

FUTURE DIRECTIONS IN SOCIAL SECURITY

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

PART 21—PORTLAND, OREG.
Impact of High Cost of Living

NOVEMBER 25, 1975



Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1976

67-426

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 85 cents
There is a minimum charge of \$1.00 for each mail order

SPECIAL COMMITTEE ON AGING

FRANK CHURCH, Idaho, *Chairman*

HARRISON A. WILLIAMS, Jr., New Jersey	HIRAM L. FONG, Hawaii
JENNINGS RANDOLPH, West Virginia	CLIFFORD P. HANSEN, Wyoming
EDMUND S. MUSKIE, Maine	EDWARD W. BROOKE, Massachusetts
FRANK E. MOSS, Utah	CHARLES H. PERCY, Illinois
EDWARD M. KENNEDY, Massachusetts	ROBERT T. STAFFORD, Vermont
WALTER F. MONDALE, Minnesota	J. GLENN BEALL, Jr., Maryland
VANCE HARTKE, Indiana	PETE V. DOMENICI, New Mexico
CLAIBORNE PELL, Rhode Island	BILL BROCK, Tennessee
THOMAS F. EAGLETON, Missouri	DEWEY F. BARTLETT, Oklahoma
JOHN V. TUNNEY, California	
LAWTON CHILES, Florida	
DICK CLARK, Iowa	
JOHN A. DURKIN, New Hampshire	

WILLIAM E. ORIOL, *Staff Director*

DAVID A. AFFELDT, *Chief Counsel*

VAL J. HALAMANDARIS, *Associate Counsel*

JOHN GUY MILLER, *Minority Staff Director*

PATRICIA G. ORIOL, *Chief Clerk*

DOROTHY MCCAMMAN, *Consultant*

Future Directions in Social Security :

- Part 1. Washington, D.C., January 15, 1973.
- Part 2. Washington, D.C., January 22, 1973.
- Part 3. Washington, D.C., January 23, 1973.
- Part 4. Washington, D.C., July 25, 1973.
- Part 5. Washington, D.C., July 26, 1973.
- Part 6. Twin Falls, Idaho, May 16, 1974.
- Part 7. Washington, D.C., July 15, 1974.
- Part 8. Washington, D.C., July 16, 1974.
- Part 9. Washington, D.C., March 18, 1975.
- Part 10. Washington, D.C., March 19, 1975.
- Part 11. Washington, D.C., March 20, 1975.
- Part 12. Washington, D.C., May 1, 1975.
- Part 13. San Francisco, Calif., May 15, 1975.
- Part 14. Los Angeles, Calif., May 16, 1975.
- Part 15. Des Moines, Iowa, May 19, 1975.
- Part 16. Newark, N.J., June 30, 1975.
- Part 17. Toms River, N.J., September 8, 1975.
- Part 18. Washington, D.C., October 22, 1975.
- Part 19. Washington, D.C., October 23, 1975.
- Part 20. Portland, Oreg., November 24, 1975.
- Part 21. Portland, Oreg., November 25, 1975.
- Part 22. Nashville, Tenn., December 6, 1975.
- Part 23. Boston, Mass., December 19, 1975.
- Part 24. Providence, R.I., January 26, 1976.
- Part 25. Memphis, Tenn., February 13, 1976.

(Additional hearings anticipated but not scheduled at time of this printing)

CONTENTS

CHRONOLOGICAL LIST OF WITNESSES

	Page
Panel on SSI and SSA Problems:	
Soreghan, Sister Mary Phyllis, community aide, Northwest Pilot Project, Portland, Ore.....	1837
Pullen, Jean, branch manager, Department of Public Welfare, Portland, Ore.....	1840
Dobra, John, Institute on Aging, Portland (Oreg.) State University.....	1843
Panel on Food Cost Issues:	
Wade, Jean, retired nutritionist, Portland, Ore.....	1847
Walborn, Yvonne, senior aide, Loaves and Fishes, St. Helens, Ore.....	1850
Husel, Etho "Ed," Portland, Ore.....	1851
Robbins, Oscar, volunteer, Project ABLE, Portland, Ore.....	1853
Sprinkle, Beth, president, Oregon State Council for Senior Citizens, Grant's Pass, Ore.....	1854
Panel on Transportation:	
Higert, Bert, group-ride coordinator, Special Mobility Services, Portland, Ore.....	1857
Miller, Edna, Portland, Ore.....	1858
Noble, Capt. Larrie, USAR, 45th Station Hospital, Vancouver Barracks, Wash.....	1859
Shepherd, Ruth, board of directors, Lane Transit District, Lane County, Ore.....	1859
Bailey, Mabel, senior lobby, Eugene, Ore.....	1861
Wilson, John, executive director, Oregon AFL-CIO Community Services.....	1863
Benson, Hildress, Portland, Ore.....	1865
Prins, Elfriede, physical therapist, Gresham, Ore.....	1866
Panel on State and Regional Programs on Aging:	
Hughes, Mrs. Edward L., coordinator, Oregon State Program on Aging.....	1866
Garcia, Jose, director for migrant education, Washington County, Ore.....	1869
McGettigan, Walter, Washington County (Oreg.) Council on Aging.....	1871
Huffman, V. J., chief planner for aging, District 3, Mid-Willamette Valley Council of Governments.....	1872

APPENDIXES

Appendix 1. Letters and statements from individuals and organizations:	
Item 1. Statement of Douglas G. Montgomery, associate director of administration and regional affairs, Institute on Aging, Portland (Oreg.) State University.....	1879
Item 2. Statement of Dorothy Churchill, director, District II-A, Area Agency on Aging, Columbia County (Oreg.) Council of Senior Citizens, Inc.....	1880
Item 3. Letter from Nadene Harper, chairwoman, Senior Services Advisory Board, Enterprise, Ore.; to Senator Frank Church, dated December 16, 1975.....	1881
Item 4. Letter from Donald S. Douglas, Beaverton, Ore.; to Senator Frank Church, dated November 25, 1975.....	1881
Item 5. Letter and enclosure from Norvella Byrkeland, president, Tenant Organization Council, Housing Authority of Portland, Ore.; to Senator Frank Church, dated December 4, 1975.....	1882
Item 6. Letter from Mary Mosshart, Portland, Ore.; to Senator Frank Church.....	1

