the hospitals must recognize this balance and organize medical curriculums, research development, and hospital function on this basis.

STATEMENT BY LOUIS LOWY, ASSOCIATE PROFESSOR OF SOCIAL WORK, BOSTON UNIVERSITY SCHOOL OF SOCIAL WORK; AND CHAIRMAN, SOCIAL WELFARE SECTION, GERONTOLOGY SOCIETY, INC. (BOSTON), DECEMBER 27, 1965

* * * I am submitting to you for committee study a few of my thoughts related to the concerns of the hearings by the U.S. Senate Special Committee on Aging on the war on poverty as it affects the elderly.

In June 1961 I rendered a report on the "Needs of Older Adults in Boston" to Action for Boston Community Development (ABCD) upon their request. Many of the following suggestions are contained in greater detail in this report.

1. A large proportion of our aged population in Massachusetts lives in abject poverty, as has been well documented in the testimony by Monsignor Joseph T. Alves, chairman of the Massachusetts Commission on Aging, before the Subcommittee on Federal, State, and Community Services on August 19, 1965. Therefore it is essential that our income maintenance programs, notably our insurance provisions, be upgraded in order to achieve an income level which is more commensurate with a standard of decency for our older population than their present bare subsistence incomes. A decent income, however, is only a foundation upon which to build a life of dignity and meaning for our older population in the mainstream of community life. For this reason it is imperative that a network of health and social services be in existence which are available and accessible to the aged population as a matter of right and that programs be developed which integrate social services and deliver them to the older person not only when a crisis situation has occurred, but as a normal line of defense against crisis and stress. Such programs include: health services—including mental health, home help and home care services, friendly visiting and friendly companionship contacts, information, referral and counseling services, recreational-educational services, employment services, both for paid and nonpaid (volunteer) activities, etc. Some of these services and programs are sporadically available in the Commonwealth, rarely if ever are they coordinated, hardly ever are they accessible to older people. The best terms to describe the existence of such services are "fragmentary," "uncoordinated," and "inaccessible." Since services and people have to be brought together, it is essential to develop not only adequate services, per se, but also an adequate delivery system so that older people, especially those in the low-income group, can take advantage of them. This requires that existing health and social welfare agencies and institutions under public and voluntary auspices get together in a joint effort to create a "mobile service center for older adults" which combines the aforementioned services and delivers them to older people wherever they reside. This may be in rooming and lodging homes (many of our elderly population in the South End of Boston are concentrated there); this may be in housing developments designed for older people exclusively or where they reside with other age groups; this may be in nursing homes or institutions for older people. The crucial aspect is that such services must be delivered to them in such a way that older people can take advantage of them commensurate with their needs and state of health at the time when they need them, not when the services are available; this may mean on a 24-hour basis, 7 days a week. In many countries around the world this is indeed the case.

Such a mobile service center necessitates that personnel of a variety of disciplines, such as social workers, nurses, physicians, clergymen, adult educators, etc., develop a team approach which can reach out to older people wherever they live. Older adults themselves should be involved as team members commensurate with their interests, abilities, and state of health. Indeed they may be able to perform important functions in the delivery of services since they know the needs of themselves and others.

Social workers, who traditionally have been concerned with helping people to help themselves, may have to assume a liaison function to bring together the various disciplines so that an effective team approach can be developed which avoids the pitfalls of jurisdictional disputes. They will have to adapt their

skills and methods to reach out individually and in groups to other professionals and to older people to bring services and people together; old-line agency and professional boundaries will have to give way to a concept of integrated services. Many older people suffer from loneliness and social isolation; golden age clubs—while eminently worthwhile for those who are more gregarious—are not the answer as our national experience has demonstrated. Social workers and others have to work painstakingly to assist older people in forming small contacts and relationships (as has been demonstrated in the South End of Boston under the aegis of the United South End Settlements, Inc.) to counteract the isolation in which many find themselves. Efforts have to be made to assist older people in finding their way through the cold, anonymous world of modern bureaucratic structures to avail themselves of the increasing services which Federal and State legislative programs have made available. A mobile service center can assist immeasurably, since its staff would be sensitive to such problems. A service such as this could also develop programs which would bring young and old together in common efforts such as learning a skill or serving others; how else can the young develop an image of the elderly which is not based on stereotypes and which only perpetuates the gulf between generations? Attitudes toward aging and aged will only change for the better when those who are young can be exposed to those who are old in common endeavors and pursuits.

2. Crucial to the development of better and well-coordinated services and an adequate delivery system as suggested in the concept of a mobile service center is the availability of sensitive and trained staff. While a number of educational institutions in Massachusetts have training programs for people who work with the elderly, it is apparent that they are mostly related to the goals of the educational institution and the goals of the particular profession for which they are offered. This is quite appropriate since professional schools have to train practitioners who work with a variety of age groups. However, there is a need to have short-term training programs for people who work mostly with the elderly and who need specific knowledge and skills for this particular activity. While differential aspect of training are called for in many instances, it seems that a generic knowledge and skill base within a gerontological curriculum should be made available to anybody who is working with older people. For this reason, I have developed an "Outline for a Manual for Trainees" (see attached No. 1) and an "Outline for a Manual for Trainors" (see attached No. 2). Presently United Community Services of Metropolitan Boston plans to have me develop these two manuals in detail so that they can be used as handbooks for training human service technicians (including older people themselves) to prepare staff workers in existing agencies and programs for better services for and with the elderly. I believe that such manuals will be of immeasurable use in assisting trainers to train a cadre of personnel who is better equipped to deliver the services which have been discussed before. Training of personnel—both, paid and nonpaid, young and old, is a vital dimension to insure that services are conceived, carried out, and delivered. Without sensitive, well-trained personnel no program can meet the goals and objectives which it promises to achieve.

At Boston University we have just developed a Council on Gerontology which includes faculty members from all its schools and colleges that have a vital interest in gerontology. One of its major purposes is the further development and coordination of training and research programs which are going on in many schools and colleges of the university. In addition, however, the council is planning to increase its training programs for people in the community who work for and with the elderly. Such multidisciplinary training is a necessary approach to prepare practitioners for services which are determined by the needs of people and not by the needs of the discipline. Such approaches are vital in making a mobile service center concept a reality.

May I suggest that the nationwide development of training programs on a multidisciplinary basis for people who work with the elderly is a basic necessity if we want to implement a comprehensive service program? Without such training it is bound to flounder and instead of bringing the dawn of hope to our elderly people, it will add frustration, disappointment, and cynical resignation to their present plight.

I hope the committee will consider my thoughts and suggestions in its deliberations and I want to thank you and the committee for the opportunity to present these to you as part of the testimony.

EXHIBIT

A. CONTENTS OF MANUAL FOR TRAINEES

(By Louis Lowy)

I. Knowledge about aging and older people

1. Needs of older adults: Process of aging:
   (*a*) Later middle age.
   (*b*) Later maturity.
   (*c*) Old age.
2. Strengths and interests of older adults.
3. Roles of older adults.
4. Stereotypes commonly held of older people; attitudes about aging by older people and of older people.
5. Problems of older adults: Economic (financial, employment); health (physical, mental); social (role, interpersonal relationships, etc.); environmental (housing, etc.); time (free, unoccupied time); psychological-spiritual.
6. Goals for older adults; new roles for older adults.

II. Older adults in the community context

1. Settings in which older people live, work, and play:
   (*a*) In their own homes alone (apartments, roominghouses, boarding homes).
   (*b*) In their own homes with spouse, children, or friends.
   (*c*) In foster boarding homes.
   (*d*) In institutions: homes for the aged, rehabilitation centers, nursing homes, hospitals, convalescent homes, etc.
2. Community resources to meet (laws, programs, services).
   (*a*) Economic needs (social insurance, public assistance, economic opportunity programs).
   (*b*) Housing needs (Housing Act, housing programs for senior citizens).
   (*c*) Employment (U.S. Employment Service, private agencies, sheltered workshops).
   (*d*) Health: physical (clinics, hospitals, outpatient service, VNA, home medical care, public health); mental (outpatient service, State hopsitals, mobile units).
   (*e*) Emotional, psychological, spiritual (casework agencies, counseling, pastoral counseling).
   (*f*) Social needs: homemakers, house-aid service, needs-on-wheels, friendly visiting, referral-information service, etc.
   (*g*) Time: recreation-education programs, Golden Age Club centers, libraries, schools, adult education, etc.
3. Bringing community services to the people (matching of needs with resources):
   (*a*) Resource finding:
   (*b*) Case finding.
   (*c*) Linkage of resources and people.
   (*d*) How to coordinate existing resources; how to develop new resources as needed.
4. Organizations for and of older adults:
   (*a*) Location of resources.
   (*b*) How to use these effectively.
   (*c*) How to involve older people in developing and using them.

III. Skills in working with older people

1. Individual approach:
   (*a*) Principles of reaching out.
   (*b*) Principles of interviewing (informal and formal).
   (*c*) Principles of need and problem assessment.
   (*d*) Principles of counseling.
   (*e*) Principles of offering and giving help.
   (*f*) Principle of self-help.
   (*g*) Principle of helping others.
   (*h*) Principle of use of health, social, and educational services.

2. Group approach:
   (a) Principle of group formation.
   (b) Principle of group counseling.
   (c) Principle of group assessment.
   (d) Principle of group dissimilarity.
   (e) Principle of group program development and management.
   (f) Principle of individualization in the group and outside the group.

Appendix:
   (a) Resource list (books, individuals).
   (b) Forms (evaluation, registration).

B. CONTENTS OF MANUAL FOR TRAINORS

I. Objectives of training: "What for?"

1. Specification of training objectives in terms of—
   (a) Attitude, knowledge, skill development of trainees,
   (b) Setting and purpose of training program.
2. Process of formulation of training objectives; principles of training objectives (specificity, achievability, etc.).

II. Recruitment, identification and selection of trainers and trainees: "Who?"

(a) Who are the trainors?
(b) Who are the trainees? (Categories of trainees; e.g., volunteers, public welfare workers, etc.)
(c) Source of recruitment for both.
(d) Identification of each category of trainees and trainors.
(e) Selection process for both.

III. The setting of the training process: "Where?"

1. Types of training programs.
2. Impact of setting upon training program.

IV. Contents of training: What?" (The curriculum)

1. Attitude development of trainees. (Nature of attitudes toward aging and training; and process of attitude development.)
2. Knowledge areas to be communicated to trainees (see manual for trainees):
   (a) Knowledge about aging and older adults.
   (b) Knowledge about older adults—the societal context in which they live.
   (c) Knowledge about individual behavior of older people.
   (d) Knowledge about group behavior of older people.
3. Skills—areas to be developed in trainees (see manual for trainees):
   (a) Skill in working with older adult s in individual level.
   (b) Skill in working with older adults in group level.
   (c) Skill in community resource finding and counseling.
   (d) Skill in community resource development.
   (e) Skill in community organization process.

V. Organization of training program and methods of training: "How?"

1. Mechanics of organizing a training program:
   (a) Preparations and planning.
   (b) Development and conduct.
   (c) Termination and evaluation.
   (d) Planning areas.
2. Method of training: Techniques:
   (a) Teaching methods (lecture, discussion, audiovisual techniques, seminars, workshops, institutes, group findings, etc.).
   (b) Feedback mechanisms.
   (c) Assessment of effectiveness of training.

Appendix:
   (a) Forms (e.g. application blanks, announcements, evaluation sheets, etc.).
   (b) Scales (e.g. attitude scales).
   (c) Resources (organizations, agencies, books, periodicals, pamphlets, audiovisual material, etc.).

STATEMENT BY MAURICE I. MAY, EXECUTIVE DIRECTOR, HEBREW REHABILITATION CENTER FOR AGED (BOSTON), DECEMBER 22, 1965

In answer to your letter of December 13, the Hebrew Rehabilitation Center for Aged is a 475-bed home and hospital for the aged attempting to help its residents use the full potential of their mental and physical energies in order that their elder years are meaningful and lived in dignity. Most recently, Dr. Arthur J. Linenthal, Associate Clinical Professor of Medicine at Harvard, was appointed to the full-time position as Physician in Chief at the center. In September of this year, Northeastern School of Nursing started teaching first-year students rudiments of long-term nursing care on our hospital floors.

The history of the center is necessary so that you may better visualize the problems that confront us. Prior to September of 1963, the Hebrew Rehabilitation Center for Aged was known as the Hebrew Home for Aged and located 7 miles away in Dorchester in old dilapidated buildings serving as a home for the 264 residents housed there. A medical program was evident, as well as an arts and crafts program once or twice a week. The basic philosophy was security—four walls, a roof, wholesome meals, a bed, a doctor and nurse to watch over you.

With the changeover of the board of trustees and the hiring of a professionally trained administrator, a different atmosphere prevailed. With it came the realization that providing service required the spending of funds. Professional social work at the center was developed and full-time recreational, diversional, and occupational therapists added to the staff. Team approaches to problems using all necessary resources have been developed. We are no longer satisfied to say: "Well, that's the way of old age."

When we moved into the center in September of 1963, we almost doubled our bed capacity to 475. We had, at that time, 300 applications. In the first year, we admitted 311 applicants. The second year, 107, and we now have 692 applications on file. An individual desiring to file an application must presently wait until March 1966.

In June of this year, the Federal Government awarded the center a grant to attempt to demonstrate services to the elderly in the community rather than having to admit them to the center. We have most recently selected an evaluating team as part of the project which consists of an internist, a psychiatrist, physiatrist, public health nurse, and social workers to see the applicant and make recommendations as to the individual's needs. We hope through this method to try to find the lacks and gaps which are most evident in the community. Just nine cases have been evaluated to date, and this is much too small a group to draw any conclusions about.

If predictions had to be made based on my observation and experience over the past two and a half years, I would say that the following are gaps that require filling in the Commonwealth:

(*a*) An information and referral service for the elderly with a plentiful supply of professionally trained social caseworkers.

Many people only look for information when they have a problem and there is presently not enough staff capable of providing this service at the center. When a medical or social problem occurs, most people generally ask their family physician who requires as much information about services and programs (resources) for the elderly as the lay public itself.

(*b*) The development of boarding and rest homes which could be partly State subsidized to care for a large segment of our population who are now in nursing homes because of the lack of these other facilities.

(*c*) More low- and middle-income housing.

(*d*) Supervised apartments which might be partly subsidized would give occupants who have their own apartments two meals per day and housekeeping services once a week. This would be similar to a halfway house.

(*e*) The development of reliable homemaking services which might help someone over a crisis period and give the individual and family a sense of security by having someone they can call on.

(*f*) Increased emphasis on developing more foster homes for the elderly could only help to lessen the demand for the services we provide.

Curtailment for the need for the services of our facility in the State can only be accomplished through proper community education. This requires a number of adequately staffed informational and referral centers which could give better

direction to the family as well as the individual seeking a variety of services, many of which are not known to the average person.

Next, there must be some development of additional services which must be partially subsidized by the state to care for those requiring social as well as medical settings (i.e., housing, rest homes, homemaking services, etc.). I say social because of the demands of this generation requiring institutionalization of the aged. Conflicts that are created by a parent living in a son's or daughter's home lead the children to find alternative living arrangements. There is also the parent that "does not want to be a burden."

We must be aware of the times and make provisions for them.

A number of these programs are being considered by the long-range planning committee of the center. There are fund limitations, however, so that the center is likely to attempt only those programs which can be self-supporting.

Your question what can the Office of Economic Opportunity do to provide relief: I think what is needed is:

(*a*) The encouragement of long-term State matching funds to set up information and referral centers with professionally trained staffs, preferably in centers like the Hebrew Rehabilitation Center for Aged.

(*b*) Financing education for social workers, physicians, nurses, diversional and recreational therapists and administrators who wish to specialize in geriatrics. Most important is that financing should be considered in terms of staff time required to do teaching and scholarships to help defray tuition expense.

I do hope that this information will be of help to you and your committee. Do not hesitate to contact me should you have any further questions.

STATEMENT BY GERALD A. PALUMBO, EXECUTIVE DIRECTOR, MEDFORD HOUSING AUTHORITY, DECEMBER 24, 1965

This has reference to your letter addressed to this office under date November 27, 1965.

In response thereto, please be advised as follows:

Section 610, entitled "Programs for the Elderly Poor," of the Economic Opportunity Act of 1964 provides that the special problems of the elderly poor shall be considered in the development, conduct, and administration of programs under that act.

The basic purpose of the act is helping the poor to help themselves; and the act intends that other Federal programs be coordinated and directed toward that goal. The public housing and urban renewal programs can be so directed.

However, to do an effective job of delivering necessary services to the needy elderly of the community provision must be made for a multipurpose center properly equipped and staffed. This cannot be done under the OEO program alone and it appears to us that a combination of Federal grants under section 703 of the Housing and Urban Development Act of 1965, title II of the Economic Opportunity Act of 1964, as amended in 1965 by section 610, and the Older Americans Act of 1965 is necessary to accomplish the purpose.

(*a*) Local community action planners might do more in relating the OEO service programs to existing or proposed housing for the elderly as follows:

1. Bring together those people who are now serving the elderly, including the housing authority, and coordinate existing services and proposed services under local, State and Federal programs.
2. Establish informed and effective leadership on a full-time basis to develop total plans and to expedite the processing of grant applications through all levels of government.
3. Work very closely with the local housing and renewal authorities to plan to meet the needs of the tenants in occupancy of existing housing and of those folks who will be moving to existing or proposed housing either private or public. This latter group has the greatest need for special help before, during, and after the move.
4. Use the local authority's existing and proposed facilities for meeting the needs of the elderly and take advantage of the authority's eligibility for certain direct Federal grants.

(*b*) Our experience indicates that we have failed to fully appreciate the many problems confronting the elderly persons who are moving into public housing and to adequately serve them at the time. In too many cases, eligible applicants

have refused to move from substandard or otherwise unsuitable housing rather than be confronted with the anguish of making personal decisions alone. This is particularly true of the woman who has been left alone.

Our experience also indicates that there are some single elderly people who fail to adjust to their new surroundings in public housing as quickly as others and some not at all.

We have not been too successful in adequately serving the former group in the absence of capable people in the field. The authority's budget is not adequate for the purpose. Therefore, our services have been restricted to office interviews.

We have been more successful in serving the latter group because they are our tenants and because the other tenants have recognized the signs and have helped directly. In some cases, the Medford Visiting Nursing Association, in cooperation with the attending physicians, if any, have been very helpful.

(c) Volunteer service programs, such as the Title 1(c) program through Tufts University, would not, in our opinion, be of much help to us in connection with the types of services required by the elderly. The students would be too young and strange to these people.

It is generally true that these folks respect the staff personnel of the agencies which have demonstrated interest in their problems. The housing, Social Security, medical, and welfare programs, have impressed them and they have expressed confidence in the staff people administering these programs to an extent far greater than expected in view of their normal reluctance to disclose personal information and to surrender some independence.

They also respect the visiting nurses because they are professional nurses of proven skills and because they wear distinctive uniforms when making their rounds.

Therefore, we are convinced that the most practical way to serve the elderly of Medford is to provide a multipurpose center, centrally located, staffed by older professional people, and officially identified as the center for specific services exclusively for the elderly.

Our application to the OEO requested funds to employ a public health nurse and a nutritionist. We proposed that they be provided accommodations within the multipurpose center with basic equipment provided for conferences, examinations, shots, and records. They would be provided with transportation to make home visits to those persons unable to come to the center.

Their principal efforts would be directed toward preventive health measures and forward a direct and continuing followup of the doctors' directions for medicine and diet. In some cases, we have found that the elderly folks do not follow such directions either through forgetfulness, despair, or lack of funds.

However, in order to reduce the Federal grant to an amount approvable by the OEO for this project, we have found it necessary to eliminate the nutritionist in the revised application. We have done this reluctantly.

Our original application to the OEO included provision for a program director and a director of referral services. In our revised application, we have combined these positions under one position; but we are not confident that one person can adequately handle the job and still give the service and personal attention contemplated.

We have added four neighborhood aids to the revised application on the recommendation of the OEO. These aids will be recruited from active, eligible elderly people and they will be assigned to work with the director and the public health nurse in reaching and serving the elderly in their homes.

We also propose to employ a clerk-typist to assist the director and nurse with correspondence, telephone calls, and records. We expect to hire a qualified retired person for this position.

To complete the revised application, we propose to hire three part-time instructors in arts and crafts.

The total cost of the revised project is $65,031, with a request for a Federal grant to the authority in the amount of $58,528.

Briefly, the proposed community facilities for the elderly, if approved by the OEO, would be conducted as follows:

A building, centrally located and adequate for the staff, arts and crafts, meetings, and social functions, will be rented on a 1-year renewable lease. The Medford Womens' Clubhouse on Governors Avenue is ideal for the purpose and we are confident that lease arrangements can be made. The Medford

Womens' Club has endorsed the proposal program for the elderly and has pledged its support to it.

Staff will be recruited as quickly as possible and necessary furniture, equipment, furnishings, and supplies shall be purchased.

The Medford Senior Citizens' Club, now meeting weekly in wholly inadequate quarters, in the basement of the Medford Armory, will be permitted to meet in the clubhouse. By doing so, we can anticipate closer identification and better acceptance of the center than it might otherwise be. Furthermore, the senior citizens' club can increase its membership now limited because of the inadequacy of its present quarters.

In anticipation of assigning and admitting more than 264 elderly couples or single elderly persons to new public housing during the next 2½ years, the center's staff can work closely with the authority in rendering the necessary before, during, and after assistance to the new tenants.

Upon completion of the proposed housing for the elderly project to be located in Medford Square, the center's staff, equipment, etc., will be moved into permanent quarters within the project and it can continue its operations with a minimum of interruptions.

Additional funds will then be available to the authority and the center will be able to operate with less reliance upon outside assistance.

However, we intend to make application within the near future for Federal financial assistance under section 703 of the HUD Act of 1965 for a neighborhood facility for the elderly at the State-aided housing project, Walkling Court, containing 144 apartments and under the Older Americans Act of 1965, Title III.

In conclusion, we wish to take advantage of your invitation and offer one suggestion which we consider to be an essential ingredient to the success of this and similar programs in small communities such as Medford. This suggestion applies to the agencies which administer the programs made possible by the Congress:

Recognize the fact that the local government is capable of handling its own affairs and that it would not apply to the State or Federal Governments for funds unless it was absolutely necessary to meet the needs of its citizens. Local officials can administer any program in accordance with the law, subject only to audit and an application for financial assistance should not be considered an invitation for these agencies to impose strangling regulations and impossible conditions upon the local community. It seems to us that the administrative regulations promulgated by the agencies are far more restrictive than the language of the law intends or requires.

We thank you for your interest in our local situation and we wish you continued success with the work of your Subcommittee on Federal, State, and Community Services.

STATEMENT BY MRS. DOROTHEA WILLGOOSE, M.D., CHAIRMAN, COUNCIL ON AGING, INFORMATION AND REFERRAL CENTER OF NEEDHAM, DECEMBER 16, 1965

* * * Needham now has a wide and expanding program for the elderly. Since January 1965 we have worked to develop this as a model or demonstration community program. This was accomplished in relatively brief time with the assistance of eight volunteers in the Commonwealth Service Corps. These were local people, unpaid, who gave generously of their time and skill. Visitors from other towns are frequently referred to our center for information and assistance in setting up modern programs in Massachusetts. We have spoken at meetings and conducted panels and conferences in other areas.

However, before proceeding to initiate such a program in this suburban community, the volunteers were trained in some of the skills of working with other social agencies, they were oriented in the field of gerontology, and finally they were made acquainted with their town's governmental and social structure.

It is true that we have registered more than 300 persons at the Information and Referral Center for Senior Adults which is set up by our Needham Council on Aging. As chairman of this council and director of the new program, it was my responsibility to train and assign the volunteers.

It is my conviction that an active information and referral center is basic to a good community program for the elderly. By this means we aim to coordi-

nate local programs and match services to needs. The council continually interprets one of its primary roles to be that of a catalytic agent, working in close cooperation with other town departments, social services and organizations. It is true that more and more of our able older people are now ready to plan and execute their own programs.

For example, our senior adults are represented on all our council committees: first on the Town Council on Aging and on program, hospitality, crafts, continuing education, and of course on visiting plans and telephone reassurance. Our older people teach classes for us in nature, crafts, photography, current affairs, music, etc.

Until recently our older people staffed the Information and Referral Center. But it became so busy that continuity was required and now we have an executive secretary on duty 5 days a week. (Our part-time employment service is also located at this office.) Senior adults still function there as hosts and hostesses, older women "pour" at our large monthly meetings, they bake for refreshment table, they greet the newcomers.

Our skilled older people have been generous in giving their time to teach and to speak at meetings. However, more money is desired in order to now and then obtain an out of town teacher or speaker. Money is not available for us to set up a transportation service (for shopping, medical appointments, meetings) for our older people. This is a greatly needed service in most suburbs.

Homemaker service is a pressing need also and the demand far exceeds supply. Perhaps if money were available to train people (and some of these would be the active elderly themselves) a program could be expanded.

Meals on wheels is also a service to be desired here in the suburbs.

Our people are able to pay a small fee to cover part of the cost of materials for crafts. This is a popular and valuable activity. We have found that our lonely, and often shy, elderly respond much better in these small, intimate groups. It is my opinion that much valuable counseling takes place here in a completely natural, informal manner. In fact, this entire program is protective and preventive, physically and mentally.

We are currently editing a directory of services and opportunities for the elderly in our area. Next we look for an organization or individual to print it for us. But I blush to even mention costs in a town such as this after I have become acquainted with some of the serious poverty situations in the cities and elsewhere.

In answer to your question No. 1: All of the above is possible in conjunction with community action programs and I believe that the retired and elderly would respond enthusiastically—though maybe slowly with some reservations at first. To be sure, every program must be tailored to fit the most pressing needs of the particular community served and there is no universal pattern. In Needham we were making our pattern as we set up our pilot program, we often found needs to be demonstrated in areas other than where we had expected.

In anwer to question No. 2: one of the most difficult tasks is to search out and help the isolated and friendless elderly. These are the hidden needs but they do exist everywhere—even in a fairly affluent and somewhat self-satisfied community such as ours. It takes time, some skill or simple training, and many local contacts, to identify these people—but it must be done everywhere.

In question No. 3 you suggested I might make other comments, I am sure already I have done this freely. Finally, I would add that there are still many people completely unaware of the problems and needs of the elderly—education and conversation about this are needed, beginning with those in their teens. Older people are reluctant to admit their needs in their fierce determination to retain their independence and individuality. The stigma of age is still apparent. Older people have a tremendous contribution in judgment and experience to make to their communities. I have said this to you in your committee hearings at the Statehouse last year, and in my communications. We will lose these contributions unless we vigorously pursue our community action for our senior adults.

My council endeavors to remain alert regarding legislation of importance to the elderly. Your sincere concern in this area is a great source of encouragement to those of us who work as volunteers in this field. As a practicing physician, I must add a personal word of thanks to you for your continued support of Medicare. As a continuing part-time volunteer in our Commonwealth Service Corps, I thank you for your devotion to the poverty programs and the causes of social justice.

EXCERPTS: RESEARCH AND DEMONSTRATION PROJECT PLAN FOR THE TUFTS UNIVERSITY COMPREHENSIVE COMMUNITY HEALTH ACTION PROGRAM

(Material submitted to committee by Dr. Count Gibson, Project Director and Chairman of the Department of Preventive Medicine, Tufts University School of Medicine, Boston)

INTRODUCTION—POVERTY AND HEALTH

The close relationship of health to socioeconomic circumstance is one of the oldest observations in medicine—and one of the newest. A decade of research, planning, and activity in the health problems of developing nations has made this relationship a central concern of those involved in international health; more recently, as attention has been focused on the problems of poverty and deprivation within affluent societies, this relationship has been rediscovered as a major domestic challenge, at once enriched and complicated by an impressive series of related social issues: racial discrimination and segregation, rapid social change, massive migrations and urbanization, new patterns of medical care organization, and the prospect of substantial and increasing governmental participation in the solution of health problems.

Yet there remain huge gaps in our knowledge in detail about health problems associated with extremes of poverty, both in rural and urban areas. Studies have been conducted on many isolated aspects of the interrelationship, but the resulting information is, of necessity, fragmentary. Similarly, there have been few if any systematic attempts by health professionals to develop comprehensive and multidisciplinary approaches to the vicious circle of poverty, unemployment, ill health, bad housing, limited education, lack of knowledge and low motivation. Few programs have attempted to use health improvement as a springboard to general social improvement by basing it on massive community action and participation, the formation of community health associations, the training of local residents as community health assistants, and the involvement of local citizens in the planning and creation of viable, long-term means of dealing with their health and medical care problems. Yet these elements are crucial to the framework in which the classic techniques of preventive and curative medicine can be most effective.

The relationships of health and poverty, and the need for new and experimental approaches, are particularly evident in rural southern populations and in the great concentrations of the poor in the cities of the North. The magnitude of the problem is revealed by an examination, purely for illustrative purposes, of some of the available data on the rural South and on Columbia Point, a Boston low-income housing project.

RURAL SOUTH

The health challenges posed by poverty in a broad area of the Southeastern and South Central United States are exemplified by figures from one of this region's States, Mississippi. Of Mississippi's 2.2 million population, 58 percent is white and 42 percent Negro; 55 percent of the white population and 70 percent of the Negro population is rural. Poverty is the single most impressive fact, and it is skewed along both racial and urban-rural axes: in 1960, the mean family income of whites was $2,023 ($2,622 in urban areas, $1,065 in rural areas) and that of Negroes was only $606 ($871 urban and $474 rural). Education is similarly maldistributed; among those aged 25 and over, whites have a mean of 11 years' schooling; Negroes, 6 years. It is in this context that health indexes must be examined. In 1961, the maternal mortality rate for whites was 2.5 per 10,000 live births (identical with the rate for whites in the United States as a whole); the corresponding Mississippi Negro rate was 15.3, slightly more than six times as high, while the national rate for U.S. Negroes was 10.1. The infant mortality rate for Mississippi whites was 236 per 10,000 live births—slightly better than the national white rate of 253; the Mississippi Negro rate was 499, more than twice as high, while the national Negro rate was 407 per 10,000.

Clearly, the relationships are not simple. While Mississippi whites are poor, relative to the national average, this is not reflected in these health indexes. At the extremes of poverty, however, Negroes—perhaps representing a special and

particularly intense problem within the general problem of deprivation—show significant and serious health impairment.

The same is true of medical care utilization and facilities. In 1962, 97 percent of white births in the United States took place in a hospital and were attended by a physician; in Mississippi, despite the relative poverty and the predominantly rural distribution of the white population, the corresponding figure was 99.3 percent. Of Mississippi Negro births, however, only 53 percent were in a hospital and attended by a physician; 2 percent were attended by a physician in the home, and 45 percent were "other"—births at home attended only by a midwife, a nurse, or without professional assistance of any sort.

Poverty and rurality presumably are related to the state's shortage of physicians. In 1960, there were 77 physicians per 100,000 population, compared with a national average of 142. Of the 1,470 registered physicians, 1,411 were white and 59 Negro (and there has since been further substantial attrition in the number of Negro physicians). In the same year, there were 428 white dentists (19.4 per 100,000 population) and 37 Negroes (1.7 per 100,000); there were 4,068 white registered nurses and 376 Negroes. The distribution of physicians and of hospital beds, in Mississippi as elsewhere, is disproportionately urban; the majority of physicians are in general practice, and the predominant pattern is fee-for-service solo practice. Hospital facilities have been, almost without exception, segregated and unequal both in quality and in relation to the racial composition of the population.

In 1960, the average unemployment rate for Mississippi Negroes was 7.1 percent, more than 50 percent higher than the white rate of 4.5 percent. Of those Negroes unemployed, not more than 8 percent can be categorized as skilled workers, 31.9 percent were non-agricultural laborers and 21.5 percent were farm laborers. Thus, over 50 percent of the unemployed Negroes were unskilled laborers. Of the approximately 500,000 employed Negroes in the State, more than a third were employed in agriculture and another third in service industries. Although Negroes comprise almost 40 percent of the total employed labor force, only 4½ percent are employed in manufacturing. These figures hold despite a large continuing emigration of Negroes (many to the urban North).

Housing provides a final component of the poverty cycle. Of the 207,611 Mississippi Negro housing units listed in the 1960 U.S. census, only one-third were classified as "sound"; the remainder were classified either as "dilapidated" or "deteriorating." Of the homes in rural areas, more than 75 percent were without any piped water at all and over 90 percent of these rural homes had no flush toilets, no bathtub, and no shower.

The Mississippi figures merely illustrate problems that are general to almost all the areas in the "black belt" that extends from South Carolina and Georgia westward to Arkansas. In South Carolina in 1961, for example, the white infant mortality rate was 228 per 10,000 live births; the Negro rate was 460. In narrower focus, some of the figures are staggering. In McCormick County, for example, the white infant death rate was 208 per 10,000 live births, the Negro rate 1,073—in other words, every 10th Negro baby died in the first year of life. Other South Carolina figures follow the previously described pattern; e.g., of 34,505 white births, only 87 were attended by midwives; of 25,201 Negro births, 7,160 were attended by midwives.

URBAN NORTH

The challenges to health among the urban poor are in many respects similar, in other respects quite different. In urban areas there are often a multitude of agencies and programs, but they are segmented, ill coordinated, and often poorly accessible. The impoverished population consists of a combination of indigenous poor with a high level of apathy or inability to cope with different health agencies plus recent immigrants from economically depressed rural areas who are new to the cities. They have all the characteristics described in the previous section without the supportive strengths of an extended family and a familiar environment. Thus many of the urban poor cannot be understood and helped without the correlative studies proposed in the previous section. Vital statistics reflect unfavorable health consequences from poverty and racial factors similar to those seen in the rural South.

A recent survey of a large public housing project in Boston, Mass., revealed the following:

Among those over 65: 25 percent have chronic bronchitis; 20 percent have "chronic nervous trouble"; 12 percent have blindness or a serious vision problem; 40 percent of those with a chronic illness are not receiving treatment.

Among those under 13, 37 percent did not get a full polio vaccine series.

In the entire population; 62 percent have not seen a dentist during the past year; 65 percent of families not receiving welfare assistance have no form of health insurance.

Two important forces in urban areas have significantly improved the lot of the poor:

1. Public housing

Unlike the rural poor, many urban slum dwellers have been able to secure a better life through admission to a public housing project. Here they can enjoy improved sanitation, protection from overcrowding, rental which they can afford, and an increase in personal safety. For example, in 30 years of public housing in Boston, not a single fire has spread beyond one room.

2. Public welfare medical programs

For welfare recipients, the city of Boston conducts an excellent medical care program under a vendor-payment arrangement. Home visits by physicians and nurses, office and clinic visits, laboratory examinations, medications, acute and chronic hospitalization, and nursing home care when authorized, are provided without specific limit by the welfare department for its clients.

Despite these forces, the health of public housing residents still lags seriously behind the national average. Here are some reasons:

1. For the nonwelfare recipient, many barriers pose grave obstructions to good health. The municipal hospital provides no medication for ambulatory patients. Home visits by physicians are almost impossible to obtain (save for limited programs such as that of the Boston Dispensary home medical service). Public transportation to outpatient clinics is a formidable task. The clinics themselves are often crowded and impersonal.

2. Even for the welfare recipient, despite an excellent vendor payment arrangement, medical facilities are ill-coordinated, seldom family centered, and remote.

3. The residents of public housing have no organized way to participate in decisions about their care, to play a role in development of health programs, and to stimulate their own health education.

One such project in Boston, Mass., is the Columbia Point housing project. It is a complex of 26 low- and high-rise buildings located on a peninsula in Boston jutting out into Dorchester Bay between South Boston and Dorchester North. There are no other dwellings and no physician's or dentist's offices on the peninsula. It consists of 1,504 apartments which can hold up to 6,500 residents. As of January 1, 1965, there were 6,118 individuals; 60 percent under age 19, 7 percent over age 65. There was a marked underrepresentation of adult males below 65 years. Thirty-four percent of the residents located in 56 percent of the apartments were welfare recipients. During the past 7 years the proportion of Negro residents has risen from 10 percent to 45 percent.

These facts, taken together with the obvious low-income characteristics of Columbia Point residents, yield, a situation in which there is a relatively high proportion of health needs; i.e., very young, very old, and a high proportion of women in the childbearing age group.

The project, because of its isolation and high visibility, has been the object of considerable research (inter alia, by the Department of Preventive Medicine of Tufts University) and popular attention.

A. TUFTS COMPREHENSIVE COMMUNITY HEALTH ACTION PROGRAM

Clearly, conventional approaches to health improvement, or approaches that deal only with narrow definitions of health and illness and do not have effects on other elements in the poverty cycle, are unlikely to make major changes in problems of this magnitude and severity. The need is not merely for the provision of more preventive and curative health services, but also for the development of new organizational patterns to make the distribution of such services uniquely effective for severely deprived populations. Again, however, the need is not for the distribution of services to passive recipients, but for the active involvement of local populations in ways which will change their knowledge, attitudes, and motivation. Optimally, such efforts can be managed so as to create new jobs and career lines for low-income people, and designed so as to develop economically and socially viable solutions that can be duplicated in other areas.

The present project calls for the creation of a comprehensive community health action program, under university auspices, to intervene (in both an urban northern and a rural southern population) in the cycle of extreme poverty, ill health, unemployment, and illiteracy by providing comprehensive health services, based in multidisciplinary community health centers, oriented toward maximum participation of each community in meeting its own health needs and in social and economic changes related to health. The health services will include preventive, curative, and health education programs, in new patterns of medical care organization. They will emphasize the formation of community health associations and the training of local residents as community health assistants to stimulate change in family and community knowledge and behavior relating to the prevention of disease, the informed use of available health resources, and the improvement of environmental, economic, and educational factors related to health. In addition to the provision of medical service, the health centers will also conduct both descriptive and analytic research on health levels and needs in extremely deprived populations, training of local personnel and university medical students, and evaluation studies aimed at rapid replication of these health programs in other areas.

The central focus of the Tufts comprehensive community health action program is, as outlined above, intervention in the poverty cycle by community-based health improvement. The specific problems to be addressed will be attacked in two environments—a southern rural county and a northern urban public housing project. These will be treated separately in the following discussion.

1. The southern rural county health agency will focus its efforts on the problem of the crushing burden of poverty-related ill health in deprived populations in the rural South, with special attention to infant mortality, maternal mortality, family health, and environmental improvement. (*a*) Its major task will be the creation—as a demonstration project—of new, community-based, rapidly effective health programs. (*b*) A second task will be the simultaneous acquisition of knowledge in depth of health levels and needs in such populations. (*c*) A third task will be to overcome the critical shortages of health resources and health personnel on almost every level by (1) providing a health-care team including physicians, nurses, public health nurses, health educators, and community health assistants, working in a coordinated health center program to increase the efficiency of each professional component; (2) providing relevant inservice training at every level, with special emphasis on the creation of subprofessional health assistants and health educators among local residents; (3) creating new roles for health personnel so that the burden on the physician is reduced and his efficiency increased; (4) emphasizing health education and preventive services to make maximum health changes at lowest cost, and (5) increasing the efficiency of use of available local resources. A final major task will be the creation of such programs in ways that produce maximum community involvement and participation and promote the radiation of changes in health to changes in housing, education, employment opportunity, and other poverty-related areas.

2. For the urban northern health agency, a site is already available. Through its affiliation with the Boston Dispensary home medical service, the Tufts University Department of Preventive Medicine has provided home care to the Columbia Point housing project since its opening in 1954. It is logical to develop a health center directly on the premises on the project for a health action program. The center would stimulate the formation of a subsidized prepayment scheme for the medically indigent and a coordinated, family centered plan for all residents including welfare recipients. It would also assist all the residents in the formation of a health improvement association.

The agency will address itself to the following problems:

(*a*) Descriptive and planning research to learn how to acquire a rapid appraisal of the health needs of newcomers to the project (from the newcomers themselves and from health agencies they have previously utilized) and to develop appropriate machinery for the transfer of knowledge concerning the health status of residents who are leaving the project to the health agencies of their new community. There is an annual turnover rate of 12 percent in this project.

(*b*) The organization of health professionals so that all nonhospital health services can be delivered in a coordinated and personal fashion to the residents.

(*c*) Development among the tenants of a health improvement association capable of studying its own problems and negotiating with the administration of the health center in a meaningful way.

(*d*) Development of a series of subprofessional health vocations (nurses aids, receptionists, ambulance driver, etc.) available to the residents.

(*e*) The use of a defined population (i.e., all residents of Columbia Point) for a series of epidemiologic studies in respiratory and enteric disease, incidence of various lesions and unmet health needs, and development of a strategy of anticipatory medicine.

(*f*) Cooperation with other programs. Following a survey of community needs by Action for Boston Community Development, Inc., in 1963, two projects were submitted by ABCD to the Office of Economic Opportunity, a Columbia Point neighborhood action program (CAP 7–6A/NAC) and a day-care extension (CAP 7–6B). These projects have been approved and will be activated in 1965. The proposed health center will work closely with them.

B. HYPOTHESES

Among the hypotheses the Tufts comprehensive community health action program will test are the following:

1. That significant changes in the health of extremely deprived rural and urban populations can be accomplished rapidly by a community-oriented, health center-based program of preventive and curative medicine and health education.

2. That maximum changes will occur with a health-center program that extends beyond the mere provision of medical services and also involves health education, attempts to increase motivation and the development of local leadership.

3. That community participation is critical to change in these populations, and that the formation of community health associations involving the local population in a wide variety of health activities, and giving it responsibility for helping to plan and carry out programs, is feasible and useful.

4. That maximum efficiency in community, family, and individual health service for deprived populations can be created by a team of physicians, nurses, public health nurses and community health assistants and health educators, working in coordination with existing resources, rather than by the fragmentary and uncoordinated use of individual physicians, hospitals, and other agencies.

5. That rapid change in knowledge, attitudes, and specific behavior related to health can be accomplished by new types of health education programs focusing on (a) small primary groups or social networks within the target community, (b) more formal secondary groups such as health associations, school populations, church groups, parents' associations, and community center groups, and (c) key persons and influentials in the community, and by paying particular attention to local social and cultural patterns.

6. That, just as socioeconomic change is a major determinant of health, health action can be used to stimulate social change if it is oriented toward increase in knowledge, the development of community organizations, and increases in a population's receptivity to new ideas and ability to discriminate between alternatives.

7. That experience accumulated in such a demonstration project will provide a rational basis for planning the mixture of prepayment and governmental assistance necessary to finance the health care of deprived populations, under conditions (which rarely exist now) in which these populations themselves emphasize participation in lower cost preventive and health education activities as well as higher cost curative programs.

8. That training of medical students in a demonstration program of this type will ultimately increase the pool of physicians experienced in, interested in, and available for the expanded professional work force that will be required to meet increasing governmental commitment to the health problems of developing populations both at home and abroad.

9. That the resources of a university—including but not limited to its medical school—can effectively be focused in a multidisciplinary attack on problems of poverty and health, particularly for minority-group populations.

10. That increased expectations and increased knowledge in the southern target population, coupled with rapid expansion in the voting franchise, will stimulate rapid expansion of local and State participation in programs to create such needed health resources as hospitals and rehabilitation centers.

* * * * * * *

(EXHIBIT 1)

TUFTS UNIVERSITY SCHOOL OF MEDICINE,
DEPARTMENT OF PREVENTIVE MEDICINE,
Boston, Mass., February 16, 1966.

Senator EDWARD M. KENNEDY,
U.S. Senate,
Washington, D.C.

DEAR SENATOR KENNEDY: * * * As you know, our health center opened on December 14, 1965, and we have been astonished at the extremely high utilization of this health center by the residents of the Columbia Point Housing Development. I truly believe that the bulk of poor Americans are not at all pathetic about their health status but have been discouraged at the many barriers physical, temporal, and fiscal which they must undergo to receive the care that they need. In short, we have been drowned in utilization. On this basis we have, during the past 3 weeks, prepared an urgent request for supplemental funds to complete the current fiscal year. The reason for these funds is to secure more physicians, nurses, social workers, drugs, and supplies to meet the overwhelming response that we have received. I have, every reason to believe that the Office of Economic Opportunity will respond favorably to our request since this is a very fine kind of problem for us to have.

Meanwhile, as you know, our department of preventive medicine has been simultaneously committed to the opening of a rural health center in the Deep South. As soon as our first center was opened, Dr. H. Jack Geiger and I became extremely occupied in surveying potential sites in the South. We have now at our choice one of two locations and hope within the next week to bring back to the Office of Economic Opportunity our recommendation for a site, which they in turn would approve. On the basis of preliminary surveys, I am firmly convinced that the data on the health status of rural particularly nonwhite Americans will startle us all in the great efficiency of services which they now receive and so urgently need. I would be most grateful for your interest in our findings and support for our endeavor.

I fully appreciate that time if often urgent in the public arena and that there are important needs for the hearing which you described. In the course of the next year we should have very careful and accurate data concerning the health status of the elderly in a low-income population. I would also agree very strongly that Medicare is not likely to represent the front-line kind of resource which is so necessary to detect and care for disease early before hospitalization or nursing homes enter the picture. At present, we are just carrying forth our first computer run on the basis of 1 month's operation and these data should be available within the next 2 or 3 weeks * * *.

Sincerely yours,

COUNT D. GIBSON, Jr., M.D.,
Physician and Chairman.

(EXHIBIT 2)

(Article from Feb. 2, 1966, issue of Medical Tribune)

COMPUTERS NOW HANDLE HEALTH DATA ON OVER 6,000 USING MEDICAL CENTER

BOSTON.—Computers are helping to run Boston's new comprehensive Columbia Point Health Center and to evaluate its effectiveness in providing medical care for each of the more than 6,000 residents of a low-income housing development.

The center is the northern urban division of a community health action program established by the Department of Preventive Medicine of Tufts University School of Medicine under a grant of $1,168,000 from the U.S. Office of Economic Opportunity, as part of the national war on poverty program.

The computer system will operate at every stage of the center's work, from the moment the patient enters the door, through his examination by nurses and physicians, laboratory and X-ray tests, diagnosis, and followup care at home. It will be able instantly to list all persons in the community with diabetes, heart disease, or any other ailment, or check off all households in which such illness exists.