	Page
Appendix 1. Letters and statements—Continued	
Item 7. Letter from Clayton H. Brant, supervising attorney, Senior Law Service, Eugene, Oreg.; to Senator Frank Church, dated November 24, 1975.....	1883
Item 8. Letter from Ronald Yoder, executive director, and Maxine Selling, family advocate, Metropolitan Family Service, Portland, Oreg.; to Senator Frank Church, dated December 12, 1975.....	1884
Item 9. Letter and enclosures from Sheila Driscoll, senior services supervisor, Peninsula Project ABLE, Portland, Oreg.; to Mr. William Oriol, staff director, and Deborah Kilmer, professional staff, Senate Special Committee on Aging, dated December 5, 1975.....	1885
Appendix 2. Statements submitted by the hearing audience:	
Bailey, Mabel E., Eugene, Oreg.....	1893
Baker, Jewell, Eugene, Oreg.....	1893
Boruck, Ruth, Portland, Oreg.....	1893
Busch, Edgar L., Portland, Oreg.....	1894
Douglas, Donald S., Beaverton, Oreg.....	1894
Forse, Marilyn, Portland, Oreg.....	1894
Fratzke, Mrs. Clifford, Portland, Oreg.....	1894
Gischler, Pearl, Eugene, Oreg.....	1894
Godwin, Gertrude, Portland, Oreg.....	1895
Greer, Hazel Y., Eugene, Oreg.....	1895
Hempe, Sister Helen C., Portland, Oreg.....	1895
Jorgenson, Howard A., Portland, Oreg.....	1895
Kogel, Florence, Portland, Oreg.....	1896
Kolmer, Mr. and Mrs. Roy C., Portland, Oreg.....	1896
Levy, Beatrice Ona, Portland, Oreg.....	1896
Love, Julia E., Portland, Oreg.....	1897
McCanna, B. H., Portland, Oreg.....	1897
McGarrity, R. J., Portland, Oreg.....	1897
Muller, Viola E., Portland, Oreg.....	1897
Nikkila, Mr. and Mrs. Fred, Portland, Oreg.....	1897
Perrin, William R., Lake Oswego, Oreg.....	1898
Peterson, Vivian, Portland, Oreg.....	1898
Phelps, Orval M., Dexter, Oreg.....	1898
Record, Harold, Springfield, Oreg.....	1898
Scott, Frances G., Eugene, Oreg.....	1898
Shupp, Theresa J., Portland, Oreg.....	1899
Sloan, Esther B., Springfield, Oreg.....	1899
Steel, Mrs. Van H., Eugene, Oreg.....	1900
Swanson, Carl, Portland, Oreg.....	1900
Thompson, Opal, Eugene, Oreg.....	1900
Tkachuk, Michael A., Springfield, Oreg.....	1901
Uhrich, Ted, Sr., Portland, Oreg.....	1901
Walker, Frances, Beaverton, Oreg.....	1902
Yetter, Kathryn M., Portland, Oreg.....	1902

FUTURE DIRECTIONS IN SOCIAL SECURITY

TUESDAY, NOVEMBER 25, 1975

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Portland, Oreg.

The committee met, pursuant to recess, at 10 a.m., in the BPA Auditorium, 1002 Northeast Holladay, Portland, Oreg., Hon. Frank Church, chairman, presiding.

Present: Senator Church.

Also present: William E. Oriol, staff director; Deborah K. Kilmer, professional staff member; Mike Wetherell, administrative assistant to Senator Church; John Guy Miller, minority staff director; and Patricia G. Oriol, chief clerk.

Senator CHURCH. Good morning, ladies and gentlemen. Here we are back again for the second half of the hearings, and our first panel this morning will be discussing the SSI program and the problems that have been connected with it.

On this panel are Sister Mary Phyllis Soreghan, community aide with the Northwest Pilot Project of Portland; Jean Pullen, branch manager of the Department of Public Welfare of Portland; and Mr. John Dobra of the Portland State University Institute on Aging.

I welcome you all on the panel and, Sister, are you prepared to lead off this morning?

PANEL ON SSI AND SSA PROBLEMS

STATEMENT OF SISTER MARY PHYLLIS SOREGHAN, COMMUNITY AIDE, NORTHWEST PILOT PROJECT, PORTLAND, OREG.

Sister SOREGHAN. Yes, Senator Church.

I am Sister Mary Phyllis Soreghan, a member of the Sisters of the Holy Name, also a community aide for the Northwest pilot project. This is a group of persons interested in the elderly, and working with them on a one-to-one basis. We serve as advocates to the needy.

I wish to direct my presentation to points relating to supplementary security income—SSI—as I have observed them in my dealings with the elderly with whom I have worked.

To many of the elderly, the idea of receiving any type of financial help from a government program spells only one thing: public welfare.

Throughout their lives, even though they have exercised care in the use of their funds, now in old age and with rising costs plus their inability to earn an income, the elderly are often driven—even forced—to participate in assistance programs which they have per-

sonally struggled so long to avoid. A point of pride and dignity accompanies this reluctance, I feel.

Fear also enters in. When a person must rely on others for any and all assistance, walls are built which shut out possible help.

Let me cite typical examples of some of the difficulties my elderly friends have. They are alone, poor, often handicapped with poor eyesight, poor hearing, crippled by reason of strokes or arthritic conditions.

BARRIERS TO PROGRAM PARTICIPATION

The need for financial help is there, but the process of acquiring it proves to be a time and energy loss for the elderly of which we are not really cognizant.

Have you considered, Senator, what type of initiative and energy is expended by the elderly on even one visit to program offices? First would be negotiations for transportation; buses are often not feasible for a crippled person; taxis are prohibitive to a \$5 a month personal spending budget; long waits for a turn to be interviewed at the office; failure to comprehend explanations of details on forms because of poor sight, poor hearing, unfamiliarity with technical terms and their implications.

This is not to underrate the workers of Social Security Administration, but we who assist the aging know that added years have a way of slowing one up to a greater or lesser degree.

When an individual knows that time is important for everyone to get a fair share, and that the waiting room is full, he is not about to overextend his turn.

With memory not as sharp and reliable as it once was on his return home from this new experience, many questions arise which need further clarification. Thus, back again and again until all is understood and in operation. But this could mean at least 2 months of waiting after the application is made.

In the life of the elderly, days are precious because they are becoming, without doubt, fewer and fewer. Even 1 day of waiting in these times of severe inflation is difficult for them.

There is decidedly a bankruptcy of spirit in the process of aging which, in justice, we and our leaders cannot bypass or ignore. This bankruptcy of spirit is brought on by frustrations in endeavoring to cope with endless requirements of a big system. Too often the psychological drive weakens by reason of physical incapacity.

What a person might have really fought for in the past years is just plainly beyond his strength now.

If large corporations, for example, send distress signals of pending bankruptcy, the attention of the Government is quickly called. The Small Business Administration also provides help and counsel to men whose business activity is failing.

Why can we not provide the same immediate consideration and dignity toward our elderly poor in securing for them available financial counselors? Is it possible for the Social Security Administration to enlist a corps of knowledgeable counselors from the local banking institutions to make home visits as well as to hold financial clinics in buildings easily accessible to the elderly?

I feel that this would be a valuable support in making the SSI program available and accessible to those who at present deny themselves its privileges.

Senator CHURCH. Thank you, Sister, very much.

I have had great hopes for the SSI program, and I still do; but it is not working as it should.

"WELFARE" A STIGMA

One of the reasons I like the approach is that it would get away from the stigma of welfare that many older people resist and resent. And by administering it through the social security system rather than through public welfare offices, I thought that would help to eliminate this feeling.

I understand, however, that Oregon is one of the few States that still administers the program through the State welfare office, and that it is necessary now, in order to qualify, both to go to the social security office and to the welfare office. Don't you think that creates kind of a double hurdle to get over for those who want to participate, or should participate, in the program?

Sister SOREGHAN. This is true. I have come across that [applause]. Just the other day I was talking to a woman who told me that she is living on her small income—I mean savings. She said; "I am just not spending a thing over; I am keeping right to just my board and room." I said: "Why? Can't you afford to supplement your nutrition a little bit?" She does not often receive fruit at her meals, nor things like that, which she could pick up at the store. "No," she said, "I want my money to go as far as it will. I never want to go on welfare. I want to be free."

While the welfare benefits are really essential, I think this freedom is what so many call out for, because once they sign on the dotted line, they feel no longer can they call their life their own.

You know, if they should have to go to a nursing home, they are not counseled on this matter, and frequently they are sent to some far away spot and feel that they cannot say anything because they are receiving the board from the welfare.

Now, I myself, once in a while, if I can get ahead of such a transfer, will go and plead, at least that the person stay in the vicinity with which they are familiar. The welfare people do try, but they have to make placements where the openings are, so frequently the aged sick become objects, moved from here and there.

It is a real merry-go-round, and the people are very reluctant to share in that unless there is nothing else to be done.

Senator CHURCH. Well, if we could somehow get over to the people that need supplemental help that this SSI program was designed to take care of the fact that many of the oldest people contributed into the social security system back when dollars were worth four times what they are worth today, and because they were earning salaries then of \$125 a month or \$150 a month, they are getting the minimum from social security, and because of the inflation, that is no longer adequate to take care of their needs. The supplemental income was meant to fill that gap for which they are not responsible; they did not cause the inflation. SSI was meant to fill that gap and bring them up to a place where they should have been if it had not happened. This long inflationary period has taken place and, therefore, SSI is as much a part of their entitlement as social security itself is. To get away from his welfare idea, I think it is going to take a good deal of educational effort to reach through to many people, and to help them understand

that the SSI program is not a welfare program. It is a part of what should have been their entitlement under social security all along, if the dollars they put into the system were still worth as much today as they were worth when they were contributing those dollars into the system. That is part of an educational job we still must form.

Thank you very much, Sister Mary Phyllis. I appreciate your being here.

Sister SOREGHAN. Thank you.

Senator CHURCH. We will now hear from Ms. Jean Pullen, branch manager, Department of Public Welfare, Portland, Oreg.

STATEMENT OF JEAN PULLEN, BRANCH MANAGER, DEPARTMENT OF PUBLIC WELFARE, PORTLAND, OREG.

Ms. PULLEN. I am Jean Pullen, the branch manager of the department of public welfare.

I formerly worked in the income maintenance specialist area, and in that capacity, I was very closely involved with the transition to SSI.

As for public welfare in Oregon, when the program of the supplemental security income was passed, there was strong consideration by the State legislature that we just have SSI administered programs.

For a variety of reasons, this was not done. At the time, it was our frank opinion in public welfare that SSI could not do the job as effectively as they were saying it could do.

The SSI mandate seemed to be to get all of the eligible people into a payment status, get their checks to them, and that would be it; all of their problems would end.

Any criticism of the program by us, or by anybody else, was discounted as "sour grapes."

To insure this program would be operational, no Federal dollars would go to any State after January 1, 1974, so States could no longer operate their own income maintenance programs for the aged, blind, and disabled persons.

There was a problem with the title XIX, medical assistance for the people in this category, and State welfare was administering that also.

The eligibility criteria adopted for the SSI program was more liberal in many respects than our own public welfare programs had been. However, in some other areas, it seemed much more restrictive. It seemed to be about where public welfare was 15 years ago, and we are not noted for traveling very fast.

In Oregon, since we had a higher standard of assistance than response by SSI, we administered the supplemental security income program—the supplement to the supplemental security income program.

Now, we had gained some experience in several areas, and this experience was largely discounted.

One of the things we had learned through bitter experience was that we had to be more immediately responsive to the recipient's problems especially in getting their money to them. That is what they were entitled to.

INQUIRIES NECESSARY

Also, we were expected, and we expected our staff, to ask question of the person who was applying. Did they have enough money to live on until they got their check? Did they have money to pay their rent

We were not to assume that everything was all right until the person assured us that it was.

We also determined that if we gave money payments for special needs, such as the special diet, the laundry allowance if the person was unable to do it himself, housekeeper payments, telephone allowances for the housebound individual, all of these things meant that with this extra money the person could stay in their own home or their own apartment that much longer and not have to go to a boarding home or a nursing home. Also, if the person did not get satisfaction, they could indeed go to the supervisor, the manager, the State administrator, or the Governor; not necessarily in that order.

We responded rapidly. There is nothing more imperative than getting a telephone call from the Governor's office to straighten something out, and we did.

We made lots of mistakes, and we are the first to admit it.

Another thing, in establishing disability grants, we observed the total person. They were not just a person with a broken arm or broken leg.