In the computer's memory bank are the names, ages, reationships, addresses, and other pertinent information about all of the residents in the Columbia Point housing development. Each resident has been provided a plastic health center card that will accompany the patient through the center on every visit. This will

he used to stamp special slips noting contacts with members of the staff, the amount of time spent by each, the laboratory tests, diagnoses, drugs ordered, and similar information, all of which will subsequently be fed to the computer.

WILL PROVIDE RUNNING RECORD

"The computer data will be important," a spokesman for the center said, "because for the first time it will give us a running record of the illness, the health needs, and the medical care usage of a total population whose characteristics are known. It will also give us accurate information on the real costs of providing comprehensive health care. It should help us identify and correct any deficiencies of our own and help measure our progress from year to year."

The computer approach to data processing of patient care was the idea of two of the project's directors, Drs. Count D. Gibson, Jr., and H. Jack Geiger, Tufts-New England Medical Center.

APPENDIX 4—STATEMENTS AND EXHIBITS RELATED TO THE FOSTER GRANDPARENT PROGRAM

Director Sargent Shriver of the Office of Economic Opportunity, announced establishment of a Foster Grandparent Program when he testified before this committee on June 16 during the first hearing on the War on Poverty as it Affects the Elderly.[1] Since that time the program has made grants for 21 projects throughout the Nation. The Senate Special Committee on Aging, vitally concerned about the progress of this program, asked for reports from several host institutions; and a staff member conducted interviews at Colorado General Hospital on December 30, 1965, to obtain firsthand information. The reports from host institutions, the transcript of the interview, and information requested during the January 19 and 20 hearings of this committee follow:

ITEM A: SUMMARY OF THE MARCH 1, 1966 STATISTICAL REPORT

(Submitted by Mr. William C. Hudelson, Foster Grandparent Program)

As of March 1, 736 foster grandparents were actually employed. This is over 72 percent of authorized strength.

The average age group distribution for all presently employed foster grandparents is:

	Percent
60–64	29
65–69	42
70 and over	29

The distribution by sex is 18 percent male, 82 percent female. The oldest foster grandparent reported was 84 years with several each at age 80 and 79.

Seven projects are at full authorized strength. They are:

Western Carolina Center, Morganton, N.C.
Health & Welfare Council, Philadelphia, Pa.
Bexar County Hospital, San Antonio, Tex.
Family Service Association, Tampa, Fla.
Utah State Council on Aging, Salt Lake City, Utah.
Senior Citizens, Inc., Nashville, Tenn.
Denton State School, Denton, Tex.

Five projects are over 80 percent strength. They are:

Allen County Department of Public Welfare, Ft. Wayne, Ind.
Catholic Charities Bureau, Cleveland, Ohio.
Metropolitan Council for Community Service, Inc., Denver, Colo.
New Hampshire Social Welfare Council, Concord, N.H.
Hawaii State Commission on Aging, Honolulu, Hawaii.

[1] See p. 67, hearings; related testimony on p. 588.

ITEM B: FOSTER GRANDPARENT PROGRAM PROJECT STATUS, MAR. 1, 1966

Project	Sponsor type	Total cost	Date of grant	Date of start	Foster grandparents authorized	Foster grandparents employed	Percent			Percent distribution by age			Oldest employee
							Male	Female	Non-white	60 to 64	65 to 69	70 and over	
1. Western Carolina Center, Morganton, N.C.	State	$101,402	Sept. 29, 1965	Sept. 29, 1965	38	38	18	81	8	34	37	29	77
Western Carolina Center													
2. Catholic Charities, New York City.	Church	277,565	Sept. 21, 1965	Oct. 23, 1965	114	8	38	62	25	13	74	13	70
Cardinal McCloskey School and Home.													
St. Agnes Hospital (orthopedic ward)													
3. Health and Welfare Council, Philadelphia, Pa	Community	167,082	Oct. 5, 1965	Nov. 11, 1965	76	76	11	89	49	28	49	23	77
Callowhill Center													
Children's Heart Hospital													
Guardian Angel Shelter													
St. Christopher's Hospital													
St. Vincent's Home for Children													
St. Vincent's Hospital													
Stenton Child Care													
4. Economic Opportunity, Inc., Atlanta, Ga.	do	101,768	Sept. 15, 1965	Jan. 3, 1966	35	13	23	77	54	7	62	31	77
Carrie Steele-Pitts Home													
Fulton County Juvenile Center													
Grady Memorial Hospital													
5. Bexar County Hospital District, San Antonio, Tex	State	89,135	Sept. 9, 1965	Sept. 30, 1965	38	38	18	82	34	45	37	18	81
Robert B. Green Hospital													
6. Family Service Association, Tampa, Fla.	Community.	59,015	Sept. 16, 1965	Nov. 1, 1965	19	18	17	83	50	33	33	33	79
Southwest Florida TB Hospital													
7. Allen County Department of Public Welfare, Fort Wayne, Ind.													
St. Vincent's Villa.													
Allen County Children's Home	County	106,815	Oct. 9, 1965	do	41	35	6	94	8	20	32	48	84
Johnny Appleseed School and Training Center.													

8. Metropolitan Council for Community Service, Denver, Colo. Denver General Hospital. Colorado General Hospital. National Jewish Hospital.	Community.	146,746	Sept. 17, 1965	Sept. 20, 1965	57	47	19	81	19	23	45	32	79
9. Catholic Charities, St. Cloud, Minn. St. Cloud Children's Home.	Church	108,848	Sept. 13, 1965	Nov. 15, 1965	38	29	24	76	0	28	28	44	79
10. Denton State School, Denton, Tex. Denton State School.	State	239,815	Sept. 30, 1965	Nov. 1, 1965	93	93	20	80	10	34	34	32	80
11. Senior Citizens, Inc., Nashville, Tenn. Clover Bottom Hospital and School. Hubbard Hospital-McNary Medical College. MUR-CI Home for Retarded Children. Melrose Children's Home. 51st Avenue Children's Home.	Community.	92,300	Sept. 22, 1965	Sept. 22, 1965	39	[1] 42	10	90	52	27	40	33	80
12. Community Action Committee, Cincinnati, Ohio. Good Samaritan Hospital. Convalescent Hospital for Children. Hamilton County Dunham Hospital. Allen House. St. Joseph's Infant and Maternity Home.	do	95,490	Sept. 17, 1965	Nov. 1, 1965	38	29	14	86	38	34	45	21	80
13. New Hampshire Social Welfare Council, Concord, N.H. Laconia State School. St. Peters Orphanage.	do	91,260	Sept. 23, 1965	Oct. 1, 1965	38	32	22	78	0	25	34	41	83
14. Catholic Social Services of Wayne County, Detroit, Mich. St. Vincent and Sara Fisher Home.	Church	123,457	Sept. 22, 1965	do	38	20	10	90	35	25	60	15	74
15. Wisconsin Department of Public Welfare, Madison, Wis. Central Wisconsin Colony. Northern Wisconsin Colony. Southern Wisconsin Colony.	State	380,078	Sept. 17, 1965	Dec. 3, 1965	114	58	24	76	0	20	52	28	80
16. Our Lady of Providence Child Center, Portland, Oreg. Our Lady of Providence Child Center.	Church	63,550	Sept. 23, 1965	Oct. 1, 1965	28	19	0	100	16	21	63	16	74

See footnotes on p. 754.

ITEM B: FOSTER GRANDPARENT PROGRAM PROJECT STATUS, MAR. 1, 1966—Continued

Project	Sponsor type	Total cost	Date of grant	Date of start	Foster grandparents authorized	Foster grandparents employed	Percent			Percent distribution by age			Oldest employee
							Male	Female	Nonwhite	60 to 64	65 to 69	70 and over	
17. Summit County Child Welfare, Akron, Ohio. Summit County Children's Home.	County	$53,265	Sept. 15, 1965	Oct. 16, 1965	24	8	38	62	50	25	50	25	70
18. Utah State Council on Aging, Salt Lake City. Utah State Training School.	State	154,151	do	Nov. 1, 1965	50	[1] 52	27	73	2	27	50	23	74
19. Catholic Charities Bureau, Cleveland, Ohio. DePaul Maternity and Infant Home. Parmadale Children's Village of St. Vincent dePaul.	Church	78,225	do	Oct. 17, 1965	38	32	6	94	47	38	31	31	81
20. St. James Episcopal Church, Baltimore, Md. Rosewood State Hospital.	do.[2]												
21. Hawaii State Commission on Aging, Honolulu. Waimano Training School and Hospital.	State	82,926	Sept. 9, 1965	Nov. 1, 1965	38	31	26	74	74	39	42	19	78
22. Family Service Agency, San Francisco, Calif. San Francisco General Hospital. San Francisco Youth Guidance Center.	Community.	122,890	Oct. 6, 1965	Oct. 11, 1965	38	18	33	67	33	39	22	39	80
Total		[3] 2,735,783											
Average percentages						72	18	82	25	29	42	29	

[1] Some FGP's are scheduled at less than 20 hours.
[2] Application pending.
[3] Federal funds $2,547,242, 7 percent local funds.

Total authorized FGP's 1,032
Total employed Mar. 1, 1966 (72 percent) 736

FGP salaries represent percentage of project cost (budgeted) 42.9
FGP transportation represent percentage of project cost (budgeted) 6.0
FGP social security payments represent percentage of project cost (budgeted) 1.5
Other costs equal percentage of project cost (budgeted) 49.6

ITEM C: CHARACTERISTICS OF PARTICIPANTS IN FOSTER GRANDPARENTS PROGRAMS [2]

Administrators of the FGP program distributed the following questionnaire to all project directors in February:

A. For foster grandparents actually employed:

1. In addition to the general standards of income, age, physical and emotional competence, and literacy; what other, if any, local standards were used in selection of FGP's?

2. Were any personal or professional qualifications required?

3. What is the average income level without FGP pay for:

(*a*) Single FGPs.

(*b*) FGPs living as part of a family.

4. What is your FGP absentee rate? (Use days absent figured against total FGP days scheduled for the first 2 weeks of January 1966).

5. How many have transportation problems? Explain.

6. Do you have any information or data on the main reasons for working as an FGP; i.e., primarily because of the need for additional income, or because of an opportunity to be active and of service; please elaborate.

7. Of those originally hired at FGP's; what percent have:

(*a*) left for reasons of their own,

(*b*) terminated because they were unable to perform as expected,

(*c*) of those terminated, how many for physical reasons, or

(*d*) other reasons

B. For the number of applications actually accepted; what was the ratio of rejections and what were the two or three most common reasons for rejection?

C. Do you now have a waiting list of eligible applicants? If so, how many are on the list?

D. Are you continuing to receive applications for FGP employment?

E. Have you received any written comments on:

1. Effectiveness of the prospect.

2. Any problems or deficiencies of the project.

If so, please attach a copy.

NOTE.—When preparing this report, please follow the above format.

Replies follow:

FOSTER GRANDPARENT PROGRAM

Summary analysis of February 28, 1966, questionnaire.

A. For foster grandparents actually employed:

1. Local standards of selection used in addition to general standards of income, age, physical, and emotional competence included accessibility to place of employment, recent experience with children (grandchildren, nursery, etc.). Some had used no local standards of selection.

2. No professional qualifications were required but personal qualifications included neat and clean appearance, warmth of personality, interest in children, ability to communicate, and willingness to be supervised.

3. The average income level without FGP pay for:

(*a*) Single FGP's was $1,200.

(*b*) FGP's living as part of a family was $2,000. (The highest income for a single FGP is $1,660 for New York which has a very high cost of living; the lowest, $816, for Atlanta, Ga.. The highest income for an FGP living as part of a family is $2,754 in Hawaii which is a high cost-of-living area and has an adjusted higher poverty index allowance, the lowest, $1,144 for San Antonio, Tex.)

4. There have been relatively few absences and none at all in several projects. The average of the first 2 weeks in January (some used February because the projects were not in full operation until the middle or end of January) is 4.6 percent. The highest percentage of absences is 11.2 percent; lowest is none. One must take into account, however, that if 1 person in a project of 10 is absent, it will certainly be a higher percentage of absences than if several persons are absent in a project of 50. Some projects had relatively high percentages of absences because one person in the project had an extended illness.

5. Of 20 projects reporting, 12 have no transportation problems at the present time and most of these have never had any. Eight others have some transportation problems usually involving a small number of their

[2] Requested at hearing; see p. 593.

FGP's. Some of the problems are long waits in bad weather for public transportation, FGP's in rural areas without public transportation or relatives or friends who can drive them into town or to the project, institutions inconveniently located, parking problems for FGP's with cars (parking space and/or cost), many transfers on buslines and great amount of time needed to get to projects, hire of bus drivers, mechanical difficulty with buses, impracticability of bus rental (due to lack of any other mode of transportation) because of scattered locations of FGP's, streets too small for rented buses to travel on, and lack of public transportation on Sundays. However, those with no transportation problems have found rented buses ideal, carpools successful, public transportation convenient, institutions conveniently located.

6. Opportunities to be of service and to be useful were considered primary reasons along with the need for additional income. Opportunities to work with children were mentioned by most.

7. Of those originally hired as FGP's, what percent have:

(*a*) Left for reasons of their own, 5.09 percent.

(*b*) Terminated because they were unable to perform as expected, 0.86 percent.

(*c*) Terminated for physical reasons, 2.73 percent.

(*d*) Other reasons (insufficient data).

B. The rejections ranged from 86 to 20 percent; the average is about 40 percent. However, this always depends on the number of applications, the quality of applications, the individual differences in selection, etc. The three most common reasons for rejection were excess income, physical limitations, and emotional instability.

C. All have waiting lists which number from 3 to 116 and depend upon the size of the city, the proportion of older population, and the number needed to fill the authorized quota.

D. All are continuing to receive applications for FGP employment and are answering telephone inquiries, but two projects are no longer processing applications because their full number has been reached and they have waiting lists to take the places of any dropouts.

E. There have been many newspaper articles about the projects (both feature and editorial articles), all favorable; many letters of appreciation from parents of the institutionalized children, from persons who were not chosen to participate in the program but are appreciative of its aims, and from FGP's themselves; letters of praise from officials and others; radio programs, speeches before church groups, club meetings (with FGP's, project staff, or both).

One suggestion given was that there should be more projects in different parts of each State.

ITEM D: DESCRIPTION OF EARLY DIFFICULTIES ENCOUNTERED

(Excerpt from a statement by Dr. Bernard Nash, issued on Feb. 7, when he was FGP Program Director.)

The first phase of the program has, in total, encountered relatively minor problems. The delays in getting some projects underway are attributable to three major causes:

1. Inexperience of some applicants in recognizing the normal obligations and responsibilities of handling Federal grant funds.

2. The necessity of developing an all new operational staff of qualified personnel.

3. The delegation of operational responsibility to an agency other than the original applicant.

The AOA has substantially strengthened its staff in the past several months, and is providing a greater measure of direct assistance to all existing projects. This has been made possible by negotiating a contractual agreement with OEO, in December 1965, providing for added professional and management staff. The people we have assembled as a result of this agreement have strong personal interests in achieving the objectives and missions of both the Foster Grandparent Program and the Administration on Aging. They are experienced, capable persons with the initiative and energy to do whatever is essential to assure the success of the program.

Phase 2 of the FGP program was launched January 20, with initial distribution of application material. We have revised, in cooperation with OEO, our project application procedures. The new application kits will provide clearer instruc-

tions, more definitive guidelines, and clarifying examples. A model project is included—for those inexperienced in grant applications.

This effort will be reinforced by providing direct assistance in project development, when needed, to those potential applicants who have or can provide the necessary ingredients to qualify for either a demonstration or community action project.

Funding for additional FGP projects will be available by two methods. One method under which approximately 38 additional projects will be established is under Section 207, Title IIA, as demonstration projects. These projects will require an element of uniqueness in application of the general principles of the FGP program.

Another method of funding additional projects will be as local CAP projects financed by local CAA allotments, or by OEO discretionary fund project allotments. Projects funded in this manner will not be required to meet the test of "uniqueness," but will require local CAA approval as an integral part of the local CAP effort.

In our opinion the latter method of funding may encounter considerable difficulty. Already, discussions with potential FGP applicants have disclosed the fact that in most localities where organized CAA's exist, the competition for available funds is quite severe. Where no CAA organization presently exists, there are, of course, no local OEO funds for project application use. Many potential applicants have indicated their intent to apply for demonstration funds rather than risk the uncertainties and longer processing periods inherent in CAA projects. This development could subject AOA to heavy competitive pressure in selecting demonstration projects for recommended OEO acceptance.

In summary, we believe the FGP program to be highly successful. The concepts on which the program is based are accepted by all who are participating in or closely observing the many positive benefits which are already visible. An important byproduct is the increasing number of inquiries and suggestions we are receiving regarding the potentials of employment of older Americans in similar service areas.

Correspondence and personal contact with people associated with this program, especially at the operational level, reveal a significant change in attitude. In the earlier periods of each project there was always evident the belief of dedicated individuals in rewarding endeavors. However, within a few short weeks, this attitude becomes one of almost missionary fervor as the beneficial results to both the foster grandparents and children become increasingly evident.

ITEM E: NARRATIVE SUMMARY OF PROJECT AT DENTON STATE SCHOOL, TEXAS

(Submitted by Dr. Nash)

DENTON STATE SCHOOL,
Denton, Tex., February 11, 1966.

Dr. BERNARD NASH,
Director, Foster Grandparent Project, Administration on Aging, Washington, D.C.

DEAR DR. NASH: Herewith is a narrative summary of the Foster Grandparent Project at the Denton State School to bring you up to date on our progress.

The dates and data requested earlier are enclosed (enclosure No. 1).

Project organization

Although Governor Connally gave his written approval of our project on September 30, 1965, no letter of credit for Federal funds was placed at our disposal until November 1, 1965. The director of the project (W. E. Gursch) was employed effective November 4, 1965. Some of the project staff was employed November 8, 1965, and the balance of the staff on November 15, 1965, and a period of staff training and orientation was begun concurrent with the selection of the children to be served and the collection of baseline data on them. The format of the project and its method of organization and operation were cleared with the multitude of institutional personnel involved.

The period prior to the arrival of the foster grandparents was a busy time Conferences were held by our Foster Grandparents Project supervisors with institutional supervisors and with the houseparents: by the training coordinators with administrative personnel; and by the director with department heads, and the information brought back to meetings of the Foster Grandparent Project staff for discussion and incorporation. The schedules, patterns, behavior, and routines of

the children on the various dorms to be served were studied so that our training might be more appropriate and so that the foster grandparents could begin work on the dorms with a minimum of friction and confusion. Types of activities which foster grandparents should carry on were discussed. Supplies, equipment, and office furniture were ordered. Mr. Tinnin, our psychologist (one of the two training coordinators), gathered and correlated psychological and psychometric data on children to be included in the Foster Grandparent Project. In view of the research grant to Dr. Hiram Friedsam of North Texas State University, which we are eagerly anticipating, research instruments were devised and our procedures were arranged, whenever feasible, so that needed data could be obtained. During this period, and since, Dr. Friedsam as well as some of his students have been a part of activity of the project and a part of its organization. By common agreement the factor of service to the foster grandparents and the children has taken precedence over the research design. We intend to encourage the interest and participation of students from the nearby universities in this project and will assist them as much as feasible in the use of the project for study, research, or thesis topics.

Mr. Ephraim, the other of the training coordinators, who acts as my assistant, organized and correlated the difficult schedule and method of transportation. There is no public transportation in the city of Denton or in the surrounding rural area and a very careful study and much planning was necessary to work out optimum transportation service. A rural bus route was begun on February 7, 1966, and this should in time bring in more and more of the potential foster grandparents from the countryside. With these older persons we have found that it is usually not sufficient to tell them that such and such a thing will be done. They wait until they see it being done and then act accordingly.

During this initial period the 10-day program of foster grandparent orientation was formulated and prepared, the schedules cleared with the participants, and arrangements made. For ideas on the content of this orientation we learned most heavily on those who had the actual daily contact with the children in the same milieu which our foster grandparents would encounter, i.e., the houseparents and supervisors. The discussion and decision involved in creating the orientation was also a training device for the entire foster grandparent project staff since in the process they were led to evaluate many procedures and activities and thus prepare themselves on a realistic basis for their later duties with the foster grandparents. The evolution of the orientation program can largely be credited to Mr. Ephraim.

Recruiting

Recruiting proved to be a surprise. The Denton office of the Texas Employment Commission (TEC) had presented us with a list of 338 names of inquiries. However, when the project finally was given the green light and TEC called these in for testing and interviewing, most failed to appear and only 14 were initially employed from the entire list. State welfare recipients (old-age assistance) were notably absent, fearing that any "job" might jeopardize their welfare checks and we were not even given the opportunity to explain that this had been cleared with local State welfare authorities and they would not lose one single cent of their welfare check.

An expanded publicity campaign was instituted, newspaper ads and articles were used, letters were sent to ministers, public meetings were held, and those on the TEC list who had not responded to the interview notice were contacted by phone by foster grandparent project personnel. Many were eliminated because of income—often only a few hundred dollars above our stipulation. Others indicated they might be interested "next year," i.e., after Christmas.

The first orientation class of 33 was drawn primarily from the city of Denton. It has been our intention to also reach the rural area here and an intensive effort to do so was carried out for the second orientation class. An interesting sidelight on recruiting in a rural area is that rural folk apparently "pay no mind" to newspaper articles, letters, or much else except personal face-to-face contact. In the small village of Aubrey with a population of 434, we had employed 2 people with no effort on our part. As they went through the orientation class and became more and more interested they told others and we have now employed nine from there. In Sanger with a population of 1,700 we saw the

mayor, the newspaper ran a huge ad and good article, and we received 1 response. The water department then gave us a list of some 50 persons age 60 and over who might be interested and each was sent a letter from us. Additional responses—zero. Apparently we will have to make some personal contacts to get a few venturesome souls to risk it and later tell others, thus get the ball rolling.

We find more and more persons coming in to apply; nearly all have talked to someone already in the project. Thus it would seem that it will take time to really determine the potential for a project like this since "nothing breeds success like success" and we must allow time for the word to get around.

We have thus far not moved into Dallas or Fort Worth with their large numbers of potential foster grandparents, preferring to fill our original quota within easier transportation range.

Hiring

In spite of all publicity about income requirements quite a few persons phoned or came to the project offices at the Denton State School hoping that somehow they might still be eligible in spite of an income over the stipulated amount. Usually this was only a few hundred dollars above the $1,800 (or $3,000 per couple). My staff estimates that perhaps as much as 75 percent of those who were ineligible were disqualified because of excess income.

Early publicity had indicated an age of 55 and above and some came in clinging to the hope that this was still in effect. Several women have promised to be back "as soon as I'm old enough."

All applicants, after completing our application blank, were taken by our supervisors on a tour of the dormitories in which foster grandparents would be employed. In addition to explaining the functions of the Denton State School and showing how foster grandparents would aid the children, the supervisors also observed the physical stamina of the applicants (it is a lengthy walk) and the reaction of the applicants to the children and the children to the applicants. They listened for indications of the applicants' attitude and behavior as well as their potential as a foster grandparent and relayed this information to our interviewers. This enabled some applicants to eliminate themselves and also enabled us to eliminate some with a negative attitude or even some senility who would serve no good purpose and might jeopardize the relationship of foster grandparents with the institutional staff.

Each applicant was then interviewed separately and in depth. After the interview introductions were made to other staff members. Later the information and impressions were pooled, a decision made, and the applicant notified, usually by phone. Those who were mentally not suitable were sent a letter to the effect that they would be better suited to a different type of child than those we would serve. We attempted both in the interview and in correspondence to spare their feelings and not to aggravate their condition. My staff is competent and concerned and I believe all persons, whether accepted or not, left here pleased with the cheerful courteous reception they had received.

The joy in working with this honest, straightforward group can best be told by quoting a few incidents during the interviewing time.

1. An applicant when asked why she wished this kind of work said, "I'd rather wear out than rust out."

2. An applicant listed her health as "fair" and when asked about it said she felt fine, did her own washing, cooking, grocery shopping, etc. But she had not had a doctor's examination for 15 years and "I didn't think it was right to say 'good' unless a doctor said so."

3. Another phoned back after her interview. She had forgotten to report that she had sold about two calves a year.

4. We phoned Mrs. "Smith" to give her the bus pickup point. She didn't know what we were talking about. Suddenly the light dawned, "Oh, you want to talk to my daughter."

Orientation

A copy of the original orientation is attached (enclosure 3).[4] It has been varied slightly for the second group as some personnel became unavailable and as experience indicated improvements. The alertness of the group and their continuing interest has been a surprise to us. Participants in the orientation have

[4] In committee files.

been pleased and amazed at the number and depth of questions from the foster grandparents. This does not intend to convey that the group is of professional quality. They are in the main from a rural area and are not highly educated but they have a native intelligence, understanding, and perception which makes them fit readily into this work by "doin' what comes naturally."

The orientation appears to have been quite succesful in providing general background, in removing the fear and anxiety which come upon entering a new and untried field at this age, and in preparing for the assignment to the children. There is no doubt, however, that the ultimate success of this project will rest upon the quantity and quality of personal supervision which these foster grandparents will receive. If this project is to depart from the more common emphasis on physical care and venture into the area of activities, learning, and beneficial relationships, a warm, knowledgeable and imaginative supervisor is an absolute necessity. Good supervisors with a knowledge of an institution with its built-in limitations, but also inspired by the vision of what these older persons can do if given the opportunity to do so, play a vital part in seeing to it that these foster grandparents will make a contribution to the lives of these children which would never otherwise be made.

A group of 35 was brought into the first orientation class which began December 14, 1965. Of these two were called into better paying jobs when employers learned that they were interested in employment. Another created so much havoc among the foster grandparents with vague complaints and whining that she was asked to resign because, as several grandparents said, "One like that could ruin our whole project." Thus 32 completed the orientation class. They were asked to submit a letter telling what they thought of the foster grandparent project, the FGP staff, the orientation, and the Denton State School. Typed copies of their letters are enclosed and these indicate their attitude toward the orientation as well as their wide range of educational background (enclosure 4).[5] Reproductions of the original letters are available if you desire them. An additional applicant had previously had 6 years' experience at the Austin (Texas) State School for retarded children and was hired after the conclusion of the orientation. She and one other applicant were the only Negroes applying and both were accepted. There were three males in this orientation class. A total of 33 foster grandparents have been assigned to children.

A second group of 34 foster grandparents have been hired and have just completed orientation class. Thus a total of 67 foster grandparents has been employed to date. A third group, which will complete our present quota of 93 foster grandparents, is being hired and orientation will begin on February 23. At that time we also plan to include an additional 10 persons in the orientation. These will be employed with the understanding that they will be placed on a "reserve" or "standby" status after the orientation and will later be brought in to fill vacancies. This is necessary because our orientation is quite intensive and extensive and involves many institutional representatives who simply can not be spared from an already overcrowded schedule to help orient replacements as they might straggle in later.

On-the-job training

In addition to the on-job supervision we will also have a minimum of 1-hour class training each week. At these meetings (separate for morning and afternoon shifts) we will at first provide a forum for the discussion of problems, needs, satisfactions and successes. After a few sessions we will go into specific training in areas of need, such as the development of speech, dental care, child activities, etc.

Problems

The problem of recruiting has already been discussed.

Regular institutional staff, in order to give 7-day-a-week coverage, work on a complicated pattern involving 6 days on, 2 days off, 6 days on, 3 days off, etc. Explaining this to our foster grandparents was a problem and getting them to follow it was an even greater one.

"Relief" grandparents created a problem. "I don't want to care for two other grandmas' children for a couple of days each. I want two children of my own."

Some children created a problem by wanting "my other grandma" when the relief grandma came on duty and she would look as though the world had just caved in.

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[5] In committee files.

Other dorms created a problem. Even some where the houseparents had previously said that they had "enough to do with 30 retarded children and we don't have time to look after a bunch of old people, too," now began requesting foster grandparents for their dorm. They pointed out that if weekend coverage were eliminated foster grandparents could serve 60 or 70 more children and the children would not be harmed as much by a 2-day absence as by the confusion caused by duplicate foster grandparents.

So we yielded to the inevitable and have placed our foster grandparents on a 5-day, Monday-through-Friday, 4-hour-a-day schedule with two children each and no relief. This means that our assigned 67 foster grandparents are now serving 134 children and our full quota of 93 foster grandparents will be serving 186 children by mid-March.

Baylor Denton School wishes to do some research in tooth care on the dorms foster grandparents serve, and there is the pleasant problem of working this into in-service training.

There are several problems which are more serious. One is the tendency of institutional staff to wish foster grandparents for some of their most difficult cases who demand much of staff time. Although it is a compliment that they are now eager to entrust these children to grandmas and grandpas of whom only a month or so they were quite dubious, it is nevetheless an assignment for which foster grandparents are not generally suited or trained. The director has the duty, as guardian of the welfare of the aged on this project, to see that they are not exploited, even when it is well intentioned, and to veto any such assignments. It is a pleasure to report that this is being done without bitterness or rancor.

Another problem is the attitudes of some of the houseparents when foster grandparents first are assigned. The children who once turned to the houseparent for everything, suddenly discover the grandparents, eager to help and overflowing with a need to give and receive affection. The houseparents are abandoned and this new group is explored. Often the houseparent feels envy and resentment. She has been doing this everyday for years and now here come a bunch of grandparents and the kids flock to them and everybody makes a fuss about them. There are complaints that order and discipline have been ruined. It is too noisy. The grandparents do everything for the children and instead of teaching them anything, they are making them dependent. Things sure haven't been very well planned—why doesn't the government give some tables and chairs and stuff? After a week or so it began to calm down. They may still resent the affection which they feel has been stolen away from them but they begin to see results and to see children change and to realize that things probably never will be perfect.

Changes

Foster grandparents are now working a 5-day week, 4 hours per day, at $1.25 per hour. Each foster grandparent is assigned to his own two children with no duplication. As a consequence more children can be effectively served, and at the close of the next orientation class another dormitory will be added to our original list. Its composition will correspond to those we are presently serving.

The morning schedule for foster grandparents has been moved up from 6:30 to 7:00 a.m. for the convenience of the foster grandparents.

Results—Children

The success of these foster grandparents with the children even in these first few weeks is phenomenal. We had carefully prepared the foster grandparents for slow results, with months of effort before the children really took to them, to expect very little change for a long time, etc., etc., etc. They have completely upset our timetable. Within days instead of months bonds were being established with the children. The first few days were rather confused, but it was surprising how soon most children began to identify with their own particular "grandma" or "grandpa."

The first sign of progress has been noted by both the Foster Grandparent Project staff and others as being in the expression of the eyes—they become more interested, more alert. The smiles became more evident. Recent progress is shown more by the things the children are beginning to do—use the "potty," feed themselves, cooperate in bathing, dressing, etc., and in their more purposeful behavior with toys—more than one grandma has been seen on the floor

rolling a ball or making a noise like a motor car. We must admit that we were not prepared for such rapid change.

Perhaps the following case stories will illustrate what is happening.

1. Ned spent his time facing into a corner and cringed even more when approached. He had to be dragged crying and kicking to the dining room. His first change was to sit in the corner facing the room. He has since learned to patty-cake, pat his foot, reach out his hands, and goes to the dining room freely, holding grandma's hand.

2. Gladys has spent most of her time restrained in a small rocking chair. She moves by rocking hard and inching forward. She cried when grandma first approached her. Now she scoots in the chair for 100 feet or more when she hears grandma's voice.

3. Keith was known as the screamer. It was an all-day pattern. Little by little he has stopped screaming, once for 3 days in a row and now entirely. The dorm staff has revised its opinion and now feels he may have a high potential. He is beginning to use a spoon and show other good signs.

4. James is 5 but had to be moved from side to side and was nearly lifeless except for his eyes. After a time he began smiling at grandma and reached for her fingers. She massaged his leg muscles and made a fuss over him. Within 2 weeks he rolled over on his stomach by himself and the entire ward came to see it. None of us can explain what some have said is "almost a miracle," maybe James was ready and just waiting for the right person to come along. Grandma is white, her "grandson" is colored.

5. Houseparents reported that just before 3 p.m. some of the children begin pressing their noses against the window. They sense the time, like dogs waiting for their owners to come home from school, and are waiting for grandma and grandpa.

6. So many children are taking their first steps and learning to walk, so many are reported to be making progress with spoons, and so many are beginning to say words, that (within 4 weeks) this is becoming commonplace.

Results—Foster grandparents

Although our research team can undoubtedly verify it later, there are obvious indications, perhaps unscientific, of the pleasure of the foster grandparents in their work. An informal survey was made of the original 33 foster grandparents who were asked to check whether since coming to work here they were (1) "not as happy as I was before," (2) "about the same as before," (3) "a little happier," or (4) "a lot happier than before." Five said they were "a little happier," 28 said they were "a lot happier."

Again let us illustrate our point by quoting our foster grandparents.

1. While washing their children's face after supper, one said to another, "Wasn't it good of God to send us here?"

2. A group of applicants were taken on tour and one of the grandmas on duty in telling about retarded children said, "The children seem to wind around your heart."

3. A foster grandpa had been promised a move later to a larger boys' dorm where more men would be employed. When told the move could now be arranged so he could have more companionship, he rejected it. "I'm here to help children and not to visit." This same grandpa is assigned to an extremely active and irritating boy. After 45 minutes of the boy's hopping on a bed and grandpa pulling him calmly off, the boy stopped and they quietly went for a walk. As they passed the supervisor grandpa winked and said to her, "Well, I guess he figgers I'm going to stay right in there with him. We'll get along." And they do.

4. One grandparent at bathing time said to her child, "What am I going to do with you?" From across the room a grandma spoke up, "Just love him a little more."

5. "We were saying on the bus yesterday—these are the shortest 4 hours we ever spent."

6. "We need these children more than they need us."

7. Three sisters from California were coming through here to pick up two more (including one of our grandmas) to make their first visit back to the old homestead in Mississippi in 20 years. Our grandma said she wouldn't go if it meant losing this job.

We hope this narrative has given you a taste of our project with its progress and problems and an indication of our pleasure in being connected with it.

Please let us know if we can be of assistance to you.

Sincerely yours,

W. E. GURSCH,

ACSW, Director, Foster Grandparent Project, Denton State School.

Enclosures

EXHIBIT 1

REQUESTED DATES AND DATA (P. 2)

STATISTICAL SUMMARY

Total foster grandparents employed: 67.

Sex: Males 11, females 56.

Age: Range 60 to 79; mean 67.2; 60 to 64, 20; 65 to 69, 23; 70 and over 24; oldest employee, 79.

Race: Negro, 2; white, 65 (6 more Negroes have already been accepted for the third orientation group).

Marital status: Married 30; widowed 32; divorced 4; single 1. (Three couples are employed.)

Education: Mean 9.5 grades.

Residence: Denton, Tex., 42; rural towns, 25.

Living arrangements: Alone 27; with others 40.

Living children: Range 0–11; mean 3.2.

Descendants: (Unduplicated count) children, 211; grandchildren, 533; great grandchildren, 175; total, 919.

Health: 4 under care of physician; 63 not under care of physician.

(We have not requested information on religious or ethnic origin).

EXHIBIT 2

REQUESTED DATES AND DATA

September 30, 1965: Governor Connally signed authorization for Denton State School Foster Grandparent Project.

November 1, 1965: Federal funds made available.

November 4, 1965: Director for project employed.

November 8, 1965: Part of staff employed.

November 15, 1965: Remainder of staff employed.

November 15, to December 14, 1965: Training and orientation of staff; collection of baseline data on children; organization of format and guidelines with staff; conferences of Foster Grandparent Project supervisors with institutional supervisors and houseparents to organize program, indoctrinate institutional staff, discuss limitations and scope of Foster Grandparent Project, plan activities, plan for training areas, and discuss retardation level and problems of children; preparation of 10-day orientation program for foster grandparents; recruiting of foster grandparents; arrangement for transportation; public relations with personnel of Denton State School.

November 29, 1965: Interviewing and hiring of foster grandparents begun.

December 15, 1965: First orientation class begun with 35 members.

January 3, 1966: Conclusion of first orientation class.

January 4, 1966: Assignment of 33 foster grandparents to retarded children.

January 4 to January 21, 1966: Intensive recruiting campaign in rural areas; observation of foster grandparents in work with children.

January 24, 1966: Second orientation class begun with 34 members.

February 4, 1966: Conclusion of second orientation class. Completion of first month of assignment of group I to children.

February 7, 1966: Assignment of second class to children.

February 23, 1966: Anticipated date for beginning of third orientation class with balance of about 26 members plus a reserve of about 10 to be available for later replacement as needed.

March 9, 1966: Anticipated date for assignment of 26 foster grandparents (remainder of original quota of 93) to children.

ITEM F: TRANSCRIPT OF INTERVIEWS ON FOSTER GRANDPARENT PROGRAM AT COLORADO GENERAL HOSPITAL, DENVER, COLO., DECEMBER 30, 1965 [6]

I am Mrs. Mary Holmes, Project Director of Foster Grandparents, in Denver, Colo.[7] We are at Colorado General Hospital, which is one of our host hospitals, where we have from 15 to 20 foster grandparents working on different shifts and different days.

INTERVIEWER. What sort of work generally do they do, and what is the ratio to patients?

Mrs. HOLMES. The foster grandparents give extra tender loving care to children who are considered to be in need—emotionally deprived or failure-to-thrive children. They do such things as helping them eat, feeding them, changing diapers, with a great deal of physical contact. They do not supplant any of the hospital personnel here. They are not taking any jobs away from existing personnel. This is really extra.

INTVR. We have one of the foster grandparents here—Mrs. Leachman. Will you introduce her?

INTERVIEW 1

Mrs. H. Mrs. Sybil Leachman, who was in our first training program and one of our first foster grandparents.

Mrs. LEACHMAN. I am Mrs. Sybil Leachman and I live at 3405 West 32d Avenue in Denver, in a senior citizen apartment. I am 70 years old and I have enjoyed the work here so very much. I have been with the project since it started. I have handled three children, and I am on a long case now, as long as the little girl is here.

INTVR. Were you retired when you became a foster grandparent?

Mrs. L. Yes, I have been retired from government work 8 years.

INTVR. And you live alone now?

Mrs. L. Yes, I am a widow. My husband passed away 4 years ago, and I had been doing nothing. I feel now that I am doing something very worthwhile.

INTVR. How did you learn about the foster grandparents, and why did you decide to join?

Mrs. L. Well, I was just reading the Denver Post one night, and saw that this program was going to be instituted here, and I thought that is something I can do. So, on Monday morning I went down to the address given and put in my application.

INTVR. Why were you so convinced that you could do this?

Mrs. L. Because, it was something that I had always wanted to do—to do volunteer work in hospitals—but I just never had done it. I just felt that it was something very worthwhile, and I love to work with children.

INTVR. Do you have any grandchildren?

Mrs. L. I have six grandchildren.

INTVR. Was this good training for this job?

Mrs. L. [Laughter.] Well, it certainly helped. I have them ages 2 through 23 years. I have had quite a bit of experience.

INTVR. What sort of training did you receive before you came to the hospital?

Mrs. L. I certainly received a lot of benefit just from the training—I had the very best of instructors—nurses, head nurses, psychologists. Psychiatry in the hospital and the work was explained to us in detail. And then we had excellent training from kindergarten teachers, so that when we are in the playroom with the children we know what to do with them.

INTVR. When you entered the hospital you felt you were ready to work with the children?

Mrs. L. I knew I still had a lot to learn but I played it by ear.

INTVR. Will you describe the children you have worked with so far, and would you describe what you do for them that they might not have had if you hadn't been here?

Mrs. L. The first little patient I had was a retarded boy, and he either refused to speak or he couldn't speak and had been here quite a while. I gave him tender loving care, which I felt he hadn't had at home.

INTVR. Was he hostile toward you?

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[6] Reference on p. 525, footnote 14.
[7] Additional information on Colorado on pp. 655–657.

Mrs. L. Yes, right at first; but I won him over, as I could tell by the way he would greet me when I came in the next day.

INTVR. How did you win him over?

Mrs. L. By playing with him. I think he has been a child who had been neglected, shall we say. I felt that he had, and I found that merely drawing pictures for him was something he enjoyed. And so, after a few days, instead of crying at all time, he laughed.

INTVR. He laughed. He did cry all the time, but now he began to laugh?

Mrs. L. Yes. My next little girl was a case of child abuse from her mother and she is now in a foster home. She certainly needed tender loving care, and she received it well. She is one of the cuddly children. She is 5 years old. She loved to be held and she loved to be loved and so it was very satisfactory. She was a bright child.

INTVR. Where is this child now?

Mrs. L. The welfare department put her in a foster home. The little girl I now have was severely injured in an automobile accident. She was in an intensive care ward and I was there with her for 2 weeks. She is improving, but she is still in traction and paralyzed from the waist down. A very bright child. She loves to be read to, loves to blow bubbles, and we'll play games, and so I do 4 hours of that. Also, she has to be fed—I feed her breakfast and lunch.

INTVR. What is your workday?

Mrs. L. The hours are from 8 to 12.

INTVR. Do you feel that this is a strain on you in any way?

Mrs. L. No, and I enjoy it; I feel I can do it and so far I haven't missed a day or an hour.

INTVR. You have described some of the benefits that the children received from you because you are here. Would you say that you benefited in any way?

Mrs. L. I certanly have. As I have said, I have enjoyed doing it and I feel that I am accomplishing something that helps me, because it is helping the children, and so helping me.

INTVR. Do you have any suggestions either for extending a program of this type elsewhere to other children who might be helped, or either improving training techniques in this program? This is experimental, and there may be possibilities for a change here.

Mrs. L. In the room in the ward where my little girl is now, there are four beds and the other three children are not getting the attention that I give to my one child, of course. And, of course, I don't mean that I don't give them attention, too; I do. If they want the nurse, I call the nurse, but as far as entertaining them, all my attention goes to my one child, and we have been assigned only one. I don't know if anyone else takes two or not, but I've had just one child.

INTVR. Do you think this 1-to-1 ratio could be changed? Do you think you could handle more or do you think that it is absolutely essential to keep it 1 to 1?

Mrs. L. I think that it depends on the case. You might be able to entertain two children at one time. But you have one responsibility, and in the case that I have right now, I could not divide my attention.

INTVR. You are working in this ward with nurses and doctors. Do you find that they welcome your work here?

Mrs. L. At first I was a little uneasy about how we would be accepted in the hospital, and I wondered if they would think that we were just old people in the way. But I found them to welcome us and to be very gracious, kind to us, considerate. I feel that they really appreciate what we are doing, and that we are a help.

INTVR. Do you find that after your being with a child for so many hours that you have a sense of attachment to the child?

Mrs. L. You do get attached to your child, and I think they get attached to you, and that is the one thing you aim for—for them to get attached to you.

INTVR. You haven't maintained any communication with the children after they leave, have you?

Mrs. L. No, oh, no.

INTVR. That would be difficult and probably would defeat some of your own purposes here.

Mrs. L. Another thing, we are instructed to never bring gifts or anything of that kind, and so they are not expecting that from you.

INTVR. Have you ever been in touch with parents of one of the children you work with?

Mrs. L. No, I have been introduced to one mother.

INTVR. Do you feel that the parents welcome or resent the work you do?

Mrs. L. I think they welcome it.

INTVR. Why do you think they welcome it?

Mrs. L. Because the children say so, and the mother of the little girl that I have right now remembered me at Christmas with a gift and wrote on the card that she appreciated what I have done for her child.

INTERVIEW 2

This is Michael R. Dunn, M.D., resident in pediatrics in charge of ward, age 3–18. In the next room we have a very good example of the benefit derived from our Foster Grandparents Program. This child came in about a week ago—a 4-year-old girl who was very unhappy and depressed for reasons we have not quite found out yet. In the first day or so, she got in bed with her eyes closed and refused to talk to anyone or to have anything to do with them. We immediately assigned her to a foster grandparent, who spent a lot of time with her—rocking with her, reading her books, or telling her stories and playing records for her. Over the next day or so, she responded very well to her foster grandparent and was able to talk to her and relate with her. She was unhappy when the foster grandparents went home. However, at this point she still does not relate well to other people. At least she has come out of her shell and we feel that great strides have been made in enabling us to reach her. In fact, we had a conference about this yesterday with the psychiatrist on this particular patient and we were discussing what type of psychiatric care would be appropriate for long-term use, but they felt that for short-term use, for the time the child was in the hospital, the foster grandparents were serving a very good function as a supportive type of therapy and it wouldn't be necessary while the child was in the hospital to have an intensive type of therapeutic program.

INTVR. Why would you say this child was responding to the foster grandparent when it appears she hadn't responded to similar attention by her parents?

Dr. DUNN. We feel the problem in the child was due to her parents and to the environment at home. We do have a lot of information about the parents.

INTVR. There is a problem at home?

Dr. DUNN. Definitely, very definitely.

INTVR. So, what is the future of this child after the foster-grandparent treatment stops?

Dr. DUNN. Well, actually we were talking about this yesterday and we thought it would be a very nice thing if the foster grandparents could follow up on these kids. I think this would be ideal. But, since the program is not set up this way, the future plan is to have them followed quite intensively by a psychiatrist either at the mental health clinic in the county or right over here at the psychopathic hospital.

INTVR. In either of the two institutions you just mentioned, there is no Foster Grandparent Program?

Dr. DUNN. That is correct.

INTVR. But, you would see the usefulness of such a program in those institutions too?

Dr. DUNN. In any institution for children, it would be very beneficial (1) because of the loving nature of the foster grandparents' association. Something which the children in the hospital lack is love and affection, and (2) because of the time they can devote to the children. The rest of the staff would very much like to do the same type of thing, but when you have 40 other patients to take care of, it is very difficult, in fact, impossible to do so.