Although we are supposed to be out of the welfare business, in September of this year we paid \$468,000 in State supplement dollars that went to 8,600 old agers, 710 blind persons, and 10,842 disabled persons over the age of 18.

I submit these 20,000-plus people do not feel that they are getting too much money to live on, with their total income averaging \$185 per month for everything.

I do have some suggestions for the improved SSI delivery system. I am accepting of the fact that the SSI program is going to continue. I do feel that the local offices must be responsible for resolving the payment problems immediately.

When the responsibility is off in San Francisco or Baltimore or Chicago, local responsibility and local options diminish.

They can be very nice to you, but they cannot really help you in straightening out the problem immediately.

I feel the immediate replacement of lost checks should be a prime issue—5 days for nonreceipt. If their checks are fouled up, or if something has gone wrong with the system, there should be an immediate way to get cash. This is a need program. A person cannot wait for 6 months for it to be straightened out without getting hungry or trying to get a loan from some place.

I recognize the Treasury Department is very jealously guarding its checkwriting privileges, but I feel Congress does need to take a look at this problem and devise another system.

The SSI claims representatives, I think, need special training in communications—the ability to hear as well as to talk. They need reinforcement in the belief that the SSI applicants have contributed to this country.

The SSI applicants may never have worked in a job that was covered by social security, or if they did, it was very low social security, but their worth should not be measured by where they worked nor how much they made during their productive years. They were and are productive citizens.

SPEED UP CLASSIFICATION

I feel there must be a more rapid system of determining disability. People die before a disability claim is processed. In some cases, their claim has been denied two or three times, because of the failure again

to consider the whole person in reviewing that claim. I feel an income maintenance program must provide an adequate standard of living.

The SSI payment has increased approximately \$28 per month over the last 2 years.

That sounds great until you realize it went from \$130 to \$157.70 per month. If SSI recipients are to be "aced out" of the food stamp program, then let it be because they are getting more than \$215, which is the top food stamp standard at the present time. Let us not put them out of it just because "we cannot afford it."

And I feel, lastly, that there should be an SSI client advocate person who is located in each of the larger offices and who can follow through on problems, as in the example I am going to give you right now.

This situation came up the other day, and finally came to our attention. An elderly man discharged himself from the nursing home back in May of this year. He wanted to go home. Now, he probably should not have gone home, but he wanted to, and that is his right and his prerogative.

He had a housekeeper, and she was trying to help him out. The welfare was paying for the housekeeper—SSI does not meet that need. His social security check of \$90 kept coming every month, but his SSI check did not get started when he left the nursing home although SSI had been notified.

The housekeeper went to the social security office and she called them, but because she did not understand their system, she felt she was getting the run around.

It finally came to the welfare worker's attention. She contacted me and because the man was a title XIX recipient, I was able to go to SSI and determine that, yes, the man was eligible for SSI. He was eligible for SSI back to last June.

They had put the information into the machine; it had not "taken," but nobody there had checked that information to see why it didn't take.

The man will get his money, and it will be back to June. It is a good thing it will come soon, or he might have starved to death.

The reason the social security check had not come this month was that he hadn't changed his address. The nursing home had been forwarding it to him. We think they probably decided it was time the address should have been changed.

To a bureaucrat or nonbureaucrat, this sounds like a very simple process, but I submit it is very difficult to go through all of the processes of the system and understand everything. Very possibly this man, who is not really capable of even getting out of the house, could have laid there, if no one had been watching after him until something very bad had happened.

If he went back to the nursing home, of course, he would not be eligible for SSI, but that is not the answer to the problem.

Thank you, Senator Church, for asking me here.

Senator CHURCH. Thank you very much. I especially appreciate the specific recommendations you have to improve the SSI delivery system because it needs much improvement.

Ms. PULLEN. I think so.

Senator CHURCH. There is no question about that, and I think your suggestions are excellent.

Ms. PULLEN. Thank you.

Senator CHURCH. Our next witness is Mr. John Dobra of the Portland State University Institute on Aging.

STATEMENT OF JOHN DOBRA, INSTITUTE ON AGING, PORTLAND
(OREG.) STATE UNIVERSITY

Mr. DOBRA. Thank you, Senator Church. It is a pleasure to be here today to testify before the U.S. Senate Committee on Aging's field hearings in Portland.

My name is John L. Dobra, and I represent the Institute on Aging of Portland State University.

The institute on aging provides career education in the field of gerontology, provides service to the community through adult education, community workshops and conferences, and conducts research directed toward national policy issues.

My position at the institute is that of research associate; I have an M.S. in economics, and I serve as the field director of a research project which is currently examining the impact of the SSI program on the low-income and multiply impaired elderly.

This is a 3-year project conducted under a contract with the Social Security Administration to evaluate the impact of SSI at the local level. Dr. John E. O'Brien is serving as principal investigator. In August of this year we have just completed the first of three field surveys with a sample of 400 elderly persons in the Portland area.

In our testimony here today before the Senate Committee on Aging's field hearing, we would like to discuss some of the preliminary findings of the field survey completed in August of this year. Our research is also concerned with organizational effects of SSI in the local community; these topics will be covered in supplemental written testimony.* These findings have been developed through the efforts of the entire research staff of the institute on aging: Dr. Douglas Montgomery; research assistants Martin Golding, Donna Jette, Donna Lind, Robert McCullough, Patti Parker, and Peter Pendleton—and hence represent our assessments of the data and not our contractor's.

SURVEY HIGHLIGHTS

As time permits, we would like to highlight some of the preliminary results of our survey related to the income and spending habits of the low-income elderly—SSI recipients and individuals who, by virtue of their income, are potential SSI recipients. However, before discussing these issues, we would like to provide the committee with a profile of the individuals of our sample.

The respondents to our survey ranged between 65 and 98 years of age—the average was almost 77; 23 percent are male and 77 percent female; 74 percent reported living alone, 63 percent were widowed, and 19 percent lived with their spouse.

With regard to health: when asked how their health compared to others of their age, 44 percent reported good health, and the rest responded fair or poor. However, our interviewers observed that 65 percent of the sample had some type of disability, ranging from restricted mobility, 32 percent; impaired hearing, 13 percent; impaired vision, 11 percent—to a wide variety of other problems. Almost one-third of the sample—32 percent—are either confined to their homes or can get out only with help.

*See appendix 1, item 1, p. 1879.

Thus, we see that the individuals who responded to our survey suffer from a wide variety of social, personal, and physical problems common among those elderly persons who are the primary targets of Federal programs.

As we turn to the data on income and expenditures, we can fully appreciate why income security is a major issue among senior citizen groups and advocates across America. The average reported income of respondents to our survey was \$248 per month—\$2,982 annually—which is slightly above the adjusted weighted average poverty threshold for unrelated individuals aged 65 and over in July 1975 of \$242 per month—\$2,907 annually. The major sources of income received by the sample were social security benefits, which were received by 89 percent, and SSI benefits, which were received by 20 percent of the sample.

Senator CHURCH. How far-reaching a sample is this? Is this sample statewide?

Mr. DOBRA. This is the Portland metropolitan area.

Senator CHURCH. In the Portland metropolitan area?

Mr. DOBRA. Yes.

Senator CHURCH. You counted an average income of \$248 a month, which is just \$6 a month above what the Government conceives to be the poverty level.

Mr. DOBRA. Yes.

Senator CHURCH. And that is the average?

Mr. DOBRA. Yes, and that is above the average that Sister Soreghan gave us. This is a preliminary analysis. We have not gotten that far yet, but we hope to come up with some figures on that.

Recipients of OASDI benefits received an average of \$179 per month from that source, and recipients of SSI received an average of \$47 from SSI. This latter figure is almost \$20 more than the average SSI payment in Oregon. Given that SSI is an income supplement, this further indicates the extent of poverty among the individuals receiving SSI in our sample.

NEARLY ONE-QUARTER HAVE NO SAVINGS

OASDI and SSI benefits accounted for over two-thirds of the total income received by the sample. Further evidence of their financial position is seen from data on savings and dis-savings. Almost one-quarter of the sample—22 percent—reported having no savings to fall back on in emergencies, and an additional 12 percent of the sample indicated that they generally have to use up their savings to make ends meet.

CHART 1.—ABSOLUTE AND RELATIVE BUDGET SHARES

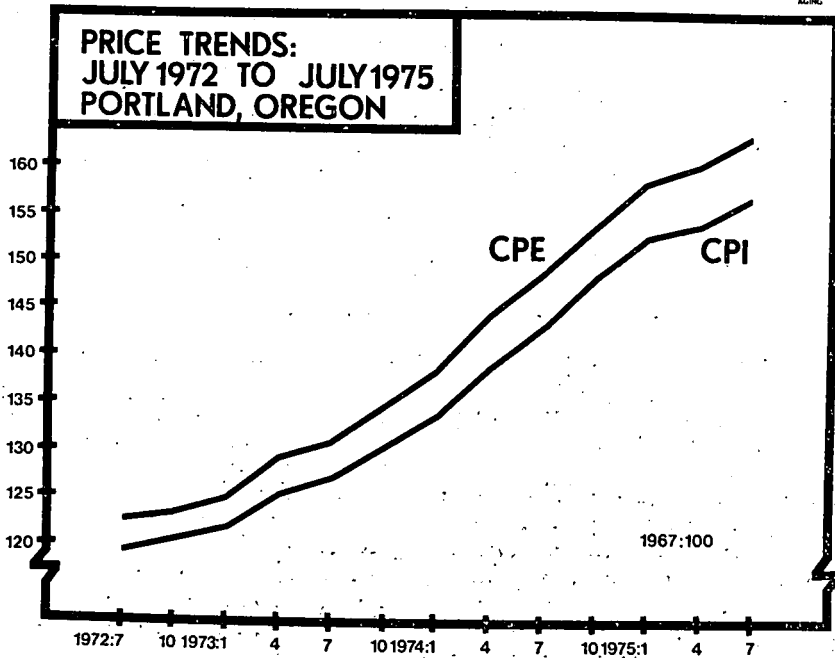
	Amount	Percent
Housing.....	\$84	34
Utilities.....	32	13
Food.....	65	26
Medical.....	36	14
Transportation.....	2	1
Other.....	29	12
Total.....	248	100

In examining the monthly expenditures of the sample, we shall make reference in chart 1 which shows the absolute and relative budget shares for six major areas of consumption. The relative budget shares,

or the percent of monthly income spent in the six major categories of consumption, indicate that our sample spends a greater proportion of average monthly income on expenditures for housing, food, utilities, and medical care than the general public. These expenditures, of course, are in sectors of the economy which have witnessed the greatest relative price increases in the recent inflationary period.

In an attempt to describe the differential effects of the recent inflation on the aged and the general public, we have prepared chart 2: "Price Trends: July 1972-July 1975, Portland, Oreg."

CHART 2

 INSTITUTE
 IOA
 AGING


On this chart we have plotted the movements of the U.S. Department of Labor's Consumer Price Index—CPI—for the Portland area over the last 3 years. In addition, we have plotted a consumer price index for the low-income elderly derived from the budget shares shown on chart 1, and the U.S. Department of Labor's data on price increases. The actual CPI for Portland is represented by the lower black line labeled "CPI"; and the consumer price index for the elderly, based on the budget shown on chart 1, is the upper red line labeled "CPE." From an initial examination of the trends of these two indexes, we see that the CPE has been above the CPI consistently over the past 3-year period. In July of this year, when the general CPI for Portland was $157.1 - 1967 = 1.00$ —the consumer price index for our sample stood at 163, indicating an almost 6 percent spread between the two indexes of the cost of living.

These lines, however, do not tell us if, in fact, the inflation we have experienced over the past 3 years has been more harmful to the low-income elderly than the general public. To answer this question we

have compared the rates of change in the two price indexes for the period through a statistical analysis. We found that is readily apparent from the chart we later constructed, that the two indexes are diverging. That is, the difference between the general CPI and the CPE has become greater in each of the past 3 years.

The committee has expressed its concern for the problems of the elderly which have resulted from inflation by holding these field hearings. We feel that we have been able to bring strong evidence of the severe nature of the impact of inflation on the elderly. When we consider that members of our sample have very little disposable income to begin with, and that 87 percent of this disposable income must be devoted to the basic needs of food, shelter, and medical care, we are impressed by the magnitude of the problem. Furthermore, when we consider that not only do the elderly have less purchasing power than the general public, but that they are losing their purchasing power at a faster rate, we must be struck with a sense of the need for immediate action. We feel that the severity and urgency of these problems should be considered when decisions are made in our Nation's Capital regarding monetary and fiscal policies, regarding income maintenance, social service programs, and food stamps. These are all programs of vital importance to America's older citizens, and matters of great urgency.