INTERVIEW 3

I am Dr. John Schilke. I am in complete agreement with what Dr. Dunn has said. I have noticed perhaps even more closely than he some of the improvements in this particular patient you are talking about has made. It has been my general impression that the overall effect on the whole ward, and not taking one patient in particular, has been a good one. We have a ward meeting about once a week where we discuss problems of just the general management, and this question has arisen a number of times, and my response to the Foster Grandparent Program has been extremely enthusiastic. It has been my impression that the children in general seem happier and seem more willing to adapt when they have someone like the foster grandparents here—someone who is not going to come in and take their temperature and do something still more unpleasant, but who will be a friend to them and who will offer them some of the comforts of home, so to speak, while they are in a rather frightening environment. One

other thing I have noticed, incidentally, is that this has had a reciprocal effect, as well. I think that initially the grandparents were sort of at sea and not quite sure of what they should be doing and not sure what reaction either of the children or the house staff would be or nursing staff, but gradually this has changed completely and these people seem to take a great personal joy in what they are doing, and I don't think it is exaggerating to say that it is giving them something that is very important in their lives to look forward to. From this point of view it is as therapeutic to them as it is to the children. I am sure that one could always find instances where the program has failed. But, in general, I think it is an overwhelming success, and I am very much impressed.

INTVR. Both of you see opportunities to extend this sort of service to other institutions?

Dr. S. Well, any institution with children would benefit from this type of thing because of the time element, no matter what institution you are in. The professional people are involved with quite a few patients and children need love. There is no doubt about that.

INTVR. What is the age limit here?

Dr. S. I think it is 5 or 7 here.

Dr. D. 7, I think.

INTVR. Would you like to see the age limit changed?

Dr. S. Well, I think when we have a patient who is older who we feel can benefit and in that sense I would, but in general, oh, I think 7 is a reasonable age to cut it off.

Dr. D. There are two or three adolescents whom I can think of offhand who probably were the sort of patients who were not in the same way as the young child, but could use someone to whom they could relate, someone who was their friend rather than just a counselor in the medical sense of the terms. Another point, too, as you said, no matter how well intentioned we are, we just do not have the time, and we really do not have the outlook, because we are so busy and we think in other terms. A grandparent has no medical connection, but they do have or have had children and possibly grandchildren.

INTVR. Do you think that if each community had a corps of well-trained volunteers, this could be served as a sort of a pool that you could draw from for special needs? In other words, you would have flexibility. There was some talk during the hearing about a Senior Service Corps, but, of course, the emphasis in your case would have to be on training. Do you see an extension of the volunteer principle here if the training went with it?

Dr. D. Oh, I think so. As I say, these grandparents we have become quite enthusiastic, more so than I think they realized in the beginning. It was sort of a thing which would give, first of all, community service from people who usually are brushed aside, but who could really contribute in that way. Secondly, it would give the same group of people a real sense of belonging and doing something worthwhile for it. It would be very difficult perhaps to set it up, but I think in the long run, it might prove a very useful thing, as the population gets older especially.

INTVR. Dr. Shilke, when this program first started, were you frankly dubious about whether elderly people could do this sort of work?

Dr. SHILKE. I didn't know about it until quite recently, but when I heard about it, I thought it was a wonderful idea.

INTVR. How about physically? Do you think a person of advanced years can hold up well?

Dr. S. Surely. There is no question about it. They hold up with their own grandchildren. You know, they are not taking care of a group; they are taking care of individual children, and they are not taking care of them, but they are just comforting them.

INTVR. What criticisms and what suggestions for change of this program do you have?

Dr. S. The only real criticism is that occasionally we have several children who we consider could benefit from this and there are sometimes not enough grandparents to go around. But, other than that, I really do not have any real criticism.

Dr. D. I cannot think of anything off hand. You cannot give a great deal of training to a person who already knows how to handle children. I think that a routine orientation training in the hospitals should be given. These people occasionally, unwittingly, interfere with minor routine work in the hospital. Incidentally, I think the interference is well worth the cost. Other than this, I see no immediate problem. They are a very happy solution to several problems and strongly recommended.

INTVR. So, you find the medical routine of this ward has not been affected adversely?

Dr. D. No, in general it is probably better, because it has freed the nurses from their duty to spend time with each particular child. In selecting the grandparents, I think the warmth, the general warmth would be more important than any other quality.

INTVR. Would you say that all elderly people working around here have demonstrated that warmth?

Dr. D. Oh, yes, definitely.

INTERVIEWS FOUR AND FIVE

INTVR. Mrs. Holmes, would you tell us where we are right now?

Mrs. HOLMES. We are in the infants ward of the Pediatric Division of the Colorado General hospital, and Miss Lawrence is head nurse who is with us, and Dr. Chase is one of the physicians who has a patient in the clinical research division of this ward.

INTVR. What is the age range for children in this ward?

Mrs. H. The infants' age is 0 to 3, and the research ward, however has special problems and the age varies there.

INTVR. Would you identify yourself, Dr. Chase?

Dr. CHASE. I am Dr. Howard P. Chase, one of the pediatricians taking care of children that are in the clinical research unit. I have the opportunity to have fairly close contact with the adopted grandmother program. One of my patients has been here approximately 2 months and has one of these foster grandmothers and has full contact with her. The patient specifically is a mentally retarded girl who comes from a Spanish-American broken family in which she has been moved back and forth from the family of the father to the mother's home, and to the institution and then back to the institutional school for about a year. She has been with the father for the last year, however, and since being here Patty has had the experience of receiving love again and has become very close to the foster grandmother. I think the stay in the hospital has been much less traumatic to Patty as the result of the foster grandmother. It is noted that the children here, just as an example, are required to wear clothes provided by the hospital and it's interesting to note that the foster grandmother has even made clothes for Patty and helped in the care of the clothes. She has helped Patty—occupying Patty's time well—while she has been here, in teaching her, in fact, starting with learning numbers and letters. Patty is progressing in doing this, and in learning to write her name and the foster grandmother's name who has taken care of Patty even though Patty is classified as a "mentally retarded" girl.

INTVR. What is the future for Patty and the foster grandparent? What happens when the child somehow has to be removed from the foster grandparent?

Dr. CHASE. Well, this will, of course, come. I think the important thing right now is that Patty's time in the hospital is much less traumatic to her. Her family lives about a 6-hour drive from here and it is rather hard for the family which has had no opportunity to visit Patty even on one or two occasions since Patty has come here, and the separation, I think, was so acute and yet so necessary that Patty might have any chance at all in this world that she be here, and I think the foster grandmother has helped to provide some love for Patty—in fact a lot of love for Patty in this state of separation from her parents.

INTVR. So the foster grandparent has helped the child through her crisis?

Dr. CHASE. I think that this is very true. Yes, the parents and the patient's own grandmother are well aware that Patty has a foster grandmother here and are very pleased, in fact, to hear that someone else here was giving special attention to Patty.

INTVR. Do you have any criticisms of the program as it affects this ward, or suggestions for improvement?

Dr. CHASE. I really don't have. I think that probably as you asked in your question—the only problem with it would be in the separation, but this is anticipated from the start and I think going back to the home situation, it is not going to be that traumatic. I think it will be harder for the grandmother than on Patty.

INTVR. In the case of this kind, do you see any benefit in the talk between the foster grandparents and the actual parent when the child is discharged?

Dr. CHASE. This might be a very possible thing, and even the possibility of having further contact as far as writing letters.

INTVR. Has the program in any way affected the routine of this ward adversely? Does it interfere?

Dr. CHASE. It does the opposite; it has helped. It has relieved nurses of what essentially amounts to a babysitting job, and has allowed them more time to spend more time with their nursing.

INTVR. Do you think that male grandparents have a place in work of this kind?

Dr. CHASE. I think that the females are probably better suited to offer the love to a child.

Miss SYLVIA LAWRENCE. I am Sylvia Lawrence. I am head nurse in the infants department which age group is 0 to 3. Most of the time it is infants. Right now we have a few toddlers. Our total count is usually 22, and right now during the holidays, we have approximately 18 patients on the floor. Generally we run over census. We have now working on the floor eight foster grandparents. Half come in the morning, and the other group comes in the afternoon. We arrange this time schedule because of the fact the children take naps during the day. The foster grandparents have been just so much help to the nursing staff that it is hard to believe. I hadn't worked with a program like this before, and I was a little bit dubious when it started.

INTVR. Why were you dubious? Did you think they would not relate to the children? Did you think that they would interfere with your routine?

Miss L. We were worried about working routine mostly. We weren't worried about their reactions to the children and the children to them. We found that we had very few problems. We assign them to a patient in the morning, and we give them the same child until the child is discharged. And we find the children respond much better to the foster grandmothers than they do sometimes to the nursing staff, and it comes mostly from the child's fear of a person in white and their reaction to hospitalization. The older children, from 2 to 3, sometimes in the morning even wait at the door at 8 o'clock until their grandparents come and just go running after them and will eat much better for them. We've had less feeding problems. We've found that we've had more chance to go ahead with the complex nursing care problems that we've had to overlook because of the lack of time, and the grandparents have just helped us tremendously in that respect.

INTVR. What do you think of the 1-to-1 ratio? Do you think that should be changed in any way? Should there be more flexibility?

Miss L. We have been flexible, but I have found personally that if I assign one grandmother to a child, they have a better relationship. We were going to have grandparents work 2 hours with one patient and then switch 2 hours. We tried it one day and we found the first child, after being left in the second 2-hour span, didn't like it at all. And 4 hours is a wonderful period of time for the grandparents to play with them because it is a pretty active ward and they have to have treatments and taken away at frequent intervals. Four hours is necessary to set up a relationship.

INTVR. Did you find any gaps in the training of the participants when they came? Was it necessary for you to train them in any way?

Miss L. Well, we all participated in the orientation. They had an official orientation for 2 weeks. They came into the ward, and we slowly helped them to adjust to the situation because it is a very different ward and sometimes very confusing because of the amount of people and the large staff that we have here. But once they get used to the routine, we found that, although we anticipated problems, they didn't arise.

INTVR. Do you have any suggestions for improvement of the program?

Miss L. Not that I can think of. We could do with more grandparents. We found that we did keep the number down to four in the morning and four in the afternoon until we could see how it worked out and they overlap time and don't have the same days off. We have consecutive numbers on the floor all the time. But we could use more.

INTERVIEW 6

My name is Laura C. Walter, pediatric supervisor, nursing supervisor on the third floor at Colorado General Hospital. We see daily an ever-increased need for them and a need for more of them. They work very well on a 1-to-1 basis and a 1-to-2 basis, which is something that nursing care has never been able to provide, other than in small research areas. As you are aware the University

of Colorado Medical Center generally gets the type of patients who are more complicated and have conditions that are not readily recognizable or easily cared for in other areas so that we have a high concentration of intensive diseases. This requires a lot of specific nursing care, and many times because of the extent of care the children are not able to get the complete emotional care that they should have. Grandparents have been able to do this to a great degree for us. In the intensive therapy area, for example, we had a child that had a cervical fracture, and was on a frame, and we used a grandparent—we are still using a grandparent with this child. She was terribly depressed and terribly withdrawn when she was in the intensive therapy area. The grandparent was just marvelous. The child was a little aggressive, but the grandparent gave her all kinds of support and acceptance and has helped us work through this child's problem to a great degree. It was a little difficult for the grandparent, I think, because in the intensive area as a grandparent, she assumed a lot of the activity that a parent would do and it's pretty traumatic in an intensive area. But she just did beautifully with this child. The child is not in intensive therapy now, and she's moved out to the ward, and the grandparent has gone with her and established a very comfortable relationship. We enjoy having the grandparents. They are so pleasant and so comfortable and so pleased with the work that they are doing. The orientation period for them has just seemed to have been terrific because they have gotten enough to realize their professional ethics and responsibilities.

INTVR. Do they in any way interfere with your normal routine?

Miss W. No, never. As a matter of fact they work into the routine very well and readily question us before they step in and do something on their own. And yet all of them have been intelligent enough and had enough insight and judgment that they don't have to repeat questions, which you know sometimes gets pesty. The infant area in particular has been able to use them to a great extent. In the 3-to-10 age area, I think they could use more. The age limit stops us there. They cannot use the grandparents beyond age 6; they feel this hampers them somewhat because there are children 7, 8, and 9 who desperately need them. We have children that come from out of the city and many times their parents cannot be with them and this 7, 8, and 9 group would readily be able to use grandparents, someone they could talk to who would be able to play with them and read to them more and this group desperately needs more of them, I think. We could use more, I think.

INTVR. You have a volunteer program in this hospital, don't you?

Miss W. We have a volunteer program. In the summertime, we have the candy-stripers.

INTVR. Those are young girls?

Miss W. Yes, young girls. And these girls play with the children more and are given this activity. They play with them and help supervise, read to them, and help supervise some of this. But the older volunteers cannot give patient care. They are not supposed to have that close an association with the patient. And so, therefore, we have never had them where they can spend that much time. Of course, volunteer groups are limited anyhow as to time.

INTVR. Using the principles established through the foster grandparent program and providing training for volunteers, do you see a way in which the volunteer program here could be increased to give the type of service that the foster grandparent does? In other words, do you think that the foster grandparent principle could be extended?

Miss W. I think it could certainly be extended. I keep thinking about "volunteer." There is certainly a great deal of satisfaction that comes from volunteer activity. I can't help but think that a lot of the satisfaction that these people get and the motivation that they get can't help but be monetary. They can't help but feel that well, they are doing a good job here, they are earning money for it but we all look to our own earnings, too. I think that if you think of older people volunteering, this is fine—and this would be great if they could do this, too—but there is something about this earning their living and feeling that they are productive that makes it more valuable than a volunteer group.

INTVR. So, some form of compensation is essential.

Miss W. I think so. I think that, after all, anyone can volunteer at any age, but they wouldn't get the satisfaction of realizing that they are actually earning something for themselves and, therefore, proving that they aren't out of contact.

INTVR. Do you have any criticisms of the program or suggestions for improvement?

Miss W. The extension of the age group is one that I would suggest. I don't think that we have used them long enough to have any really positive criticism to give. I can't offhand think of any other than a singular incident where the woman wasn't able to adjust to a professional, ethical type of thing. But this is a singular incident, and I can't think of anything. They might have more criticism of us, maybe, because we certainly haven't. They're a tremendous aid that we need to have, and I can't think of anything as far as the program goes now. Yes. I would suggest more grandfathers.

INTVR. Where would grandfathers be especially helpful?

Miss W. We have male children, boys and girls also who need the male figure attention; and they are not able to get that. There are plenty of women around in the hospital, and nurses. Of course all people that are in hospitals hurt the child at some time or another—treatmentwise and medicationwise. And they need someone to relate to that won't be this way. There are many of them who need a male figure. Boys in particular.

INTVR. Do you have any men here now?

Miss W. No, we had the one and he wasn't able to complete the training. I don't remember why. But he was great while he was here.

INTVR. There is a clear call for men?

Miss W. Yes, I think so. And I think maybe what might stop them is that the idea of men doing nursing, the idea of being with sick people, but I think they would derive great satisfaction themselves.

INTVR. Is there anything else you would like to add?

Miss W. No. I don't think so, except it would be great to have more of them.

ITEM G: STATEMENTS REQUESTED FROM HOST INSTITUTIONS

1. CALIFORNIA: STATEMENT BY BERNARD F. SCHUSSEL, DIRECTOR, FOSTER GRANDPARENT PROJECT, SAN FRANCISCO, JANUARY 4, 1966

In San Francisco, Calif., there are hospitals, interim foster homes, juvenile homes, and other institutions with children whose social environment is devoid of necessary social interaction with adults. At the same time, there are many adults (age 60 and over) living in pockets of poverty who need to supplement their meager incomes but due to circumstances beyond their control, cannot find adequate employment.

This project is attempting to demonstrate workable ways in which both groups may be provided greater opportunity for the satisfaction of their needs. We hope to provide to infants ages 5 and under, socially and psychologically supportive adult contacts essential to social maturation, the development of their egos, and a realistic perception and appreciation of their physical and social environment. For the aged person, it would not only provide income supplementation but also the rewards of greater status, and approbation, among others, assigned to those who contribute to community improvement or to economic productivity.

UNIQUE ASPECTS OF THE FOSTER GRANDPARENT PROJECT

1. The recruitment of social aids from data made available from the project of employment of the aged (Project 60) which is sponsored by the United Community Fund of San Francisco which concerns itself with the problems of that portion of the aging population who, for whatever reason, need but who are unable to obtain employment. Project 60 has as its basic hypothesis that the use of specialized employment services supported by casework activities, will make it possible to place an appreciable number of unemployed aged persons. The basic services are provided to the clients referred by the California State Employment Service. Thus, information relating to levels of motivation and evidence of pathology is available to assist the social work supervisor and the director of this project in the screening of applicants.

2. Emphasis by the project director has been placed on establishing relationships with each of the four area boards of the Economic Opportunity Council of San Francisco. Each chairman has been requested to nominate a member to represent his area on the Foster Grandparent Project Consulting Committee in the dual roles of policymaking and as referral sources, along with the other professionals on the committee, who in turn represent a cross section of the medical, legal, and social work professions involved in dealing with the aged and the young.

3. It is anticipated that a proposal will be forthcoming from the Film and Radio Department of Stanford University Graduate School to make a 28-minute documentary of the project. The university is most fortunate, this year, in having Mr. Edward Stoney, a renowned personage in the field of documentary films as an instructor. The student to produce and direct the film has won several scholarships and wishes to take the filming of the project as the thesis for her master's degree. We have been assured of the cooperation of the chief of pediatrics at San Francisco General Hospital, who is most vitally interested in the social aspects of his patients as well as their physical components. He feels such a film will be most helpful in demonstrating to the communities at large the vast need chronically ill children in institutions have for meaningful therapeutic relationships.

4. A unique aspect of our program is the assignment of foster grandparents to children in the youth guidance center who will then follow the child to his placement in interim foster homes, under the supervision of the department of social services. This will provide a continuing relationship for the child in this transitional phase. Careful coordination here is particularly essential because of the many workers and agencies involved. However, we believe it is a most valuable mental health service to these neglected or abandoned children.

5. The training of the foster grandparents will be carried out in groups of five or six as they are recruited. Each group will be prepared for service to a particular ward or cottage or group of foster homes so that the orientation can be specifically geared to the particular problems each team will face. Each group will meet with the director and social work supervisor for two or three formal discussions on child development and child behavior and then will be oriented by agency staff. They will have their first week or so in on-the-job training, closely supervised by the social work supervisor. At the outset, each group member meets his child for 1 hour a day and the second hour is spent in small group discussions with the supervisor. This provides mutual support and information to all members of the team and provides maximum utilization of the supervisor's time.

6. We are using a minimum of paid professionals in the screening and orientation process to demonstrate that the use of casework skills in the screening process can provide adequate judgment and criterion for selection.

Ideas for Expansion of Program

1. In addition to using foster grandparents as case aids, we would like to consider using particularly capable ones as team leaders or auxiliary supervisors rather than hiring additional professionals. We believe this is in line with OEO principles and with Dr. Arthur Pearl's concept of continuing job advancement for nonprofessionals through their demonstration of skills while on the job. This would again provide maximum utilization of the nonprofessionals themselves and avoid hiring additional expensive professional help. Also, it will free the social work supervisor to work with more difficult situations and cover a larger number of foster grandparents.

2. The Chief of Pediatrics, the Assistant Director of Youth Guidance Center and the Supervisor of Child Welfare at the San Francisco Department of Social Services and their staff members have universally expressed disappointment about the age limit of 5 years and under, stating that barely begins to meet the needs of the children in their charge. Dr. Sidney J. Sussman, Assistant Professor of Pediatrics, San Francisco General Hopsital, wrote in a letter dated December 9, 1965, "* * * from our point of view, senior citizens would contribute just as much on our wards for children over the age of 5 as they would for youngsters below that age. Based on my own past experience, I think that there would be many instances where the senior citizens would be more effective with older children than they would with our infants * * *. I would like to say that we strongly support efforts directed at eradicating the age limit."

The Youth Guidance Center, which is the facility for abandoned and neglected children, advise that they have a consistent census of 30 or more children between the ages of 5 and 12 who would benefit appreciably from a relationship with a foster grandparent. The Department of Social Service advises that they have in their placement caseload approximately 50–70 children with special problems up to age 12 who would appreciably benefit from a relationship with a well-trained foster grandparent.

An additional aspect in raising the age limit to 12 years is that there is much more difficulty in placing older dependent children, hence they stay in juvenile

halls much longer than the younger children believed to be more tractable. There is no doubt but that the latency group of children would benefit immeasurably from a foster grandparent relationship.

3. One area where the Foster Grandparent Project could be expanded on the basis of demonstrable need and community request is what we have called the working mothers project. Many mothers in poverty areas who are employed must frequently take time off from work when a child is ill and cannot be in school. Also, many working mothers or mothers who are in other antipoverty or educational programs are forced to leave their children with virtually no supervision for the 2 or 3 hours of the course or when children are not in school. We would like to see a cadre of foster grandparents available for this kind of service. Because this is a need which is expressed by the community and the neighborhoods, we believe it should have due consideration.

4. Due to the high costs of food and rent in the city of San Francisco, causing extreme hardships for persons on low incomes, we would recommend that the wage per hour be raised to $2 per hour. We would further urge that the maximum allowed income, in order for individuals to participate in these community action programs, be raised from $1,800 to $2,400 for a single person and from $3,000 to $3,600 per annum per family.

5. We would further hope that this project might be expanded to include services for both children and adults who are patients in licensed foster homes for the mentally ill and retarded. In our personal experience, with the State Department of Mental Hygiene, we had continually noted the need for stimulation which cannot be adequately supplied by the caretaker due to reality problems of caring for the physical needs of the patients. Many a time has the wish been expressed for outside assistance to be given the patients which they find too difficult to provide and because of lack of their own training, are not able to give.

The reception of this program by other agencies and by the numbers of applicants has been extremely gratifying. We have been asked to consider a group of Chinese-speaking senior citizens to become foster grandparents at our local Chinese hospital. The possibilities of extending the program to many private hospitals has great possibility but we first wish to demonstrate the feasibility in the facilities in which we already have agreements.

The attached disguised interviews of applicants may be of interest to you, sir, in showing the variety of applicants who are more than willing and well qualified to participate in this program.

Thank you for affording us this opportunity to share with you our thoughts and hopes for the implementation of a worthwhile and far-reaching program of bringing a rich, meaningful, and as a result, a therapeutic experience into the lives of the upper and lower age groups who for one reason or another are in need of such a symbiotic relationship.

STUDY NO. 1. INITIAL INTERVIEW

This is an 84-year-old woman who was born in Lithuania, came to this country with her parents when she was in grade school. Her family is actually of German background, and she has had a very fascinating life. I asked her what her father did and she said he never did anything; that he was an intellectual, that his father kept him in school while they were in Lithuania and when they came to this country, mostly by her mother's work, he did join them but shortly died. The mother worked to get the children over here because it was the time of the Crimean War and other skirmishes in Europe and all the men were being taken into military service and to avoid this, her mother sent the four sons to this country and then she and * * * came later.

* * * graduated from Hunter College and taught grade school in New York City at the turn of the century. She married a lawyer who responded to Horace Greeley's statement, "Go west, young man," so they moved to Oklahoma and then to Portland, Oreg., where he set up a real estate, law, and mortgage business. He began having kidney difficulties and realized that he was not going to live long, so he told his wife to go to law school, to carry on the practice; she did and she carried on the mortgage and real estate business until the depression when everything was completely wiped out. She said she lost nearly a half million dollars and became bankrupt. She has two children, one of whom is a professional social worker and the other an engineer, I believe, and she is now living with one of her sons.

INTEREST IN THE PROJECT

She maintains that her prime motivation is to again feel useful since at her age it is very easy to sit back and "wait for the end of the road." Since she has been a professional person with status and prestige and work satisfaction, the prospect of not being useful is quite terrifying.

HEALTH

She is apparently in good health, though she does show some signs of beginning feebleness and some problem with remembering things, as is typical of the elderly. She remembers very clearly the past which is why I got a very colorful history of her life but she had a hard time grasping the ideas about the project or remembering too clearly what we were talking about. It certainly was not serious, particularly for a woman of this age but it is possible that at any point it may become more pronounced and certainly would need to be watched. It may be why at this point she feels the urge to take this job and feel useful since, in fact, she has not worked since she lost her business in 1930. Incidentally, she came to live with her son and raise his one child since his wife is a professional person. This does not particularly detract from her capacity to give care to a child and to participate, to some degree, in the project discussions and so on. But, it is an increasing concern to her and may be becoming more serious. She certainly does not consider herself in poverty and, in fact, was willing to participate in the project without pay since she is completely taken care of and has no financial worries. This, I think, will need to be considered in terms of her politeness and perhaps other help may be indicated to her and other resources in which she could be useful.

STUDY NO. 2. INITIAL INTERVIEW

This is a 77-year-old Frenchman of Jewish religion who, however, was born and lived mostly in Cairo. He was employed for most of his working life in the African Rubber Co. there but was expelled after the Suez crisis in 1956 because he was both a Frenchman and a Jew, thus a double enemy to the Moslems. He had considerable assets in the bank there but these were confiscated as was all the rest of his personal belongings. When he left Cairo, he went to Paris where he worked for 6 years; but in the meantime, one of his sons had come to San Francisco and is now a pharmacist here, so he and his wife came here. He will become a citizen next August.

He is a very active, athletic little man who made me feel his biceps to see how strong he was. He says he seldom takes the bus, walks at least 5 hours a day. He has a part-time job selling shoes. He gets some assistance from his children but his income is still well under the amount of the project. However, he lives in a housing authority building so that the rent is only $46 a month and somehow they get by. He is planning to apply for old-age assistance soon as he gains residence in California.

Although he speaks with a distinct accent, he is very alert and cheerful and warm and I think might be an excellent possibility as a foster grandfather. He is literate and likes to read and learn and is very interested in helping understand deprived children better. I think his overall personality certainly outweighs his accent problems and can probably give a great deal of warmth and interest to any child.

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2. COLORADO:[8] STATEMENT BY MRS. MARY H. HOLMES, PROJECT DIRECTOR, FOSTER GRANDPARENTS, METROPOLITAN COUNCIL FOR COMMUNITY SERVICE, DENVER, JANUARY 4, 1966

In response to your request I am happy to submit a statement to the U.S. Senate Special Committee on Aging about the foster grandparents program in Denver. As the main body of the information which you have requested, I am enclosing the progress report which we sent to Mr. Bernard Nash, director of Foster Grandparents, administration on aging, on December 22, 1965.

Mr. William Oriol asked that I comment on one or two other matters. The patients at both our general hospitals are, with few exceptions, medically indigent. Denver General takes patients only from Denver; the Colorado General

[8] Related interviews on pp. 767–774.

Hospital from the rest of the State. At both institutions fees are based on a sliding scale considering family income, number of persons in the family, and whether the illness is long term or not. At National Jewish Hospital their policy is "no one who enters may pay and no one who can pay may enter."

The average income of the foster grandparents we have employed is $1,265 per year. The foster grandparent whom Mr. Oriol interviewed has an income of $1,344 per year. In Denver it is hard to live on an income of this kind. If persons are fortunate they live in public housing; if not, an unduly high proportion of their income has to go for rent.

The Denver Housing Authority Board, at the suggestion of Mr. George Brown, assistant director, who is a member of the board of Foster Grandparents, decided that income from the foster grandparent program would not count toward figuring the required rent in public housing.

I think perhaps the change in the current program which we might most like to see would be that there could be more local option. For example, we feel that an age limit for children to be served is not relevant to a general hospital. Children 8, 9, or 10 years old may regress and have as much deprivation from illness and hospitalization as younger children. To have to deny them foster grandparent care has seemed unfortunate. When foster grandparents are available I think consideration of needed service to children should be the main criterion. Within this particular program the 1-to-1 relationship has been most useful and effective. I would think this program could well be extended into the pediatric service of any general hospital where there are medically indigent patients.

The original planning committee in Denver which developed and requested the grant for foster grandparents here is again meeting in January to start planning for the future, I think that all of us feel that the current Foster Grandparent Program should be continued perhaps under CAP section 205 of Title II Part A of the Economic Opportunity Act. I am sure some specific suggestions for expansion in other areas will come out of this committee and we would be glad to send you a report on this later if you wish it.

I can see other programs where the use of foster grandparents in outpatient departments of hospitals and day-care centers would be good but which would not involve a 1-to-1 relationship.

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3. COLORADO: STATEMENT BY CHARLES E. MERIDITH, M.D., SUPERINTENDENT, COLORADO STATE HOSPITAL, PUEBLO, JANUARY 17, 1966

We are writing to you concerning our intention of applying for a Foster Grandparent Program and the principles we will apply in such grant requests.

Within the next few days we will be formally submitting our grant request to the appropriate agency. This grant possibly first came to our attention through conversations with the Pueblo community action program people. We next checked with State-level people for advice. We then proceeded to draw up the grant request in cooperation with the local Pueblo group because they have a far more intimate knowledge of the plight of the aged in our community.

There are basically two motivating factors in our grant request. First, that added backs, hands, and minds would be an addition to the treatment program for those persons resident in the Colorado State Hospital. Secondly, we are well cognizant of the fact that many of the retired persons in Pueblo lead a marginal economic existence due to factors beyond their immediate control. These people are quite able and willing to expend some of their energies in service to people who are in less favorable circumstances. As a corollary to the second factor is that the added income to the retired people is an addition to the economy of Pueblo and thus the purchasing power and ability to enjoy our national prosperity is increased.

To explore the second factor further, we feel the older person who has retired still has much to give and feels a need to give. TLC (tender loving care) is a commodity they have and is the commodity most needed by anyone in a hospital. These people have maturity of judgment and compassion and they have learned patience. They are not too old to learn but even then the things to learn are only a formalization of the arts they practiced in rearing their own families. Most importantly, for demonstration grant purposes, we feel we can show that the retired people can fill a need and point up the fact that they as a group can be a powerful, contributing economic force—a source of continuing production.

The cooperation and coordination between the Pueblo community action program and the Colorado State Hospital is that of supplier and consumer. Pueblo

has a worthy product, the hospital has a need for that product. The community action program then will act as a recruiting agency through which older persons may be found. The hospital will meet the community action program at the point of training the recruits. Once trained the community action program will continue on as an advisory group especially for the purposes of business management.

On the other hand the hospital professionals will be offering advice of a clinical nature. They will advise prior to recruiting, will be in charge of training and will provide clinical supervision of the foster grandparents while on the job.

To accomplish this joint leadership a project board will be formed consisting of members appointed by the community action program and by the hospital administration. This board in turn will appoint a program director, create a philosophy and set goals. The director will, in accordance with hospital policy, establish procedures for the foster grandparent project.

Thank you for your interest in our application and in the entire project.

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4. OREGON: STATEMENT BY CARLTON S. PHILLIPS, PROJECT DIRECTOR, FOSTER GRANDPARENT'S PROGRAM, OUR LADY OF PROVIDENCE CHILD CENTER, PORTLAND, JANUARY 7, 1966

PROJECT

This project, Oregon Cap 66-9296, was officially approved as of September 23, 1965, and is to employ 28 foster grandparents to work in conjunction with nontrainable, retarded children at Our Lady of Providence Child Center, 830 NE., 47th Avenue, Portland, Oreg.

The staff was officially recruited as of September 23, although verbal agreement had been reached prior to this time, pending notification from Washington, D.C. Key and active staff members did not draw salaries until beginning October 1, 1965; other staff members did not draw income until such date as they started to actually function in their capacity.

The original project director resigned for personal reasons between September 23 and October 1, 1965, at which time the present project director assumed his duties.

Preliminary

The month of October was spent finishing required details in order to qualify for Federal moneys, attending the foster grandparents project directors' meeting in Washington, and in formulating recruiting techniques and procedures, plus establishing the accounting methods and controls and tentatively purchasing equipment.

All required steps necessary for completion prior to receiving our moneys were fulfilled and submitted to Washington on October 15, 1965. Fund approval and deposit of letter of credit notification were received by us on November 15, 1965.

Defining

It became apparent and necessary that the community in general and social services agencies in particular be made aware of the concept of the foster grandparent program, the type of person being considered for the program and the planned method for implementing the program.

Recruiting

We contacted every major social service agency and religious denomination, explaining in detail exactly what we are and we intended to do and solicited their help in recruiting potential foster grandparents. This personal contact approach was followed up in writing, duplicating again our objectives and methods of reaching these objectives. It became apparent, from the reception received and ultimate cooperation on all sides, that this approach was successful. The ensuing recruiting method was to allow each group to either initially interview members of their own congregation or organization to weed out known and obvious malcontents, then to refer applicants to the Oregon State Employment Office where Mrs. Hilda C. Robb, a most mature and sympathetic interviewer, would professionally interview these people. It should be noted that most initial recruiting groups preferred to just recruit and send their people to Mrs. Robb for initial screening. It should be noted that Mrs. Robb not only academically became acquainted with the foster grandparent program but came to the child center and observed the retarded children in order to better acquaint herself with the needed characteristics for our potential social aids. Mrs. Robb interviews and chooses the poten-

tial social aids, and when a group of approximately seven has been chosen, notifies the writer, who goes to the Oregon State Employment Office and further interviews those selected. He is able to talk most candidly with these people about their more personal needs and in detail about the foster grandparent program. He has been able, in a few instances, to discover some cases where people were being dishonest about their cash income. We, incidentally, emphasize most strongly the requirements as to age and cash income established by the Government. It goes without saying that everything else being equal, we seek and select candidates with the greatest possible need.

We have been most fortunate in obtaining reference centers for possible employment for those people whom, for one reason or another (usually too great an income) we are unable to employ. Mrs. Robb, previously mentioned, has been most interested in helping with this problem. A Mrs. Zollinger, who has a radio program for senior citizens, requested initially that we supply her with the names of applicants who are rejected in order that she might put them in contact with the people who request the services of older people on a continuing basis.

Those potential social aids selected by the writer are invited to the Providence Child Center in a group and are taken on a tour of the center, at which time their reactions to the retarded children are closely observed; and these people are given the opportunity of asking any and all questions concerning the needs of the children and their own personal needs.

They are then interviewed individually by our female doctor and the three nurses on our program. At this interview their medical background is investigated, a discussion of emotional needs for all concerned is investigated, thus allowing our medical staff to establish the mental and physical capacity of these people in relation to their own welfare and the welfare of the children with whom they would be involved. If they pass this interview or upon completion of information requested at this interview, these applicants are sent to the city health department for blood testing and to the county TB association for a chest X-ray. Upon completion of these examinations, the applicants are notified to report as a group on a certain day to undertake their initial training on the Foster Grandparent Program.

Recruitment was actually started October 15, 1965, by a radio interview of the administrator, Sister Marcella Ann, Mrs. Anne McNamee, social aid director, and the writer on radio station KBPS, the educational information station in the Portland area. This program, called "The Challenging Years" and produced by Mrs. Clifford Zollinger, is slanted toward information and suggestions to older citizens in this area. Our project director was invited to speak on the subject of recruiting at the Catholic charities banquet and the Methodist ministers association luncheon. Major religious denominations published from the pulpit and in their church bulletins information concerning the program, who should apply, and the places and time of initial interview.

Mr. Mayfield Webb, of Community Service Center, Oregon Cap 274-2 (7-1), whose project is located in the heart of our poorer Negro community, personally saw that verbal and written recruitment information was publicized in 50 primarily Negro churches on two successive Sundays. This same gentleman also saw that posters and other descriptive information was placed in barber shops, beauty parlors, supermarkets, gasoline stations, and other business establishments in the neighborhood in which he serves. Mr. Brooks and Mr. Nickerson of the Urban League, who serve in the same neighborhood, disseminated additional complimentary information and offered to act as the initial point of neighborhood interview.

Publicity

On October 27, 1965, an article, slanted toward recruiting social aids, appeared in the Portland Oregonian. On November 2, 1965, a television press conference was held to bolster and expand recruiting endeavors. This news conference was more successful than our wildest hopes might have been. All four of the commercial television stations participated and not only interviewed our staff individually and jointly but took extensive shots of the retarded children with whom the foster grandparents would be working. Mr. Ivan Smith, of the local NBC station, was of invaluable help, not only because of his professional news experience, but he was able to couple this with his experience as a member of Gov. Mark Hatfield's Committee on the Retarded. All four channels gave us extensive prime coverage during the local, early evening, news program and again during the late evening news.

The resulting influx of inquiries kept many people busy for many days and gave us a backlog of people to interview toward securing our 28 foster grandparents.

As yet we have not finished with our recruiting, and we continually keep our program before the public to help us in our effort on the war on poverty. On December 13, 1965, the local evening paper, the Oregon Journal, gave us good coverage, describing the project and the intent we hope to fulfill.

Recruiting and qualifying of recruits, in itself, is not a problem. We have been reaching people who definitely have need to increase their income to enrich their lives by widening social contacts and, in themselves, are filled with tender loving care.

Type

Some of these people have at one time enjoyed a better economic status but, as the result of circumstances and the time in which they were born, experienced devastating effects from the great depression of 30 years ago which is now reflected in their lives. Some of our applicants have never known any affluence but have struggled on, raising families and striving to reach a better economic plane. As yet, we have been somewhat disappointed that we have not had as great a response from the Negro community as we had hoped we would. Our project has at least been, and should continue to be, represented percentage-wise in a ratio of Negro to Caucasian as per the population mix of Portland and the surrounding area. We are not reaching to the heart of the Negro poor who live in our area. We find from our friends and associates, both Negro and white, who are involved in the war on poverty, they are experiencing the same thing. Further recruiting will be pushed harder in this area.

Although the population of Spanish-Americans, American-Indians, Eskimos, and people of oriental descent is not large by western standards in our immediate area, we have had not one application for this program from these groups.

Age

Of the 22 foster grandparents already working on the program or scheduled to begin January 3, 3 will be Negro. All the rest are, as mentioned above, white. The average age of all applicants interviewed by the writer is 67-plus, with a minimum of 60 years to a maximum of 84 years, in the group interviewed. Of the total of 34 interviewed by the writer, 9 have been rejected, 3 of these by themselves as they felt unable to work with retarded children, 1 by the project director because of emotional instability, one 84-year-old because of obvious physical inability to perform her duties, and 4 because of too large an annual cash income.

Education

Of those on the project as of January 3, six have 8th grade education, two have 9th grade education, and three have 10th grade educations; seven graduated from high school, two had 1 year of college, and 1 had 2 years of college.

Income

The average annual cash income for those living alone was $969.57, by far the greatest percentage of this was from social security. Of those still having a husband, the average annual cash income was $2,639.20.

Geographic

The social aids interviewed and hired, as well as those interviewed and rejected, have come from all over the United States; and although we know national origin does not affect their selection, it is interesting that only two who have applied have been foreign born.

Caliber

We feel that we have been fortunate in getting a high caliber person who was in need of the program for our social aids as of this date. Our medical staff has been most pleased and attributes this to the cooperation of the initial recruiting agencies such as public welfare and private agencies who have not encouraged, so as not to discourage, those who would most obviously be unfit, and the superb screening so diplomatically done by the Oregon State Employment Office. This kind of reference of applicants we feel has discouraged people with shady backgrounds from applying. We are mighty proud of our foster grandparents.

The very nature of the work has excluded all but two men from even making initial inquiries.

On job

The first group of six foster grandparents started work on November 29, 1965. The second group of 4 started on December 13, 1965; the third group of 13 will start on January 3, 1965. One of the second group resigned after 3 days because of her weak back. The remaining six social aids should be recruited and processed by the middle of January.

Training

When our social aids are first introduced to the children, they have immediately 2 hours of floor procedure and technique explained to them and then are put in initial contact with the retarded children and continue for some days to be under immediate observation and direction of our permanent medical staff. This allows us to assist them immediately with any problems they may have in what is a new and often strange situation. It gives us an opportunity to find what type of retarded child the social aid develops liaison. After a full week of this, repeating every day necessary techniques and safety measures, the foster grandparents are encouraged to develop a very natural relationship with the children. On Thursdays they have an opportunity to talk with our female volunteer doctor. This very warm, tender, and understanding mother of six, encourages the social aids to express their feelings concerning the total concept of the project.

We are instituting a simple reading course for the foster grandparents regarding retarded children and the relationships which parents and grandparents would normally have with these children.

Mrs. McGregor, our staff social worker, talks to small groups of the foster grandparents about the necessity of keeping the names of the children anonymous and of the responsibilities when encountering the natural parents and grandparents of the children. In general, this could be considered an indoctrination to their responsibilities to themselves, the children, and this institution.

In January after the total initial recruitment, the group will be divided into two groups for two lectures and discussions on two different days by a neurologist and a psychologist. Here they will be exposed to the causes of mental and physicial retardation and signs to watch for in the children's development. The children are already being observed professionally for any physical or psychological changes as the result of the foster grandparent-retarded child relationship.

We will request, but not absolutely require, that the foster grandparents read the simple materials which they are supplied and will, from the discussion group that will be held on this material be encouraged, where capable, to read more involved material.

The lecturing and discussions with the outside psychologist and neurologist is anticipated for at least three times during the year with our staff doctor, mentioned above, and our social service worker, working informally with the group on a weekly basis.

Our emphasis is on informality, intending to give a relaxed atmosphere where our social aids will feel that they are contributing not only to their own financial benefit, but culturally to the community. Below are three groups of thoughts, each group supplied on request and unrehearsed by foster grandparents in their own words.

Mrs. Sears: "I have been very satisfied working with children. I think the program is very satisfactory and the children are responding to our care."

Mrs. Ella Smoke: "The grandmothers project, in my opinion, is very worthwhile. I believe these children are being helped considerably, as we are able to give them our love and attention at all times while we are on duty. Perhaps some of us could take care of more children than are assigned to us; however, all of us would not have the time for added responsibilities due to the needs of some children."

Mrs. Mary Vuksich: "Personally, I think it is a wonderful program and not only a help to the children, but it gives us a chance to help out and be happy to see any improvement in their lives, and I think they get a little touch of grandmotherly love and care."

Evaluation

At this early point in the project, it is certainly not precise but neither is it meaningless. Perhaps the greatest benefits so far are where they should be: on the foster grandparents. All of us on the staff have certainly noticed growing friendships among the foster grandparents and a cohesiveness among the group in general. Our nursing and medical staff have had excellent cooperation from

the social aids, and there have been only two instances where the foster grandmother thought she knew more than the nurse. Who knows, maybe she did. We did have one foster grandmother who quit after three afternoons, giving as the reason, her back was not as good as she thought. She was the most marginal person accepted on the program and we had observed her relations with other foster grandmothers was a little strained. The social aids have tended to be extremely possessive with their charges and we have to be most careful, when the families of the children visit, that no situation is allowed to exist which could develop animosity anywhere.

Insofar as the children are concerned, the only noticeable improvement, but a most positive one, is that they are sleeping much better. This tends to help regulate them to a more natural schedule.

This institution feels that it is being able to exert and extend itself in an area which it was unable to do before the foster grandparent program. And, from this giving the facility to the foster grandparents and being rewarded by their happiness, we might selfishly expect to benefit by knowledge of employing the aged and assisting to reach their greatest capacities, those retarded children who are entrusted to us.

Suggestions

We strongly recommend that a positive campaign by sympathetic newspaper and television people be undertaken to first, sell the benefits the nation is reaping from the war on poverty, and secondly, help in recruiting those people such as foster grandparents. The writer has a friend who is a producer for the Oregon Educational Television network, who is willing and most anxious to produce a show for us next spring to accomplish this suggestion. This man asked us; we didn't ask him. He is a professional and has done work of this type for Federal agencies in North Africa.

More specifically, we would suggest the possibility of reducing the age requirements of the foster grandparents to 55 years and of more flexibility in the 20-hour-a-week time schedule. Some of the ladies and ourselves could envision 2 days of 8 hours each and a half day of 4 hours, either consistently or upon occasion, for those willing. We concur in this, as it would help us in many instances and we can schedule weekends to better advantage.

Conclusion

We feel the project is off to a good start, that the original concept was imaginative and will eventually put the good where there is the greatest need, with cooperation and understanding.

EXHIBIT

FOSTER GRANDPARENT'S PROGRAM,
OUR LADY OF PROVIDENCE CHILD CENTER,
Portland, Oreg., January 7, 1966.

HON. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
New Senate Office Building,
Washington, D.C.

DEAR SENATOR SMATHERS: I forwarded to you earlier this week a progress report on our Foster Grandparent Program as constituted under the Economic Opportunity Act of 1964. I am taking this opportunity to elaborate, in order to make more clear, certain points.

This project has the objective of recruiting, training and engaging some 28 foster grandparents to enter into work with 50 plus mentally and physically retarded children up to the age of 6 in a relationship which might under other circumstances be undertaken by a given child's natural grandparents. It is known that such tender, loving care on such a close relationship basis can usually stimulate the brain cells in such a way that the children's physical movements can reach their ultimate capacity. As these children will undoubtedly in almost every instance be charges of society all their lives, the more they can do for themselves will tend to alleviate the ultimate tax burden. In turn the foster grandparents are gainfully employed in an atmosphere that is mentally and spiritually healthy for themselves and their immediate families and they are learning skills which could be expected to be marketable should they care or need to leave the project and enter individual private endeavor.

I believe my initial report covers most of our earlier experiences. I would, however, wish to say the reason I stated in the original report the possibility of using people down to age 55 is the fact we have seen a number of cases where otherwise qualified people, who were not acceptable because of the age in private endeavor and who as yet had no social security who were not eligible for our program. Our foster grandparents must in most cases be able to lift children in our charge and that slight age span would allow us to engage some physically stronger people to use in our more desperate cases.

Very truly yours,

CARLTON S. PHILLIPS,
Projector Director.

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5. TEXAS: STATEMENT BY MILBREW DAVIS, PROJECT DIRECTOR, FOSTER GRANDPARENT PROGRAM, BEXAR COUNTY HOSPITAL DISTRICT (ROBERT B. GREEN MEMORIAL HOSPITAL, SAN ANTONIO), JANUARY 8, 1966

In accordance with your request we are herewith submitting a progress report of the foster grandparent project in our hospital district.

I would like to preface this report with a brief background description of the community and setting in which this project is being conducted.