Senator CHURCH. Thank you very much, John.

MOST ELDERLY INCOME SPENT FOR NECESSITIES

I think what your chart shows, based on your own studies here in the Portland area, is what we are finding everywhere in the country: that elderly people on limited income spend nearly all of what they get—as much as 85 and 90 percent of what they get each month—for housing and for food and for medical care. Which leaves practically nothing for everything else. It is no wonder that your chart shows that they only spend 1 percent for transportation; they have so little left, they have to stay where they are—stay put.

Mr. DOBRA. That's right, and a great many are confined.

Senator CHURCH. And so I have felt, in order to make a fair adjustment in their social security benefits, one thing we should have is a separate cost-of-living index that reflects what older people must spend their money for. What we have is a general national index; people who are earning just an average of \$248 a month—people with \$700, \$900, \$1,000, \$1,200, \$1,500, what have you, a month are spending for things quite different than just the rent and the food and the medicine. And the general cost-of-living index reflects their spending habits, including automobiles, et cetera, and is not accurate when it comes to what older people are faced with. So I have legislation pending—I hope we can get it adopted in the Congress—which would make the social security adjustment depend upon a cost-of-living index that is keyed to what older people must use their money for.

That, I think, would be much more realistic and would make for an adjustment in income that reflects the rising costs of housing, food, and medicine in the proper way. I hope we can get that done. I think your studies bear out the fact that they are badly needed.

Mr. DOBRA. That would be a great step.

Senator CHURCH. Well, thank you very much.

I think we should give the panel a round of applause.

[Applause.]

Senator CHURCH. The next panel is the Food Cost Issues Panel.

made up of Jean Wade, retired nutritionist, Portland; Yvonne Walborn, senior aide, Loaves and Fishes, St. Helens; Etho "Ed" Husel, Portland; Oscar Robbins, volunteer, Project ABLE, Portland; and Mrs. Beth Sprinkle, president, Oregon State Council for Senior Citizens—Grant's Pass. Mrs. Beth Sprinkle has come all the way from Grant's Pass.

Let me recognize some other people who are here today.

Ms. Thelma Carlson, who is representing Congressman Duncan. Will you stand, please?

We are happy to have you here today, and Sharon Roland and Gene Kugler, who are here representing Senator Packwood. I wonder if both of you would stand to be recognized. [Applause.]

Remember, now, anyone who has individual suggestions or recommendations they would like to have the committee know about—these forms are available and they are very simple; just a blank piece of paper. You can put anything on it you want. If you would like to do that, they are available here in the room and we will collect them sometime before the hearing is over this morning.

All right, first of all we have Jean Wade, a retired nutritionist from the Portland area. I am happy that you are here today, Jean.

PANEL ON FOOD COST ISSUES

STATEMENT OF JEAN WADE, RETIRED NUTRITIONIST, PORTLAND, OREG.

Ms. WADE. I am Jean Wade, retired, which is true, but that was a very recent thing. I have been working for Loaves and Fishes just before I retired, but previous to that I worked as a nutritionist for the local county public health. Previous to that I was working with public welfare, so I have a great deal of experience in the problems of the elderly, plus the fact that I would be in that classification myself now.

Since you are talking about food, the question that comes to mind is "How adequate really is the diet of our elderly poor?" Surveys have been made over the country as a whole and I have made surveys myself here in the Portland area. I surveyed one of our largest Government housing projects for the elderly and you have all heard about the four food groups, so I am going to tell you how that came out as far as their adequacy was concerned.

You know in the milk group we found that—this is a 196 questionnaire by the way, and of the milk group 236 were inadequate and only 60 adequate as far as the amount of milk they were consuming was concerned. In the meat group it was 101 inadequate and 195 adequate. You see, the meat was at a more adequate level, at least, than the milk.

And then with vegetables and fruits it was about half and half—148 inadequate and 148 adequate.

With bread, of course, that is where we would expect to find the more adequate, and that was true because its the cheapest food, isn't it. So therefore that is going to be where the emphasis on dieting is. There were 224 adequate and 72 even there who were inadequate.

Now that means that certain of the food nutrients were deficient and especially the milk nutrient calcium was deficient and that will account for many of the broken bones that we have from just slight falls of the elderly.

Vitamin A and vitamin C also ran low and that is because the vegetables and fruits were low.

ELDERLY ARE UNDERNOURISHED

A national survey was made, and I would like to give you the statistics based on that: 57 percent were running low in protein, 80 percent in calcium, and 40 percent in vitamin C. Those are pretty large numbers, you see, and this accounts for the fact that we have a great deal of poor health among our elderly and it isn't necessarily just because the years are there. Very often it is because there has actually been quite a bit of malnutrition there.

I observe these things, and I particularly observed, especially as the county nutritionist, that many of our shut-ins were getting, not only inadequate nutrition, they actually weren't getting enough food because these shut-ins were often unable to get out and go to a grocery store and buy food. If someone brought them the food, like a relative or a friend or neighbor, they weren't even strong enough sometimes to get up and cook it for themselves. I observed this because I was the supervisor of homemakers and home health aides under medicare.

So for that reason we soon would have to do something in the Portland area about assisting people. In 1968 we formed a committee under the city-county commission on aging to explore the possibility of getting a meals-on-wheels program started at that time. There was no kind of service; there was no precedent to go by. We were doing this pretty much on our own to see what we could do to help these people and we explored hospitals, we explored catering firms, and we found that all of these charged far more than these people would be able to pay. So we were pretty much at a loss and pretty discouraged after we had been meeting for 2 years trying to explore this whole thing.

And then we ran across this thing called Operation Loaves and Fishes, which came out of our national office on aging, and it suggested that meals could go through the churches because churches have dining facilities and kitchens; they also have people to be used as volunteers.

So we thought that might work. We did make a survey on our churches; out of 75 answers to our survey, we found that 45 said they would be interested in trying to help a program like this.

So in December 1969, we incorporated a nonprofit organization and we opened our first center in February 1970. We didn't have any money, but it didn't make any difference. We worked like everything and we had volunteers. We opened in a church, of course, and it worked out very well. Another church got interested in another part of the city and in May 1970 they opened. Then in still another part of the city, in November 1970, another church got involved with this.

It was working great because we had the facilities to do it there. We had the people from the different churches around the church where it was meeting in. Other churches would cooperate too, so we had volunteers. But we didn't have any money; finally, title VII money did come in, which was a great feeling to us because then we had money to go ahead with having a central office where we had people go out and work at getting centers started and see that everything worked out well.

We now have 32 centers in the four-county area, so we made a very fast growth as you can see—so fast that sometimes it just actually scared us, because this went so fast and was so successful. One reason that we were able to do it so well is because we did get so many volunteers, even at the present time. Even though we now have a staff of nearly 100 people, still that is only about one-fourth of the people

actually working with the program. Three-fourths of our work is still being done with volunteers. We have around 360 volunteers working with us every day.

THEY WANT TO HELP

You see people do want to help, and they do—when they see us right in front of them and see that it is a worthwhile program. They stay with it and they do keep on helping. We are now feeding about 2,000 people a day, and out of those 2,000, about 700 are meals-on-wheels. Even though we have people coming to the centers to get their food—those who are able to come—we do send meals out to the people who are shut-ins and who are not able to come. So we have a successful meals-on-wheels program along with our congregated meals.

We have all year round about 10,000 people participating, speaking now on the average, but in the four-county area we have about 158,000 people over 60.

Now, we know that not all of those people would be interested, or even need the program, but we figure that at least 35,000 would benefit from it. As our previous panel said, the incomes of many of our elderly people are quite low, many of them live alone, and for that reason they not only need the food, but they need the social programs that we put out through our congregated meals.

Senator CHURCH. It was a very well stated presentation of how it all got started and how the Loaves and Fishes led to the title VII money and how you were able to reach out to this number of people with so many volunteers.

You know, it does demonstrate that there are a lot of people who care enough to help if there is just a way to do it.

Ms. WADE. If they really see results and they can see what it is doing for the person.

Senator CHURCH. Do some of these people receiving the food pay what they can for the meals?

Ms. WADE. Yes. The whole thing is a pay as you can. We have no set price.

Senator CHURCH. Yes.

Ms. WADE. They can pay a quarter, they can pay \$1. They can pay whatever they are able to pay.

Also food stamps; being able to pay with food stamps has been a big help to some of them. When they become interested in using food stamps—we know a lot more are eligible than are using them, such as widows living alone, but we are trying to—

Senator CHURCH. You try to get the information to them about the food stamps.

Ms. WADE. The food stamp office does send people out into our centers to tell about it and tell how they can get it. In our nutritional education program we try to encourage them to use them too, because they can get a more adequate diet.

Senator CHURCH. Thank you very much for your excellent presentation.

Ms. WADE. Thank you.

Senator CHURCH. Our next witness is Mrs. Yvonne Walborn, senior aide, Loaves and Fishes, St. Helens.

STATEMENT OF YVONNE WALBORN, SENIOR AIDE, LOAVES AND FISHES, ST. HELENS, OREG.

Mrs. WALBORN. I am the senior aide in St. Helens, in Columbia County, Oreg. It is my job as an aide to seniors to go into their homes and meet with them, sit down and visit, to find out what their needs are and help the best I can.

One of our main priorities this year has been nutrition for the low-income elderly, and I would like to just tell you about a few people with great needs that are being met. I think some are really success stories.

One man that lives in our area is in his seventies. He is very shy and a rather lonely type fellow. I made a call on this gentleman, inviting him to come with me to Loaves and Fishes. He assured me that he was kind of a loner and didn't mix well with people and wouldn't enjoy it.

I told him that we had one of the greatest cooks in the world and asked him how long it had been since he had a good home cooked meal. On my third followup call he consented to go with me and give it a try.

We went to our Loaves and Fishes Center, and after dinner we were separated, as I visited with some other people. I found him out in the hallway waiting for me to take him home.

On the way home he began trying to thank me for really twisting his arm to go, and his eyes filled with tears and he said, "You know, I haven't had a good home cooked meal like that for so many years that I just can't remember." Needless to say he is a pretty steady customer. He comes often and has made new friends and seems like life isn't quite as dreary as it was before Loaves and Fishes.

A "DIFFERENT WORLD"

Another fellow is one of our new participants. For 8 years his wife had been an invalid and he cared for her around the clock, day and night. She was in her eighties and he is a few years younger. His health is good and he cooked for her and cared for her faithfully until she passed away about a month ago. I went over and asked him to come and try Loaves and Fishes. He went to lunch with me and, during dinner, I asked him, "How are you enjoying your lunch?" He said, "I am just in a different world altogether. You can't believe what a treat and a pleasure it is for me to sit here and have cooking that isn't my own, be in pleasant surroundings, and visit with people I haven't seen for years." He is coming to our center on a regular basis also.

We have a lot of people in our area, as I am sure we have everywhere, that, due to bad health or being crippled, cannot get out and come to the center. This need is met with our meals-on-wheels, sent out 5 days a week. Volunteer drivers take meals and a friendly greeting into the homes. One couple who receives this service is a husband, who lost both legs due to cancer surgery, and his wife, who is in her late seventies. She really isn't able to get around very well, but she cares for them both every day.

When I told them about our meals-on-wheels, she just couldn't believe that we had a service like this, that someone would bring in meals for them. We have made her work easier and her day a little brighter, and that is what we are all about and what we are trying to do.

Another very good friend that I have made since I have been working as an aide is a lady in her eighties that is in a wheelchair. She is

crippled with arthritis. Her home is nothing; it is terrible; it is like a little hovel, so to speak. She has been in this wheelchair for 8 years. You know, when you first get sick or crippled, you have lots of company. You have people from your church that come; you have a lot of friends. But as the years go on and your company becomes less and less, your loneliness is greater.

This lady is like a lot of our people; she looks forward to the visits with the volunteer drivers that can spend a few minutes. She needs that and looks forward to it about as much as she needs the food.

Not all of our participants are low-income people. We have a lot of people coming that could go to any restaurant in town and sometimes they do. But a lot of them prefer our Loaves and Fishes Center not only for the good food that we serve but for the friendship and the togetherness. To just sit down at the table and discuss problems with someone who can understand often takes their minds off their own problem and makes the day a little brighter.

Our center is relatively new. We have only been in operation about a year and a half, but we are just going strong. It is the greatest thing that has ever happened in our town.

Senator Church, on behalf of the many people I visit every month, as well as myself, I would like to thank you for being interested and for listening.