Bexar County, Tex., is an urban community with a population of 687,151. Of this number, 49 percent are of Latin American background and 7 percent are Negro. It is a community which represents large pockets of poverty and where, according to the 1962 Bureau of Census report on the characteristics of population, over 50 percent of the families had incomes of less than $3,000 per annum. Associated with this high incidence of poverty are the concomitants of inadequate housing, poor health, illiteracy, illegitimacy, high incidence of tuberculosis, and school dropouts. Those conditions contribute in large measure to the high incidence of illness among children and infants who spend extended periods of time in the hospital where their physical and medical needs are met but where they are deprived of the ingredients that comprise an emotional climate designed to produce mentally healthy and normally developed children. Many of these children, after prolonged stay in the hospital, suffer from "hospitalism," a disease we hope to eliminate through this demonstration project.

The Bexar County Hospital District is a tax-supported institution which provides medical care for the medically indigent in this community. As such, the pediatric wards and the premature nurseries maintain a census of about 90 to 100 children per day, some of whom remain in the hospital as long as 3 to 4 months. The hospital provides medical as well as paramedical services for these children, however, the current programs do not provide the social interaction needed for a healthy climate which research findings have shown to be necessary.

Most of the children in our care come from Latin American backgrounds and are largely Spanish speaking. It was hoped that the demonstration project which would include bilingual personnel would reduce the language barrier which frequently precludes the normal adult-child interaction between non-English-speaking children and English-speaking personnel.

Our foster grandparent project was designed to demonstrate that (1) for a child to be mentally healthy and develop normally, he must live in an emotional climate with adequate tolerance and resources for age and phase-appropriate adaptive functioning, and (2) persons 60 years of age and over could be trained to provide the additional ingredients necessary for the children and at the same time develop in themselves a worthwhileness that they are denied by virtue of being on the economic scrapheap, and simultaneously supplement their inadequate retirement income and improve their self-image.

It was our hypotheses that (1) social contact was conducive to normal personal development and acceptable social adjustment among children, (2) such contact with older people would improve language skills, develop realistic value of interpersonal relationship and cultural exchange, and establish a relatedness absent in a sterile hospital environment, and (3) the older person would develop a better self-image, develop his own skills and be available for the expanded labor market in new jobs in the community, and become more aware of the community needs and responsibility.

We proposed to recruit suitable senior citizens for the project through the (1) State employment commission, (2) State and city departments of welfare,

(3) family service agencies, (4) housing and urban renewal authorities, (5) senior citizens centers, and (6) press media.

It may be interesting to note that when the general press release from Washington with reference to this type of program appeared early in June of 1965, we received more than 50 inquiries from potential recruits.

Our project was approved by Gov. John Connally on September 30, 1965. However, by this time we had already received approximately 100 applications as a result of President Lyndon B. Johnson's press release on August 28, 1965, concerning the program. Interestingly enough, the President's announcement of this program was made on the anniversary of his 58th birthdate.

Our project was designed to employ 38 foster grandparents to provide on the average of 2 hours each for 50 hospitalized children ranging in age from birth to 5 years. However, in view of anticipated illnesses and attrition, it was decided that an additional six foster grandparents should be trained and be placed on a waiting list.

We began recruiting, making tentative selections and hiring of foster grandparents on October 12, 1965, pending successful completion of the 2-week training course and the physical examination.

Our first training session began on October 18 with 12 foster grandparents; the second session on October 25 with 10, and the third and fourth sessions on November 15 with 12 foster grandparents in each of those sessions. In the training sessions the foster grandparents were familiarized with the purpose of the project, organizational structure of the hospital, patients treated at the hospital and more specifically the age groups and some of the problem situations of the children to be involved in the project, physical and emotional development of the child, personal hygiene, and sanitary precautions. They were further familiarized with project staff relationship to hospital staff, project staff relationships to parents and family of children, lines of communication, and the specific duties expected of them. Training was conducted by means of lectures by both project and hospital staffs, films, demonstrations, role playing, and practice by the foster grandparents. Our final selection was comprised of 11 Anglos, 8 female and 3 male; 13 Latin Americans, 11 female and 2 male; and 14 Negroes, 12 female and 2 male. These foster grandparents ranged in age from 60 to 84 years.

As of December we had a total of 245 applications. These were distributed as indicated in the following table:

Distribution of all applicants according to sex and race Dec. 31, 1965

Sex	Race			Total
	Anglo	Negro	Latin American	
Male	15	05	11	31
Female	97	58	59	214
Total	112	63	70	245

The largest number of applicants meeting the minimum age requirement were Anglo widows and the second largest number were Negro widows who either owned or were buying their homes. The largest group, 56, were retired on only small Social Security incomes; the second largest group, 16, received Social Security supplemented by an old-age assistance grant, and the third largest group, 16, reported no income.

Of the 245 applications received, 53 were denied because they did not meet the minimum age requirement of 60 years. While the first press release gave the minimum age as 55, there were some applicants who, because they were natural grandparents or because of cultural reasons, considered themselves as "old" at age 40 and applied for the program. Six were not accepted because they did not meet the requirement of being able to read and write English; 14 applicants were not accepted because they did not meet the current definition of "poverty," and 13 were not accepted on the basis of their medical history and physical condition. Since our program could employ only 38 foster grandparents, we are holding the remaining 115 applications in our pending file for further consideration as our program expands or other programs for the elderly are developed.

We have not devised any work methods which could be considered as unique as yet. We have found, however, that because of the brief training period, the varying backgrounds, and age of our foster grandparents; closer supervision is needed, they frequently have to be reminded of their duties and expectations of them, their work schedule, and on-going instructions through demonstrations are necessary. We have found that frequent words of encouragement and recognition for using individual judgment and initiative are most helpful.

The selected participants are demonstrating that they are yet useful citizens, that they do have and can give of themselves the extra ingredients of love, warmth, and affection needed by our children. They have been regular and punctual in reporting for work. There has been a minimal amount of absenteeism and they always call in when they cannot report for work. They assume their assignments cheerfully, are most cooperative and demonstrate a desire to do a good job. They are deriving a great deal of gratification from being a part of the hospital team. Initially there was some apprehension on the part of the nursing staff as to the role of the foster grandparents. This was resolved, however, by involving the nursing department, as well as other medical and paramedical disciplines, in the planning, training, and supervision of the foster grandparents. The foster grandparents are now very well accepted by both medical and paramedical disciplines.

We have an on-going inservice training program in which we elicit a sharing of individual experiences with the group and project staff. While this sharing is primarily verbal, we have tried to capture some of this exchange on a dictaphone and also have them give us written comments; some of these statements are attached.

As a means of improving our program we plan to tape record our group sessions to better capture the exchange of experiences and concerns of our foster grandparents, as well as the feeling tones involved. We are of the opinion that it would be extremely invaluable if video tape were available to us. This would have been an excellent way of recording the initial teaching techniques, the responses and interactions of the foster grandparents, and this would readily show areas where improvements needed to be made. Furthermore, this could be used later as an audiovisual aid . Another means of improving the program would be to have funds appropriated for a control group within the individual projects.

We envision the foster grandparent program being extended into other areas such as homemaker services, companions for the elderly, foster home care, and babysitting.

It has been a pleasure to provide you with this report and I sincerely trust that you will find it useful.

Additional Exhibits

Statements From Foster Grandparents

October 25, 1965

I have enrolled for foster grandparent to attend children in the pediatrics ward at the Robert B. Green Hospital. We started this program Monday—this past Monday, a week ago, and I have found it to be very interesting and the administrators have been very nice and kind in talking with us and telling us the different roles we have to play as grandparents., and we have had films on children, and we have learned quite a bit from them in that we have a chance to learn how children develop through the different stages of their lives. Of course, at this time, we are interested in the young child—the baby, 1 through 5, and we found out some very interesting things about these children and the things that we have to come in contact with in meeting the needs of these children. On Friday, we had visitors. We haven't always had this chance and, neither was it in the mind of the President when he made up this program—it was for other people, but someone saw the need for the senior citizens. No one knows any better than I what one goes through after he has retired after having had a very fruitful life and an active life in the public, and when my time came to take part on this program, I was very gratified to have a chance to share in it, and I do think that I can render a great service, not only to the children, but to others as well.

E. C. S.

OCTOBER 25, 1965

I feel very fortunate to be on the Foster Grandparent Program at the Robert B. Green Hospital. Having had quite a lot of experience on the things we are having on this program feel my time will be well spent and give my loving care to the children. Hope this program continues and grows. This will mean a lot to the ones of us that have been "shelved" and brought us out in the light again and can be useful again. Thanks loads.

E. K. W.

NOVEMBER 5, 1965

This was my first week in the ward. Feel it was well spent and know I did lots of help the needy children who felt somewhat on their own. This way they were kept clean, well fed, and made to feel wanted. This program I can assure after my working with the children is a worthwhile program and believe me has been a godsend to the older folks. To be able to get the work so badly needed, and a good thing for the children needing the care so much. My hope this program will continue to grow, as it is so much needed. The children seem to love the attention of us and thrive on it. Thank heaven for the old and young and the program.

E. K. W.

OCTOBER 29, 1965

This has been a delightful week in many respects. I have enjoyed every moment of it. Though it was somewhat different to what I expected to find, I have accepted it all with joy. I deeply appreciate this project. I have no criticism of the program in any way. So naturally I hope to qualify for the work. I'll be very much disappointed if I fail the physical or am in any other way disqualified.

R. C. W.

JANUARY 5, 1966

I have found the Foster Grandparent program to be an interesting work, and indeed rewarding. It certainly has provided a new approach to child care. Since most hospitals are understaffed and most parents in this speed age have little time to be at the child's bedside, those little ones are forced to spend many hours alone. Since the primary purpose of our program is to provide loving care, those lonely hours can be greatly reduced by constant companionship of our foster grandparents. I truly hope that this valuable service may continue throughout the years.

R. C. W.

NOVEMBER 5, 1965

Although I have had experience in nursery schools this has been one of the most rewarding experiences I have ever known. I have a chance to share love, kindness, patience. When I looked down at a mass of helpless humanity my heart goes out in pity and tender compassion. I am as happy to serve as I am to receive pay. In fact, I chose this position because I'd have a chance to do over and above the call of duty. I am grateful to my immediate supervisors and our great President for his humanitarian spirit. A greater task can't be found. Long live Foster Grandparents.

E. C. S.

DECEMBER 6, 1965

I am enjoying my work each day for I know I am helping a child feel they are wanted and loved by someone. I can see a great difference in the babies and children of how they respond to the love and care that is given them. I hope this program will continue from year to year, as it is something that is actually needed for humanity.

F.M.

DECEMBER 11, 1965

You feel at the end of the 4 hours something worthwhile has been done, and you are part of it.

You also feel happy to be able to give that smile and helping hand the children need and love. Soon going into the new year, let us rejoice and be thankful this FGP project has made it possible we older can also enjoy a nicer holiday.

Lord willing may it become a lasting opening for the older so they too can feel wanted.

E.K.W.

JANUARY 5, 1966

The grandparents project is the most wonderful and important thing that could of happened. The increase of the money to help us get by and to help those little children, what a great feeling to take care of them. Just takes something like this to make one realize that we can be a help to the children, feed them, cuddle them, and make them happy just does somethng to you. Such a blessing for this project as at 73 years old, I never knew I could be so happy with such children to help.

E.K.W.

JANUARY 5, 1966

I found the project very interesting. I think it's very helpful to the elderly to be able to help and work with the babies and children. And it's very enjoyable. And it's very helpful to be able to work again. And I hope it will be able to be continued.

I.M.

JANUARY 5, 1966

I think the Foster Grandparents Project is the most wonderful thing that has come about, especially for the children and all of us concerned. It has helped me appreciate so many things. It has helped me realize how important it is to help and love people. I enjoy working with this special project. This project is so important to have and I pray that it will continue on for years to come.

F. M.

JANUARY 5, 1966

I am getting a lot of satisfaction from the work, and think it is a very worthwhile project. The children really need us and I think it is very good for us, knowing we are helping maybe to shape some worthwhile lives.

L.H.A.

JANUARY 5, 1966

I think this was a wonderful idea. This foster parents program will help the old and the babies. I was so lonesome at home and now I am happy that I can help others. When I am not working I miss the babies. I hope I don't have to stay home and worry. That's all I do when I don't have nothing to do. I enjoy working here. Thanks to God and you all that you give me this opportunity.

J.V.G.

JANUARY 5, 1966

To the Staff of the Foster Grandparents Project:

I appreciate the work with the babies in the premature nursery and nursery very much. I know it has helped me in many ways and I feel I have helped the babies grow, gain in weight, learn to get large fast. I have tried each day to give them tender care. I know they need our help and I do appreciate the foster grandparents project. Thanks to the staff.

B. G. B.

JANUARY 5, 1966

Is nothing as sweet as a baby smile? Foster Grandparents project was three words that I saw one night when I was reading the paper, sometime last October. I finished elementary college and two more special courses as I'm always eager to learn something now to be able to find a job to fit any age; so when I finished I knew I would like to be one of them and learn more about babies; so I came to the Robert B. Green Hospital to make my application. I waited anxiously and was real happy when I was called.

I have 3 children and 10 grandchildren, and I find out we never finish learning. I always love to be around children and specially babies. We have 10 in our room constantly, some come and go from one day to another, some babies changed by the day.

I get attached to one, two, or three for several days, and they have to go home and there come some new ones, just as sweet as the first ones.

If I only could have another life I'd study to be a pediatrician. From all kinds of jobs I had been doing in my life I am enjoying this one the best and I am sure all we foster grandparents are doing our best to give love and tender care to each baby, as they need it so much for different reasons.

T. R. Mc.

JANUARY 5, 1966

Personally I think the program has been far better than I ever expected. I truly asked for the job because I needed it, now I do really forget my own need and enjoy the children—when I am off a few days I miss the children and can't resist asking about the progress of children I have had. I firmly believe the children each and every one has benefited by the extra care they receive—my own opinion is that its good points overshadow any spoiling they might get. My opinion of the director and assistants cannot be put into words. It seems [to me] most inconceivable how this big a program could have been formulated and working as smoothly in such a short time. The outstanding point to me is how the entire hospital staff (as far as I have observed from working on different wards) have cooperated with the Foster Grandparents staff. If any of the hospital employees or its staff have not wanted us, they have in no way shown it. I have never gotten a cross answer to any of my many (and to them, I'm sure, unnecessary) questions—they have all been ever so patient.

G.H.A.

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6. WISCONSIN: STATEMENT BY HARVEY A. STEVENS, PROJECT DIRECTOR, FOSTER GRANDPARENTS PROJECT; AND WILBUR J. SCHMIDT, DIRECTOR OF THE MILWAUKEE COUNTY DEPARTMENT OF PUBLIC WELFARE

RE WIS CAP 9307 "FOSTER GRANDPARENTS FOR VERY YOUNG INSTITUTIONALIZED RETARDED CHILDREN"

On July 8, 1965, the Wisconsin Department of Public Welfare, through its Central Wisconsin Colony and Training School (Madison) submitted a proposal for a community action project to the Office of Economic Opportunity. This proposal was entitled, "Foster Grandparents for Very Young Institutionalized Retarded Children." On October 19, 1965, the department of public welfare was notified of the project's approval by the Governor's office and the Office of Economic Opportunity.

Immediately following approval, steps were initiated by the project director to select the project staff. It should be noted that the employment of project staff is accomplished within the framework of the Wisconsin Civil Service System. As of December 23, 1965, the project coordinator, the three chief service supervisors, the three field supervisors, and one secretary have been selected and will begin employment on January 1, 1966.

Since late October 1965 the project director and several staff members of the Central Wisconsin Colony and Training School have conducted an intensive statewide informational campaign concerning this program. This included, among other things, stories in local newspapers, a meeting at each of the three State residential facilities with public welfare and community personnel, as well as meetings at the three residential facilities with key staff members who will participate in the program. Several meetings have been held at each of the residential facilities with appropriate staff members to (1) develop the curriculum for a training program for the foster grandparents, (2) select the patients who will participate in the program, and (3) develop programs for utilizing the foster grandparents within the total institutional program.

Consultants from the University of Wisconsin, Madison, have met on several occasions with the project director and selected staff members of the Central Wisconsin Colony and Training School to develop guidelines for evaluating the program.

In late November staff members at each of the three residential facilities began interviewing foster grandparent applicants. To date, 77 have applied and have been interviewed at the 3 residential facilities. Shortly after January 1, 1966, all foster grandparents should be employed and, by mid-January, begin their 2-week training program. As of December 23, 1965, it is anticipated that the foster grandparents will actually begin working with patients at the three residential facilities by February 1.

ITEM H: PRESS ANNOUNCEMENT ON ESTABLISHMENT OF FOSTER GRANDPARENT PROGRAM

THE WHITE HOUSE,
August 28, 1965.

President Johnson today announced a Federal program aimed at lifting 5½ million elderly citizens out of poverty.

The first stage—$41 million in four projects—will open a new front in the war on poverty.

The President pointed out that a third of all Americans over 65 are living in poverty; the avearge income of these people is under $1,150.

"The aged poor have maturity and experience to offer," he stated. They are eager to help themselves and others. We are going to use this rich, untapped human resource to help others less fortunate. In turn, it will enable these elderly people find the dignity and usefulness they seek.

The initial five-point program will employ 17,600 elderly Americans of low income. They will help attack the poverty of 140,000 of the Nation's most cruelly deprived—neglected babies, retarded children, the homebound sick, and the bedridden and isolated elderly.

One of the new projects is a "foster grandparents" program in which the elderly will be "substitute parents" for neglected children in institutions. Within a year, it will reach into all 50 States at a total cost of $10 million. It has two parts:

Two thousand of the elderly poor will work with 5,000 neglected infants living in institutions; 22 projects in 20 States are starting immediately with $2.7 million in grants.

Another 2,000 will help care for 2,000 older children in institutions. These projects will be funded in about a month.

The remaining three projects are:

Ten thousand will be trained as home health aids to bring help and comfort to the bedridden sick and disabled.

One thousand eight hundred will start work this fall in both urban slums and rural hollows, caring for children from broken homes.

Two thousand four hundred will be trained this fall to meet the needs of mentally retarded children.

Additional programs recommended by a task force on problems of the aged and under consideration include: employment services for the elderly with skills, work opportunity centers for the elderly who are unable to compete in the labor market, home maintenance service, employing the elderly poor, to assist in repair of substandard dwellings inhabited by the elderly; a food program; special services to the elderly poor in rural areas; and an "outreach" service to help the elderly understand and use the assistance available to them.

The new and future programs will be funded by the Office of Economic Opportunity. They will be operated by local community agencies and institutions in close cooperation with the Department of Health, Education, and Welfare.

The $41 million will be distributed as follows: $10 million total to the foster grandparents programs; $6 million for services to mentally retarded children; $5 million for the project to help children from broken homes; and $20 million for the home health aids.

APPENDIX 5—RESPONSES FROM STATE AGENCIES ON AGING

In preparation for the first hearings on the War on Poverty as it Affects the Elderly, Committee Chairman George Smathers wrote to each State agency on aging for information on progress of OEO programs. Replies to the Chairman's questionnaire appear on pages 181 to 228 of part 1 of this transcript. On October 20, the chairman again wrote to the State agencies for word on new developments. Pertinent information on the States follows:

ALABAMA [1]

ALASKA [1]

ARIZONA [2]

ARKANSAS [3]

CALIFORNIA [4]

COLORADO [5]

CONNECTICUT [5]

DELAWARE [6]

GOVERNMENT OF THE DISTRICT OF COLUMBIA,[7]
DEPARTMENT OF PUBLIC WELFARE,
Washington, D.C., October 27, 1965.

Hon. GEORGE A. SMATHERS,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: Thank you for offering the opportunity for the District of Columbia Interdepartmental Committee on Aging to report further to your committee regarding the current status of local programs to benefit the elderly poor.

Two proposals for extension of services on a neighborhood level have been suggested to the United Planning Organization, which is the local planning authority for antipoverty programs.

One, a proposal from our interdepartmental committee staff would provide means of obtaining personal services and sundries such as haircuts, clothing repair and cleaning, toiletries, and other personal care items, was submitted last February.

[1] Reply appears on p. 182, pt. 1.
[2] Reply appears on p. 183, pt 1.
[3] No reply received.
[4] See p. 638 and p. 774.
[5] Reply appears on p. 184, pt. 1. Additional information on pp. 656–657 and 767, 777.
[6] Reply app ears on p. 185, pt. 1.
[7] Additional information on District of Columbia : See p. 635.

The other, proposing the establishment of a multipurpose senior center, was suggested by Barney Neighborhood House in August.

Review of the two proposals by a United Planning Organization Neighborhood Committee brought the suggestion that the two approaches might be combined in a demonstration project which, if successful could be extended to other neighborhoods in the city.

Mr. Donald A. Barrows, Executive Director of Barney Neighborhood House has notified the neighborhood committee and the United Planning Organization staff of approval of this suggestion with which we concur.

We are awaiting further action and will be happy to keep you informed of further developments.

Hopefully by December 1, we shall be able to inform you of positive developments to be included in your hearings or report.

Respectfully,

DONALD D. BREWER,
Chairman, Interdepartmental Committee on Aging, District of Columbia.

FLORIDA

JULY 2, 1965.

Mr. J. WILLIAM NORMAN, Jr.,
U.S. Senate Special Committee on Aging,
Washington, D.C.

DEAR BILL: * * *

Last night's Democrat related that Senator Smathers had introduced an amendment to EOA to specifically embrace older people. The article is enclosed.

Since 50 percent of the elderly in Florida fall within the poverty definition, Senator Smathers is certainly on sound ground. At best, the involvement of older people is far more difficult than involving younger people. And since it is always easier to swim downstream than to buck the current, most EOA projects have followed the same general pattern. The 14 responses thus far received to our survey of 27 projects confirm Senator Smathers' feeling that the elderly can be reached only through special programs and hard work. As soon as we receive more responses, we will send you a tabulation. * * *

Sincerely yours,

J. M. BUCK,
Director. Florida Commission on Aging.

OEO tabulations, Florida—Assistance to the elderly, as of July 20, 1965

What has been done for the elderly under the Economic Opportunity Act of 1964?

Title	Project	Action taken
I	Taylor County Community Action, Inc., Perry, Fla.	Head Start project initiated.
II-A	do	None.
II-B	do	Do.
II-C	do	Do.
III	do	Do.
IV	do	None, initial inquiries only (through SBA).
V	do	None.
Sec. 603	do	Do.
VII	do	Do.
I	Lafayette County Rural Areas Development Council, Inc., Mayo, Fla.	
I	Columbia County Resources Development Authority, Inc., Lake City, Fla.	
I	Economic Opportunity Program, Inc., Miami, Fla.	Delegated to another agency.
II-A	do	No specific involvement except a National Council on Aging demonstration on low-cost meals.
II-B	do	No specific action for elderly.
II-C	do	None.
III	do	Do.
IV	do	No specific involvement.
V	do	None.
Sec. 603	do	A few elderly volunteers.
VII	do	Reference is made to DPW.
I	Gadsden County Action, Inc., Quincy, Fla.	None.
II-A	do	Plan to supplement health department program.
II-B	do	No specific involvement.
II-C	do	None.
III	do	No specific involvement; FHA loans to all eligible persons (no elderly applicants as yet).
IV	do	None.
V	do	Do.
Sec. 603	do	Do.
VII	do	Do.
I	Jefferson County Rural Development Council, Inc., Monticello, Fla.	
I	South West Florida Community Action Association, Inc., Ft. Myers, Fla.	
I	Suncoast Progress, Inc., St. Petersburg, Fla.	
I	Suwannee County Rural Area Development Council, Inc., Live Oak., Fla.	Undelivered.
I	Tampa Economic Opportunity Council, Inc., Tampa, Fla.	None.
II-A	do	None (developmental stages).
II-B	do	Project submitted to State Department of Education.
II-C	do	None.
III	do	Do.
IV	do	Do.
V	do	None (developmental stages).
Sec. 603	do	None.
VII	do	Do.
I	Charlotte Task Force for Prosperity, Inc., Punta Gorda, Fla.	
I	Brevard County Community Action Agency, Inc., Indialantic, Fla.	
I	Project Upgrade, Inc., Daytona Beach, Fla.	
I	Madison County Council on Economic Opportunity, Inc., Madison, Fla.	Do.
II-A	do	Do.
II-B	do	Do.
II-C	do	Do.
III	do	Do.
IV	do	Do.
V	do	Do.
Sec. 603	do	Do.
VII	do	Do.
I	Tri-County Community Action, Inc., Bonifay, Fla.	

OEO tabulations, Florida—Assistance to the elderly, as of July 20, 1965—Con.

Title	Project	Action taken
I	Orange County Community Action Council, Orlando, Fla.	Volunteer tutors; each center to have 1 elderly person as paid director.
II-A	do	Use elderly talents to assist neighborhood businesses.
II-B	do	No specific involvement.
II-C	do	Elderly volunteers assist local nurseries.
III	do	None.
IV	do	Handled through SBA.
V	do	None.
Sec. 603	do	Requesting 10 VISTA persons for 1 community.
VII	do	None.[1]
I	Alachua County Community Action Committee. Gainesville, Fla.	
I	Community Service Council of Broward County, Fort Lauderdale, Fla.	Head Start.
II-A	do	None.
II-B	do	No specific involvement.
II-C	do	None.
III	do	Do.
IV	do	Do.
V	do	Do.
VI	do	Do.
VII	do	Do.
I-VII	Community Action Program Committee, Inc., Pensacola, Fla.	None, planning stages only.
I	Greater Jacksonville Economic Opportunity, Inc., Jacksonville, Fla.	
I-VII	Area Development Council of St. Lucie County, Fort Pierce, Fla.	None, awaiting funds.
I-VII	Palm Beach County Community Action Program, Inc., West Palm Beach, Fla.	None (as of June 25, 1965, project not approved).
I	Collier County Community Action Program, Inc., Naples, Fla.	
I	Leon County Community Resources Council, Inc., Tallahassee, Fla.	None.
II-A	do	Plan to develop several when CAP is activated.
II-B	do	Do.
II-C	do	Do.
III	do	Do.
IV	do	Do.
V	do	See Dr. Jackson, A. & M. University.
Sec. 603	do	None.
VII	do	Do.
I	Marion Community Economic Opportunity, Ocala, Fla.	
I-VII	Manatee County Council for Seasonal Agricultural Workers, Inc., Holmes Beach.	None; they report no jurisdiction over EOA projects.
I	Tribal Council, Seminole Tribe of Florida, Hollywood, Fla.	None.
II-A	do	Application made for nursing home facility.
II-B	do	None.
II-C	do	Application made for day nursery.
III	do	None.
IV	do	None.
V	do	Do.
VI	do	Do.
VII	do	Do.

[1] We have had no projects in this field. As a matter of fact, we are fast becoming critical of this whole program. We have forwarded worthwhile projects to suggested sources and, to date (June 15, 1965), have only been funded on the Head Start program. Why should we plan and write a project in this fieldwhen we have projects (numbered by the EOA office) and nothing since?

GEORGIA [8]

STATE OF GEORGIA,
COMMISSION ON AGING,
Atlanta, Ga., November 22, 1965.

Senator GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: Your letter of October 20 has been referred to me by Dr. John T. Mauldin, commission chairman, and I am pleased to report some favorable action and changes in attitude since our earlier report. In fact, our office and those of State and the Atlanta offices of economic opportunity are in frequent meetings and conferences which have direct bearing on participation by and for older citizens.

The Georgia State plan for funds and programs related to the Older Americans Act will be submitted to Washington this week. It will recognize OEO as an important resource on local, regional, and State levels in terms of public information, financing, and programming. Although action has been, primarily, in the Metropolitan Atlanta area, other community action committees are being formed throughout the State and their plans will relate to the aging group to the extent that funds, knowledge, and interest are available.

Listed below are specific developments in Metropolitan Atlanta area which result, in part or in full, from OEO funding:

1. Foster grandparent demonstration project: Has been approved but awaits funds.

2. Day care centers: A grant application has been submitted but not yet approved or funded.

3. Senior activity centers: In 3 high-rise public housing apartments to provide residence for approximately 1,250 older people. They will be staffed throughout through OEO funds and will provide a wide range of community services to the residents and surrounding environs. Plans are approved but there is a slight delay in funding.

4. Senior Citizens Services, Inc., of the Atlanta metropolitan area has just been organized as a central agency for coordinated planning and programming. OEO funds will be used on a matching basis with local funds to employ professional staff which will supervise the other projects and programs listed above and those that may be developed.

These are some of the specific indications of the consideration now being given to the aging population; of even more significance are the interest and attention of leaders as they move ahead with total planning.

I am confident that the intensive work of your Special Committee on Aging, including the June hearing, has been the major element in securing attention and getting results in behalf of older Americans. We are pleased to be included in your efforts.

Sincerely,

Mrs. ELSIE C. ALVIS, *Executive Director.*

HAWAII [9]

STATE OF HAWAII,
COMMISSION ON AGING,
Honolulu, Hawaii, December 17, 1965.

Senator GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
Tallahassee, Fla.

DEAR SENATOR SMATHERS: This will acknowledge your letter of December 7, 1965, along with proceedings of the War on Poverty as it Affects Older Americans. You have the respect and gratitude of the Nation's senior citizens who are financially impoverished and are seeking solutions to their problems.

Generally, the elderly in Hawaii are proud and independent people. They would prefer to engage in meaningful community activities for small remuneration to supplement their Social Security, rather than to depend on their children or welfare handouts.

There should be more projects like the Foster Grandparents Project to assist the impoverished elderly. Incidentally, this project in Hawaii has captured the imagination of the elderly and has caused additional benefits to accrue for the

[8] See also response to earlier enquiry on p. 187, pt. 1.
[9] See also response to earlier enquiry on p. 190, pt. 1.

host agency, an institution for mentally retarded. Recently, the commission has developed a voter registration program using financially impoverished older persons which I would like to see developed throughout the country. You may examine it for your information.

Any suggestions that you can make it further this project will be greatly appreciated.

Sincerely yours,

CHARLES W. AMOR, *Director.*

EXHIBIT

PROPOSED VOTER REGISTRATION PROGRAM USING OLDER PERSONS

The aim of the demonstration

This project aims to demonstrate the effectiveness of linking state services in behalf of the aged with city and county municipal functions. This demonstration is necessary to educate county public officials and the public on the special needs for older people at the municipal level. Last week, a city administration budget for a first senior center to be joined with a public housing facility was deleted. This was restored after much effort, but the officials indicated that the State should hereafter assume the entire funding for this type of senior activities. Not enough is known about senior citizens and their linkage with county activities.

The need for increased voter registration

Reportedly, Honolulu's registration percentage in 1964 was 48 percent of the total population. However, this low registration may be explained by the large military, aliens, ineligible to vote, and tourist population. The corrected percentage of registered and eligible voters is more nearly 80 percent. This fact should spur us on the increased voter registration with the aim of at least 90 percent of the eligible voters registered in 1966.

Focusing on the gap

Statistical report No. 22 in "Election Statistics of Hawaii" prepared by Robert Schmitt, of the Department of Planning and Economic Development, reports the characteristics of the household population 18 and over, by voter registration for the islands of Oahu and Hawaii, January 1961. The survey reflects that income is directly related to the percentage registered. In other words, the less the income within the family, the less likely the family is registered. For family income with less than $4,000 the percentage registered is 43.8 percent and progressively, with family income $15,000 or more, the percentage registered is 77.7 percent.

By occupation, the unemployed, farm laborers and service workers, are less likely to be registered than the professional, clerical, and sales worker. This fact suggests that registration is more accessible to a person who works in town or is able to get to city hall during working hours when voter registration is open. The likelihood of 8-to-4 blue-collar workers taking off half a day to register to vote is unlikely.

The method of operation

The operation will be patterned after a proven procedure developed by the volunteer voter registration program in 1962 and 1964. Essentially, this is to make voter registration accessible and available to the public in the community where they live. Registration tables will be scheduled on a regular basis at places of large natural congregation, like supermarkets and fairs. The hours will be set during off-working hours where the breadwinner is at his leisure and is receptive to registering. Public information about registration will be coordinated through the clerk's office to give concentrated voter registration information.

Coordination

The aim of this program is to supplement and support the effort of the city clerk toward increased voter registration within the city and county of Honolulu. It is not intended to supplant or lessen the activities of the clerk's office. It has been agreed that the city clerk will initiate an all-out public information effort for increased voter registration in 1966.

For effective liaison and control, it has been agreed that one supervisory personnel be placed on a temporary basis within the city clerk's office to oversee the particular program during the project's duration. The personnel will be employed by the city clerk's office in consultation with the director of the Commission on Aging. In addition to the usual supervisory duties he will be required to perform, that person will be responsible for an evaluation procedure to be developed by the director of the Commission on Aging.

The role of the Commission on Aging

The Commission on Aging will act as sponsoring agency to encourage voter registration. It sees as its mission the creation of employment opportunities for well older persons 55 and over who are financially impoverished and who wish to engage in meaningful community activity. It is well known that this segment of the population is underemployed and has little opportunity to engage in work that will make a significant contribution to society. Employment for which prestige and adequate remuneration are sought is usually beyond their educational or cultural reach.

The older poor have a real stake in the governmental processes of our society and they will respond to the call to public service. Past experience has shown that age is not a barrier to productivity and the older people could be relied upon to fulfill their responsibility.

Administration of funds

It is agreed that a total budget shall be prepared which would be administered through the city's financial machinery. The project director will be the director of the Commission on Aging and will be responsible for the administration of the funds.

City clerk's responsibilities

The city clerk shall be responsible for recruitment, training, orientation, and assignment of voter registrars. The criteria for the selection, recruitment, training, orientation, and assignment will be developed in cooperation with the director of the Commission on Aging and representatives of the participating area antipoverty councils.

Timetable

February 1, 1966—City clerk's office to kick off its all-out voter registration drive.

April 1, 1966—Coordinator to be hired, program developed.

April–May, 1966—Recruitment of oldster registrars.

May 1–15, 1966—Training period.

June 1, 1966—Registration begins.

October 8, 1966—Project ends one day after close of voter registration.

Rough estimate of budget, 6 months

1. Personnel	$32,000
A. Project director (donated)	
Supervisor	4,000
Clerk	2,500
B. Contractual employees:	
50 elderly, at $1.25 an hour 20 hours per week over 20-week period	25,000
Consultants	500
2. Travel: at 12 cents a mile, or equivalent public transportation for staff and contractual employees	5,000
3. Space cost and rent: Staff space donated by city; registrar space donated by supermarkets	
4. Consumable supplies: Registration forms to be supplied by city clerk	200
5. Rental, lease of equipment (none)	
6. Other, information bulletins, etc	500
Total	37,700

IDAHO [10]

ILLINOIS [11]

NEBRASKA

STATE OF NEBRASKA,
Lincoln, November 9, 1965.

Senator GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: Governor Morrison has asked me to reply to your letter of November 4, 1965.

As stated in your letter, I was unable to reply to your questionnaire due to the inadequacy of time given to submit this information. I find that there is a further difficulty encountered in attempting to answer the questionnaire point by point. Our agency is charged with assisting and coordinating community action programs for the Governor of Nebraska. In this role we are not specifically involved in all titles of the Economic Opportunity Act.

I feel, therefore, the best I can do with regard to your questionnaire is to make a general statement regarding the general participation of the aged in the programs of the Economic Opportunity Act in the State of Nebraska.

In Nebraska elderly people comprise a significant portion of the population, and we find that most governmental agencies are quite responsive to their needs and requests for assistance.

We have not yet had funded any program specifically for senior citizens. However, many elderly people have been involved in various projects, both in their initiation and administration. The Technical Assistance Agency is currently working with various groups of senior citizens to develop programs for the elderly as component projects of community action programs. The thinking of these groups at this time is running to such things as Meals on Wheels, Foster Grandparent Programs, and Senior Citizen Assistance and Care Projects.

It is our hope that the Economic Opportunity Act will prove a valuable resource in meeting the needs of the senior citizens of the State of Nebraska.

Sincerely,

RONALD L. JENSEN,
Director, Technical Assistance Agency.

KANSAS [12]

LOUISIANA [13]

MARYLAND [14]

MASSACHUSETTS [15]

MINNESOTA [16]

MISSISSIPPI [16]

NEW JERSEY [17]

NEW MEXICO [18]

NEW YORK [19]

NORTH CAROLINA [19]

NORTH DAKOTA [20]

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[10] Reply appears on p. 190, pt. 1; related statement on p. 567.
[11] See also response to earlier enquiry on p. 191, pt. 1.
[12] Reply appears on p. 192, pt. 1.
[13] Reply appears on p. 192, pt. 1.
[14] Reply appears on p. 193, pt. 1.
[15] Reply appears on p. 206, pt. 1; additional information begins on p. 676.
[16] Reply appears on p. 207, pt. 1.
[17] Reply apepars on p. 208, pt. 1; statement on p. 633.
[18] Reply appears on p. 210, pt. 1.
[19] Reply appears on p. 217, pt. 1.
[20] Reply appears on p. 218, pt. 1.

OHIO

OHIO OFFICE OF OPPORTUNITY,
Columbus, Ohio, November 19, 1965.

HON. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

MY DEAR SENATOR: Your letter of October 20 to Governor Rhodes has been referred to me for reply. * * *

The following are the answers to your questionnaire:

1. Programs under title I: There is no record available of the ages of the instructors, counselors, etc., used in the various youth programs. I know that in many cases retired men and women have been employed in connection with counseling for the Neighborhood Youth Corps. I feel certain this is true for Job Corps, which is under Federal jurisdiction.

2. Programs under title II: There have been three demonstration Foster Grandparents Programs funded in Ohio. These are by the Summit County Child Welfare Board, Catholic Charities Bureau in Cleveland, and Community Action Commission of the Cincinnati Area. In addition, Supporting Council on Preventive Effort, Dayton, has been given a Federal grant of $15,112 for a program entitled "Coordination for senior citizens in public housing." The Community Action Commission of the Cincinnati Area has been granted $82,750 for "recreational therapy for aged in institutions." I am enclosing, for your information, an explanation in detail of these programs. (See pp. 800–801.)

Although statistics are not available on other programs not specifically designed for the elderly, many of the funded programs under community action have utilized the elderly persons as employees. This is particularly true of tutorial programs, neighborhood opportunity centers, etc. I feel certain that many persons employed from the impoverished group as survey aids have also been elderly.

3. The Ohio Office of Education administers Title II(B). At the present time they do not have a statistical analysis of the persons enrolled in their courses. I have been advised that they have personal knowledge that many elderly are so enrolled and moreover they have proved to be the most interested and diligent students. A statistical profile of participants in programs under Title II(B) will be submitted at the end of the program.

4. Ohio has not participated in this program.

5. Up to the present time, 79 loans have been made under this title. This title is administered by the Farmers Home Administration and they report that approximately 10 percent have been made to persons 65 years of age or over.

6. In Ohio, we have two small business development centers. The records of the loans made, upon recommendation of these centers, are kept in the field. I am certain that if you would contact the following persons, details as to the recipients could be obtained:

Armond Robinson, director, Small Business Development Center, 1620 Prospect Avenue, Cleveland, Ohio.

Norris Muldrow, director, Small Business Development Center, 30001 Vine Street, Cincinnati, Ohio.

7. Title V is administered by the Ohio Department of Welfare. They report that in the State they plan to have an IBM tabulation of workers given employment under this title. However, this information is not available at present.

8. This office does not have the information available on persons who have been accepted in Ohio for the VISTA program. Seventy-five Volunteers in Service to America have been assigned in Ohio. Two of these will be assigned to the United Auto Workers Retired Workers Center in Cleveland and will work with economically deprived older persons to foster self-sufficiency and independence, to alleviate loneliness and isolation. They will attempt to involve retired and senior citiezns in UAW and community activities, recruit older volunteers to work as friendly visitors, and develop indigenous leadership. Eighteen volunteers have been assigned to Greater Cleveland Neighborhood Centers Association and eight to the Cleveland Society for the Blind. Although their work is not specifically directed toward the elderly, in both assignments, the elderly will be recipients of the VISTA workers.

9. I am enclosing a copy of the act passed by the Ohio General Assembly, providing for disregarding payments made under the Economic Opportunity Act

of 1964 in determining need for assistance and to declare an emergency. (In committee files.)

The administration of the recent legislation, Older Americans Act, is under the Department of Correction and Mental Hygiene. Mrs. Rose Papier has been named coordinator of the Office of Aging in Ohio. This office has offered her every cooperation and assistance. At the present time this office is sponsoring five regional conferences at the main State universities. Mrs. Papier is participating in all of these conferences as a panel member on programs for the aging.

If this office may ever be of assistance to your committee, please do not hesitate to call on us.

Very truly yours,

ALBERT G. GILES, *Director.*

Enclosure.

(EXHIBIT ONE)

COORDINATION FOR SENIOR CITIZENS IN PUBLIC HOUSING

* * * * * * *

7.1.2 Purpose of project

To plan with residents of the public housing projects and other older people in the areas for program and services in order that they may continue to live in their own homes for a longer time, and not be forced into some form of institutionalized living which is less satisfying to the person and more costly to the community. Other community agencies will provide specific services including the public health nurses, city recreation department, public library, Division of Aid for the Aged, Senior Citizens' Center of the Greater Dayton Area, Young Women's Christian Association, Volunteer Service Bureau, and the Social Security Administration.

7.1.3 Area and group to be served

Three new public housing facilities for people 62 years of age and older are nearing completion and are being leased gradually. Two projects are now occupied; the third is partially occupied and the last building will be ready in April 1965. They are located as follows:

(*a*) *Westdale Terrace.*—88 units, approximately 150 people, located in west Dayton—a predominantly Negro area. 1960 census figures indicate 2,818 people, 60 years and over in this area.

(*b*) *Metro Gardens.*—63 units, approximately 100 people, in Dayton View area which included 3,925 people, 60 and over in 1960.

(*c*) *Park Manor.*—220 units, approximately 385 people, located in east Dayton urban renewal area which included 2,684 people, 60 and over in 1960.

Single residents are limited to those with income of $2,600 per year; couples $4,000 or less. In a survey of residents 60 years of age and over living in public housing in 1963, 62 percent had annual incomes under $1,500. The 24 single people now (March 1965) living in Metro Gardens have an average annual income of $1,140, and the 39 couples an average annual income of $1,812. Those who are moving into the two other projects presently will undoubtedly have no higher average income.

Program and services will be available to those 60 and over living in the area, as well as those in the housing projects. Close to 5,000 older people live within walking distance of the three projects.

7.1.5 Number to be served

Six hundred and forty-five in the housing projects will be served, plus an equal number of more from surrounding areas.

Number "poor"

The number who are "poor" constitute at least 80 to 90 percent of older people in the areas concerned.

7.2 Work program

The plan as outlined by SCOPE and community agencies is aimed to provide health, education, recreation, and counseling service to the aged living in the three public housing projects and the surrounding area. These services should enable these older people to continue to maintain their own homes rather than be placed in an institution. Through training in better use of food products, screening tests and health supervision from public health nurses; provision of activities to fill the days with interesting activities and association with others; counseling; reading materials; these older people will be helped in maintaining their physical and social independence.

The following agencies are ready to provide these services:
1. The Public Health Nursing Service of Dayton and Montgomery County.
2. Division of Parks and Recreation, city of Dayton.
3. Division of Aid for the Aged, Ohio State Department of Public Welfare.
4. Senior Citizens' Center of the Greater Dayton Area.
5. Young Women's Christian Association.
6. Volunteer Service Bureau.
7. Social Security Administration.
8. Dayton and Montgomery County Public Library.

The need is for two staff members to coordinate the program—to act as a liaison between the Housing Authority, the agencies, and the residents. Residents will be included in all planning. Their skills and knowledge will be used wherever possible.

The Senior Citizens' Center of the Greater Dayton Area will assume responsibility for developing, securing and coordinating the needed program and services. Space, utilities and maintenance, in addition to equipment (valued at $12,546) is provided by the Dayton Metropolitan Housing Authority at the three sites. One coordinator is needed to work in the two smaller projects, and one in the larger Park Manor project.

In some instances, hobbies and skills may be developed which can lead to sales of handmade items and thereby add to the person's income.

(EXHIBIT TWO)

THERAPY GROUP AND INDIVIDUAL ACTIVITIES

A program for sheltered care facilities for the aged and chronically ill to stimulate and strengthen interest in living

COMMUNITY HEALTH AND WELFARE COUNCIL,
Cincinnati, Ohio, March 15, 1965.

Purpose.—This is a proposal to develop and operate recreational therapy programs in sheltered care institutions. It has a dual purpose: (1) To create job opportunities for youth and young adults and older people who want part-time work to supplement inadequate income; (2) to bring an urgently needed service to older residents and patients in institutions.

Justification.—A recent study of the sheltered care facilities revealed that there is a need for the recruitment, orientation, and development of personnel to work in these instituitons. There are a variety of job possibilities; however, personnel regardless of a particular job, must have some positive feelings about older people as well as a vital interest in working with them. The proposal would be important in making available to many young people the opportunities to relate to older individuals, to become aware of their needs, interests, problems potentials. From work experiences in the proposed project, young people can develop and test their interest, and skills and be motivated to want to continue in the field of service to older people.

Growing numbers of middle aged and older persons, retiring from employment, want to undertake activity in the community that is of real value to someone. Many of these people are living on limited incomes and are unable to undertake volunteer work because of the additional out-of-pocket expenses; many have such extremely limited resources that they need part-time employment to supplement retirement income.

In the spring of 1963, the chairman of the Academy of Medicine Committee on the Aging pointed out to the community health and welfare council the need for activities programs in homes for the aged and nursing homes. The physicians emphasized that physical care (even excellent physical care) is not enough. The older person and the long-term ill patient need to keep active within their capacities if they are to maintain an interest in living. When such an interest is lost, both physical and mental health are adversely affected.

Volume of need.—In April 1962, an inventory of proprietary and nonprofit homes in the five county united appeal area (Boone, Kenton, and Campbell Counties in Kentucky; Hamilton and Clermont Counties in Ohio) showed 56 proprietary and 29 nonprofit homes with a total capacity of 4,170 beds. New buildings and additions have probably added 500 beds since that time. A recent study of nonprofit homes for the aged show that Social Security constitutes 20

percent of the payment by residents. About 30 percent of the residents in philanthropic homes receive public assistance grants, and the care of more than half of those in proprietary homes is paid for through public funds. The study showed that in none of the 20 nonprofit homes participating in the study did residents' payments fully cover cost of care. Payments from public assistance do not cover cost of care in the nonprofit or proprietary homes. Regardless of the source of payment, there is need for constructive activity to keep the mind as well as the body alive in both kinds of facilities.

Project design

1. Participating agencies: The Young Women's Christian Association, Jewish Community Center, and the Santa Maria Institute, a Catholic group work agency serving all faiths, have agreed to form a cooperating committee to operate the service. They will have the central role because of the need for professional supervision of the program. Their relationships on this project will be similar to the USO format. These particular agencies represent the three groups in the community, the Catholic, Jewish, Protestant, and unchurched. In many of the homes for the aged and nursing homes, there are patients and residents from all of these groups. Contract funds will be allocated to this group, who will employ a qualified supervisor and will arrange to supply space for the supervisor's office, to be responsible for professional guidance of the supervisor. The Young Women's Christian Association has agreed to become the responsible fiscal agent, will be the participating agency entering into the contract with the community action commission. The Jewish Community Center and Santa Maria Institute will participate with the Young Women's Christian Association in the selection of the supervisor and the development of the program.

2. A supervisor with a background in social work with a concern for older people will be employed full time.

(*a*) The supervisor will be responsible for working with the administrator of the institution which has an interest in developing the service for its residents and/or patients.

(*b*) The supervisor will orient the institution's staff to the program, emphasizing their roles in helping the residents to participate.

(*c*) The supervisor will be responsible for the development of program content and materials.

3. Program assistants from the youth group will be recruited by the supervisor through the youth opportunity center.

(*a*) The supervisor will indicate to the youth opportunity center the qualifications; the youth opportunity center will interview, test and refer for employment.

(*b*) The hourly rate of pay will be $1.25 with an assurance of 4 hours per day in a single facility for a total of 20 hours of employment per week.

(*c*) Training time initially and supervision time on the job will be required and will not be paid for. Transportation costs will be paid for such time.

4. Program assistants from the older age groups will be recruited through the older workers' department, OSES.

(*a*) The supervisor will give OSES a statement of the qualifications; OSES will recruit, test, and refer applicants for employment. From the group of older workers, leaders will be selected to be responsible in each institution for the supervision of assistants and contact with the staff of the institution.

(*b*) Payment will be at $1.25 per hour for 4 hours per day in a single facility. These assistants will work a maximum of 8 hours per week. When a worker is designated a leader, there will be an increase in the hourly rate to $1.50.

(*c*) Training time initially and supervision time on the job will be required and will not be paid for. Transportation costs for such time will be paid.

5. Specific agreements will be made with each participating institution regarding space, facilities, and hours. The institutions will be asked to pay a fee based upon the number of hours the program is operated there and its capacity. This fee is regarded as an insurance of the institution's commitment to the project, and its interest in seeing that the program works as well as a source of some funds for the local share.

6. The philanthropic homes using the service will be asked to designate a staff member as liaison with the supervisor. This liaison staff person is to be one who has the authority and influence to involve the institution's staff and resources in a truly cooperative relationship with the project staff.

(*a*) The liaison worker should have the right to utilize the resources of the home and call upon other staff to help to expedite the program.

(*b*) The home should allocate definite space for activities and for the storage of program materials.

(*c*) The home will set limits which the program staff will respect.

7. The proprietary nursing home should designate a staff member to serve as liaison with the supervisor. This person should have the authority to use the resources of the institution and the services of other staff to facilitate the participation of the patients.

(*a*) The proprietary home should designate specific space for activities and for the storage of materials and supplies.

(*b*) The home will set limits which the program staff will respect.

8. Each participating home should agree to have the program in operation a minimum of 1 day per week for a minimum of 4 hours.

(*a*) A portion of the 4 hours will be required to make preparations and to straighten up after the program.

(*b*) Where there is a question, approval of the responsible physician will be obtained prior to the participation of his patient. At this time he will be asked to indicate any restrictions on activities and involvement.

(*c*) Because of age as well as physical and emotional factors, an average ratio of one program assistant for five participating residents and/or patients will be used. This ratio will enable some assistants to work individually at times with participants.

(*d*) As the program develops, the supervisor will evaluate the progress of the assistants with an effort to select those who can take some responsibility for the direction of others.

(*e*) The institutions will be encouraged to consider program assistants for regular job openings on their staffs for which they may be qualified as these become available.

9. The Community Health and Welfare Council will take the responsibility for the evaluation of the program. Indexes for effectiveness will include the number of participants, their activities before, during, and after the program, their health status before and after, especially mobility within the institution.

10. Budget: (*a*) Timetable: It is anticipated that programs can be developed in six institutions during the first 6 months. Two months' time will be required to recruit and train staff, and to set up arrangements with the first institutions. At that time, it will be possible to add 6 additional institutions for a total of 12 programs in operation by the end of 1 year. It is anticipated that once a pattern is established, the rate at which additional institutions can be included will increase.

Programs.—Programs will vary with the physical and mental limitations of the residents or patients of an institution; with the amount of time available; with the numbers and abilities of project staff; with the space and equipment available; with the needs of the individual patients.

In general in an institution where many residents are mentally alert, independently ambulatory both within the institution and outside it, where programs can be provided at least 3 days per week, the following types of programs could be offered:

A. Educational:

1. Crafts classes with a variety of kinds of crafts from ceramics, metal, paper to traditional handwork such as embroidering, knitting, sewing.
2. Art classes, choral groups.
3. Discussion programs on various topics of general or specialized interests; outside speakers.
4. A monthly newsletter.
5. Gardening—indoor and outdoor.
6. Service projects.

B. Social and recreational:

1. Organized outings according to interests of the group to: parks, zoo, symphony, opera, baseball games, picnics.
2. Birthday parties, teas for new residents, special occasion or holiday parties.
3. Movies and other entertainment functions.
4. Individualized visiting, writing letters for patient, reading to patient.

For the residents who are not as active and who may be withdrawn, the activities may be with one project worker to two or three residents or patients. Simple social discussion may be important.

As patients become more feeble and/or senile, the project workers will work with fewer persons at one time; the activities will become simpler and of short duration but will be for the purpose of stimulating the patient to an interest in being alive. A simple game, care of a potted plant, a conversation, a trip to the yard in a wheelchair have proven therapeutic effect on a senile patient.

Programs will be tailored to fit each institution and its residents and patients as well as to utilize the skills and abilities of the older workers and the youth on the project.

Training (how will workers be trained?).—It is proposed that the training program vary from 1 week to 2 weeks depending on the background of the project workers. The older worker who has had experience with older people (in his or her home, in church groups, or other organizations); who has skills in crafts, in music, or other skills that can be utilized may need fewer hours of training.

The training program will include the following:

1. Orientation to project—Project supervisor: Purpose of the project, general description of duties of project workers, their dual responsibilities to the project supervisor and the institution.

2. General characteristics of aging process and illness (would be led by physician, nurse or social worker): Suggested aspects to include in session on general characteristics of aging and chronic illness:

General characteristics: Reduced energy, shortened attention span, gradual decline of memory, turning inward of interests, effect of personal losses, and changed settings.

Characteristic reactions in group settings:

Uncertain and fearful apt to say "not today—too tired," frequency of complaints about environment—such as: poor food, uncomfortable beds. lights go out, noisy, or too quiet.

Become competitive for attention and affection—"You like so and so better than me."

Approach: Acceptance of person as an individual—changes are hard to make and this is hard for you, abide by all rules and regulations, setting an example and compare to rules and regulations of all living; be patient and listen, listen, listen, avoid imposing your ideas upon individual as responsibility is to help person make better adjustment within limitations of his situation; try to learn interests of the person and remember this may take lots of time as you are new person who needs to become known and trusted by the older person.

Reactions of patient to worker.

Reactions of worker to patient: Working with the ill aged may make worker, especially the older worker, uncomfortable and fearful. Expect this reaction until become used to numbers of elderly and ill. Need patience, willingness to move slowly, to repeat or listen to repetition of stories.

3. Function and purpose of specific institution—Administrator or supervisor: Description of the institution, the people it serves, its organization, and administration.

4. Tour of the institution.

5. Use of project workers in the institution—Project supervisor: Discussion of duties of project workers within the institution, where and to whom they report for assignment, reports and records needed to be maintained with respect to program.

Fire, safety, and civil defense procedures, how project workers can assist in fire prevention.

6. Role of project worker from professional viewpoint: Confidential nature of observations and discussions about patients; relationship to regular employees of institution; relationship to staff member who is official liaison with project workers.

7. Workshop in activities—several sessions: Techniques in leading activities; special skills in crafts, games, rhythm, discussion groups; use of equipment such as movie or slide projector, mimeo machine; use of machine adapted equipment—in games, crafts, and various activities.

8. Review of project purposes, discussion of time sheets and other records required for payment, evaluation of training, assignment to specific job.

What will they do after being trained, etc.?—Again depending on the institution, kinds of residents or patients, skills of project worker, the following kinds of services may be performed by the worker:

Leading a group in crafts, in discussion, etc. Planning and carrying out a special events party;

Helping bring a retiring, shy oldster into the group;
Taking a patient outside in wheelchair;
Assisting in taking group on outing;
Talking to bedfast patient;
Assisting in feeding handicapped patients;
Visiting with shy and fearful patient in own room with purpose of encouraging patient to participate in group activities;
Assisting in other duties around the institution which are agreed upon by the project supervisor and liaison staff of institution. However, in no instance will the project worker be used to take the place of regular employees of the institution.

It is anticipated that some project staff will be interested enough to take full-time jobs in the institutions; that their experience in working with older people will be sufficiently satisfying to help them decide to take a variety of jobs from porter or maid to recreational assistant. Some may be sufficiently interested to take the course for licensed practical nurse or aids which are offered in the public schools.

OREGON

OFFICE OF THE GOVERNOR,
STATE CAPITOL,
Salem, Oreg., November 25, 1955.

Hon. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging, U.S. Senate, Senate Office Building, Washington, D.C.

DEAR SENATOR SMATHERS: Since the State of Oregon Council on Aging is temporarily not in existence, I am writing on behalf of former chairman, Don Chapman.

Under title I(A), the only experience with elderly citizens was the hiring of a 68-year-old Negro counselor from Harlem. The physical demands of the work and the lack of any other Negroes with whom to identify in the community caused the dissatisfaction of this man and ultimately he left Oregon and returned to Harlem.

Under title I(B), the Portland Head Start program has employed grandmother women of children involved in the program. These women are trained and paid for their services.

Oregon has one program already approved and founded under title II(A) in the amount of $63,850 which involves the employment of the older citizen. Our Lady of Providence Hospital of Portland operates a child center which has begun a program called "Foster Grandparents." This is a 1-year demonstration project using low-income older people in a self-satisfying and profitable manner rendering a needed service to infants and young children who are institutionalized. Foster grandparents are recruited and trained to contribute additional physical and emotional stimulus to the children in the nursery. Twenty-eight workers spend 20 hours per week at $1.25 per hour. (Additional details on p. 779.)

Also, under title II, an administrator was hired who is 67 years of age, Mr. George Jenkins by name.

I trust this sketchy report is of value to you.

Sincerely,

CHET STARR.

PUERTO RICO

ESTADO LIBRE ASOCIADO DE PUERTO RICO,
COMISION PUERTORRIQUEÑA DE GERICULTURA,
Santurce, P.R., December 22, 1965.

Hon. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
United States, Senate, Washington, D.C.

DEAR SENATOR SMATHERS: This is in reply to your communication relative to efforts made in Puerto Rico to use Office of Economic Opportunity programs to help our older citizens.

I am enclosing herewith the information obtained from various sources relative to economic opportunity programs already underway, and to others which are in the proposal stage and presently being studied by the Office of the Coordinator of Economic Opportunity programs in Puerto Rico.

1. Title I youth programs

We have contacted the Office of Economic Opportunity programs in Puerto Rico, which is charged with the coordination of the various titles of the law, and were informed that they do not have as yet an evaluation on any of the programs established under the various titles of the act.

The Urban Renewal and Housing Corporation of Puerto Rico jointly with the Department of Labor have established a Title I program which at present employs 4,000 youths throughout the island. Within this project there are only two employees in the category of administrators, ages 60 and 53. It should be noted that the Department of Labor of Puerto Rico establishes "old age" at 45.

2. Title II (A) community action programs

This title is administered directly by the Office of Coordination of the Economic Opportunity Act. At present there are two project proposals under study. One of these, which was submitted by the Puerto Rico Gericulture Commission is for the establishment of day centers for older people in four geograpical areas of the island. Assistance for the elderly is planned in these centers through the development of a multiple activity program which will enrich the lives of the elderly. At the same time, these day centers will use the talent and abilities of retired elderly persons in a large number of its activities, both as paid employees and as volunteer workers.

3. Title III combating poverty in rural areas

The Community Education Division of the Puerto Rico Department of Education has charge of programs under this title. They have already established a project for the expansion of their entire program which consists of educational and informational activities throughout the island of Puerto Rico, and especially in rural communities. The main emphasis of this program is community leadership and organization, among all age groups. Actual experience shows that participation is highest among the younger adults.

4. Title II (part C) voluntary assistance for needy children

This section of the law has been eliminated.

5. Title III combating poverty in rural areas

The Farmers Home Administration, through its loan program has granted 588 loans to persons 55 years and over during the period from January to November 30, 1965, for a total of $941,000. Twenty percent of all these loan recipients are 60 years old and over.

6. Title IV employment and investment incentives

The Small Business Administration of the Puerto Rico Department of Commerce has been charged with responsibility for the administration of this title of the law. Due to the absence of small development centers in Puerto Rico for the implementation and administration of funds under this section of the antipoverty program, there are no projects as yet under this title.

7. Title V work experience programs

The Division of Public Welfare of the Puerto Rico Department of Health has responsibility for the administration of this important section of the law. As of October 1, 1965, 8,562 persons were participating in benefits under title V; only 15 of these were old-age assistance beneficiaries. (The total number of public assistance beneficiaries in old-age category is 28,872.) Employment opportunities for these elderly participants are very limited, almost nil. Job offers for this age group are minimal due to their low scholastic level, their lack of occupational skills and their poor health.

The elderly group benefits from this title of the law in an indirect way, from the participation in the work-experience program by other members of the family group. Income obtained from title V benefits will not be credited for determining amonut of regular economic assistance to old-age beneficiaries and to other eligible persons from the family group.

(NOTE.—In Puerto Rico the average old-age public assistance payment is $8.50 a month.)

8. Under section 603 (Volunteers in Service to America) no programs have been established as yet. Some promotional efforts have been made with organized groups such as the Association of Retired Teachers of Puerto Rico. No one

agency or organization in particular has yet assumed responsibility for the implementation of this part of the OEO program.

I hope that the above information will be useful to you. Many thanks for your continued interest in our programs.

Sincerely,

GUILLERMO ARBONA, M.D.,
Chairman, Puerto Rico Gericulture Commission.

RHODE ISLAND [21]

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS,
EXECUTIVE DEPARTMENT,
DIVISION ON AGING,
Providence, R.I., November 29, 1965.

Senator GEORGE A. SMATHERS,
Chairman, U.S. Senate Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: In reply to your October 20 letter * * * I agree with you that the picture has certainly changed in regard to programs under the Office of Economic Opportunity for the elderly since I wrote to you last May. I must especially comment on the model programs being prepared by the National Council on Aging. These basic models will be helpful in urging community action committees into more action.

Not enough praise can be heaped on the passage of the "Older Americans Act," nor upon Congressman John Fogarty, of Rhode Island, and others who worked with such vigor for its passage. State units on aging have over the years been aware of the problems of the aging person, but have been hampered by menial budgets and small, overworked staffs. We look forward with excitement and anticipation to the immediate future in the field of aging and pray we can fulfill the hope we have given our elderly with the passage of all new legislation in their behalf.

I am most grateful to you and Congressman Fogarty.

Sincerely,

(Mrs.) ALICE A. DESAINT,
Administrator.

SOUTH DAKOTA [22]

TENNESSEE [23]

TEXAS [24]

EXECUTIVE DEPARTMENT,
Austin, Tex., November 15, 1965.

Hon. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR SMATHERS: In reply to your letter sent to Senator Richter regarding information on the War on Poverty as it Affects Older Americans, I am happy to inform you that Texas is now the recipient of two foster grandparent grants.

On October 1, Governor Connally announced his approval of two foster grandparent demonstration projects. A Federal grant of $199,913 was awarded to the Denton State School in Denton, Tex. The program will be in full effect by December 1. Initially the school will employ 93 persons who are over 60 to serve as foster grandparents to 328 mentally retarded children. The grant is administered by the superintendent of the school under the Texas State Department of Mental Health and Mental Retardation and will work closely with the Governor's committee on aging. (Additional details on p. 757.)

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[21] Response to earlier inquiry appears on p. 220, pt. 1.
[22] Response to earlier inquiry appears on p. 221, pt. 1.
[23] Response to earlier inquiry appears on p. 222, pt. 1.
[24] See also response to earlier inquiry on p. 222, pt. 1.

A similar San Antonio project, sponsored by the Bexar County Hospital district, will employ 55 persons to serve as foster grandparents to 350 children who must remain in the hospital for an extended period of time. It carries a Federal grant of $89,135. Bilingual senior citizens in low income groups are being recruited to work in the program. An inservice training period will acquaint the workers with understanding the needs of the children, the meaning of institutional services to them and the techniques of caring for them. (Additional details on p. 784.)

At present these are the only two programs in operation which are directly designed for the elderly. Should other programs develop we shall be pleased to furnish you with additional information. With the rapid strides that are now being made in the field of aging in the State, we hope to work more closely with the Office of Economic Opportunity and to encourage programs which will directly affect the elderly.

If we can be of further assistance to you, please let us know.

Sincerely,

GOVERNOR'S COMMITTEE ON AGING,
CARTER CLOPTON (MRS.)
Executive Director.

UTAH [25]

VIRGIN ISLANDS [26]

WASHINGTON [26]

WEST VIRGINIA [27]

WISCONSIN [28]

WYOMING

WYOMING EXECUTIVE DEPARTMENT,
Cheyenne, November 10, 1965.

Hon. GEORGE A. SMATHERS,
Chairman, Special Committee on Aging,
Senate Office Building, Washington, D.C.

DEAR SENATOR SMATHERS: I have your questionnaire regarding assistance to the elderly under Federal antipoverty programs.

Wyoming's answers to all the questions except 3 and 9 are negative.

As to question 3, the University of Wyoming is conducting a study under title II of the EOA of basic adult education needs; and the State Department of Education has prepared a plan for basic adult education which will doubtless be helpful to the aged.

As to question 9, the Department of Public Welfare has directed its county offices to disregard for assistance purposes income received under EOA programs, but records are not kept of the amounts so disregarded.

In sum, the effects to which you refer are negligible in Wyoming.

Sincerely yours,

CLIFFORD P. HANSEN, *Governor.*

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[25] Response to earlier inquiry appears on p. 223, pt. 1.
[26] Response to earlier inquiry appears on p. 225, pt. 1. See also p. 660.
[27] Response to earlier inquiry appears on p. 226, pt. 1.
[28] Response to earlier inquiry appears on p. 226, pt. 1. See also p. 667.

APPENDIX 6—ADDITIONAL EXHIBITS

ITEM 1. MATERIAL FROM THE OFFICE OF ECONOMIC OPPORTUNITY

[A. News release from Office of Economic Opportunity, Public Affairs, Washington, D.C., Nov. 15, 1965 [1]]

NEW YORK, N.Y.—An Assistant Director of the Office of Economic Opportunity today challenged representatives of the older poor to join the national war on poverty. Hyman Bookbinder, responsible for relationships with private groups for the OEO, told a conference of national organizations sponsored by the National Council on the Aging:

"The Office of Economic Opportunity is prepared to fund projects that offer hope for constructive results. So it is up to you and the organizations you represent to come up with the proposals. From this point on, if there should be a lag in OEO programs for the elderly, it will not be Washington's fault."

The purpose of the 2-day conference was to discuss the new Federal programs for older Americans, including Medicare, antipoverty programs, the Older Americans Act, the 1965 Housing Act and the 1965 health insurance and medical services legislation.

"There can be no victory in the War on Poverty unless we reach the more than 5 million aged poor. They are a challenge to our conscience, our compassion and our commitment," Bookbinder told the audience of over 400.

He also pointed out that the first five Foster Grandparents Programs are now operative and additional ones will soon start. That is a $10 million program.

The Office of Economic Opportunity has earmarked an initial $20 million for its second major program—home health aids—the training of 10,000 older citizens for nonprofessional health service in the homes of those recuperating from illness. The salaries for such aids will be paid for, under Medicare, by the Social Security Administration.

"* * * So here is another exciting program which can both provide meaningful work for thousands of older Americans and also provide needed health care for other thousands," he told the group.

Bookbinder said the Office of Economic Opportunity was determined to move faster in the year ahead, and was already developing other programs for the elderly—

"* * * the development of a program of Senior Opportunity Centers, where a wide variety of services and activities could be included, and

"A Senior Service Corps, where the many skills of older persons could be applied to a wide variety of new job categories.

"Federal programs will not by themselves solve this great unmet social need," he warned the audience, "it will take greater efforts, greater inventiveness, greater commitments on the part of every local community and every private agency."

[B. News release from Office of Economic Opportunity, Public Affairs, Washington, D.C., Dec. 28, 1965]

Sargent Shriver, Director of the Office of Economic Opportunity, and Robert M. Ball, Commissioner of Social Security, today announced Operation Medicare Alert, a crash program to help older Americans with low incomes protect their full Medicare rights before the opportunity expires on March 31 next year.

Men and women 65 years of age and older, whether or not they are receiving Social Security benefits or have ever worked under Social Security, are eligible for Medicare.

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[1] Reference on p. 524, footnote 4 and p. 572, footnote 43.

Those 65 before the end of this year who do not apply for the voluntary doctor bill insurance by March 31 may have to wait 2 years for another chance and pay higher premiums.

They will have only the basic paid-up hospital insurance but no coverage of doctor bills, and a wide variety of other medical services.

Under this joint economic opportunity program, teams of older people, working through local community action agencies will—

Reach and inform the isolated older people in urban and rural low-income areas.

Assist in setting up neighborhood meetings.

Help older people get to the meetings or to the local Social Security office.

Arrange for Social Security representatives to visit the ill and other shut-ins.

The Social Security Administration has worked out ways of reaching all but about 600,000 of the 19 million older people, either directly or by mail. The 600,000 are the most difficult to reach, as they may live alone without friends and far from families. Many are in institutions and some are reluctant or unable to visit a local social security office.

Operation Medicare Alert will give priority to projects which employ the majority of their staff from among the low-income older residents of the community to be served, and focus on—

1. Depressed neighborhoods in major cities.
2. Low-income housing developments in principal cities.
3. Urban and rural communities with a particularly heavy concentration of foreign language groups.
4. Communities in major depressed regions.
5. Low-income towns and rural areas.

Office of Economic Opportunity funds for Operation Medicare Alert are extremely limited, and only community action agencies previously funded by OEO are eligible to apply.

Because of the short time schedule *all* applications must be received by the OEO regional offices not later than January 22, 1966. Programs must be developed in cooperation with the local Social Security office.

Priority in funding will be given to community action agency applications received on time, and demonstrating the ability to launch an effective program quickly.

OEO regional offices will fund these projects.

Older people employed as community aids will usually work on a part-time basis in two shifts of 4 hours a day, 5 days a week, but not more than 20 hours each week. They will be paid a minimum of $1.25 per hour.

It is expected that more than 5,000 older Americans with low incomes will be employed in Operation Medicare Alert, creating new employment opportunities for older people from the communities to be served. All of the aids are expected to be at work by late February 1966.

Elderly citizens who are not poor are encouraged to participate in the program as unpaid volunteers.

[C. Memorandum issued by Office of Economic Opportunity Community Action Program, July 9, 1965 [1]]

Memorandum No. 3.

Subject: Increasing emphasis on the needs of the elderly in community action programs.

OEO strongly supports the idea that every community action program should develop a wide range of activities and services to meet the needs of all poor persons in the community. Considerable progress has been made in this direction

[1] Reference on p. 530, footnote 19, p. 549, footnote 25.

by the more than 400 urban and rural community action agencies (CAA's) that have received grants to date under title II–A of the Economic Opportunity Act.

However, compared to the progress that has already been achieved in developing programs to meet the needs of preschool and school age youth and of working age adults, few applications have included activities designed to meet the special and severe problems of low-income elderly persons and families. Further, few communities have undertaken specific efforts to involve elderly persons in the development and conduct of programs designed to meet their needs.

The relative lack of emphasis on the needs of low-income aged persons needs to be remedied. In the Nation, as a whole, one-third of all persons living in poverty are age 55 or over; in many communities the proportion is much higher. The war on poverty cannot succeed unless the elderly become active participants and beneficiaries of community action.

RECOMMENDED ACTIONS TO BE TAKEN

OEO strongly recommends that each CAA examine its own program and the composition of its policymaking body to see if further emphasis can be given to the needs of the elderly and to their involvement in program operation. Among the actions that should be taken in this regard are—

1. Inclusion of persons on the governing body or policy advisory committee of the CAA qualified to represent the concerns and interests of low-income elderly persons. In some communities, these may be representatives of an existing local organization focusing on the needs of the elderly, such as local committees on aging, senior citizens centers, and chapters of national organizations such as the National Council of Senior Citizens, National Association of Retired Persons, and the older and retired workers units of labor organizations such as the United Auto Workers and the United Steelworkers. In other cases, new organizations may need to be established or other means adopted for selecting representatives of the low-income elderly population.
2. Development of new program proposals which concentrate on the needs of the elderly. Some possible ideas that may be utilized are contained in the Community Action Program Workbook (see especially pt. VIII: programs for the aging. Copies of the Workbook are provided free to each CAA. Additional project ideas are being developed by OEO and will be circulated to all CAA's in the near future.)
3. Introducing changes in the operation of existing programs so that they can more effectively meet the needs of the elderly. Special skills and experience of elderly persons should be considered, for example, in the design of jobs to be performed by resident nonprofessional workers. In other cases, activities can be added to the scope of a neighborhood multiservice center to meet the unique needs of the elderly.

ACTIONS BEING TAKEN BY OEO

OEO is itself undertaking a series of actions to increase the emphasis of its programs on the needs of the elderly. These include—

1. A special Task Force on Programs for the Older Poor has been appointed to examine the nature and causes of poverty among the middle-aged and older citizens and to recommend ways of preventing and eliminating such poverty. This task force is working closely with other Federal agencies and with national organizations concerned with the problems of the aged poor.
2. Demonstration projects are being designed to develop new ways to meet the needs of the elderly poor. As these demonstration projects produce useful findings, these will be reported on to CAA's for possible application to their own local needs and inclusion in their own community action programs.

THEODORE M. BERRY,
Director, Community Action Program.

ITEM 2. MATERIAL FROM THE NATIONAL COUNCIL ON THE AGING

A. Recommendations for Action: A Report Issued by the National Conference on Manpower Training and the Older Worker, January 17, 18, 19, 1966, the Shoreham Hotel, Washington, D.C.[1]

(Sponsored by the Committee on Employment and Retirement of the NCOA in cooperation with the U.S. Department of Labor, the U.S. Department of Health, Education, and Welfare, under a project financed through the Office of Manpower Planning, Evaluation, and Research, U.S. Department of Labor)

INTRODUCTION

This pioneering Conference concerned itself with the training and employment problems of unemployed workers in the 45 to 65 age group.

The problems are reflected in the fact that workers over 45 years of age made up 26.9 percent of the unemployed in 1964, 46.2 percent of the long-term unemployed and only 10.9 percent of trainees under the Manpower Development and Training Act.

The Conference aims were threefold:

1. To provide a common platform for the most informed people from many disciplines to focus on this largely unexplored field.
2. To identify successful programs and techniques.
3. To identify gaps in knowledge and services and to chart directions for needed action and research.

The Conference was arranged by the National Council on the Aging under a contract with the U.S. Department of Labor's Office of Manpower Planning, Evaluation and Research. Under this contract NCOA is sponsor of demonstration projects in six cities and responsible for communicating findings.

The Departments of Labor and Health, Education, and Welfare cooperated in the planning.

The participants represented public and private education, management, labor, the universities, experimental and demonstration projects, State Employment services, State aging agencies, and public and voluntary social agencies.

The following recommendations are the product of 10 workshops which addressed themselves to specialized aspects of the problem discussed by experts in 10 panel presentations.

The workshop chairmen were:

Workshop I: Donald B. Forrest, Director, the Adult Training Program, Community Progress, Inc., New Haven, Conn.

Workshop II: Mrs. Ersa Poston, Director, New York State Office of Economic Opportunity, New York City.

Workshop III: Dr. Morris S. Viteles, Professor of Psychology, University of Pennsylvania, Philadelphia, Pa.

Workshop IV: Dr. Mary C. Mulvey, Coordinator, Adult Basic Education, Providence public schools, Providence, R.I.

Workshop V: Lawrence O. Houstoun, Jr., Associate Director, New Jersey Office of Economic Opportunity, Trenton, N.J.

Workshop VI: Dr. June Tapp, Assistant Professor and Research Associate, Committee on Human Development, University of Chicago, Ill.

Workshop VII: Harold W. Williams, Director of Economic Development, W. B. Saunders & Co., Washington, D.C.

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[1] Reference on p. 560.

Workshop VIII: Jules Graveel, Director, OMPER–NCOA Mobility Project, South Bend, Ind.
Workshop IX: Dr. S. Norman Feingold, National Director, B'nai B'rith Vocational Service, Washington, D.C.
Workshop X: Dr. Leonard P. Adams, Professor and Director of Research and Publications, School of Industrial and Labor Relations, Cornell University, Ithaca, N.Y.

CHARLES E. ODELL,
Conference chairman; Director, Older and Retired Workers Department, United Automobile Workers of America (AFL–CIO); Chairman, ad hoc advisory committee, OMPER–NCOA demonstration project on training and placement of older workers.

WORKSHOP I. COMMUNITY ACTION ON OLDER WORKER TRAINING AND EMPLOYMENT—HOW TO GET IT AND MAINTAIN IT

The workshop saw these blocks to aggressive community action to provide training and employment opportunities for unemployed workers in the 45 to 65 age group:

1. Conservatism on the part of State employment service manpower directors—unwillingness to inaugurate an expanded program without assurance that Congress will provide funds for continuity.
2. Conservatism in local MDTA advisory committees—fear on the part of organized labor that training will lead to surpluses of trained workers; reluctance on the part of others to see Government in the training business.
3. Lack of community awareness that a problem exists for the 45 to 65 age group; lack of community awareness that local MDTA advisory committees exists.
4. Lack of employment service knowledge of those unemployed workers in the 45 to 65 age group who have dropped out of the labor force as a result of discouragement.
5. Inadequate OEO attention to the problem of the older poor.
6. Inadequate implementation of the agreement between OEO and the Department of Labor which permits OEO to request the assignment of employment service counselors to community action program centers for reach-out, counseling, assignment to training, job development and placement; and permits OEO to pay for this service when the employment service is not financed to provide it.
7. The problem of getting adequate full-time professional leadership for short-term demonstration projects.
8. The problem of obtaining local financing to continue service programs after demonstration projects are concluded.
9. Unwillingness of community leaders for partisan political reasons, to develop poverty programs.
10. Lack of public education and understanding of employment service functions on the part of voluntary agencies and other government agencies. (e.g. general unawareness of the cooperative agreement between USES and OEO was cited.)
11. Lack of local manpower planning groups and local lay leadership and concern.

The specific recommendations were:

I. Interested community groups should stimulate, and OEO and the employment service should initiate, cooperative relationships (as outlined in USES general administration letter No. 862 to State employment services) whereby OEO funds are made available to pay for additional employment service counseling staff, to provide community development outreach and decentralized counseling for older workers, referral to training, job development and placement services in community action centers—with the expectation that eventually employment service budgets can be expanded to provide such services on a continuous basis.

II. The NCOA should stimulate similar cooperative agreements among other Federal agencies.

III. NCOA should be more aggressive in pressing OEO to strike a better age balance in its programs, which are now focused largely on youth, and to provide for early identification of the older disadvantaged and their needs.

IV. Provision should be made for expediters to move proposals for experimental and demonstration projects to the contract and funding stage more rapidly.

V. The Office of Manpower, Planning, Evaluation and Research should extend the term of experimental and demonstration projects, particularly those for older workers. Terms of from 2 to 5 years are suggested, to permit realistic tooling up, an adequate action period and long-range evaluation of results.

VI. Provisions for acquisition of demonstration project personnel should be liberalized to permit hiring of qualified part-time people, in order to overcome the problem of interesting high caliber professional leadership in full-time employment with short-term projects.

VII. At their termination the successful features of current experimental and demonstration programs for older workers should be continued as an integral part of local community action programs.

VIII. New older worker experimental and demonstration projects should be developed in new geographical, occupational and industrial areas.

IX. Channels of communication should be opened up (NCOA was suggested) through which local needs can be communicated to appropriate Federal agencies and, conversely, through which local communities can be fully informed about the wide variety of Federal legislation and programs bearing on the problems of training, employment and community action and the step-by-step procedures for applying and qualifying for assistance from the various Federal funding agencies.

X. Similarly, training institutes should be established for administrators and lay members of aging boards to interpret the needs and problems of the 45-to-65 age group and what is being done or can be done by communities to meet them.

XI. Technical assistance teams of qualified public and voluntary personnel should be organized and be available to consult with community leaders.

XII. Aggressive social action by lay and professional people in support of services for job seekers in the 45- to 65-year age group, and in support of relevant legislation should be stimulated.

XIII. More adequate information should be gathered on the real dimensions of the problem and successful efforts to deal with it. A nationwide education program should be undertaken with employers to train them to accept the retrained workers in the 45-to-65 age group; material should be specialized for large corporations and for smaller employers.

XIV. A central information clearing house (NCOA was suggested) is needed to communicate to State and community leaders promptly through regional meetings, the findings of experimental and demonstration projects including the continuing OEO–NCOA project to develop models for action for the training and employment of older workers to provide needed community services—programs which can be injected into community action programs; and the findings of the National Conference on Manpower Training and the Older Worker.

The OEO–NCOA models were described as very useful guides and shortcuts to action for understaffed and less sophisticated community action groups.

XV. NCOA should take a more active role, in cooperation with Federal agencies, in developing other kinds of action models at State and local levels: blueprints for example how community agencies can better work with employment services and with other concerned groups.

XVI. Channels for communication are needed for continous factfinding, analysis, and planning—between layman and layman, layman and professional between different systems—voluntary and public—and between levels of government; and for simultaneous action. Blocks to communication need to be identified, and lay leadership sought out and developed.

XVII. Community agencies should press, where necessary, for a more aggressive local MDTA advisory committee to advance training proposals for older workers.

XVIII. A study should be undertaken of what has been learned from youth training and opportunity center programs: how these findings may apply and in what respects other specialized techniques are needed in order to provide similar older worker services. More research, demonstrations, and analysis should be undertaken, to design effective older worker programs.

XIX. New terminology should be developed to describe the 45 to 65 year age group, in order to focus public attention on the problem of this group as distinct from the 65-and-over older worker.

WORKSHOP II. REACHING OUT TO FIND AND MOTIVATE THE HARD-CORE UNEMPLOYED OLDER WORKER

The workshop agreed that there is an important role to be played by "peers" in recruiting older workers for training and motivating them, but there was no clear agreement on specifics: whether indigenous personnel should be enlisted for direct recruitment activity, to help professionals relate to the client group or to be trained as subprofessionals. Caution was voiced that "peers" should be drawn from similar backgrounds but should be sufficiently removed that they and the client group can relate to one another comfortably and noncompetitively; and that they should have intellectual appreciation of the program's objectives and high motivation—a sense of concern and dedication, a "feeling for what they are doing."

The specific recommendations were:

I. Successful out-reach methods can include the use of churches, particularly in Negro areas, as communication centers; mobile recruitment (urban and rural), with vans and buses, after advance publicity through previously organized community coordinators and councils; recruitment through welfare agencies; random door knocking.

II. Welfare Departments should not penalize unemployed older workers who accept vocational training by stopping their welfare payments.

III. Land-grant colleges such as Tennessee A. & I. have done a good job in training older workers. More land-grant colleges should be used as manpower training centers for unemployed older workers.

IV. For sudden mass layoffs of older workers, the Department of Labor at the regional level, should have available a team of experts who could move into the area immediately and set in motion remedial actions. A model plan should be designed (based on the experiences of Studebaker, Armour, and other companies and industries) which could be adapted to local conditions.

V. Competition is the American way of life. Where old-line agencies fail to meet the needs of the unemployed older workers, new types of "multiservice" organizations (such as the Philadelphia Opportunities Industrialization Center) should be established. In rural areas, regional "multiservice" centers should be established. This will stimulate the regular agencies to try new approaches, and to improve their operations.

VI. Motivation of older trainees to continue in training will often hinge on the availability of supportive services to help them cope with the problems of everyday living—housing, health, child care, budgeting, etc.

VII. Overpublicizing and overrecruitment should be avoided, especially in rural areas when employment opportunities are fewer and serious disillusionment can follow the arousal of unfilled hope.

VIII. To avoid the problems of delayed timing in getting approval or extension of Government contracts, project directors should not depend wholly on Government funds but should seek financial and other support from business firms, labor unions, foundations, and similar organizations. The potential of industry-financed training (as through the Business Coordinating Council of Northern New Jersey) should be explored.

IX. The problem of teacher recruitment can be eased by teaching journeymen—employed and retired—to teach. The assistance of local trade and industrial education people should be sought, and of local members of the American Association for Training and Development.

X. Small employers are a very important source of job openings for unemployed older workers. However, they usually lack a training director or formal training department. Some professional help should be provided the small employer to enable him to effectively and safely train his new employees. It was suggested that the Job Instructor Training (JIT) technique developed during World War II, "one of the best training programs that was ever developed," be utilized. This method of training leadmen, group leaders, and supervisors to be good instructors was said to be easily carried out by an employer after one demonstration.

XI. The workshop recorded a concern over what was felt to be a need for reorientation of the thinking and policy of some State officials who are reluctant to invest in older worker training, and the need for wider education as to the economic feasibility of such training.

WORKSHOP III. SELECTION FOR TRAINING—DO PRESENT PRACTICES MILITATE AGAINST OLDER WORKERS?

This workshop concerned itself with selection techniques and in particular with aptitude tests. Examples were cited of successful private institutional training of older workers who had been rejected for MDTA courses because they had unacceptable scores on the USES general aptitude test battery. The validity of the GATB for use with older workers of limited education was questioned, since it is validated for use with "main stream" American workers who have had at least sixth to eighth grade elementary education. While the chairman, Dr. Morris Viteles, distinguished Professor of Psychology and Dean of the Graduate School of Education at the University of Pennsylvania, raised serious questions about the use of tests that were not specifically validated on older worker populations, the workshop made the following specific recommendations:

I. Use of current tests in selecting older workers for occupational training should not be discontinued but weaknesses of tests should be recognized by those who construct and use them. However, future test research should be so directed that test norms developed should be validated and cross-validated on populations to whom the tests are to be applied.

II. As a substitute for, or in addition to, standard paper-and-pencil tests, consideration should be given to assessing abilities by observing long periods of training performance.

III. Consideration should be given to expanding the job family approach to training. For example, train clerical skills by starting with office filing and then more complicated duties. Determine how far a person can go by a combination of observing performance and interpreting test scores.

IV. Expand research for the development of nonverbal and culture fair tests.

V. Future training programs should be people-oriented and not job-oriented, and work history items should be more widely used in assessing skills and potentials of older workers and thereby adapting training to individual needs.

WORKSHOP IV. THE ROLE OF PERSONAL COUNSELING AND SUPPORTIVE SERVICES IN THE TRAINING AND PLACEMENT OF DISPLACED AND DISADVANTAGED OLDER WORKERS

The workshop made the following specific recommendations:

I. Individual and group counseling are basic to the success of pretraining basic education and vocational training. Program planners of training and retraining programs should recognize the differences between subsistence-level applicants (who tend to need and profit from individual counseling) and applicants with a heretofore stable employment history (who tend to profit from group counseling in which they can discuss problems with their peers).

II. Trainees are uniquely qualified to interpret job training programs to potential trainees, should be used in the recruitment process.

III. Ancillary services, including the following, should be available to the trainee:

(*a*) Health
(*b*) Psychological
(*c*) Legal
(*d*) Housing
(*e*) Emergency loans

IV. Attempt to make related appointments on the same day (for the trainee) to avoid the time lag which often results in the loss of the client from the program.

V. There is a need for multi-purpose employment-related service centers to prevent multiple referrals to many agencies (a process which also tends to discourage and eventually lose the client).

VI. Time gaps between initial counseling and assignment to a training program should be eliminated or shortened as much as possible.

VII. The trainee should be allowed to play a significant role in his own job placement.

VIII. "Sheltered workshops" or other quasi-competitive employment opportunities should be made available for those older workers who can't remain in or return to the competitive work force.

IX. Posttraining followup should begin with the first day of placement.

X. Additional funding needs to be made available for basic literacy programs. Also, extensive Federal support is needed to provide programs leading to com-

pletion of high school education, a basic requisite for most job placements. This could be accomplished by the extension of Title II–B of the Economic Opportunity Act or by other appropriate means.

XI. There should be an extension of the National Defense Education Act to provide funds for training institutes for counselors of adults to a degree commensurate with those for training counselors of elementary, secondary, and college-level students.

XII. More attention should be given to the untapped areas of the public sector for the development of job opportunities for the older worker; not just existing Government employment but new service jobs under OEO and other auspices.

XIII. Present governmental programs, such as those resulting from the MDTA, should be reviewed in an effort to broaden the range of opportunities for the older worker beyond the narrow prospects presently apparent. Emerging fields of service by older people to older people and older people to younger people should be actively developed.

XIV. The employment service should be modernized, with a national planning component, adequate counseling and supportive services for older workers.

WORKSHOP V. NEW FIELDS OF EMPLOYMENT AND VOCATIONAL TRAINING FOR OLDER WORKERS

This workshop identified many new possibilities for employment and training of older workers. Among those specifically mentioned as possibilities for further exploration and definition on a national basis were occupations in the school lunch program employing a quarter of a million people each year, half of them are 45 and older; homemakers and nursing home aids, agro-business occupations, senior home repairs, keepers of public property legally impounded by civic authority, home health aids, nursing home aids, and wide variety of full- and part-time job possibilities identified by the staff of NCOA in connection with its Office of Economic Opportunity contract.

The workshop also grappled with the role of ongoing agencies versus the role of OEO and concluded, as did several others, that public agency competition is wholesome and that OEO and its community action counterpart were needed to explore new frontiers and to act as a catalyst in stimulating community action and concern for the poor.

The workshop made the following specific recommendations:

I. NCOA should continue to press OEO for action in behalf of training and employment opportunities for the older worker, particularly the older unreached poor, and the parents and grandparents of the youth it is now serving.

II. NCOA should be financed to provide periodic estimates and evaluations of the needs of older workers, the effectiveness of public and voluntary services in meeting these needs.

III. Vigorous efforts should be made to involve older workers in any community effort to plan, organize and conduct employment and training programs for them.

IV. Relationships with older workers should be organized and institutionalized through such devices as co-ops and other kinds of self-help structures which will have to be instituted if significant progress is to be made in changing the social and economic condition of the disadvantaged and the unreached among the middle-aged and older poor.

WORKSHOP VI. BASIC EDUCATION FOR ADULTS—ARE SPECIAL TOOLS AND TECHNIQUES NEEDED?

The general position of this workshop was that to qualify for training or employment many potential wage earners needed basic education. So do many mothers whose schoolchildren need their understanding and support in their studies. And to reach these people and to develop programs of basic education geared to their needs, education needs the cooperation of other public and private agencies on all levels of government and community organization.

The workshop made these specific recommendations:

I. A Federal centralizing agency for adult education should be established.

II. The Federal Government should establish a unit to promote and assist in financing basic education within industry as a foundation for upgrading employee skills.

III. Federally financed and staffed curriculum laboratories and resource centers should be established in large cities and in regional centers accessible to rural areas in order to develop basic programs geared to the specialized needs of the locality or region and to the needs of different kinds of people, urban and rural.

IV. A local mechanism is needed to coordinate the factfinding of local groups concerned with basic education. Identification and evaluation of local manpower shortages and surpluses should precede action. Priorities should be established accordingly.

V. Ways are needed to motivate employed workers to train while they are employed in order to maintain their employment and prepare themselves for advancement. Universities could help in instigating and promulgating such programs.

VI. Title II(b) of the Economic Opportunity Act now provides for adult education up through eighth grade. It should be amended to include secondary education.

VII. Statewide and local workshops should be arranged to instruct concerned agencies in the provisions of Title II(a), II(b) and V of the Economic Opportunity Act, the Manpower Development and Training Act, the Higher Education Act, the Elementary and Secondary Education Act, and other Federal legislation bearing on education and to provide guidance in how these acts can be utilized singly or in combination.

VIII. Testing and teaching materials for basic education should relate to adult interests and their needs in everyday living.

IX. Special training should be mandatory for teachers of basic education courses for adults.

WORKSHOP VII. VOCATIONAL TRAINING FOR ADULTS—DOES IT PAY? ARE SPECIAL TECHNIQUES NEEDED?

On the basis of the evidence presented by the panel speakers, the workshop concluded that—

1. It pays to train workers in the 45 to 65 age group.
2. Special training techniques geared to adult learning methods and related to adult life are required for greatest effectiveness.

The workshop had these specific recommendations:

I. The value of training of workers 45 and over should be judged by weighing the cost of training versus the cost of not training, not by weighing the costs of training older versus the costs of training younger workers.

II. Potential Medicare costs should be considered in evaluating the desirability of older worker training. Taxpayer assumption of responsibility for the physical care of older people becomes a factor in the cost accounting. Retraining to make the older worker productive and a happier human being will result in longrun savings in health care and in other areas.

Evidence was adduced to show productiveness has a positive correlation with mental and physical health.

III. The cost accounting should also evaluate the positive and longrun social effect of older-worker training and reemployment on the worker's wife, his children and grandchildren.

IV. Skill training alone is not always enough. Individual needs should be assessed, and counseling and supportive services supplied as needed.

V. Demonstrated concern on the part of community leadership, evidenced through financial support and contributed time, is needed to search out disadvantaged adults and make them feel a wanted and needed part of the community.

VI. Much more research is needed to identify the techniques most effective in teaching adults. The potential for university research in this area under Title I of the Higher Education Act of 1965 should be exploited.

VII. Because of the emphasis in the United States on community projects, often unrelated and uncoordinated, there is need for a central library to make available information on adult training methods and procedures of proved effectiveness which have been applied in various circumstances, and to give access to the best possible methods for solving teaching problems that arise.

VIII. Community efforts should place much more emphasis on stimulating employer experimentation with on-the-job training for unemployed adults, or on-the-job training coupled with institutional training as necessary. Such train-

ing could be publicly subsidized, is less expensive than institutional training, is psychologically sound, may obviate much of the need for supportive services, and simplifies the posttraining placement problem.

WORKSHOP VIII. AGE RESTRICTIONS IN HIRING—SOME EFFORTS TO OVERCOME THEM

This workshop made these specific recommendations:

I. If arbitrary and irrational rejections of workers merely because of age are to be avoided, top management should set up an affirmative policy to the effect that workers are to be hired according to merit, for the guidance of personnel officers and supervisors.

Recent surveys by the U.S. Department of Labor show that the older worker's chances of being hired are better in firms with a positive nondiscrimination policy. Chance prejudices at various hiring levels within the firm can have an irrational basis.

The Baltimore demonstration project showed that if the applicant is permitted to get to an interviewer, he has a chance to sell himself. The more "form and identity" the applicant assumes, the more difficult it is to maintain a closed mind with respect to employing the older worker.

For the same reason, it was the consensus of the speakers that a virtue of prohibiting age specifications in newspaper advertising for workers is that the qualified older worker is not inhibited in his job-seeking efforts if age limits are not specified in an advertised job.

II. Existing organizations in the field of aging should broaden their interests beyond housing, health, recreational, and welfare services for retired persons and should include the employment problems of the middle-aged and older worker.

Job-seeking middle-aged and older workers generally speaking have no organized and technically informed group behind them in the community, unlike Negroes and other minority groups who experience employment discrimination.

III. Older workers cannot be regarded as a homogeneous group of second-class workers who can be pigeon-holed into predefined kinds of jobs. Older workers should be approached and counseled as separate participants in the labor market, and job development on their behalf must be made with a specific qualified applicant in mind.

Experience in the Baltimore demonstration project showed that service jobs in public and nonprofitmaking institutions, so often advocated for "older workers," were not in fact a solution for many of the individual workers. The pay was inadequate, the working conditions unsuitable as to hours or shifts, and the physical demands of the jobs were sometimes inappropriate. Broadside attempts at job development in private industry also failed, because the appropriate applicants were not always forthcoming. A preliminary detailed, specific analysis of the individuals' job strengths, so that the placement effort could be equally specific, was the most successful method.

Although the employment service has a much larger field of applicants from which to select than has any temporary local demonstration project, detailed and concentrated counseling of older workers would seem to be called for in the employment service also. Advance presumptions as to categories of occupations suitable for any age group do not lead to good service either to job seekers or to employers.

IV. MDTA training courses for older workers have long-run economic and social values for older workers that suggest that availability of such courses should be greatly expanded.

Based on South Bend experience, which was the only demonstration project in which any significant number of older workers was admitted to MDTA training, it was concluded that training should be more generally offered to older unemployed workers because it improves their skills, their self-concept, and their general acceptability to employers. This is irrespective of actual results of training in terms of immediate job finding in the occupation for which training was given.

V. In South Bend experience, the employment service tended to refer only "the cream of the crop" for MDTA training. It is believed on the basis of that experience that access to courses by a broader group of trainees would be de-

sirable, that courses can be made flexible enough in content to accommodate different educational levels and different kinds of ability, and that the employment service may be misinterpreting the law's specification that there be a "reasonable prospect of employment" in application to the individual older worker.

VI. It was the consensus that legislation prohibiting age discrimination serves clearly useful purposes, subject to certain conditions.

(*a*) The law must be implemented with staff and money, or the taxpayer will not get a fair shake out of the legislation.

(*b*) The law must be capable of enforcement, with penalties for noncompliance. For this reason, as well as because of its basic presumptions (as to the existence of arbitrary discrimination) the law's operation should center on findings in each case that there is or is not full qualification for the employment and that age is not a factor that should be taken into account.

(*c*) If the less-aggressive older workers are to receive equal protection with the articulate, the enforcing body should have power to initiate investigations and complaints. This power can substitute, if necessary, for an organized community group dedicated to the cause of protecting older workers against discrimination in employment.

(*d*) Newspaper advertising that specifies age limits in hiring should be controlled under the law. This not only has educational value, but encourages the qualified older worker to make applications for jobs he might otherwise bypass. The advantages of not isolating older workers in limbo were described in the Baltimore report.

(*e*) Legislation must be accompanied by publicity, education, full information to the public on rules and policy, hearings on employers' individual problems, and full support of the law by other Government agencies in the employment field.

(*f*) Implementation of the law in its application to private industry is obviously aided if Government employment policy bars discrimination because of age. The enforcing agency's authority should extend to Government as well as to private employment.

WORKSHOP IX. EMPLOYMENT COUNSELING OF OLDER WORKERS—AN ESSENTIAL

This workshop made the following recommendations:

I. First, all agencies, and especially Government agencies, in preparing budgets should recognize that a serious older worker problem does exist and will not go away, and recognize further that this problem can be solved or greatly ameliorated only by continued financial support necessary for the hiring, training, and supervision of counseling staff needed to provide direct services as well as to engage in continuous research in counseling techniques and methods and in the design and redesign of training courses for older workers and for those who work with them.

II. Significant differences in method and approach to the counseling of older workers need to be identified, particularly in contrast to work with youth and other groups, and these need to be systematically studied and translated into specific training courses for counselors assigned to serve older workers.

III. Counselors should be trained to know and use supportive community services in related fields of health, education, and welfare at the community level.

IV. Counseling should be recognized as a recurring need for workers at any time in the work life cycle where individual occupational or labor market changes may occur and not as a one-shot or crash service to deal with crises.

V. Occupational and labor market research should be conducted on shortage occupations to determine how they can be broken down into technician and aid components which would be suitable for trained older workers.

VI. Pilot projects should be conducted in several communities to explore the best methods of organizing and conducting manpower planning through representative manpower councils and subcouncils dealing specifically with the problems of the older worker.

Four of the ten workshops grappled with the fact that we do not in fact have either on a national or community level a meaningful structure which truly brings the community and a representative cross-section of the power structure of the community into focus on manpower planning and manpower concern.

VII. Special individual and group methods and techniques that have been effective in some areas should be promoted for use in all areas. There should be encouragement of more group counseling, more self-help job guidance clinics, more employer clinics, job development lay and voluntary advisory councils working specifically and directly with older people, and so forth.

VIII. Counselor training features of the National Defense Education and Vocational Acts should be extended to provide funds for training counselors of adults on the same scale as is now possible for school counselors working with children and youth.

WORKSHOP X. EMPLOYMENT SERVICES—WHAT MORE IS NEEDED?

It was the workshop consensus that older workers have not been accorded the services they need from either public or private agencies.

It was agreed that the employment service will continue to be the prinicpal source of assistance to the older worker who needs counseling and placement, but that it has not been equal to the task for these reasons:

1. Lack of public awareness of the problem and consequent lack of public support.
2. Consequent lack of public funds for older worker employment services.
3. Insufficient and insufficiently qualified staff due not only to inadequate funds but to State salary schedules that are not competitive with salaries paid counselors in other public and private agencies.
4. Difficulties from overextension in seeking to meet demands placed on it by Congress.

The specific recommendations were these:

I. As the emerging manpower agency, the employment service should decide what it can do for older workers and where they can best be used in the public and private sectors of the economy.

This recommendation contained overtones of the theme suggested in principal addresses at the Conference: the concept of the government as an employer of last resort and the idea that there is a responsibility now to devise ways and means of providing meaningful employment and training experience for all those who are able and willing to work.

II. The employment service should be financed and staffed to assure a total service to the community—not just in behalf of the disadvantaged but in behalf of a representative cross-section of workers available and seeking work. Such a total service should assure the older worker his fair share of all services available through the system and the same reasonable chance at a job as any other workers. Counseling, training, and job development for older workers should be strengthened to close the gap in percentage of those unemployed and those trained, counseled, placed. Political commitment on the part of the Congress and administrative commitment on the part of State employment services are essentials to these ends.

It was agreed that the fragmenting of employment service emphasis, to focus on youth, minorities, the handicapped, etc. (the squeaky wheel approach) and to seek congressional appropriations in response to these specialized appeals has been effective in capturing the legislative attention, but has compounded budgetary and management problems in the employment service and has obscured the real need: to assess and build on what the employment service function in the community should be—depending on the character of the job market in that community. Demonstration projects in Detroit and Maryland were cited, in which the employment service and all community agencies work closely together to identify the hard-core unemployed (of whatever age), diagnose individual needs, prescribe the action needed to restore employability and take coordinated action to that end.

III. If a more limited approach to the functions of the employment service has to be taken, the function of older worker specialist should be restored in those State employment services where it no longer exists, specialized in-service training should be provided and the CAUSE program for out-service university training for youth counselers and counselor-aids should be broadened to include specialized training in older worker counseling; employment service hiring standards should be improved and the utilization of group counseling techniques, proved highly effective in motivating successful individual job-search should be broadened.

Despite more than quadrupled appropriations for out-service counselor training, this training has been confined to youth counselors, and has actually resulted in a drawing-off of experienced older worker counselors and a depletion of their ranks.

IV. Better public support for a better total service and a better older worker service should be built by bringing employers and labor groups into planning, research, and operating programs and in particular in planning some kind of rational manpower structure at the local level.

V. Concerned community groups should be mobilized to obtain the facts necessary to assess the older worker unemployment problem in their communities, to press for improved employment service action as necessary and to support their proposals by making their views known to Congress.

It was pointed out that the 45 to 65 age group is not organized and has no spokesman; that although this age group constitutes 27 percent of the unemployed and 46.2 percent of the long-term unemployed (6 months or longer) (it represents less than 11 percent of trainees under the Manpower Development and Training Act; and that although 20 to 25 percent of new applicants in this age group in the employment service need counseling, only 8 or 10 percent get it; that there is no formal system of case classification according to need and required action; that older applicants are referred to counselors only if change of occupation is indicated (because of plant removal, job obsolescence, etc.); and that assessment of need for more than work adjustment counseling is discretionary with the counselor himself.

VI. The employment service should engage in a pilot project to (1) provide inservice training of interviewers and counselors to recognize certain psychological factors found by the W. E. Upjohn Institute (in an Erie, Pa., study) to be related to job finding success and (2) to place additional informed emphasis on service to those found to be deficit in these characteristics.

Specifically, the Erie study found (1) that a much higher percentage of workers with high achievement motivation and low job-interview anxiety obtained their own jobs; that a much higher percentage of those with opposite characteristics obtained their jobs through the employment service; and (2) that the age self-concept was more significant than chronological age: that older workers who consider themselves young have better job-finding success than young workers who consider themselves old.

It was recommended that the pilot project examine (1) whether applicants with low achievement motivation and high anxiety can be identified and given more intensive service and (2) whether techniques developed by David McClelland, Harvard University psychologist, to build achievement motivation in entrepreneurs have validity with respect to unemployed blue-collar workers.

VII. The employment service should experiment with trained volunteers, including indigenous personnel, and with subprofessional community aids, counselor trainees, and interns in order to determine whether additional personnel and financing would in fact result in improved services for older workers.

VIII. The employment service should be financed nationwide for out-reach to those unemployed (of whatever age) who are not registered with the employment service, and in need of manpower services. This action—proved by demonstration projects to be essential, should be taken by the employment service itself or through a working agreement with other community agencies.

IX. In the present absence of realistic aptitude testing devices in the employment service geared to low-educational level clients, the employment service should be given legal authority to contract out for work sample testing (tryout on a wide variety of jobs) which has proved to be a practical and effective method of assessing trainability.

X. There should be more experimentation in training courses utilizing the methods of adult learning recommended by Dr. Meredith Belbin (speaker at the opening Conference session) on the basis of his laboratory studies in England on West European experience. (One such project is being developed by the Office of Manpower Planning, Evaluation and Research, with Dr. Belbin as consultant.) It was felt there would be a greater willingness of employment service personnel to refer 45-plus workers to manpower training courses if greater assurance was provided that they can be trained effectively, as the European experience has demonstrated.

XI. The example of the military should be followed by other Government agencies (and specifically the employment service) with respect to providing for built-in automatic followup of research and experimental and demonstration projects; so successful methods can be applied immediately to on-going operations to whatever extent is feasible.

XII. The pilot employment service LINCS project in California for automated matching of men and jobs—based on detailed pertinent information—should be extended more widely in order to make more efficient use of employment service personnel.

XIII. Employers should be used to list more job orders with the employment service, and, if and when the service has automated equipment in general use, Government agencies and Government contractors should be required to list job openings with the employment service in order to give older workers and others who are unemployed wider exposure to job opportunities.

XIV. Unions which have some control over the referral and hiring process should make more specific provisions in collective bargaining contracts to require greater use of the employment service as a major source for filling vacancies.

XV. The employment service should take the initiative in building closer cooperation with private nonprofit employment agencies.

XVI. Enforcement authorities should seek the cooperation of fee-charging agencies in implementing laws against age discrimination.

B. Operation Medicare Alert: A Model Community Action Program To Promote Awareness Among the Elderly Poor of the New Benefits Available Under the Social Security Amendments of 1965[1]

(Prepared by the National Council on the Aging under the Provisions of Contract OEC–79 for the Community Action Program, Office of Economic Opportunity, Geneva Mathiasen, Executive Director, the National Council on the Aging; Jack Ossofsky, Director, Office of Economic Opportunity Project, NCOA, November 26, 1965)

THE GOALS

It is the purpose of this project to employ teams of older people to reach and inform the isolated elderly in poor urban and rural areas about the new benefits available to them under the health insurance and other provisions of the Social Security Amendments of 1965. The teams will assist in contacting individuals, distributing materials, organizing and publicizing meetings, escorting individuals to Social Security offices or to meetings, and assist the Social Security Administration's representatives in enrolling individuals for health insurance and related Social Security benefits.

In the course of helping to increase the number of individuals among the poor who avail themselves of the new benefits, the project will also create new employment opportunities for older people from the communities to be served. By employing mainly older people to meet with and serve other older people, the project will provide useful, meaningful roles for the elderly and stimulate mutual aid and group self-help.

It is expected that the project will demonstrate to public, voluntary, and commercial organizations, the feasibility of employing older people for other related short-range tasks such as community surveys, publicity or fund raising campaigns, as well as long-range programs requiring community aids, home visiting cold canvassing, and organizing skills. Community action agencies, senior centers and other organizations that undertake local sponsorship of this project will be encouraged to evaluate their experiences with a view toward instituting other new services to meet the needs of the people with whom they come in contact during the course of the project.

It is estimated that setting up 60 local projects of Operation Medicare Alert could create almost 3,000 temporary jobs at a cost of $2 million, most of which would get into the hands of the elderly poor employed to fill these jobs. The number of people upon whom the project could have an impact, and the value to them and the Nation of the project's success is incalculable.

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[1] Reference on p. 569, footnote 38.

THE NEED

The Community Action Program, and indeed the whole Office of Economic Opportunity, has as one of its major functions the development and funding of programs to maximize the utilization by the poor of existing benefits and services provided by other branches of Government. Operation Medicare Alert is such a program. It provides a national mechanism through which local programs can be funded and guided to augment the work of district Social Security offices in reaching and informing older individuals about the health insurance and other benefits for which they are now eligible and assisting them in enrolling for those benefits.

The Social Security Amendments of 1965 provide a whole range of new benefits for older people. Among other things, they increase cash benefits for those currently on the rolls. They liberalize eligibility requirements for cash benefits, particularly for those in the upper age brackets and those never eligible before. They permit increased earnings while drawing benefits. Most critical in the months just ahead, however, is the extensive health insurance established for almost all persons age 65 or over, including those still employed. While the increased cash benefits and hospitalization insurance are automatically available for those currently drawing benefits, other benefits provided by the new law require action by the potential beneficiaries before they can be received. Most important is the requirement that all those 65 and older need to apply by March 31, 1966, for the voluntary medical insurance program established by the law if they wish to participate in it. Those previously not eligible to receive cash benefits, who are now eligible, also need to file applications.

The Social Security Administration has undertaken the enormous task of informing the public and its potential beneficiaries about this new program. The 15.2 million people over 65 years of age who are on Social Security or Railroad Retirement Benefit rolls were mailed information about the new benefits along with a medical insurance enrollment card. Over one-half of these (approximately 8 million) have so far responded to that mailing. Over 88 percent of the respondents have chosen to enroll in the voluntary medical insurance program, about 12 percent have not. It is not yet known, though now under study, whether those who rejected the voluntary plan did so out of conviction or lack of information. If their choice was based on lack of information or misinformation, there is still time for them to correct their initial registration. Whether or not they choose the voluntary medical plan, they are entitled to hospitalization benefits. There is serious concern among those who deal with the elderly, whether many of those who replied clearly understand the details of the new benefits for which they are covered and whether they will be able to make full use of those benefits without further contact and information. Operation Medicare Alert can help to provide some of that contact and information.

Replies to the initial mailing are still coming in to the Social Security Administration, though their rate is diminishing. Many of the application cards mailed to the elderly have by now been mislaid or forgotten. For many of the elderly, unfamiliar with forms and technicalities, filling out the card and mailing it to the Government is, in spite of its apparent simplicity, an overwhelming and frightening task that they continue to postpone. Personal reminders, explanations, and assistance in filling out the forms can help those who have not yet done so to decide on their benefit choice and to register it within the time required. Operation Medicare Alert can help to reach and assist these individuals.

In addition to those on the benefit rolls who were contacted by mail, more than 3½ million other persons are potentially entitled to some new benefits. Of this number, 1.2 million of the elderly getting public assistance will be enrolled for health care with the help of local welfare agencies. Federal, State, and local civil service pension recipients will be contacted through their retirement systems. According to the Social Security Administration, an additional 1.3 million people 65 and over, are eligible for benefits but have not yet applied because they are working. These are probably all eligible to be covered by the new hospitalization benefits even if they remain employed. They could also choose to participate in the voluntary health insurance program and arrange to contribute the $3 monthly cost. Due to liberalization of the retirement test, many of those employed could now also receive cash benefits. In order to be covered by any of these benefits they need first to apply at their Social Security district office. Prior experience of the Social Security Administration indicates that without a special effort to contact these employed persons, even if they are only partially

employed, they and their family members often will not file claims until they are ready to retire from all work. The community interest generated by Operation Medicare Alert can help in the special effort required to reach these people.

Another group of older people, numbering some 600,000 to 700,000, includes the most difficult to reach of all those who need to be contacted. These older people are not on any benefit rolls. In the main, they are well over 65 years of age. They are, in most instances, not members of any organized groups, often they live alone without friends and far from families, ekeing out an existance on the remnants of their savings or on the support of children and other relatives. Some are in institutions. Many are reluctant or unable to visit a government office to transact business. Many of these are now entitled to coverage by Social Security hospitalization insurance, and, if they choose, by the voluntary health benefits. Some of these may also be eligible to receive cash benefits. In order to receive these benefits, however, they too need to apply.

Reaching these people, many of whom live in hidden isolation in the slums and back roads of the Nation, will require intensive neighborhood and door-to-door personal approaches, as well as communitywide informational programs. Operation Medicare Alert provides the means of launching such campaigns.

The National Council on the Aging believes that Operation Medicare Alert needs to be, and can be, quickly put into operation as a joint project of the Office of Economic Opportunity, the Social Security Administration, the national membership organizations of the elderly, as well as other agencies concerned with and serving the elderly. Support for this concept was given in the report of the Office of Economic Opportunity's Task Force on Programs for Older Persons, and strong interest has been expressed in the program by the Commissioner of Social Security and by leading officials of the Office of Economic Opportunity. The National Council on the Aging has prepared this model in order to convert that interest into action.

IMPLEMENTING THE PROJECT NATIONALLY

As a result of several conferences initiated by the National Council on the Aging, the Commissioner of Social Security has designated the Administration's information officer as a representative of its Bureau of District Office Operations to coordinate Social Security's relationship to the project, to facilitate the involvement of local Social Security offices and to prepare the informational materials for distribution through the project. The consultant on programs for the elderly within the community action program of the Office of Economic Opportunity has represented that agency in discussions of this project. Since the responsibility for interesting potential sponsors in the short time available, processing and funding contract proposals, and coordinating all phases of this project will be the Office of Economic Opportunity's, it is recommended that special staff be assigned to this function and shortened procedures established so that the project can be launched while it can still have a positive impact on the potential beneficiaries.

Sponsorship for local projects of Operation Medicare Alert should be sought from sources that can quickly implement and replicate the project. It is, accordingly, urged that national organizations which can be moved by the project's goals into quickly mobilizing their local affiliates, be called together and invited to sponsor it in specific target communities. Among those invited as potential sponsors should be the organizations composed of the elderly or serving them; civil rights groups; foreign language and nationality groups; farm and rural organizations and agencies; church, fraternal, service, labor, and business groups; public and private health and welfare agencies, and established community action agencies.

While the sponsorship from these agencies and organizations is sought and their contracts processed, the prototype model for Operation Medicare Alert should be widely distributed to stimulate interest by additional sponsors and local organizations such as senior centers, golden age clubs, local health departments, and others. Special early efforts should be made to involve the local community action agencies, most of whom have until now developed no programs aimed especially at serving or employing the elderly. For them (and other groups). Operation Medicare Alert can be the first step to rectify that omission.

As soon as the several sponsors have committed themselves to undertake the project, a national publicity program should be launched at the highest level of

government. The publicity campaign should seek to bring attention to the project and the agencies involved, stimulate interest on the part of additional sponsors, and emphasize the role of the elderly as recipients and dispensers of the services and encourage potential beneficiaries to visit their local social security offices.

IMPLEMENTING THE PROJECT LOCALLY

It is expected that this project will be put into effect in communities throughout the Nation. The Social Security Administration has, however, suggested that special efforts be undertaken to establish the project in areas such as these—

1. Depressed neighborhoods in major cities (for example, Harlem and Bedford-Stuyvesant in New York City, Watts in Los Angeles, and low-income areas of Birmingham, Atlanta, Memphis, New Orleans, etc.)
2. Low income developments in principal cities.
3. Neighborhoods in major cities with a particularly heavy concentration of foreign born (for example, New York, Chicago, Detroit, Milwaukee, Fall River, Providence, etc.)
4. Communities in the poverty-stricken areas of Appalachia and New England.
5. Towns and low-income areas of the rural south.
6. Communities in the border areas of the Rio Grande Valley in Texas having a heavy concentration of low-income Spanish-speaking residents.

While different circumstances, location, size, and climate of the area to be served, as well as the nature of the sponsoring agency, will all affect the structure and functions of the local project, the guidelines that follow are suggested to assist in organizing and operating the project.

RECRUITING, EMPLOYING, AND TRAINING THE ELDERLY

It is the policy of this project to employ as much of its staff as is feasible from among the older poor residents of the community to be served. Experience in various communities has already shown that older people, when properly motivated and adequately supervised, can successfully perform the jobs involved in this project. The Kingsbridge Neighborhood Project on Aging, sponsored by the Arthritis Foundation of New York, has, during the last year, utilized older people to conduct hundreds of door-to-door interviews and surveys. The Metropolitan Council of Senior Citizens of Detroit was just one of such groups that recently organized a series of community meetings to inform older people about the benefits of Medicare. The long history of social action by organized groups of the elderly on behalf of the enactment of the Medicare legislation also supports the contention that this project can be successfully manned by older people.

Because so little time remains in which to launch this program, it is urged that priority be given to funding projects by sponsors who can recruit appropriate staff from among their older members, clients, or constituents. Some of the public and voluntary agencies that sponsor projects may wish to contribute the services of a director or other personnel.

Where older people are not readily available to fill out the staff of the project others from the poor can be employed. In this case, VISTA volunteers, Neighborhood Youth Corps, or other such groups may play a significant part in guiding and staffing the project. This should, however, be the exception rather than the rule.

All job applicants should be interviewed to assure that they are capable of understanding and carrying out their duties. In some communities this may require walking several flights of steps a day. Staff should be sought from among the most articulate and friendly of the elderly. Education is not significant, though the ability to read and write a name and address on a form is important. Knowledge of a foreign language in common use in the community is a particular asset. Where possible, known leaders from among the elderly, including those currently retired, should be recruited to responsible leadership positions in the project.

Each project will need a director, a clerk-typist, a bookkeeper, team captains (group supervisors), as well as teams of community aids. Occasionally, drivers may be required who would also serve as community aids. The project director will be responsible for the overall supervision of the project, the training of the staff, and the effectiveness of its operations in the community. He will coordinate the work of the community teams with the Social Security district mana-

ger, or his designee, and will file reports of the project's progress with the sponsor, the district manager, and the Office of Economic Opportunity. Unusual individual problem cases encountered by the aids are reported to the project director for referral to other agencies. The team captain will be responsible to the project director for the functioning of groups of approximately 10 community aids. He will receive team assignments from the project director and deploy his team in the community to carry out that assignment in the most effective manner. He will give specific assignments to each aid on his team and receive their reports when the assignment is over. In some cases, the team captains may be among the first hired and assist in recruiting the community aids.

Except for the project director, and perhaps the clerk-typist, who may work full time, all other personnel will be employed on a part-time basis of 4 hours a day, 5 days a week. Hours of work should, however, be kept flexible for those able and willing to work longer hours, as well as those who can only work less than 5 days a week. On the whole, the 20-hour week should be the pattern for the project. Wages for the community aids should be $1.50 an hour; for team captains, clerk-typists, and bookkeeper $1.75 an hour; the project director should receive $2.50 an hour. Volunteers for the staff from those who can afford to donate their time should be welcomed. The staff needs to have full understanding that no fees, tips, or gratuities may be accepted from anyone in the community for information or assistance rendered.

Since the technical information regarding benefits will be handled by personnel from Social Security district offices, it is anticipated that except for a brief three-session orientation program, all other training will take place on the job and in periodic staff conferences to evaluate progress, exchange experiences, and plan the next phase of the work. Staff should be paid for the time spent at the orientation sessions. A suggested outline for the orientation sessions is to be found in the appendix.

HOUSING AND EQUIPPING THE PROJECT

Because it is anticipated that this project will be undertaken by existing organizations, it is expected that they will, in most cases, make available space for the project. Where this is not possible, the project office should be located in or as close to the community to be served as possible. Headquarters for the short duration of the project may be located, for example, in a rented storefront, a church, senior center, housing office, union hall, courthouse, or a school. A station wagon may be needed to transport aids and material. Where the project will have to cover a considerable area or move to different neighborhoods, it may prove sound to rent and use a trailer, converted bus or van as the project headquarters, from which the community aids work. In rural areas this may be particularly appropriate. It may also be necessary to equip community aids with jeeps or other vehicles to enable them to visit individuals in outlying areas and to bring them to informational meetings or to Social Security offices. In some cases, loudspeaker equipment will also be needed.

The project office need not be elaborately set up since most of the functioning is out in the community. Space will, however, be needed for a few desks for the project director, clerk-typist, and bookkeeper, their office machines and files. Large work tables should also be available for lettering posters, etc. Chairs for aids in the office before or after work are needed. Some space will be required for staff orientation and periodic conferences, and, of course, for meetings where Social Security representatives will speak. This space should be sought within the community as a contribution, or for reasonable rental fees. Some equipment, too, may be available on loan from local health, police, fire, or other departments, or from service clubs or other organizations.

The bulk of materials to be distributed and used by the project staff—handbills, leaflets, posters, pamphlets, identification armbands, etc.—will be made available by the district Social Security office. Informational material is now being prepared in 22 foreign languages in addition to English. Careful joint planning by the project director with the Social Security district manager will assure adequate supplies of appropriate informational material when needed.

ORGANIZING COMMUNITY MEETINGS

One of the major functions of Operation: Medicare Alert is to assist the district Social Security office in organizing effective community meetings at which its trained staff can inform potential applicants of their rights and responsibility

under the health benefit and other provisions of the Social Security Act, explain eligibility requirements, and, wherever possible, help them complete application for other benefits.

The success of the community meetings will depend very much upon advance planning and upon effective use of available informational resources to reach all possible members of the potential applicant groups involved. Social Security will be responsible for coordinating the use of the mass media in each locality well in advance of the planned meetings. The community teams will be responsible for organizing many of these meetings, publicizing them within the neighborhood, stimulating attendance, and assisting at the meetings by distributing materials, forms, etc.

These meetings should be held in neighborhoods or communities where there is a high concentration of elderly people, particularly those who might be least inclined to respond to appeals through the mass media. Priority should be given to areas where the elderly have low-income levels, lack formal education, are foreign born, and, therefore, not at ease with the language and customs of the country, though they may have lived here many years, or, due to a long history of discriminatory practices, are reluctant to participate in community meetings called by government bodies.

Depending on weather, local conditions, and available space, these meetings might take place out of doors in shopping areas, neighborhood hangouts, busy intersections, town squares, parks, church grounds. They may, on the other hand, take place in churches, senior centers, union halls, movie theaters, club rooms of social and fraternal organizations, lobblies of buildings, auditoriums, housing project offices, hospitals, courthouses, town halls, fire stations, schoolhouses, clinics, or other accessible locations made available for this purpose.

The schedule of meetings will be worked out jointly by the project director and the manager of the Social Security district office. The meetings will be so planned that maximum use will be made of the trained Social Security staff to speak, answer questions and assist in mass registration of those eligible for benefits. The Social Security staff should be able to cover several such nearby neighborhood meetings a day if the community aid teams relieve them of the burdens of publicizing and "advancing" each such meeting.

Community aids working in teams of 8 or 10, under the supervision of a team captain, are assigned by the project director to each priority community where a meeting is scheduled. Several days in advance of the meeting a subcommittee of two from the team visits the area to locate and arrange for meeting space. In some cases this may be done by telephone. When space is located the team fills in the time and place of the meeting on posters supplied by the social security office for that purpose. Handbills mimeographed with the meeting information are also prepared. A few days prior to the meeting the whole team of community aids visits the area. Posters are distributed in prominent locations, stores, etc., and leaflets are given out on the streets as well. A sound truck or portable bull horn may be employed to announce the meeting so that those in their homes will also hear of it. It should be emphasized that the meetings and assistance are without cost to those who attend, that no collections will be held, and no fees asked, that the meetings are a service to the community and its residents.

Wherever possible, leaflets and announcements should be in the language of the community, if it is other than English. The team should also visit churches, stores, welfare agencies, senior centers, building janitors, individual community leaders, political figures, etc., to request their cooperation in informing those with whom they have contact about the time, place, and content of the meeting that is to take place. Information should be given not only to the elderly, but to all in the community, urging the young to inform parents, friends, neighbors, and acquaintances about the important content of the meetings.

Several hours before the meeting, the team should return to the area to stir up community interest and remind the residents of the time, place and purpose of the meeting. What is suggested is applying to this campaign those techniques of politics and community relations which stir the community, attract attention, and get people to take action.

At the meetings themselves, the community aids assist in welcoming people, getting them seated, making them comfortable, and, under the supervision of the social security staff, assist in distributing informational booklets, application forms, etc.

All members of the project staff will be issued identification armbands or tags. Under no circumstances should any member of the staff meet the public while on duty without his identification clearly visible.

OTHER TASKS FOR THE COMMUNITY AIDS

In many areas even the program described above may not penetrate the isolation of the physically and mentally frail elderly. Many of these may not now be receiving benefits and may, out of illness, ignorance, inertia, or language barriers, ignore the distant pleas of loudspeakers or the unintelligible writing on a leaflet. Many of those receiving benefits have received information about the new health benefits in the mail, but have not yet replied. To reach these individuals who need to be reached perhaps more than any others, an even more intensive campaign needs to be undertaken by the community teams.

For this job it is recommended that in areas of high concentration of the elderly teams of community aids go door to door or house to house to talk to all the residents to invite them to the meetings. If door-to-door visits cannot be undertaken, it may be possible to get the names of more isolated individuals from ministers, storekeepers, janitors, visiting nurses, etc., and visits made to these people. Attempts at telephoning may also be made. This is, however, not apt to provide adequate results because phones may not exist and where they do, the contact is not apt to be very productive. Where those contacted seem to need it, the aids can offer to return to escort them to the meeting, or arrange for such escort services by other neighbors. In cases where individuals are unable to attend the meetings due to illness, their names and addresses should be listed and transmitted via the team captain and project director to the Social Security office so that a trained field representative can be dispatched to the individuals' homes to assist them in filing for benefits or to explain the benefits available. Personal problems of individuals contacted by the aids outside the realm of the project should be reported to the project director for possible referral to community agencies.

In rural areas the basic approach outlined above will require modification to take into account greater distances between potential contacts. Project directors should plan their tactics in consultation with the Social Security district managers and also with representatives of the Department of Agriculture, such as the Farmers Home Administration, and others, the rural electrification co-op representatives, county agents, and other local organizations and agencies serving the area. In rural areas consideration should be given to the use of schoolhouses for registration meetings, to organization of car pools for transporting individuals to the meetings, and of conducting the meetings in towns on Saturday shopping days, and, where it is appropriate, on Sundays at churches. Mobile registration teams may operate by moving a converted trailer or van to a central location with a team of community aids fanning out to reach and bring in the potential applicants and then returning them to their homes. Many of the rural aged were self-employed and retired prior to the coverage by the provisions of the Social Security Act of the self-employed. They may now be eligible for cash as well as health benefits and special efforts need to be made to contact them.

RECORDS AND EVALUATION

The project director and sponsoring agency will be required to maintain records which will help evaluate the effectiveness of the project. Records should be kept of the number of individuals employed, their ages, and earnings. As much data about the individual aids and their experiences in the project should be given.

Records should also be kept of the number of individuals contacted, the number of home visits, and escort services performed; the number attending how many meetings, and the number of applications processed at the meetings. Some descriptive information on each meeting, including unique case history information, will also prove useful. Collating of this information will take place, in the main, at the termination of the community aspects of the project, during the month of April, and submitted in such form as will be determined by the Office of Economic Opportunity.

POSSIBLE NEXT STEPS

On March 31, 1966, when the initial enrollment period for health insurance ends, the bulk of this project's operations will cease. During the ensuing month, the project director will be responsible for phasing out the project and for evaluating its experience.

Should the project prove, upon study, to have achieved its goals, the basic techniques employed might well be utilized for other services to the community. Meetings of the community aids and the sponsoring agency should be held to review experiences and to examine other related projects which might be established to meet the needs of the people contacted during the project.

One possible next step would be to undertake the implementation of Project FIND, a community action program to find, through intensive community surveys, the elderly who are friendless, isolated, needy, and disabled, to assist them to get to the services that they need. A prototype model of this project will shortly be available from the National Council on the Aging. The basic techniques of Operation Medicare Alert may also be utilized for fund-raising or recruiting participants for other phases of the Economic Opportunity Act such as the Neighborhood Service Corps or the Job Corps. Friendly visiting, escort services, senior centers, employment programs, consumer co-ops, housing, or others may be among the new projects to be explored. Whatever the next project needed by the community, Operation Medicare Alert can be an important first step in expanding the permanent services available to the elderly of the community.

APPENDIX I. STAFF AND BUDGET

Each project must be tailored to local needs and conditions. As noted earlier, the size of the staff and budget of each local project of Operation Medicare Alert, will depend on the way in which it is organized, the number of people to be served, local costs, and the extent to which it shares the facilities, services, and guidance of an existing agency. In many areas much of the wherewithal of the project can be borrowed or contributed locally. No one budget is, therefore, appropriate for all projects. The following is merely an illustration of a budget for a local project indicating some possible items and typical costs.

Typical budget—Operation Medicare Alert—Project period Jan. 3–Apr. 29, 1966

(*a*) Personnel $25,311

Title	Number	Hours per week	Hourly pay	Number of weeks	Weekly pay	Total income	Total cost
Director	1	40	$2.50	18	$100	$1,800	$1,800
Captains	4	20	1.75	18	35	630	2,520
Aids	40	20	1.50	14	30	420	16,800
Clerk-typist	1	40	1.75	18	70	1,260	1,260
Bookkeeper	1	20	1.75	18	35	630	630
Total workers	47						
Total wages							23,010
Plus 10 percent fringe benefits							2,301
Total cost for personnel							25,311

(*b*) Permanent equipment (rented) 806
Office furniture: 3 desks, 3 office chairs, 4 work tables, 20 chairs, 1 file cabinet
Office equipment: 1 typewriter, 1 adding machine, 1 mimeograph
2 portable loudspeaker units.

(*c*) Consumable supplies: Stationery, office supplies, printed materials, signs for headquarters, and station wagons 450

(*d*) Rent: Office space; training sessions and staff conference space 600

(*e*) Utilities and telephones: Telephone installation and use of utilities 250

(*f*) Travel and transportation 2,115
Rental of 2 station wagons for transporting aids and material; local public transportation by aids; travel for meetings and consultation outside locality.

(*g*) Audit: Accounting services to set up and audit accounts 200

(*h*) Insurance: Liability, bonding 150

Total 29,882

NOTE.—If 60 projects such as the one above were set up, 2,870 people could be quickly employed at a cost of $1,756,920, most of which would go to pay staff. The potential results of such a program in benefits ultimately utilized by the poor and in information and good will dispensed are incalculable.

APPENDIX II. SUGGESTED OUTLINE FOR THE ORIENTATION SESSIONS OF THE COMMUNITY AIDS

Training of the community aids during the three orientation sessions should be conducted by the project director, representatives of the sponsoring organization, and of the Social Security district office. Instructions should take into account that most, perhaps all, of the aids will have had little prior formal schooling. Sessions should be conducted in an informal, relaxed discussion atmosphere, preferably limited to 20 persons per session.

Session I:

Introduction of all present.
The purpose of the project, its value to the community.
The new Social Security benefits.
The importance of reaching eligible individuals.
The obstacles to reaching some of the elderly.
The kinds of problems encountered that should be reported for followup by the project director.
The techniques to be used by the community aids.
What is expected of the community aids.
Role playing: Street work, inviting someone to a meeting, arranging for a meeting place.

Session II:

Short review of purposes and techniques of the project.
Questions and answers by the community aids.
Responsible work patterns expected.
Rejection of fees, tips, or gratuities for service.
Arranging for escorting to the Social Security office.
Limits to the information aids can give.
Role playing: The doorway interview, the problem case.
Grouping of community aids into teams.
How the teams will function in next period.

Session III:

Team assignment to first target area with a schedule of meetings to be set up.
How the team will carry out the assignment.
Assignment of individual tasks to aids by team captains.
Questions and answers by the community aids.
Summary of orientation.

APPENDIX III. HIGHLIGHTS OF THE PUBLIC INFORMATION MESSAGE

The Social Security Administration has urged that Operation Medicare Alert emphasize the following message to people in the communities where it operates:

1. The health insurance program begins July 1, 1966. However, people who are now 65 and over who want voluntary medical insurance must enroll for it by March 31, 1966.

2. Even if you have never worked under Social Security (or if you have worked to some extent, but not enough to qualify for cash Social Security benefits), get in touch with your Social Security representative. You can still have hospital and medical insurance, but you have to apply. You may also be eligible to receive cash benefits.

3. If you are on the Social Security or Railroad Retirement rolls, you should already have received the enrollment card for the voluntary medical insurance. Fill it out and send it back to the Social Security office as soon as possible. You do not have to take any action to be protected under the basic hospital insurance plan. The coverage is automatic for you.

4. If you are on the public assistance rolls, the welfare people will be in touch with you to help you sign up.

5. If you are still working, even if you don't plan to retire now, get in touch with your Social Security representative. You will need to apply for both the basic hospital insurance and the voluntary medical insurance plan that covers primarily doctor's fees. Many Social Security district offices are open 1 evening a week to serve you. In many locations Social Security representatives will be at neighborhood meetings to answer questions and to help you apply. Watch the newspapers for announcement of meetings in your neighborhood.

6. Remember that a Social Security office will send a representative to your home if you are not able to go to the office or to attend neighborhood health insurance meetings.

7. Social Security retirement benefits are higher than they were before the amendments were passed. If you were getting benefits in September 1965, you got a retroactive increase as far back as January 1, 1965. People getting benefits from now on will have an increase automatically figured in.

8. Widows of workers may start receiving benefits at age 60 instead of waiting to age 62 as before. However, the amount they get will be less than if they waited to age 62.

9. Some people who are now 72 may get special Social Security benefits even though they were not eligible under the old law. This is because the amount of work required to get benefits is reduced for people who are now 72 or over. If you were once told you could not get benefits because you did not work long enough, check with your Social Security office to see if this provision affects you.

10. People who are drawing Social Security benefits can now earn more from work and still receive their benefits. If you earn no more than $1,500 in 1966 or any year thereafter, you may receive benefits for all months of the year. For earnings over $1,500 and up to $2,700, $1 of your benefits will be withheld for each $2 that you earn. For any earnings over $2,700, $1 of your benefits will be withheld for each dollar of your earnings.

However, no matter how much you earn for the year, you will be able to receive a benefit for each month that your earnings are $125 or less, or if self-employed, for each month in which you do not do substantial work in your business.

C. Report on Project FIND [1]

Project Find—A Model Community Action Program To Locate and Serve the Elderly Who Are Friendless, Isolated, Needy, and Disabled

(Prepared by the National Council on the Aging under the provisions of contract OEO–79 for the Community Action Program, Office of Economic Opportunity)

PROJECT FIND

The goals

Project FIND seeks to locate the elderly poor living in the community, to identify their individual needs and problems. It also seeks to determine their skills and resources. When appropriate, the project refers individuals to existing health, welfare, employment, housing, legal aid, recreation, or other services. It takes responsibility for expediting such referrals and for facilitating the relationship between the older person and the agency providing the service. Where the needed service does not exist in the community, this need is recorded and brought to the community's attention.

Information about the living conditions of the elderly poor, and of their need for and contact with the community's resources, brought to light by the project, are provided to the public at large, as well as to government and voluntary agencies. This information is used to give visibility to the continuing needs of the elderly and to gain public support for meeting those needs. The project stimulates evaluation of existing services in relation to priority of need and encourages the establishment of new services and/or techniques to meet the needs of the elderly and to make existing resources easily accessible to them.

The project encourages and organizes the elderly to give expression to their needs and aspirations, and facilitates their involvement in social action and self-help programs. The elderly participate in all phases of the project's operations, its staff and policymaking committees. Leadership talents are sought out, trained, and channeled into service on behalf of the community and its poor.

One of the project's goals is the creation of employment opportunities for elderly residents of the community. These are provided by the staff needs of the project itself. Opportunities are also created for unpaid volunteer services from those who can afford to give time to the program.

[1] Reference on p. 569, footnote 39.

The rationale

A large segment of America's poor are old people. Many of them have been poor all their lives. Now the added years have brought new burdens to what was for them, always a hard life. Many others have become poor with their advancing years, and now find themselves increasingly economically, physically, and socially impoverished.

The aging, in urban and rural pockets of poverty and in large depressed regions, share many common traits in addition to age. Families have grown up and moved away; health problems have sharply increased; friends and neighbors have died; they have been forced from their jobs by changes in the economic factors of their community, by new technology, by the retirement patterns of our society, or by ill health. The changes in their life patterns are often catastrophic, causing sharp economic cuts and a breakdown of social contacts. At the same time, as they become older they become less and less able to cope with change and more fearful of those changes that do occur. In the face of increasing personal problems, and decreasing personal resources to meet them, the elderly often withdraw more and more from community contacts. Many feel ashamed of and hurt by their new role, or, more accurately, lack of role, in society, and see themselves as powerless to effect changes. They feel, and are, in fact, left behind, discarded, and rejected, and are among the most invisible of the invisible poor.

Many communities have agencies with services for older persons. Often the elderly do not know about these agencies. More important, it takes initiative to find the right agency—especially when there are so many bewildering restrictions and eligibility requirements based on residence, religion, financial status, or diagnosis. It takes courage to ask for help—particularly after a lifetime of trying to take care of one's self and one's family. It takes persistence to see the process through to success. All in all, it takes more knowledge, more will and more strength than most older people have.

At the same time, many health and welfare agencies continue to follow their traditional practices and wait for the aging to seek them out. Due either to inability or unwillingness, agencies seldom use their skills to reach out to the community in an active case finding process. The traditional approaches are, however, not adequate for today's challenge.

New and creative community solutions must be sought to meet presently unmet needs. Experimentation must be undertaken to employ and to involve the aging once again in the mainstream of the community—in an attempt to break through their deepening well of poverty, isolation, and rejection. Such experimentation, particularly on behalf of the elderly who are poor, is especially appropriate for the community action program which is charged with charting new approaches to old needs.

The establishment of neighborhood, store-front information and referral centers for the aging, as well as others, can provide them with readily accessible and suitable places to bring their problems, particularly if such centers are staffed by people from their ranks, trained to give assistance and leadership. However, opening a center is but a first step because many aging people, isolated, disabled, and unfamiliar with community resources, hesitate to come to a center or community agency. Often they think their problems are unique or insolvable, many are afraid to ask for help; others do not have the stamina to cope with the complications of agency requirements or to follow up alone on the referral made for them. These conditions create the need for Project FIND.

In essence, this program is a four-pronged addition to the information and referral center in which it is based: It aggressively seeks out the aging to whom it then provides information, assistance, and referrals; it actively intervenes, when necessary, to see that individuals get the service they need from the appropriate agency; it seeks to involve the elderly in such social action and self-help programs as will lend group strength and support to the individuals and maximize their capacities to deal with some of their problems, and it recommends and documents the need for new, unavailable services.

Sponsorship

Project FIND can be implemented as a component program of a community action agency. It can, for example, be used to reach out to the elderly from a neighborhood opportunity center, a CAA-operated senior center, or other component of the antipoverty program. It can also be implemented through any community agency which is composed of or serves the elderly, or which wishes to

expand its program to do so, and is delegated or subcontracted this task by the local community action agency.

Implementation could, under these circumstances, be by—

1. One or more governmental agencies; e.g., Public Assistance, Public Housing, Health, Aging, Extension Service, etc.
2. Individual voluntary health or welfare agencies; e.g., a senior center, settlement house, a hospital, a family service agency, a community information service, a "Y", a fraternal organization, a church.
3. An interfaith council. Such a body might undertake the project in the communities surrounding member churches, coordinating their efforts through a central organization.
4. A council of health and welfare agencies composed of both public and voluntary agencies, expanding its information and referral service to do this program.

Whether actual implementation is by a delegate organization or by the community action agency, a broadly representative advisory committee, reflecting the varied services available in the community, should be established. Early and consistent emphasis should be placed on inclusion of the elderly poor on the board or committee which makes policy for the project. Representatives of organizations of the elderly, and unaffiliated but able elderly persons who know the community should be sought out and drawn into the program's leadership.

In addition to participation by the poor, the responsible committee might include people from the professions, the clergy, councils of social agencies, individual social agencies, nursing services, hospitals, civic clubs and service organizations, business and labor. Representation should be sought from other local community action programs and public agencies—i.e., education, public welfare, recreation, health, employment, agriculture, vocational rehabilitation, and Social Security.

Site

The site of the project should be in the area in which the elderly poor live. The project office should be readily accessible to encourage individuals to visit the staff to discuss problems, or to come in off the street to get an answer to a question. Ideally, therefore, the project should be housed either in a store front on a popular street in the community, or some equally appropriate location. Consideration should be given to a facility that will be acceptable to the elderly and that will provide adequate space, accessibility to public transportation and parking, and not require the climbing of too many stairs.

The following settings are appropriate for Project FIND and can often be made available at little or no cost:

1. A store-front office offering immediate proximity to the community and a neutrality or independence from any existing agency.
2. A multiservice, intergenerational neighborhood opportunity center established by the community action agency. It is imperative that space and staffing for the elderly be clearly designated within this facility.
3. A new senior center or one expanding to serve the aging poor. Project FIND could be the catalyst, recruiter and organizer for many center activities.
4. Community space in a housing project from which elderly residents of the project and/or its environs could be served.
5. A community center, "Y", church, fraternal or service club headquarters.
6. A hospital based geriatric clinic or a social agency or employment service office. The project could be used for outreach on health and other programs and offer various services under one roof, a goal to be sought wherever possible.
7. A schoolhouse, used either after class hours or, in rural areas, in one no longer used for classes.
8. A union hall that is available during the day.
9. Public buildings, townhall, firehouse, courthouse, etc.
10. An apartment (on a low floor) in an area where old people live.

The project office should include sufficient space to provide for a comfortable waiting room, interviewing areas that preserve privacy, clerical areas, and a meeting room to be used for orientation of the community aids and for small community meetings.

In rural areas it may be most appropriate to house the project in a mobile van or trailer which can be moved to centers of greatest concentration of the elderly, returning as often as necessary. Cars may have to be provided to com-

munity aids and case aids in order to enable them to reach isolated and distant individuals.

Recruiting the project staff

It is the policy of the project to employ its staff from among the older poor residents of the community to be served. This policy enables some of the project's target population to earn income and benefit financially from the project. Through their involvement on the staff and in the policy-making committees of the project, the self-help aspects of the program are also furthered. Where older persons are not available to fill the project's jobs, younger people may be hired from the target community. Nonpaid volunteers may also be used to supplement the paid staff or to fill posts for which the volunteers are particularly equipped by past training or experience.

The project staff will include older people who are hired and trained to work as community aids, as well as clerical workers, in the project's office. The community aids will conduct a door-to-door canvass, interview the elderly, record and report findings, make referrals in consultation with the supervisors to appropriate agencies or services, escort individuals and assist them in getting the services they need, provide visits to those requiring companionships, conduct meetings of neighborhood groups, organize social action programs.

The community aids will work under the close supervision of experienced, trained community workers, including, if they are available, professionally trained community organizers, social workers, public health nurses, or others. In some communities other agencies and services may lend or make available some of their staff to the project to serve on its staff, act as consultants, or facilitate intake for their agency. Trained individuals will serve as the project's director and supervisors, they will train the staff, oversee the referrals, develop liaison with other agencies, and guide the social action aspects of the program. In areas where there are few trained professionals, particularly in rural areas, supervisory techniques will have to be adjusted to the local situation. Consultation may have to be sought from county or State public assistance or health departments, or such agencies as are to be found in the area. It may also be necessary to give intensive training to some of the most able people in the community to enable them to carry out the supervisory and referral tasks involved in the project.

The project director, and, if they are available, the professional staff, will be responsible for the screening and hiring of all job applicants. The criteria for the community aids will not be formal education or the possession of particular skills. Persons hired should be able to carry out the physical part of the job, which may, in some communities, require walking several flights of steps a day. Ability to fill out a simple questionnaire is important. The knowledge of a foreign language in common use in the community is also of value and may, in some communities, be essential. A person's ability to identify with another individual, to project interest, warmth and sympathy are very important attributes to be sought.

Recruits for the bulk of the project's staff can come from senior centers, churches, fraternal organizations, unions, business groups, the State employment service, or other health and welfare agencies and service organizations. Those community action agencies which implemented Operation Medicare Alert should seek staff from among the most successful of the older community aids engaged in that project. Staff may also be found in the course of the project's operations and as a result of publicity generated by its launching.

The normal workweek for most of the older people on the staff should be approximately 20 hours a week. Those capable of working longer hours should be permitted to do so. Opportunities should also be made available for the employment of people who can work only fewer hours. The significance of supplementary income from even a few hours of work to the total financial resources of the elderly should not be minimized, nor should the noneconomic personal values of such work and earnings be discounted.

Training and supervising the community aids

It is recommended that an initial training period of 2 weeks be given to all community aids hired, and that they be paid for the time spent in training. This would provide 10 half days for training. The training sessions should be conducted in a relaxed, informal atmosphere which takes into account that

most, perhaps all, of the aids will have had little formal schooling. A suggested outline for the training session is to be found in Appendix I.

The basic skills will, in the main, be learned on the job and in the conferences held with each team of aids as they return from their field and report their findings. In addition, staff meetings should be held at regular intervals and serve as training sessions as well, taking into account actual experiences which make the subject matter more meaningful and permit more sophisticated and technical materials to be discussed. These sessions can include guest speakers representing different community agencies or services, the discussion of unusual problems and how they might be handled, or the needs of the community that require organization of special meetings or action by the residents. Role-playing, audio-visual materials such as films, demonstrations of techniques, field trips to agency offices should also be explored, and, where practical, used.

New workers added to the staff after the initial training period should be given a brief training period, or, if possible, asked to attend a second training cycle. They should be sent into the field with more experienced aids and attend all staff meetings.

Throughout the project's training programs, emphasis should be placed on—

(*a*) The confidentiality of material and personal information divulged to the project or the aids.

(*b*) The importance of refraining from giving personal advice such as, "go to my private doctor"; "take 'x' medicine, it agreed with me."

(*c*) The necessity of immediately contacting the project director or his designee in case of an emergency or when a doubtful situation arises.

(*d*) The wisdom of saying, "I don't know, but I'll find out and let you know," when confronted with a new situation or question.

(*e*) The importance of reporting all findings to the designated supervisor, and not trying to handle problems alone, particularly in the early stages of the project.

Much of the training will, in fact, be done in the course of supervising the work of the community aids. Supervision must be on-going and intense, particularly in the beginning. If the project operates with a small staff, the aids may report directly to the project director. If a larger staff is employed, there may be supervisors or team captains designated who have or are given greater training to whom the aids report. Each home visit, interview, phone call or service performed by the aids must be recorded and discussed with the responsible supervisor, next steps planned, and then implemented.

The greatest job of the supervisor is to train, give support, guidance, and encouragement to the community aids. He must, in addition, be flexible enough to learn from them, to revise his approaches, attitudes and concepts to reflect the community's mores if they are different than his own, or than those of the people with whom he previously worked. The community aids and the community representatives on the project's board must be given every opportunity to express the community's needs as they see them. The trained professionals should use their skills to mold the program so that it meets those expressed needs.

The program

1. *Determination of area.*—First the geographic limits of the program must be determined. It might be confined to the jurisdiction of the community action agency or might be a city, county, township, neighborhood health district, census tract, or one of a number of arbitrary divisions. This may be a large or small area, depending on the density of population and the availability of transportation to reach sparsely populated areas. The number of workers available to do case finding and to work as case aids may also determine the size of the community to be studied and served. Depending on available staff, it may be advisable to survey and service one area at a time as teams of workers are trained.

Second, the location of all aging must be ascertained. All available data should be collected from public sources (Census Bureau, Health Department, Department of Welfare, police and fire departments, etc.), and from churches, synagogues, hopsitals, social agencies, insurance agencies, unions, and individuals. Physicians may be an important source of information. Records of community action agencies or others who impelmented Operation Medicare Alert can also be most helpful.

The acquisition of this data will not assure the exact location of all older people. The most isolated aging persons, those not known to agencies, may not be identified. Literal door-to-door, block-to-block, and farm-to-farm canvassing must be undertaken to determine the exact location of all the aging.

2. *Setting the stage.*—Project FIND should be heralded by widespread publicity and fanfare. Interest, excitement, curiosity about, and cooperation with the project must be developed. This community preparation is not a frill nor a publicity gimmick. There are basic reasons for this barrage of publicity, stemming from the peculiar nature of the problems of the aging:

(*a*) In many parts of the country, especially in large urban centers with multifamily dwellings, the basic concept of neighborliness has broken down or never existed.

(*b*) Older people are often fearful or distrustful of something new; wary that it will be a disguise for fund collections or a door-to-door sales campaign. They should be assured that there is no charge for the service and that no funds will be collected.

(*c*) They are fearful of purse snatchers or of being molested.

(*d*) Aging people must be reassured that community interest in them is sincere, dignified and not charity.

The publicity campaign can use radio, television, and newspaper notices. Announcements should be made at meetings of clubs, church groups, and community organizations. As the project reaches a neighborhood or block, leaflets should be distributed in the area and placed in conspicuous locations such as stores, hallways, surplus foods distribution points, etc.

It is suggested that as the program continues Project FIND train its staff to put out a regular newsletter to help maintain visability in the community.

3. *Case finding, referral, and case expediting procedures.*—

(*a*) Workers will insert leaflets under all doors. This may be followed by individual letters mailed to every person in the community. Both pieces of literature should invite aging persons to the project office to be interviewed, and encourage them to open the doors to Project FIND workers when they come and identify themselves properly. It should also invite anyone with a special problem to come to the project office. In rural areas arrangements may be made to have announcements of the project and the coming of the aids placed in each rural mailbox.

(*b*) Project FIND staff, working in pairs, will knock on every door in the community to make sure that no older person is overlooked. The location of all aging persons will be recorded. A leaflet describing the project's services and the location of its office should be left in each home visited. The aids should be provided with identification cards. Armbands may also be used to identify them.

(*c*) Interviews will then be conducted (either in the project office or at home) with every aging person who agrees to the procedure.

Interviews shall be structured by prepared questionnaires which will include sections relating to housing, family relations, health and medical care, finances, employment, and community relationships. Opinions will be ascertained about community needs and the older person's desire to work or participate in community programs. Some communities may wish to use simpler questionnaires, or more complex ones, depending on whether they need information as a guide to make referrals or to expand services. A possible questionnaire is to be found in Appendix II.

(*d*) Immediately following the interview, the workers should evaluate the gross strengths and needs of the person seen and record this on a check list.

All evaluations will be discussed with the supervisory staff. More refined evaluations will be made following these discussions. Frequently, three or four interviews may be necessary to determine need adequately and to work out a plan to meet it. Consultations with professionals should take place when it becomes necessary to develop a plan to assist the aging person. No attempt should be made to impose interviews, planning or assistance. The privacy and dignity of the individual is to be respected throughout the project. Where a person appears incapable of making a decision, contact should be sought with another member of his family.

(*e*) When appropriate, an aid may be assigned to initiate or expedite referral to a community agency or to carefully document the needs for which there are no present community solutions. Where there is no place to refer, the project's

main job is to determine priority of needs and to work with public services to seek a way of meeting those needs. Where a referral is made the aid will work closely with supervisory staff members. He will assist people to sort out their problems; to learn about a community agency, its services and eligibility requirements, and, when necessary, help the individual to obtain and utilize services from the agency. He may have to expedite the referral, ease the intake procedure, and be present at the interview. Examples of case aid services are listed in Appendix III. Contact with the client should be continued until it is certain the referral has been accepted and served. This will likely be for a relatively short period of time. The program will not undertake long-term case work. It may later be decided that there is a need for such a service in the community. At this stage it is not within the scope of the project.

4. *Keeping in touch with the elderly.*—Following the initial canvass of the community and such services as may have been rendered, the project needs to retrace its actions to be sure that any who were overlooked or missed the first time around are contacted. Some may not have been at home when first visited. Others may, on the other hand, be precisely the isolates who are most important to identify, persons who are so ill, deaf, or frightened that they do not open the door when a community aid visits. Each of these individuals should be sought out and interviewed, if possible.

The project also needs to devise an appropriate mechanism to deal with problems that arise after the initial visits are made. A permanent program to reach out to the elderly needs to be maintained and the availability of the project to those who have a problem needs to be constantly underscored and publicized. The line between "getting along" and "having a problem" among the aging is so thin that their needs and/or interest in a program may change from day to day. Problems large or small may shatter the delicate balance of an older person's life: a fall, an illness, the death of a spouse or relative, the need for an article of clothing, an argument with a child, the need to move to another apartment or institution. Project FIND should be in a position to encourage requests for help with new problems as soon as they develop.

Aging persons during initial contacts and interviews may be cautious and suspicious. After the Project FIND program has started to prove itself, previously reticent older people may come forward with their confidences and problems. Successful referral, concluded with the aid of an escort, to a clinic, social agency, or senior center, for one older person in a building or community will soon be known to others, who may, in turn, feel more confident about approaching the project.

In addition, common problems of the elderly poor need to be examined in terms of both personal and neighborhood solutions. Those matters lending themselves to community solutions should become the focus of self-help programs and social action.

(*a*) Periodic canvassing of the same area: In some communities, it may prove most useful to conduct door-to-door visits to distribute material about the project and to inquire about possible needs of the residents every 6 or 12 months. In some areas, visits on a more frequent basis may prove necessary. When such visits are made, the initial questionnaire should be reviewed with the resident to determine if there are changed answers to some of the questions and if new problems have arisen that require attention by the project staff. If this method of periodic visits is used, individuals should be reminded that they may contact the project office at any time and do not have to wait for the next visit if a problem or question arises in the interim.

(*b*) Newsletter, speakers bureau, mass media: One method of keeping the older people of the community aware of the project is through the publication and distribution of a project FIND newsletter. The newsletter can include brief stories of specific services rendered by the project. These do not necessarily have to identify the individual involved by name. Their purpose is to indicate the kinds of things with which the project can help people. The newsletter can also be used to announce upcoming meetings to discuss specific problems, events in senior centers or elsewhere of possible interest to the readers, and can also be used to announce which blocks or areas the project will visit next.

Prime space should always be found for listing the name, address, an phone number of the project office with an invitation to contact the project in case of any problem. A self-addressed form that can be clipped out of the newsletter

can also be printed which can be mailed to the project office requesting a visit or asking for information about any subject.

The newsletter can be written by the project staff, including the aids, and distributed by them to the older residents of the area, personally, by mail, placed under doors, or placed in stores and shops, clinics, centers, and other places frequented by the residents.

The newsletter is one means of keeping the community aware of the resources and services available through the project. Other devices that might be employed using the community aids are:

A speakers bureau from the project staff to visit neighborhood organizations, churches, centers, etc., to describe the project and to invite referrals. Such contacts may bring referrals from older people about their own problems, as well as referrals from family, neighbors, etc.

Visits to other agencies, doctors, clinics, ministers, Social Security offices, housing projects, community leaders, informing them of the services and inviting referrals.

Stories to the mass media for use in features and announcements about the program.

Posting signs in store windows, in community gathering places, on poles, and in hallways of houses.

Visits by sound trucks announcing the canvass to be undertaken, inviting individuals to the project office, and urging cooperation with the door-to-door canvassers. Leaflet distributions can be coordinated with the sound truck visits to leave a specific piece of information in the hands of the passerby.

(*c*) Organization of area captains: One means of maintaining continuous contact with the older people of a community which has proved useful in several parts of the country is the organization of an area, block, building, or floor captain structure. The captains keep in touch with the people in their area of responsibility and act as liaison between them and the project. They contact the project staff as soon as problems arise. Though new problems may be brought to the project by any neighbor or relative, or by the older person himself, the captain has the responsibility of encouraging such direct contact and of identifying to the project such problems as the older person may be unable to report himself. The captains may also assist the community aids in the organization of self-help and social action programs and encourage the participation of their neighbors in these programs.

The area captain structure can provide the apparatus for initiating immediate action the first time the gas is inadvertently left on, the tub runs over, the person is found lost a block from home, or has sustained some physical injury. The captain can also facilitate referrals to the project when an inquiry is made about employment, recreation, or other services. By being readily available he may put a person with a slight problem in touch with the project, thus guiding him to an immediate source of assistance, thereby possibly preventing a more serious problem.

The area captains may be recruited in the course of the nighborhood canvass by the community aids from among the healthy, outward-going individuals contacted. They may be community aids who live in the area being organized. They may be appointed or, preferably, elected at house, area, or block meetings organized initially by the aids. The captains may have a rather formal relationship with those they serve, visiting a certain number of people at regular intervals, or telephoning them if this is feasible. They may, on the other hand, have an informal relationship, letting it be known that they are available, inviting calls to them, and having a role at periodic meetings called by the project aids. In some communities it may be desirable to pay the captains for the time spent at their work as well as for any out-of-pocket expenses incurred.

In any event, the area captains need to be oriented to the project and their role in it. Regular meetings of the area captains should be called with the project director or a skilled supervisor responsible for each such meeting. Caution should be exercised in the choice of captains to avoid the "gossip" and to include the more circumspect, concerned, and respected neighbor. The captain might be a retired person or a younger homemaker favored by her neighbors, and, in turn, interested in their welfare. The project should seek to give proper recognition and support to the captains for the work they do.

5. *Self-help programs Project FIND might launch.*—From its findings in the neighborhood canvass, Project FIND may determine that certain common prob-

lems exist in a house, block, or area which can be eased or solved through cooperative self-help efforts by the people themselves. Utilizing the community aids or, if they have been organized, the area captains, services such as these might be organized within a house, block, or small area:

(*a*) Friendly visiting to the homebound by neighbors systematically dropping in to spend time, offer companionship, pick up the mail, renew a prescription, do light shopping, or run a brief errand. The house or area captain could arrange this by contacting those in his area able and willing to make such visits.

(*b*) Escort service for the ill, blind, frail, or handicapped to a clinic, doctor's office, agency office, or elsewhere. Escorts might also be used to encourage participation in senior center activities, outings, meetings, and to lend support to a person going to an agency for an interview who may feel too frightened or insecure to go alone. Escort services could be arranged by the captain or, if the visit involved expediting benefits or followup on a referral of a more complicated nature requiring involvement of the escort in the process, a trained community aid could be assigned.

(*c*) A floor, house, or neighborhood "buddy system" could be organized through which two or more people look in on one another each day or every other day, just stay in touch and to enable each to be aware of any sudden illness or emergency afflicting the other. A "telephone visiting service" such as has proved useful in meeting this goal in some communities might be set up. The organization of such programs may help recreate a sense of neighborliness and ease the fears expressed by many older people that in an emergency no one would know or be able to help. People involved in this program should be instructed to call the captain or the project office in an emergency.

(*d*) A group of older persons in one building or block might be helped to join forces to employ a housekeeper or domestic worker to assist each of them for 1 day or a part of 1 day. One of the problems voiced by many of the aging is that they need some help in their homes for only a few hours a week, but find it impossible to employ a person for such a limited work period. Many, of course, are unable to pay for such a service and the project, if the need is widespread, may want to recommend a program to provide this service to the elderly.

(*e*) The captain or community aids may find it possible and desirable to organize social afternoons for some of those living near one another, to encourage potluck luncheons at which food and nutrition are discussed, or to set up a kaffee klatch, or informal social hour, to discuss some of the broader programs being undertaken by the project. Neighbors may be called upon to prepare food in an emergency such as a sudden illness or when a death occurs. Informal discussions among those in a common location and faced with common problems may also bring out other programs that the neighbors might join together to implement. The periodic get-together could be used to acquaint neighbors with new benefits or available services, or to remind them of deadlines for registration for such benefits, as in the case of Medicare.

The examples cited and others that can be developed aim at stimulating gatherings of neighbors to publicize the project, to air problems, to help people avail themselves of services, and to give the group an opportunity to involve itself in seeking solutions, and to provide a mechanism through which to transmit problems through the aids and captains to the project for further examination and solution.

6. *The organization of social action to meet community problems.*—Our society has, in the main, rejected its older people and ignored their opinions. In recent years, however, older people who were organized through clubs, centers, settlement houses, unions, tenants organizations, etc., played a significant role in bringing attention to their needs. On the national level, their efforts were one of the major factors leading to the enactment of Medicare. In many local communities older people have engaged in social action to focus attention on their needs, to emphasize their grievances, and to get programs adopted for such things as reduced carfares, installation of traffic lights, setting up of senior centers, etc. Many of the older poor, however, rarely had the opportunity or the means through which to express themselves on issues affecting their welfare or the community's. Project FIND can provide them with the mechanism for doing that. It is, however, to be expected that this phase of the project will start slowly and that only a limited number of the elderly will be involved, particularly in the beginning.

The social action program will prove effective and attract participation to the extent that its goals are shaped by the people of the community and that it seeks

ways to bring forward the leadership that exists within the community. The forms of social action undertaken will depend on the issues, the appropriate target of the actions, and the number of people who are expected to participate. Support and understanding of the program's goals should be sought from all age groups. Social action includes, but is not confined to, protest. It can and should include such things as setting up local arrangements for discount drugs, consumer clinics, legal aid, information and referral services, organizing co-ops, and actually undertaking to set up services within the community, wherever feasible, to meet existing needs through participation with others to achieve the expressed goal.

Examples of the kinds of things around which social action programs might be organized include:

(*a*) The overall needs of the older poor; to focus attention of the community on the numbers and problems of the elderly and the need to deal constructively with them; to increase their representation on committees, boards, etc., and to provide more adequately for them.

(*b*) Housing; to highlight needs for repairs, adequate heat or hot water, proper lighting, garbage disposal, fire prevention, painting and refurbishing: the need for public or nonprofit housing and the need to provide services in the event of housing dislocation and relocation.

(*c*) Health problems; the need for geriatric clinics, low cost or free services, transportation to health facilities, the establishment of neighborhood based clinics; the quality of care provided, the elimination of long clinic waits and the establishment of examinations by appointment; determination of standards of medical indigency to reflect existing needs, the cost of drugs and appliances, the need for homemakers and health aids.

(*d*) Employment; the need for special training for older persons, part-time work opportunities, community reeducation about the abilities of the elderly, adequate wages for work performed.

(*e*) Food and nutrition; the cost and quality of food in the area, the need for low-cost community eating facilities, surplus food and food stamp programs, meals-on-wheels, consumer education, packaging of foods in small quantities for one- and two-person families.

(*f*) Level of benefits from Social Security and Public Assistance, their inadequacy; the liberalization of eligibility standards, facilitating intake and application procedures.

(*g*) Transportation; the need for reduced fares or free transportation for the aging; additional or better spaced steps on buses to facilitate getting on and off, additional and more conveniently routed buslines, more coveniently located bus stops, car pools to services, special transportation to centers, clinics, etc.

(*h*) Social, recreational, and educational facilities: the need for properly located and equipped senior centers, clubs, classes, and activities for the elderly, additional parks, benches, protected sitting areas, organized activities, opportunities for older people to participate in program development and implementation.

Flexibility, creativeness, experimentation, and, above all, the involvement of the people in choosing issues and determining the techniques to be employed will be required to develop community social action forms among the aging. In each building, area, or community, the subject and form may differ, and the results may vary. The community residents should, however, be encouraged to participate in community affairs as citizens and to make known their needs and aspirations so that they can be dealt with.

It should be noted, too, that as the project uncovers new needs and helps organize or expand services to meet these needs on a communitywide scale, older persons who can and wish to, should be recommended for training to provide the services to meet those needs. Such employment can be in a community action or other agency, and services can include: escort services, friendly visiting, house repairs, furniture and household refurbishing, house cleaning, homemaker services, home health workers, senior center aids, etc.

Records and evaluation

During the initial period of its establishment, the project staff needs to draft the records and forms to be utilized by the community aids and others during the project. The forms and procedures should permit ease of operation and also accumulation of data to permit examination of emerging needs as well as regular periodic evaluation of the project's effectiveness. The following areas of activity

should be among those assessed and data to permit their assessment should be gathered as the project proceeds:

1. Recruitment, orientation, and training of staff. Were poor people from the community reached for jobs? What criteria were used in selecting the staff? Did the orientation and training show measurable growth in skill and job performance? Were attitudes affected?

2. Referrals. Were referrals effective or "buck passing"? Was adequate followup maintained so people did not fall through the cracks between agencies or within the project? Are there gaps in available services? Duplications? Was the nature of the services rendered sufficient to show appreciable difference in the lives of the older people? How many were not acceptable to receiving agencies? Is there implication for change of basic agency policy, structure, or intake procedures?

3. Nature of services rendered. How many people were served? How effective were these services in maintaining, improving, and sustaining emotional, social, and physical functions of the project recipients? How many people in poverty were affected? What kinds of services were rendered?

4. Relationship to other agencies. Were new procedures arranged to minimize redtape and expedite services? Were other agencies prepared to accept the project's referrals? Did other agencies welcome the referral to the project?

5. Costs, procedures. What did the project cost? How much did it cost per direct service to individuals? Did the project's procedures minimize confusion to staff and those served? What new procedures can improve the services rendered?

6. Staff. Job descriptions, work distribution. Were appropriate assignments made to the aids based on their abilities, experience, and talents? What shifts in assignment can improve the work of the staff and the quality of the service rendered?

7. Public relations. How aware is community of the project's existence? To what degree does the community-at-large support the project? How does the support show itself? Money? Moral support? To what extent are the elderly aware of its services? How has the project made an impact on the community and its older poor? To what extent does the community have greater awareness of the needs of the elderly? How has it reacted to the self-help and social action programs? What effect has the project had on the self-image of the elderly themselves?

Budget

The budget of project FIND will depend on the size of its staff, the prevailing wage rates in the community in which it is set up, the extent to which it shares the facilities, services, and guidance of an existing agency, and the size of the area to be served. The following budget is offered to provide some guidance as to typical items that need to be included and to indicate some possible costs. Local community action agencies and others need to develop their own budgets for the project.

Typical 1-year budget—Project FIND

	Salary per hour	Salary per year	Percent of time on project	Months to be employed	Cost
1. Personnel:					
1 project director		$10,000	100	12	$10,000
3 social workers		8,500	100	12	25,500
1 public health nurse		8,500	100	12	8,500
4 clerical workers	$2.00	2,080	50	12	8,320
20 community aids	1.50	1,440	50	11	28,800
20 community aids	1.50	1,320	50	10	26,400
30 area captains	1.50	195	12.5	6	5,850
1 janitor-handyman	1.25	1,300	50	12	1,300
Salary total					114,670
Cost of fringe benefits (10 percent of salaries)					11,467
Total personnel					126,137

	Fee to be paid
2. Consultants and contract services:	
Establishment and audit of accounting services	$150
Bonding	150
Consultants for training and organizing consultation to project re specialized services, etc., 20 days at $50 a day	1,000
Total contract services	1,300
3. Travel:	*Cost*
Travel for recruitment, 1,000 miles at 10 cents per mile	$100
Public transportation, average 2 rides a day per aid at 20 cents per ride	3,680
Travel to meetings and conferences	500
Travel for escort services, average 40 rides a week at 20 cents per ride	416
Total travel cost	4,696
4. Space costs and rentals:	
Office rental, 800 square feet at $2 a square foot per year	1,600
Meeting space, rental for 20 meetings at $25 each	500
Total space costs and rentals	2,100
5. Consumable supplies:	
Office supplies, stationery	1,500
Postage	1,200
Total consumable supplies	2,700
6. Rental, lease, or purchase of equipment:	
Office furniture:	
10 desks at $10 per month	1,200
10 office chairs at $4 per month	480
30 side chairs at $2 per month	720
2 file cabinets at $3 per month	36
Miscellaneous office furniture	200
Office equipment:	
2 typewriters at $15 per month	60
1 adding machine at $10 per month	120
1 mimeograph at $20 per month	240
Total rental, lease, or purchase of equipment	3,356
7. Other costs:	
Liability insurance	150
Utilities	600
Telephone installation and service	1,000
Printing	1,000
Postage	1,200
Subscriptions, directories, etc	50
Special needs fund (for emergency encountered by aids or area captains, out-of-pocket costs)	300
Total other costs	4,300
Grand total, cost of project	144,589
Minus 10 percent non-Federal share	−14,458
Federal grant	130,131

Many of the above items can, no doubt, be provided by local agencies as part of the non-Federal share. Time of volunteers, too, may be credited toward this item.

Phasing the timetable for Project FIND

1. *Verify the need for the service in the community or neighborhood.*—

(*a*) Determine the number of elderly and their economic and social circumstances: Check census tracts, Social Security office records, social agency experiences, public assistance rolls, records of Operation Medicare Alert, health and welfare council.

(*b*) Evaluate utilization of existing services: Check with community agencies, public assistance agency, health department, clinics, doctors, visiting nurses, extension service agents, employment services, senior centers, churches.

(*c*) Assess the sources for recruiting staff: Senior centers, golden age clubs, fraternal, labor, service and church organizations, employment service, public assistance agency.

2. *Determine sponsorship of the project.*—

(*a*) Decide on structure: Part of community action agency service, delegate to existing agency, establish new service.

(*b*) Recruit board and/or committee: Seek older poor from community, include community health and welfare representatives, service organizations, churches, senior center people.

(*c*) Elect officers, set up functional and advisory committees: Delegate specific responsibilities, staff recruitment, inter-agency relations, public relations, evaluation, program development and supervision.

(*d*) Agree on program and budget: Arrange for loan of services, staff and facilities, where possible, apply for funds through local community action agency of the Office of Economic Opportunity.

3. *Tool up for launching of project.*—

(*a*) Hire project leadership, professional and lay: Seek applicable experience in the community, including volunteers for leading professional places, including retired persons and local leaders.

(*b*) Locate the appropriate facility: In or as close to the community to be served as possible.

(*c*) Equip the project office.

(*d*) Start community information program: Press releases, contacts with organizations, posters, arrange for radio, television and, where appropriate, foreign language press coverage.

(*e*) Establish linkages with other community agencies: For exchanging referrals, facilitating intake, and interpretation of functions and service.

(*f*) Prepare forms, procedures, records.

(*g*) Start recruiting of community aids: Through referrals, through contact, through test interviews, through employment service.

4. *Launch the program.*—

(*a*) Intensify community information program.

(*b*) Train community aids.

(*c*) Start door-to-door canvass and invite public to come to project.

(*d*) Make referrals, provide escort and other services.

(*e*) Start distribution of the Project FIND newsletter.

5. *Intensify the program.*—

(*a*) Add additional aids to staff and train them.

(*b*) Test self-help, area captain programs.

(*c*) Experiment with social action projects.

(*d*) Publicize conditions of the elderly, their needs and their abilities.

(*e*) Evaluate program.

(*f*) Undertake the establishment by the project, or by other community resources, of needed services; determine next steps for the project.

Next steps

Based on the project's experiences and a careful evaluation of its findings, the project may be in a position to expand its service to fill exposed gaps in the community's services, or to work with other agencies to do so.

Among possible next steps are:

The establishment of a coordinated senior service center. This center, instead of referring the elderly to other agencies, would bring together in one facility, representatives from other agencies on a full-time, or perhaps visiting, basis, to provide their service, counseling, or intake procedures in the center. This program could be undertaken as an expansion of Project FIND to facilitate referrals and expedite service, or it could be a separate agency related to FIND.

Project FIND could lead to the establishment of a multi-purpose senior center, including various health, educational, social, recreational, services and activities for the elderly.

The project may determine certain priorities among the needs of the elderly and help launch programs to meet those individual needs through a health clinic, employment service, consumer and legal aid clinic, sheltered workshop, housing project, a meals program, etc. Prototype models for many of these services have been prepared by The National Council on the Aging, 49 West 45th Street, New York City, under a contract from the Office of Economic Opportunity. They may be obtained from the Council or from the Office of Economic Opportunity, 1200 19th Street, NW., Washington, D.C.

APPENDIX I. PROJECT FIND

TRAINING PROGRAM FOR COMMUNITY AIDS

It is recommended that the training sessions be conducted in an informal relaxed manner, and that no more than 15 to 20 people participate in any one session. Responsibility for training rests with the project director, but additional resource specialists and representatives from other agencies should be

involved in developing and conducting the training program so that it is most appropriate for the community. It should be borne in mind that the formal sessions will be followed up with on-the-job training and careful supervision and analysis of work performed. Much of the material listed below can only be touched on in the classes, but can be built into the follow-up sessions after the aids have been on the job and the subject matter can be related to actual experiences encountered.

Session I:
- Welcome to the project.
- Purpose of the project.
- The area to be served.
- The people to be served.
- What the project will do, immediate and long-range goals: adequate income, housing, health care, food, dignity, independence.
- How it will operate: techniques.
- The project's value to the community: how it will seek to improve the lives of older people.
- Older people in the community, their needs and problems, their strengths and potential contributions. Individuals with common patterns.
- Mechanics of recording attendance at classes and work, details about payroll procedures and payments, and conditions of work.

Session II:
- The major kinds of problems and disabilities older people have; the priorities as the aids see them.
- Attitudes toward the elderly.
- The community's present services and resources for the elderly, a general review.
- The purposes of different kinds of services.

Session III:
- The job of the community aids; their responsibility and role.
- Limits on information and services the aids can offer.
- Introduction of supervisory and consultative staff; their responsibility and availability to the aids; the chain of command.
- Responsible work patterns expected.
- Reporting on each interview and service rendered.
- Attitudes toward those contacted.
- Sensitivity, the need to listen and interpret what is asked and said.
- Rejection of fees, tips, or gratuities for service.

Session IV:
- The interview form; its purpose and use.
- The obstacles to reaching some of the elderly.
- Getting to talk to people, opening the door, how the public relations program will help; what the aids will have to do; what to look for to spot problems.
- Role playing: Situations at the door, conducting an interview.

Session V:
- Field visits to typical areas to be served; meet with local leaders, ministers, others to discuss housing, community problems, and consumer problems, visit stores, comparison shop selected items.
- Return to central location for discussion.

Session VI:
- Information and referral services in the community; their use; consultation with supervisors in making referrals.
- When a referral should be made; getting information.
- Offering a service without imposing it.
- Intake procedures; description of the process in several agencies; what happens, what papers are needed; how to expedite the intake process.
- Escort services to an agency; facilitating the procedure, helping the individual to prepare for the interview, interpreting the need.

Session VII: Requirements of and benefits from key agencies: i.e., Social Security, including Medicare; public assistance; food stamps; surplus foods.

Session VIII:
- Common health needs of older people.
- Services available to deal with health needs.
- How to deal with an emergency health problem encountered.
- Supportive services that can be undertaken by groups of neighbors to assist an ill person.
- Self-help programs, the role of the community aids.
- Area captains, their job and relationship to the project; the kinds of people to be sought.

Session IX:
- Family problems and family agencies; the services they offer.
- The place of social and recreational services; their significance for the elderly.
- Question and answer period.
- Assignment of aids to teams of two each.

Session X:
- Employment needs and possibilities for older people.
- Sources of counseling re employment.
- Problem priorities and possible solutions as seen by the community aids.
- Possible priorities for social action to be verified in the course of the project.
- Specific assignment of aids to target areas by supervisors.
- Discussion of what will happen the first day; what each aid is expected to do.
- Brief review of the project and high points of the training session.
- Emphasis on learning as project progresses, asking questions; the responsibility of the aids' work.
- Final briefing.

Appendix II. Sample Basic Questionnaire

The most appropriate questionnaire for use in Project FIND can only be developed locally. It needs to reflect the major focus of the project, the available services, the skill of the interviewers, and the way in which the responses will be used. If the major purpose of the project is to seek out individuals with problems to refer them to appropriate services, the questionnaire used may be very simple and direct. If it also seeks to evaluate the need for service priorities or to do intensive research on the living conditions and attitudes of the elderly, a more complex questionnaire will be required. Whatever the questionnaire used, the aids should be carefully briefed regarding its contents and administration.

The questionnaire that follows may be the basis for initial interviews. Follow-up questions can be developed on the basis of needs encountered.

Appendix III

Typical Problems Project FIND Could Encounter Based on the Records of Similar Programs Sponsored by the Arthritis Foundation of New York City and the United Community Services of Detroit, Mich.

An elderly man, living alone, with diminished savings, unaware of his eligibility for public assistance and confused about filling out the forms, was assisted in applying and now receives monthly public assistance benefits.

A feeble old woman, living with an elderly sister, was unable to get in and out of the bathtub alone. A visiting nurse was contacted and now helps her with her weekly bath.

An elderly woman was about to come home from the hospital after an extended stay. The hospital social worker contacted the project. Volunteers were recruited to straighten out her home, teenagers volunteered to paint the rooms. She was kept informed of her neighbors' interest in her. On her return she found a clean, cheery place and is being visited regularly by her neighbors.

Mr. B. was referred by a friend to the project after he suffered a fall. He refused to have his leg X-rayed and neither doctors, visiting nurses, nor friends could persuade him to go to a clinic. The project's aids persuaded him to

go to the clinic by promising to accompany him and remain with him for as long as need be for the X-rays. With diagnosis made, the treatment was initiated.

Two aged sisters came to the attention of the project aids during their canvassing. Miss E., age 76, cares for her 78-year-old sister who is extremely ill. The project staff was able to help unravel redtape relations between medical and welfare agencies and negotiate needed forms so that a homemaker could be placed in the household.

Mr. and Mrs. F. revealed during an interview that they could not afford to join a local Golden Age Club. They mistakenly thought that the dues were a flat $10 per month instead of $10 per year on a sliding scale. As a result of simply receiving the correct information the aged couple joined the club.

Mr. and Mrs. C., both in their sixties, both severely arthritic and she recently blinded were "found" by workers and encouraged and supported to go to voluntary agencies for assistance.

Initial questionnaires. Date: _____

Name: _____ Age _____ M _____ F _____

Address: _____ Telephone: _____.

Lives: Alone _____; with spouse _____; sister or brother _____; son or daughter _____; other _____.

In case of emergency would notify _____.

Item	Individual's needs or interests (check as many as appropriate)	Individual's major problems (check most serious ones)	Explanation or comments
Medical care			
Dental care			
Orthopedic/surgical appliances			
Appears depressed, confused, upset			
More suitable housing			
Home maintenance and repair			
Furniture			
Help with bath, dressing			
Help with housework and chores			
Food and meals			
Shopping and errands			
Personal counseling			
Legal aid			
Employment			
Assistance in filing for benefits			
Financial assistance			
Social and recreational activities			
Interested in club or center			
Lonely, needs companionship			
Wants to help others			
Interested in social action			
Clothing			
Escort services			
Other			

What is the most important thing that individual feels needs to be done in the community?_____.

Does any emergency situation exist that requires immediate attention? Yes _____ No _____

Is there a need for further assistance, evaluation, or followup? Yes _____ No _____

Does this person seem to be getting along fairly well at this time? Yes _____ No _____

Interviewer: Use space above to explain and comment, also use back of page if needed.

ITEM 3: EXCERPTS FROM COMMUNITY ACTION PROGRAMS AND THE OLDER POOR[1]

(A report on the conference in Trenton, N.J., sponsored by the New Jersey Office of Economic Opportunity, October 1, 1965)

THE CONFERENCE: A STEP TOWARD CHANGE

This conference was the first public consideration of the needs of the older poor in the context of the economic opportunity program in the Nation. As such, it revealed the enormous gap in program planning which has to a large degree kept persons over 45 out of the antipoverty effort. It suggested, although only tentatively, some of the actions that need to be taken at the local level.

These discussions took the report of the Federal task force and the recommendations which it made to USOEO Director Sargent Shriver and began the process of applying them to local needs and conditions. In retrospect, these ideas from the conference seem significant to the mission of the community action programs in New Jersey.

1. It was clear that those who are directing the day-to-day activities of community action programs are, in the main, inexperienced in working with older people and unaware of existing resources and their potentialities. At the same time, those who have been working with this group for a long time—generally in the same communities—often do not understand the new mission of the CAP.

2. In particular, there was little evidence that "agency" people understood—and perhaps the conference was unable to stress this lesson sufficiently—that the poor are expected to participate in the planning and administration of CAP programs *as equals.*

3. "Involvement of the poor" seemed to be a confusing concept to many professional planners. While some had taken polls intended to reveal relative interest among the older poor in proposed projects, sometimes when little or no interest in pet projects was revealed, the polls were disregarded and the activities launched anyway.

4. Another point of confusion was the necessary distinction between the older poor and other traditionally "served" groups—older workers, the aging, etc. These groups are not necessarily the same and in few of the programs reported on was there an indication that the poor among the older population were involved except peripherally. As a result of this general lack of contact and understanding of this special and impressively large group, there is a real danger of launching a great deal of program effort which is unsuited and unwanted.

5. The conference also illustrated the importance of avoiding in program planning too great a dependence on "the spokesman" for this (or any other) group. Not all such spokesmen have earned that right.

Some concrete suggestions for CAP action in New Jersey emerged:

1. A substantial amount of the million or more dollars now invested in CAP program development work in New Jersey should be directed toward the needs of the older poor as soon as possible.

2. As part of this planning, CAP's should sponsor three-way discussions with older poor and agency spokesmen, CAP planners and neighborhood workers. Improved, mutual understanding on the part of all three is needed very early in the planning process to avoid enormous wastes of staff time and funds and to begin the process of mobilization and improving existing services.

3. The investment in programs for the older poor can bring to CAP's new community support. Such programs, for example, are very likely to involve substantial segments of the white poor community and thus to instill a new understanding among low income Caucasians of the nature and potentiality of the CAP.

4. The potential contribution of the older poor to the CAP itself should not be overlooked. Indeed, CAP planners should avoid a tendency to underrate the poor over 45. Group pessimism has tended to retard program development for the older poor.

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[1] References on pp. 571, 634.

5. The absence of a statewide inventory of resources for older people—and in most cases the absence of countywide lists—suggests one kind of basic planning document which is needed and which can be produced through economic opportunity and related programs.

The NJOEO and its program development staff are especially grateful to the speakers, the participants and the older poor who entered enthusiastically into the spirit of the conference and helped to raise it above meetings in which the platitudes exchanged do not result in any measurable improvement in the conditions discussed. Perhaps the most hopeful sign was the undertone of impatience, "Why wasn't this done before?" which marked most of the discussion.

This conference report is presented as a handbook for action, rather than simply a report of the proceedings, and is dedicated to the kind of program change urged on the Economic Opportunity Program in their messages by Vice President Humphrey and Governor Hughes.

[Western Union telegrams]

CHALLENGE TO THE CONFERENCE

Messages from Vice President Hubert Humphrey and Sargent Shriver, Director, U.S. Office of Economic Opportunity:

"I congratulate you on initiating the Nation's First Conference on Economic Opportunity and the Older Poor. This meeting is further evidence of New Jersey's continued leadership among the States in every aspect of the war against poverty. For it is to the States that we look to perform the vital task of assisting the communities to adapt and utilize the resources developed by the Federal Government. Congress has provided us with several new instruments designed to improve the lives of those of our citizens who are in their late years. The Economic Opportunity Act, along with Medicare and the Older Americans Act, is an important means of bringing the Great Society to all of the elderly.

"Through the genius of community planning I hope to see the development of new employment opportunities for workers over 45 on the administration of the Medicare, Community Action and other programs.

"I know that your State will attack the problems of poverty in old age with the same vigor that characterized your efforts in the urban and rural areas to provide new opportunities to disadvantaged youth. Best wishes for a most successful conference.

HUBERT H. HUMPHREY.

"I was pleased to learn that the New Jersey Office of Economic Opportunity has acted to help us expand the war against poverty to meet the needs of the older poor. Your concern matches the determination of this office to provide expanded resources and opportunities for this group through community action.

"We have recently received a series of excellent recommendations from a special task force created to study the problems of the elderly, and we have already allocated $44 million to fund local action projects, some of which I understand you will be discussing today.

"Let me emphasize, however, that the initiative remains with the community action agencies whose planning and applications throughout the Nation shape our program.

"Your intention to review project proposals at this meeting with representatives of the older poor, as well as with public and private agency leaders, and to solicit their suggestions will make an important contribution toward the success of this effort.

"Please assure the community action agencies of our active support as they enter this new phase of community action. New Jersey should be proud of its record in developing and operating important antipoverty programs in urban and rural areas, a record which is enhanced by your efforts in behalf of the older poor.

SARGENT SHRIVER.

CONFERENCE PROCEEDINGS—STATE GOVERNMENT AND THE OLDER POOR

Excerpts from remarks by John C. Bullitt, Director, New Jersey Office of Economic Opportunity at the Conference on Community Action Programs and the Older Poor, October 1, 1965 (Department of Labor and Industry Auditorium, Trenton):

"* * * While it has been said with some truth that the role of state governments in the War on Poverty is not paramount, I quarrel with those who consider the states to be an insignificant force in the difficult work of eliminating poverty. Many state agencies (as well as many local and private ones) have been engaged in this kind of work for a long time. One need only consider the major CAP programs emphasized in the act to realize the vital positions of the State capitals. For it is at the state level that most of the critical operating and policy decisions are made in retraining, adult education, public assistance, general education, public health, and employment security. While each of these activities has a Federal—and many have local—counterparts, no experienced person would dispute that the authority and resources of the state level agencies is considerable.

"On the other hand, those of us who are responsible for mounting new and extensive programs realize all too well that we do not have all the answers here. The War on Povery cries out for innovation—I should say courageous innovation—and in our Nation the ideas that eventually become public programs are frequenty conceived, modified, and tested by nongovernmental agencies.

"In no aspect of the community action programs is this more true than in its responsibility for the older poor * * *.

"* * * It is important to keep in mind when planning new ventures of this sort that great need does not always automatically produce massive response. We know, for instance, that the rapid success of the Headstart program this summer was in considerable part due to the fact that there was an extensively organized constituency immediately available to accept this organizational challenge. No organizational base of remotely comparable magnitude exists which can act as sponsors of projects for the older poor. Those who have been working in this field for many years wearily remind us that this is a youth-oriented culture and that we should not be discouraged when we fail to stir a great popular response. The fact that the Economic Opportunity Program was nearly a year old before any overt action was taken in behalf of the older poor should serve as sufficient warning to any optimists.

"* * * A second purpose of this meeting, therefore, is simply to dramatize the fact that New Jersey's War on Poverty has not written off the older poor. I believe that they can bring much to our programs. I believe that our programs can help them in new and important ways * * *.

"I ask only that you consider in your community deliberations each prospective project carefully—is this the best first step our community can make? Will it make significant use of local resources beyond the Federal funds? Will it reach the intended target population and make measurable changes in their ability to live outside of poverty? Will it involve the older poor in meaningful ways in its planning and administration? Is it—and only you at the local level can really judge this—is it a sound and prudent investment in economic opportunity for this group * * *.

"* * * I want to close by paying particular tribute to Paterson and Newark who have already planned important new programs in this area. Local initiative is the foundation of our work, and as usual New Jersey has no small reservoirs of this vital commodity. I welcome you to this meeting and wish you well in your work with and in behalf of the older poor * * *."

REMARKS OF GOV. RICHARD J. HUGHES

I welcome you to this conference on community action programs and the problems of the older poor.

It is altogether fitting that New Jersey, which has long led the Nation in assisting its older citizens to live lives of greater fulfillment, should also be the first State to launch a substantial community action program in behalf of the impoverished among the elderly.

While much of the War on Poverty is, and should be, conducted at the local level, you will forgive me for observing that we have the most active State-level Economic Opportunity Program in America. And our economic opportunity efforts extend throughout our society.

In addition to performing the normal state functions of helping community leaders establish their locally conceived action programs, we have created and are operating a rural youth development program which is serving hundreds of severely disadvantaged school dropouts; we have established an institute to train the personnel who work in antipoverty efforts; we have just completed a unique community organization effort devoted to developing self-help projects in exist-

ing pockets of rural poverty in New Jersey; we have created a mechanism which will bring to the indigent a greater measure of justice and protection in the courts; we have mobilized the resources of State government in behalf of the migrant farmworkers; and of course, we participated fully and successfully in the Head Start preschool program which aided more than 11,000 disadvantaged children.

I think that you will agree with me that such a record suggests strongly that we will also succeed in extending economic opporunities to the older poor.

Let me assure you that this gathering is not the beginning of our concern about poverty among our older citizens. It does, however, signify that our untiring State Office of Economic opportunity is determined to do more about it. We were honored to have a member of our State office selected by Director Shriver to serve on a special task force which recently made recommendations to the Federal Government concerning ways in which the older poor might share more equitably in the benefits of antipoverty legislation. You will be discussing the as yet unpublished findings of the task force today, so that in a very real sense this meeting is a testing ground for a new national effort.

Such a venture will, of course, require the concerted effort of all of the new community action programs as well as those public and private agencies which have established themselves already as tested resources in this work. I know that you will be able to count on the support of Director Bullitt of the Office of Economic Opportunity and of Director Harger of the State Division on Aging for help in planning and launching your projects. And I assure you that you can count on me and this administration in your efforts.

NEW OPPORTUNITIES FOR OLDER AMERICANS [2]

The New Jersey Division on Aging is pleased that after preliminary preoccupation with youth the Office of Economic Opportunity now includes in its programing older people caught in the grip of poverty. In my statement prepared for Senator Williams' hearing in July, I pointed out that often the economic needs of older people are tied to those of younger members of a family. This same fact is discussed in an article in the July 1965 issue of the Social Security Bulletin.

I emphasize the intergenerational nature of poverty because, as today's discussion on the place of older people in community action programs develops, I hope the emphasis will be on how they can be included in all programs rather than as an age group only. Programs under the sponsorship of the community action programs could help to build a bridge between generations. One of the overall principles of the Division on Aging is not to seek special privileges for older people, but rather to assure that they are not excluded from the total community planning and action.

This will continue to be our goal as we use the limited resources of the recently passed Older Americans Act designed to help communities plan and, hopefully, implement plans to provide a place for older people in the spectrum of community services. I am sure the distinguished members of this morning's panel, with whom I have shared hearings, conferences, and workshops for many years, will agree with me that it is almost embarrassing to speak of the Older Americans Act, with its minute appropriation, along with a discussion of the Economic Opportunity Act. New Jersey's *total* appropriation for the entire State will be $129,500 for the first year. In this State we have 21 counties, 6 cities with a population over 100,000 each, and 650,000 people over 65, not to mention those who are going to be 65 tomorrow, and tomorrow, and tomorrow. I'll leave the arithmetic of this to you.

If the Older Americans Act is to be effective, its resources must be used to provide nerve centers from which special knowledge of needs of advancing years can be made available and solutions to problems can be found. Multifaceted sources of information on aging are keys to successful program in the field of aging so that major barriers to achievements can be broken down—the barriers of lack of communication and lack of understanding of aging in our society. We need communication with individuals in regard to resources already available and among the multitude of organized groups so that overlapping can be prevented and gaps filled.

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[2] Remarks by Mrs. Eone Harger, Director, New Jersey Division on Aging, Department of State.

We need interpretation of aging so that the stereotypes of poverty, and illness does not stand in the way of really imaginative and positive approaches to full and pleasurable living in the last third of life.

To establish such centers in our counties and major cities is our basic plan under this act. Although our funds are infinitesimal, we know that an arsenal of weapons with which to combat poverty among older people is available in the package of Federal social legislation passed to build the Great Society—providing there is cooperation among those who disperse the funds—be the legislation titled for education, housing, mental health, manpower training, rehabilitation, public health service or economic opportunity.

Experience and resources already available should not be overlooked as we mesh together the complex of available grants. Many embryonic projects that are the dreams of those who have been struggling for years to meet human needs and which have lain dormant for lack of money could be used as points of departure for programs which you are developing under community action programs. Although experience can be found in all areas, I can speak best for the field of aging and since that is the topic of the day,I would like to illustrate by mentioning some projects that fit into the CAP pattern and that have died or are limping along because of lack of money.

1. The Paterson survey which blueprinted needs for the older people of Paterson.
2. The employment project of the Mercer County Council for Senior Citizens.
3. Home finding service for single older people in Somerset County.
4. A center in Atlantic City.
5. The center in Newark under 1962 welfare amendments.
6. A center in Plainfield is still struggling but is finding continued existence difficult.

Further illustration of the kinds of help available are training programs for practitioners in the field of aging with which our division will be experimenting. A core training program developed by a task force of the Gerontological Society is to be tested this year in New Jersey. We have an extensive library on aging including recent articles and clippings that can be used by those coming to our office. We will be happy to share the training facilities of our library resources with community action participants assigned to aging projects. We don't have staff to write projects.

Mr. Bullitt has spoken of cooperation. I look forward to cooperative programs that use fully the total resources available, that build on the foundations of experience which have too long been unable to make progress because of lack of money. I would like to conclude with a blueprint for cooperation as outlined in a workshop on community services for senior citizens at a housing conference in Newark 2 weeks ago. The speaker was Mr. Jack Fasteau, Program Coordinator for the Economic Opportunity Act, Office of the Secretary of HEW in Washington. Mr. Fasteau said, the prerequisites of coordination are—

1. *Belief in the goal* and recognition that the whole is greater than the sum of the parts.
2. *Desire to do the total job* with every agency willing to sacrifice some of its own autonomy.
3. *Willingness to share* in terms of planning ahead what is being done.
4. *Abiding by the democratic process* so that group rather than unilateral decisions are made.

If these four principles are followed by all those concerned we can look forward to success.

THE TASK FORCE REPORT—PROPOSALS FOR CHANGE[3]

This morning I will allow myself to lapse into a treacherous practice—that of drawing conclusions from individual case examples. All of these people are known to me. I believe that their lives are pertinent to our discussions. I wish they could be here, although I suspect that each would be uncomfortable in such surroundings.

1. This man had many faces, because I saw the same characteristics so many times when last I worked in New Jersey's State government. He was in his late fifties, and he was, after a fashion, seeking work. He had come to me because

[3] Remarks by Lawrence O. Houstoun, Jr., Associate Director, NJOEO.

someone around his club suggested that if you knew the right person, you could get a State job. There were never any for which he was qualified. He had dropped out of school at a then unremarkable sixth grade and knew only too well that he had only rudimentary academic skills. He was frightened at the thought of adult school and would not consider pursuing the high school equivalency certificate any more than he would apply for a job as an astronaut. He was overweight now, and hadn't worked much for perhaps 5 years. He had been a young man in the depression and had been an active member of an industrial union which assured him of premium pay—before automation. He had thus risen to the middle class—was plagued by what he thought were its values—and was gradually dropping back into the poverty from which he came. He had no idea about what he could do and less idea of how to present himself for work, if he had known what to do.

2. The second couple I met and interviewed in the rural south. I believe their condition differs only in degree from those in the 30-odd shacktowns in rural New Jersey stretching from Cape May to the State line. They are both illiterate, in their late sixties apparently, although a life of sharecropping tends to add apparent years. Theirs was one of the better shacks I saw—it had windows with glass. It was neat, but virtually devoid of possessions. They lived on "the welfare," had no means of transportation, their many children had long since moved north, food came from a traveling store. Religion was nearby. They had minor medical problems and, at their ages, a likelihood of many more. The absentee landowner "'lowed" them to rent the shack at a more reasonable rate than I've heard in our own State, but they spent far too much for far too poor a grade of food. They had access to a small bit of land which they might have worked, but had no capital to begin a garden. They were living in a kind of 20th century rural Huxleyan world—they were totally dependent.

3. This man lives near my home in rural New Jersey. He had done well at one time working on ships, but is now 75. One day, I discovered him walking home from the store, which I later found to my surprise was a 2.7-mile walk each way—a good portion of the trip hilly. I say "walk" advisedly. He had been wounded in World War I, and had within the last year been struck by an auto. His gait was so abnormal that I thought at first that he had cerebral palsy. It required the best part of 5 minutes to bring his stiffened legs into the front seat of my car. He owns—or a bank does—5 wooded acres on which he lives alone in a fiber and wood trailer apparently built in the thirties. He has a form of transportation—his own determination to get to the food market, on foot if necessary. On this blistering hot day, he had finally begun hitchhiking on the return trip. This elderly man reads well and voraciously. His problem? He should have had rehabilitation services, without which he will soon lose his ability to care for himself and another brave spirit will enter the vegetable bins of our public nursing homes.

4. The last woman evidently lived alone in one of the crumbling, old apartment houses near my former home in comfortable Georgetown in Washington. She was white haired, Caucasian, and was wearing a series of garments, none of which remotely fitted her, all of which were evidently picked up from charitable handouts—or from worse sources. When I first saw her, her head and shoulders were well within the half-round top of a city trash disposal can. She was not looking for newspapers to read. She soon came up with a small paper tray and under the remains of the cellophane wrapping what was left of a package lunch—a partially eaten chicken drumstick. She inspected this morsel for fully 2 minutes, poked at it, and finally, and with evident regret, returned it to the trash container when she decided that it was too far gone to eat safely. It was then that I discovered her *real* mission—*if* the pursuit of food were not it. She was collecting soda bottles from trash cans and from the bushes near the apartment houses with the obvious objective of securing the 2 cents deposit on each. In my subsequent talk with her, I determined that her mind was essentially clear, that she was a kind woman, and that she had far too much pride for my amateurish charities. I wonder where she is today?

Are these cases pertinent today? I believe that they are. I believe that hunger, illiteracy, physical (and mental) disability, dependency of a kind that defies description, isolation, utterly unbelievable housing and total rejection by any but our institutions of public welfare are part of the New Jersey scene, just as they are a part of the scene throughout our Nation. But within each of these cases, I see some hope, some reason for believing that community action

programs can make a *meaningful* difference in their lives. I believe that CAP can help prevent poverty, as well as correct it. If I had not believed it of these individual cases known to me, I should never have suggested this meeting.

We are here in part to consider the Federal Task Force report, prepared by a committee representing some of the most knowledgeable citizens in the entire Nation. Another member of that committee, Dr. Harold Sheppard, is on the panel this morning, as are two of the people, Dr. Blue Carstenson and Mr. Jack Ossofsky, whose specific program advice made the product of that committee so valuable.

You will recall, however, that a camel has been described as a horse designed by a committee. Because I am safely on home grounds, I should like to point up some of the deficiencies in this our initial report. I hope that it will be helpful to you in setting your sights in community action planning.

1. I think that we gave too little attention to the *prevention* of poverty. I believe that the U.S. Office of Economic Opportunity should invest considerably in research concerning the characteristics of those who *become* poor each year, and into experimental programs designed to determine the best ways of preventing that regression. Mrs. Van Walraven,[4] who has assisted us greatly in this meeting, has suggested some important ways in which communities might act in this regard. Far greater use could be made of manpower training for those with 15 or 20 years remaining in their work lives. More attention should be given to intensive and prolonged preparation for job seeking among these people—the best employment service is still a well-prepared job seeker who knows how to find work and sell himself.

2. If there was one lesson which emerged from this Office's Rural Community Action Program it was that the education—indeed, the literacy rate—among those 45 and over is far too low to assure independence *before* Social Security, and too low to permit individuals to participate in our society and our culture (within the 20th-century meaning of those terms) when Social Security does begin. In point of fact, with or without a guaranteed income, an adult who cannot read and compute is little better than an economic slave in New Jersey today. You will note that adult basic education received only passing attention in the report. I believe, for example, that each of the employment programs should be funded with a remedial education component. It is of little use to many of the older poor that we create new nonprofessional jobs in health occupations if they cannot read the instructions on the medicine bottle.

Perhaps these are unfair quibbles with a report which, before it was published, has already helped to influence the course of Federal legislation and the allocation of millions of economic opportunity funds. You will doubtless find other problems of emphasis or omission and I hope that you will mention them in the course of your discussion today—or that you will write to me about them.

For this is a *working* conference—not for dubious public relations effects. I am assured by Dr. McCan of the Federal office that Washington is vitally interested in this first working review of the report and, in short, is listening to what you will say.

We intend to publish a report of the four afternoon workshops, and I hope that both you and the Federal office will find it worth listening to.

My own working association with this problem goes back to my work with Jerome Sehulster and others in the State division of employment security about 10 years ago in the then new, older worker program. I am sympathetic, as a result, with the difficulties of mounting programs in this area. I remain impatient with our results. I believe that community action, however, brings an important *new* aspect of programing to the process, one which I believe can make the difference between failure and success.

And that new factor is the new face which community action brings to the planning table. It is almost unique in social services to consult—on the basis of equality—with the customer, but that is precisely what community action requires. We will, I am sure, as a result of candid discussions with the poor, abandon some pet schemes that seemed perfect to us who are not poor, and we will substantially modify others.

The best place for such consultation is obviously not in such remote conference rooms as this but in the neighborhoods where the poor live. Today, however, let us consider here so that we can plan there better tomorrow.

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[4] Mrs. Janet Van Walraven, program analyst, Health and Social Welfare Agencies, Task Force for Community Action, Paterson, N.J.

Through community action, the older poor can no longer be invisible, and I expect that we will find that they are not long silent either. There are such experts available for consultation almost everywhere we go. They are limping on the road to the store, they are looking for work, they are living in the country (often near our resorts), and they are literally in the trash cans of our cities.

Let us resolve today to use all the resources we have to at least get them out of the trash cans.

REMARKS BY DR. ROBERT MC CAN [5]

I want to say how delighted I am to be here to observe your program for the older disadvantaged through your community action programs here in New Jersey. A concern to program for and involve the older poor is at the heart of the Economic Opportunity Act of 1964. The significance of this area is highlighted by the fact that over one-third of the poor in America are aged 55 and over.

We hope older poor programs will be implemented in a vital and specific way through State and local community action programs. I am thinking, for example, of the tremendous value of home-health programs. We hope that throughout the Nation this type of service will be a large and integral part of community action programs. We look for many demonstration projects in this area and I want to inform you of our hope on the national level to train 10,000 home-health aids this year. We want to work just as meaningfully with those programs focusing about multipurpose senior citizen centers, which can develop a variety of approaches to the problems of the older poor.

The door is now open for you and for other groups across our Nation to come in and say to us in Washington, "We have a meaningful program and we want it funded because we are now ready and we believe in it." We want you to come to Washington whenever you have an excellent program of this nature, especially when it involves a topnotch demonstration project which has as its base an excellent initial program.

On a Federal level we look forward to a very rapid expansion in the multiplicity of programs relating community action and the older poor. We are enlarging our staff in the expectation and hope that this expansion will be immediate and ongoing. Parenthetically, I mention that we are anxious to see the involvement of the older poor on the boards of every community action program throughout the country. We want to see the interests of the older poor strikingly evident on the representation of these boards.

I myself have a vision of a nation which is determined to absolutely eradicate poverty and deprivation among older people. I have a vision of a nation where older pople who want to do so can responsibly participate in those decisions which affect their lives. I have a vision that a truly great society where, in a nation of wealth and abundance, in a nation of social insight and humanitarian concern, we can once and for always eliminate the blight of poverty and the tragedy of isolation from among the older people of our country. I am asking you to join with me in sharing and spreading this type of vision, and in believing with me that this vision can become an accomplished reality. Let us now set ourselves to the task of working with this vision of individuals, in groups, in communities, and through national legislation.

Thank you for your invitation and for your attention.

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ITEM 4: NARRATIVE PROGRESS REPORT ON OPERATION REASON, BALTIMORE, MD.,[6] JANUARY 1, 1966

Grantee name: Health and Welfare Council of the Baltimore Area, Inc.
Address: 10 South Street, Baltimore, Md., 21202.
Grant number: MD CAP–9365.
Grantee official: Harold C. Edelston, Executive Director.
Period covered by this report:
Start: October 1, 1965.
End: December 31, 1965.

Description: Demonstration project: Responding to Neglected Abilities and Disabilities of the Aged.

Beneficiaries: Chronically ill aged in Community Action Program action area who are not receiving needed attention and services by existing medical and

[5] Community Action Program, Office of Economic Opportunity, Washington, D.C.
[6] Reference on p. 599.

health resources. Aged persons who are in reasonably good health and are desirous of full- or part-time employment (this phase of the project is carried on by the Over-60 Employment Counseling Service).

Project professional staff: Bailey Conaway, MSW, ACSW, Project Director; Bernard Harris, Jr., M.D., Project Physician; (Miss) Barbara Mikulski, MSW, Project Social Worker; (Miss) Adele Wilzack, BS, RN, Project Nurse.

Project Health Aid staff: (Mr.) James Bevans; (Mrs.) Celia Crawford; (Mrs.) Myrtle Einhorn.

I. GENERAL

During this quarter, the project has become more solidly a part of the Baltimore community action program. The project staff has now visited and interpreted its program to almost every conceivable agency or group that could be directly affected by it. An appendix to this quarterly report carries the list of agencies with which we have arrived at mutually agreeable procedures for working together. Some of these agencies serve as referral sources to the project and all are potential resources for our clients.

There continues to be a problem in retaining clerical staff which is discussed more fully under *problems.*

Relationship with Community Action Agency

Because we do not wish to be viewed as a "little community action agency for elderly people" we have not been as vigorous and aggressive as possible in promulgating our program through various communications media such as television, radio and newspapers as previously envisioned in the project plan and in the first quarterly narrative progress report. We are identifying ourselves as a part of the community action program (CAP) and as one of the "backup" services for the Community Action Agency (CAA), although currently not one of their delegate agencies.

Project Advisory Committee

The Project Advisory Committee has been formed and met for the first time on December 15, 1965. The project's health aid staff helped persuade several aged action area residents to become members of this committee. As indicated in the previous quarterly report, the project director and other professional staff had great difficulty in interpreting to indigenous persons the importance of their participation on this committee and convincing them that their contributions will be highly valued. The committee promises to be a valuable resource for staff in guiding the project. It has agreed to hold monthly meetings. Comprising this committee are action area residents, representatives of the city and State aging commissions, as well as other professional and lay people in the community. Three members of this advisory committee are also clients of our project. The committee chairman is a parish priest of a large congregation in the target area. A list of names of the project advisory committee members is appended to this report.

Use of Neighborhood Youth Corps enrollees

As indicated in the first quarterly report, we are presently utilizing two Neighborhood Youth Corps enrollees as messengers, office aids and custodians.

The female enrollee during this quarter has had opportunity to participate in a brief course at the local telephone company enabling her to learn the most correct and courteous way of using the telephone. In addition, our secretarial staff is providing this enrollee more opportunity to learn and perfect office skills. Since completing this course, this enrollee is assuming more office aid responsibilities which continue to mount for our clerical staff.

Since there have been two personnel changes in the male enrollees placed in this office, we are just beginning to expand our use of the male Neighborhood Youth Corps enrollee. One idea we have had is to involve him with the chronic illness team's work. He has been and will continue to be used often as an assistant to the health aid, accompanying certain clients to health resources who present bizarre behavior and/or who may need assistance in walking.

II. CHRONIC ILLNESS COMPONENT

This project component has attempted to meet quickly the concrete health needs of the beneficiaries referred for services. In many instances, services rendered by health aid and professional staff have not been direct responses to chronic illness needs. What we are finding, ever so abundantly, is that the

lack of adequate housing, insufficient income, dearth of recreational and other social pursuits, and loneliness beset the chronically ill aged residents of the action area. In many cases the chronic illness itself seems almost a result of other chronic deprivation. However, referrals to this component are accepted only if the individual client is over 60, an action area resident, and apparently has a chronic illness with which he is not receiving appropriate treatment and followup care.

Identification of the chronically ill

The chronic illness team has not been able to identify, register, and thereby follow up on all chronically ill aged persons in the 15 neighborhood areas covered by the CAP. Because it would be confusing, obvious duplication of effort, impractical with so small a staff, and not consistent with the service-centered focus of the project, no census of these neighborhoods was made. Therefore, the case register that has been developed thus far includes only those persons referred to us who are not receiving appropriate medical or social service treatment because they cannot get to and use the treatment facility. We have found that in most of our case situations a public health nurse, social worker, or other agency personnel not only are not carrying the cases in the sense of visiting the chronically ill aged persons' homes regularly, but that these services would be inappropriate to their organizations' functions. An entirely new area of service commonly called friendly visiting service but much more involved than the title would suggest is emerging.

Current workload

From October 1 through December 31, 1965, 74 new clients were referred and are being served. The cumulative total number of persons being helped as of December 31, 1965, is 89. Projected over the first year, if the number of referrals received continues to grow at this current rate, we will serve between 300 and 500 chronically ill aged poor persons during our first year. It is the judgment of the project staff that this projected figure may be greater, because as we become even better known to community agencies, we should be used more extensively. Referral sources for this quarter are listed in the appendix.

Role of health aids

The project plan describes the role of the health aids as, "* * * to generally do whatever is required in order that the time of the professional members of the team is most economically utilized."

The health aids present a set of credentials (knowing what it is like to be poor and aging in today's youth-oriented, competitive society), that enables them to identify with and help our client group in a way that few professionals could. We are continuing to keep "paper work" by the health aid staff at a minimum. At the same time we record detailed accounts of our helping processes with each client to document our work. Because caseloads are developing some size, because we envision our job as insuring that every elderly person referred and accepted for our service gets all the attention he needs, the project director has sought to secure additional health aid staff from the local department of public welfare work experience program.

Our current health aid staff are visiting their clients as needed, sometimes on a daily basis, but always at least once monthly. Each health aid has approximately 30 clients at this time. We have not been able to evaluate just how large an encompassable caseload is, but we expect to be able to do so within the next 3 months.

To date, morale and efficiency among the health aid staff continue to remain high as does the qualitative degree of concern expressed by the health aids, in the judgment of the professional staff.

We have discerned clients' needs for the following which have constituted the general service areas our health aid staff provide—

1. Transportation to clinics or other agencies.
2. Emotional support.
3. "Babysitting" service for another aged or ill family member.
4. Interpretation and explanation of availability of community health and welfare resources.
5. Provision of funds for clients to pay for existing health and related services which they cannot afford out of current income.

In many instances the approaches to clients being used by the health aids probably enable them to gain rapport with clients who would be likely to reject efforts by professional personnel to reach them.

For example, during an initial home visit to a newly referred client, the assigned health aid was not able to secure permission from the client to enter the client's home. The aged, lonely, frightened client remarked, "I am leaving it up to God to help me." The health aid then expressed his own God-fearing religious beliefs and experiences, requesting that he be allowed to enter the home to join with the client in prayers to the Almighty for help. Because the health aid expressed his sincere religious belief in a way that enabled the client to perceive the health aid's concern for him, the health aid was admitted not only into the house of our client but into his confidence.

Professional staff responsibilities

The chronic illness team's professional staff decided to examine, in the second quarterly report, the actual jobs each is doing. The purpose of this examination is to try to define and clarify the roles to be played on a team of this kind, and to differentiate the job duties of each member. In this very examination process certain changes were made immediately. Therefore, as of December 31, 1965, through trial and error, the roles and performance of the various professional staff have been as follows:

Role of the project physician

The medical doctor assumes medical responsibility for the chronic illness component of the project. He is on call at all times, although he remains in a half-time position. He intercedes in situations with private practicing physicians and public health doctors. He consults with available public and private medical professional services in relation to the unmet needs of our clients. In this regard, he has established liaison with local private practicing dentists who have agreed to provide direct treatment services to our clients that are not available in this community through any other established agency.

The project physician consults with other project staff in matters concerning our chronically ill clients. He collaborates with the project nurse in formulating our teaching program for the health aids. The physician assumes responsibility for the interpretation of the health aid's evaluation of the patient's physical condition. He assists the nurse and social worker in providing information and clarification of the medical needs of the chronically ill. He advises the project director concerning the necessity and appropriateness of the project's bearing the costs of particular medical services. In some instances, he provides medical consultation regarding specific problematic case situations. He gives direct medical diagnostic evaluation when emergent and necessary.

Role of the nurse

The function of the nurse is clearly emerging as the "pivot" of the chronic illness team's work. The nurse is responsible for developing the "what" that is to be done in each client's situation although she accomplishes this end as she consults with the social worker and physician. In addition, the nurse is responsible for the following:

1. The monthly report for all new referrals and helps to establish procedures involved in developing this report.
2. Completion of the forms to record grantee "contributions in kind" and evolving procedures in developing this form.
3. Responsible for keeping up to date the case register and for insuring that all pertinent information about the client is kept in a concise manner, easily available to staff.
4. Responsible for seeing to it that all case records are up to date, filed, and accounted for properly.
5. Responsible for supervision of the chronic illness team's secretary.
6. Responsible for defining health needs in all case situations.
7. Liaison with all health agencies to insure services given to clients.
8. Presides during initial case staffing conferences at which time health and social service needs of each newly referred client are defined and discussed.

Role of the social worker

It was originally conceived that the social worker would be the supervisor of the health aids. This conception has remained in practice during this period of time. Although the social worker's relationship with the health aids is a supervisory one, the social worker uses the help of the nurse in enabling the

health aids to know the steps that must be taken to help a client. During the social worker's absence, the nurse or project director gives supervisory help to the health aids.

After the social worker assisted the project director in the recruitment of the health aids, she began her orientation program with them, which has evolved to be a continuous, ongoing process in which she helps them learn and grow through their job performance. Some of the ways this concept has been accomplished has been in teaching interviewing techniques, explaining and helping the health aids internalize the generic principles related to the establishment and maintenance of a helping relationship. This attitude formulation and development occurs through the process of individual and group instruction for which the social worker carries primary responsibility. The social worker has had to devote a great deal of time and thought to being astute to the needs of the health aids by helping them plan their time effectively to meet their needs for job security, recognition, maintenance of good morale, and esprit de corps.

The social worker, during this period of time, has also contacted many of the social service agencies listed in the appendix. The establishment of ways that other social agencies and this project can work together were heavily contributed by the social worker. In relationship to other social agencies, the social worker serves as a trouble shooter.

As do all the other professional staff, the social worker uses the supervision and direction of the project director who establishes guidelines and suggestions that enable her to do her job as described above. The relationship between the nurse and physician, is both collaborative and mutually consultative.

With the project nurse the social worker has been responsible for accurate case recording by the health aids and herself as well as for communication between the health aid staff and outside agencies.

III. UNEMPLOYED AGED COMPONENT: NEGLECTED ABILITIES

The project director, on several occasions, has met with the project consultant, the executive director of the Health and Welfare Council, certain CAA administrative staff members, the administrative and counseling staffs and the representatives of the governing body of the Over 60 Employment Counseling Service. The purpose of these meetings was to discuss and decide how the Over 60 Service could fulfill its obligation of job finding and development as well as job counseling and placement services in behalf of poor persons referred to them. To a great extent, the project director believes that these discussions have proven fruitful in that there are now at least 4 out of 12 job developers and interviewers in the program who are aggressively taking the initiative of contacting persons referred. This reaching out takes the form of Over 60 interviewers making followup home visits, establishing and offering clients regular followup interviews and in general making their services more available and usable by the persons referred for service. It is this kind of concrete evidence of concern for persons referred that has enabled the staff to believe that there has been real progress made in this area which was a definite problem during the first 3 months of project operation.

During December 1965, arrangements were made with the local department of welfare to seek and serve referrals from them for this project component. This agency is the only additional referral resource that has been sought during this period of time because of the time-consuming and problematic issues that needed to be dealt with in insuring that the entire Over 60 Service staff was giving services consistent with the philosophy of the Baltimore CAP.

Between October 1 and December 31, 1965, a total of 39 referrals were received for this project component. Of this number, 9 job placements were made. Eight people withdrew their requests for a job, and nine were otherwise disposed of by the Over 60 Employment Counseling Service. The quarterly report of the evaluation consultant will carry more fully the statistical data and some indications of its meaning.

The project director has not uncovered any further instances of racial discrimination practiced by any employers registered with the Over 60 Employment Counseling Service. The Over 60 director has continued his informal educational conference with employers who at first indicated that they did not wish to hire Negroes. These employers have either changed their practices or are no longer registered with the Over 60 Service.

IV. PROBLEMS

The project director feels that progress has been made in every problem area identified in the first quarterly report. The areas of continued concern are as follows.

Referrals received

Although we have received sufficient numbers of referrals that we can handle effectively, the numbers of beneficiaries sent to us from the CAA staff has not increased substantially. What we are beginning to question is the original hypothesis that the number of referrals we could handle would come primarily from the CAA. Thirty-five of the seventy-four referrals during this quarter by the chronic illness project component came from the CAA staff. Fourteen of the seventeen referrals submitted to the Over 60 Employment Counseling Service during this quarter were submitted by the CAA staff.

The dearth of referrals caused the project staff and the project advisory committee to consider the desirability of this project's doing its own case finding among the action area population. We are agreed, resolute, and have a clear desire not to duplicate the functions of the CAA. However, it appears that only a small number of people that need our help may be finding their way to us at this time.

Difficulties in "reaching out" to employable aged

Tremendous progress has been made with the Over 60 Service staff and their board of governors in this area. Nonetheless there continue to remain certain interviewers who are unable and unwilling to make necessary home visit contacts that could best insure clients are given every possible opportunity to help themselves secure employment.

The increased number of job placements, in the judgment of the project director, does not yet represent the maximum proportion of placements the project can potentially achieve.

Secretarial staff turnover

Another full-time secretarial staff member left the project during this period of time. The reasons she resigned are identical with those reasons stated in the last quarterly report; that is, higher salary, greater tenure, and other benefits offered by a civil service position. In the second-year budget request, a more realistic salary will be required for our secretarial staff. We hope that this more appropriate salary will attract and retain competent secretarial staff.

During this quarter, the project director has had to spend a disproportionate amount of time recruiting and orienting secretarial staff to their jobs.

AGENCIES CONTACTED BY PROFESSIONAL STAFF TO INTERPRET PROJECT

American Cancer Society.
Archdiocesan Inner City program.
Baltimore Area Council on Alcoholism.
Baltimore City Commission on Aging.
Baltimore City Department of Education—Division of Special Services.
Baltimore City Department of Public Welfare—Work Experience Program and Applications Division.[7]
Baltimore City Fire Department—Ambulance service.[7]
Baltimore City Health Department—Eastern district.[7]
Baltimore City Hospitals—Chronic Disease and Social Service Departments.[7]
Baltimore City Police Department—Eastern and southeastern district.[7]
Baltimore Hearing Society.
Baltimore Urban Renewal and Housing Authority—Housing applications.[7]
Division and Social Service Aid Staff.
Community Action Agency.[7]
Congress of Racial Equality.
Consumer protection program.[7]
Crownsville outpatient clinic.
Dentists (seven private practitioners).
Department of Public Welfare.
Family and Children's Society—Eastern district.[7]
Flag House Project—Golden Age Club.
Fourth District Democratic Club.

[7] These agencies, along with self and family referrals, constituted our referral sources for this quarter.

Goodwill Industries, Inc.
Homemaker service—IVNA.[7]
Hospital equipment loan program.
Information and Referral Service—Health and Welfare Council.[7]
Instructive Visiting Nurses Association.
Jewish Family and Children's Service.[7]
Johns Hopkins Hospital—Social Service Department, Outpatient Department, and the Diagnostic Rehabilitation Medical Care Clinic.[7]
Lutheran Social Services.
McKim Community Center.
Maryland Society for Crippled Children and Adults.
Maryland State Commission on Aging.
Maryland State Employment Service.
Meals on Wheels.
Medical Committee for Human Rights.
Melwood Farms.
National Association for the Advancement of Colored People.
Perkins Project—Golden Age Club.
St. Francis Xavier Church.[7]
St. Joseph's Hospital, School of Nursing.
Salvation Army.
Sinai Hospital, Center on Aging.
Traveler's Aide Society.
U-Join.
University of Maryland Alumnae Association, School of Social Work.
Urban League.
Volunteer Service Corps.

ITEM 5: SENIOR CITIZENS ECONOMIC OPPORTUNITY AMENDMENTS OF 1965

[Taken from Congressional Record of June 29, 1965]

Mr. SMATHERS. Mr. President, I submit an amendment to S. 1759, a bill to expand the War on Poverty and enhance the effectiveness of programs under the Economic Opportunity Act of 1964. The Senate Special Committee on Aging, of which I am chairman, held hearings on June 16 and 17 on the "War on Poverty as It Affects Older Americans." As a result of those hearings and other information compiled by our committee on that subject, several possibilities have been brought to our attention for amending the Economic Opportunity Act of 1964 to make it more effective in combating poverty among the elderly of our Nation. This amendment incorporates the best of those possibilities. It would do much to eliminate poverty in the later years at comparatively small cost. Its annual cost would be less than 2 percent of the annual cost of the entire War on Poverty proposed by S. 1759, the Administration's bill to extend the Economic Opportunity Act, which my proposal seeks to amend.

Perhaps the greatest single cause of poverty among America's elderly is the heartbreaking difficulty this age group experiences in becoming employed and remaining employed. In theory, Social Security, pensions, and savings should be an adequate substitute for employment income in old age. But we know that as a matter of hard reality this is not true for the overwhelming majority of America's elderly. It will be many years before this goal is reached, if it is ever reached. For this reason, one of the most effective actions we can take to attack poverty in the later years is to enact programs which make it easier for those of our Nation's elderly to work who are able to work and who want to work.

There are three proposals in this amendment to make it easier for the elderly to find employment. The first of them is a program recommended by the late President Kennedy in his message to Congress in February 1963 on "Elderly Citizens of Our Nation." It is a program of grants for experimental and demonstration projects to stimulate needed employment opportunities for the elderly. It is specifically required that the employment to be provided meet three requirements:

First, that it permit or contribute to a public or community undertaking or service that will not otherwise be provided;

Second, that it will not result in the displacement of regular workers; and

Third, that the rates of pay and other conditions of employment are appropriate and reasonably consistent with the rates and conditions applicable with respect to comparable work in the locality.

This program would employ many older workers in the demonstration projects themselves. But a far more significant result would be the experience and know-how it would provide on opening up employment opportunities for older workers to meet needs which would otherwise go unmet.

The second antipoverty program for the benefit of the elderly which this bill proposes is a modest $90,000 a year authorization of matching grants to private nonprofit organizations which supplement governmental programs in placing older workers in employment. Studies and hearings of the Senate Special Committee on Aging have revealed the existence throughout the Nation of many local organizations which operate on very small budgets and which have shown promise for placing many older workers in employment. Perhaps the principal reason why they spend so little is that they rely largely upon the free services of public-spirited citizens. These people donate their services for the priceless satisfaction they receive in helping the elderly to solve their economic problems and to remain "in the mainstream of society."

Small as their expenditures are, some of these organizations are badly handicapped by their inability to raise even the few thousand dollars a year they need for telephones and office equipment and supplies. If this small $90,000 authorization were enacted and this amount or a fraction of it were appropriated, it would be possible to provide the most effective of these organizations the few thousand dollars a year they need to remain alive and to increase their effectiveness in placing older workers.

The third program to employ the elderly which I have included in the proposed new title of the Economic Opportunity Act would be a National Senior Corps into which people over 55 would be recruited to provide all kinds of services in their localities which would not otherwise be provided. To insure that the benefits of this program would go to each of the 50 States, there is a provision that a minimum of 50 senior corpsmen be allotted to each State. Each corpsman would live at home and provide services needed in his own locality. After the minimum of 50 is allotted to each of the 50 States, the remainder of the corpsmen permitted by this authorization would be allotted according to the distribution of the over-55 population and other circumstances indicating the need for allocation of corpsmen.

By investing in this program, we will be making our dollars do double duty. First, we will be getting a dollar's worth of service rendered for each dollar spent. Second, we will be providing a dollar of income for an elderly individual to help him live in dignity and decency.

It would probably be more accurate to say we will be making our dollars do triple duty, because we shall be simultaneously accomplishing a third important objective. We shall be providing the elderly of our Nation the opportunity to engage in useful activity and to remain in the mainstream of society, which will be helpful in maintaining their physical and mental health.

Finally, there are several provisions in the proposed new antipoverty title to insure more adequate consideration of the needs of the elderly poor under existing provisions of the Economic Opportunity Act. First, there would be created a new high-level position in the Office of Economic Opportunity—an Assistant Director—whose sole responsibility would be to insure that the needs of the elderly poor are given adequate attention in the war on poverty.

Second, there would be an unmistakable expression [8] of congressional intent that the elderly poor must be represented on community-level antipoverty committees. Many of those qualified to express opinions on this subject have maintained that these committees have given inadequate attention to the needs of the elderly poor in their respective communities. Some have stated that this is because of inadequate representation for the elderly poor on such groups. While

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[8] The Economic Opportunity Act of 1964 was amended on Oct. 9, 1965, by adding a new section entitled "Programs for the Elderly Poor":

"SEC. 610. It is the intention of Congress that whenever feasible the special problems of the elderly poor shall be considered in the development, conduct, and administration of programs under this Act."

the Economic Opportunty Act requires in general terms that there be "maximum feasible participation of residents of the areas and members of the groups served" in conection with community action programs, there is no clear indication that this should be interpreted to require representation of the elderly poor on local community action committees. My amendment would provide such a clear indication.

In addition, there is a requirement that community action plans include programs to assist the elderly poor, whose needs have too often been slighted in such local plans heretofore.

The last organizational change would be provision of statutory authority for a task force on programs for the older poor. The Director has already appointed such a task force under his general administrative authority, but this provision would give congressional support and the force of law to that group.

Mr. President, I solicit the assistance of all Senators, and especially that of the members of the Committee on Labor and Public Welfare, in adding the new title to the Economic Opportunity Act. By doing so, we shall be correcting a deficiency in the act which has been revealed by the administration of the act thus far. We shall be serving the best interests not only of those who are already elderly but also those of younger Americans who will be elderly some day. We shall be improving the quality of life in the United States.

The PRESIDING OFFICER. The amendment will be received, printed, and appropriately referred.

The amendment (No. 303) was referred to the Committee on Labor and Public Welfare.

ITEM 6: REPORT ON MEDICARE ALERT PROGRAM IN WASHINGTON, D.C.

NATIONAL COUNCIL OF SENIOR CITIZENS, INC.,
Washington, D.C., April 19, 1966.

Herewith a quick résumé of our particular experiences in the Greater Washington (D.C.) area. From fragmentary reports we have had from around the country we feel certain that overall this was a most successful and rewarding project which accomplished a great deal in several respects. As we receive further information we hope to file additional material.

Cordially and sincerely,

JOHN W. EDELMAN,
President.

EXHIBIT

The National Council of Senior Citizens is honored to transmit to the U.S. Senate the following report of the activities in Washington, D.C., as a contractor of the Medicare Alert Program. The national council appointed, after consultation, Mr. Arthur M. Brandel to our staff as project coordinator, a post which we feel he filled in the finest manner and in the highest tradition of dedicated public service.

Mr. Brandel has a long, substantial background in journalism. He brought to this post remarkable skills in organization and overall understanding of the public relations essential to creating enthusiasm and devotion. The program opened February 1, 1966. By February 9 an organizational meeting, with 125 participants, was called. This was the cadre around which the campaign was waged. As a typical "crash" program, Operation Medicare Alert was frantic and frenetic but it was also highly successful. The senior citizens proved that, given an opportunity, they could do a job.

Following an outline established in the subcontract with United Planning Organization, 6 captains were selected with approximately 40 community aids formed into separate teams. Obviously, while many were eager some just could not carry the load. But as momentum was established, others were found more than willing to replace those for whom the going was too rough. More and more people sought to enroll the largest possible number of senior citizens in the medicare campaign.

The subcontract which the national council signed with UPO was revised three times, calling for more aids and more money. By the end of February we were proving to the skeptics in a youth oriented society that the elderly, senior citizens, could perform with skill, patience, and determination. The clerical skill and physical endurance, both essential to canvassing a metropolitan area, were clearly evidenced.

Washington is different from many cities. The large number of Federal employees created a unique problem. For example, the Federal Government has many retirees covered by various annuities, thereby excluding part B of the program. Nationally, the Social Security Administration had anticipated a 90-percent signup. For Washington, however, because of the aforementioned problem they anticipated a 57-percent signup. Now we have been told the Nation has a 93-percent signup, and in Washington we completely confounded the projection by signing up 91 percent of those eligible but who had not qualified themselves. Great pockets of poverty in the National Capital added to the trauma of the community aids. Many of the older poor felt that even though it was only $3 per month to be deducted they could ill afford that sum from their meager social security benefits.

Even now welfare recipients have not been convinced to a large degree that the medical bills could be met without any loss of welfare benefits.

Comments from elderly participants in the program nearly always began with: "I am back in the harness again." While, on the whole, the established churches did cooperate, much work remains to be done in making clear that such a program has nothing to do with the issue of separation of church and state, for it should be obvious that the welfare of the community is as much a part of the responsibility of the church as it is of the state.

We averaged 10 meetings per week. Organized labor, civic associations, fashionable matrons, and retired domestics engaged enthusiastically in our program, telephoning and canvassing.

Statistically for the entire program we had 269 paid workers, 191, 55 years and over and 178 of these could be classified as poor; 644 volunteers participated, of whom 560 were 55 years and over. We mounted a telephone campaign from March 10 to March 31, reaching 125,000 people in the city; 10,000 of the eligible were contacted by speeches and other means; 109 meetings were arranged, with an estimated total average of 75 people per meeting. We actually visited 53,111 eligible people. The community aids personally signed 8,175. We used 16 interpreters, speaking Spanish, Italian, Polish, Yiddish, Russian, German, and French.

We worked 29,591 hours at a unit cost of 70 cents per signature. Certainly few worthwhile programs in the history of the Government can be classified as having such a small cost factor.

As a result of this program, 25 of our community aids found steady employment; some of the older citizens have been used as teacher aids and some of the foreign language people found work in neighborhood businesses.

What does this mean in relation to the people in the program?

First, we developed an esprit de corps among the elder citizens which must not be lost.

Second, we were able to call upon their skills and experiences in many ways. For example, when social security gave us 9,000 cards belonging to recipients, we were able to use several retired postal employees to sort these cards not only by zones, but even to streets and blocks. We gained two objectives: utilizing skills, keeping old people working. Third, the older people have ideas as to how to develop and continue to be of use in and service to the community. For example, in making their rounds they found many lonely, withdrawn older people. They felt that by two weekly visits they can assuage the loneliness, the heartbreak, and the withdrawal which is all too prevalent among older citizens who for too long have been either ignored or neglected.

They were appalled at the conditions of these older people. Housing and general living conditions need rectification.

It is their idea that through such community efforts many of these people can be usefully returned to the mainstream of the community. They would like to supply radios for people who, because of failing eyesight, cannot watch television. They would like to be able to read to the deprived children to bring them further into the mainstream. They have suggested that they could, in their visiting, bathe, clean, and even cook for some of these older people.

Through them all ran a concurrent theme of these ideas, the emptiness of lives and the aloneness of old age which these community aids found in their visits throughout the city.

Nor were these problems only among the elderly poor. The problems existed they found, among the more affluent older people. Left to their own devices, devoid of companionship, deprived of simple homely interests through the neglect of too busy children, these older people throughout the city in all walks of

life had demonstrably a somewhat haunted bearing. We strongly feel that our program did much to at least bring this out and for many we brought them out of themselves. Still, 250 people was hardly enough to reach the thousands who must be reached. Ours is a rich country, rich in human resources; ours is a country with a rich culture. There is obviously a growing need and a challenging demand which must be met. Medicare Alert has tried to meet the challenge. We feel it was eminently successful as a beginning, but only as a beginning. Much more must be done; much more can be done.

(Index to pts. 1–3 of these hearings will be printed in Senate Report of "The War on Poverty as It Affects Older Americans.")

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