Senator CHURCH. Thank you very much.

Ed, we would now like to hear from you.

STATEMENT OF ETHO "ED" HUSEL, PORTLAND, OREG.

Mr. HUSEL. I was wondering when you introduced me in the first place whether you were trying to call me by my first name or not. Ed is not my first name. My name is Etho, like easel.

Senator CHURCH. May I call you Etho?

Mr. HUSEL. You do whatever you prefer. I think I am the only one in captivity with that name.

The reason I got dubbed as Ed—I was a hotel clerk back in Minnesota where we had only traveling salesmen, and they couldn't remember "Etho," so they called me Ed and I have been going by it mostly ever since.

But when Dick asked me to speak about Loaves and Fishes, I was wondering why I should, because anyone that has been at a Loaves and Fishes meal knows what it is, and those that have never been there—I don't think that all afternoon you could explain to them just exactly what it means to the elderly.

I was born and raised on a farm and all of us boys had to do the outside work. My mother cooked the meals, and later on I was married and my wife cooked the meals. Then, after I was alone—well, I cooked the meals and I wish I could write a recipe book about what I prepared, but I am sure that none of you would buy one if I did write it.

LOAVES AND FISHES WAS TURNING POINT

So I got along as best I could and one day, walking down the street, I saw a handbill in the window: "Loaves and Fishes."

And so I thought part of it coincided with my favorite television show, and it was pay if you can. And this is my favorite program—that is what 80 years does for you—the "Price is Right."

And so I went there and ate. I am speaking about the Hollywood. I went over there and ate—I ate the whole thing. And I have had my meals there ever since, until I got hurt and they deliver meals-on-wheels to me. But I got sort of a funny idea, I guess, and I moved into the high rise there in the Hollywood East. There are 299 of us there. We socialized a little and I got the idea I would like to get acquainted with all of them. So I got a little autograph book and went around to the different apartments and asked them if they would sign this so I could know who they were, and so on. Most of them did sign it. But as I went in and asked them to sign, especially around meal time, I saw what some of those old people were eating. When I went in, some of them were standing—weren't even sitting down to the table. They were standing up eating a cheese sandwich and a bottle of pop. That was the meal that they were having. And after we got them acquainted with Loaves and Fishes, later on we got 2 days of meals there in the high rise and the Government building.

I didn't bring any notes; I should have.

Senator CHURCH. You are just doing great.

Mr. HUSEL. Anyway, with the Hollywood, Loaves and Fishes was one of the largest ones and we left Thursday and we had 103 meals sent out. We had—not only for the meals that we had, but it is for the social time that these people have.

Some of these people didn't even know their own neighbors until they came to Loaves and Fishes and got acquainted with them there.

We had on Thursday—or on Friday, rather—we had eight tables of pinochle and one table of Chinese checkers. That just shows how many really want to have a social life as well as having a good meal.

I guess that is all.

PROCEEDS FROM RUMMAGE SALES

Senator CHURCH. Well you certainly told the story well, Etho, and I think I should note when you said that unless you have done it, you can't really tell anybody what it means; that is so true. I have seen the lives of so many hundreds of older people in my State transformed by these senior citizen centers in smaller towns, but even in small towns so many of them were living all by themselves in isolation. How much it means to them just to have someplace downtown, centrally located, where they can get acquainted with one another and have their meals. Then they do so many other things, you know. They get all kinds of hobbies going, and then they get—there is one place, let me tell you, St. Maries, the senior citizens center. Don't get me started on this, because I will take up all the time, but I just want to tell you this one story. In St. Maries, Idaho, there is this senior citizens center and they have rummage sales. People from all over the northern part of the State donate clothing and then, once a week, this rummage sale is conducted in the basement of the senior citizen center and poor people come there and pay what they can. They pay what they can for what they need, what they can find there, in the way of clothes, toys, whatever is donated.

They have been able to make enough on these rummage sales each week that they have paid off the rest of the mortgage on the building. Now they are buying things and they get together and decide what they want to buy—they bought a new pool table. The women were very much concerned that they would never get to play pool because

the men would always be around the table, but when I was there last, the men were complaining that they never got to play because the women were always around.

Anyway, it just shows what a social center this has become, as well as a place for the meals. It sure does make a lot of difference.

Thank you very much.

Mr. HUSEL. Thank you.

Senator CHURCH. We will now hear from Mr. Oscar Robbins, volunteer, Project ABLE, Portland, Oreg.

**STATEMENT OF OSCAR ROBBINS, VOLUNTEER, PROJECT ABLE,
PORTLAND, OREG.**

Mr. ROBBINS. Members of the committee, ladies and gentlemen, I don't know whether I can follow what Ed just said or not.

I am from Project ABLE in north Portland. It is a senior service organization located in St. Johns. I thought it might be of interest to this committee if we brought to light a project we initiated in north Portland as an aid to the food program.

We have set up this small food club in which we purchase staple foods at wholesale prices as is possible at this lower rate.

We then resell to the elderly people at no additional cost. This amounts to a small savings to the elderly, part of which is available each week.

After the first month after initiation of this program, 673 people and families were using this service. I don't have the figures on the last one, but I know quite well it is growing considerably.

We feel this is one means in which to help allay the spiraling cost of living to those on fixed incomes. Also, in April of this year, a vegetable garden was started on a quarter of an acre of ground donated for use by the city parks. The produce from this garden was distributed to seniors in north Portland and to three Loaves and Fishes centers, also to individual clients visited by our counselors.

We feel there is a need for this club and garden and funds might be accrued for this service and be increased to cover a larger number of those who need help.

GARDEN PRODUCE EQUALS \$2,500

Based on the Department of Agriculture estimate, the garden production has estimated that this quarter of an acre of garden produced over \$2,500 worth of food stuffs. Thirty varieties of seeds in 90 different plantings is, we figure, a substantial amount in this small garden. This was administered by two boys, Brian McCuster and Ron Williams, who are from the CETA program.

I would like to add my personal testimony that Loaves and Fishes—anybody who has been a volunteer and has entered the homes of those who receive meals-on-wheels can see the crying need for those who take the meals; also, a crying need for more volunteers to deliver the meals. This is, I know, in our district; we don't have enough volunteers because we can't spend the time to visit with the people because the meals will get cold for the next one if we spend that much time.

I like to testify also for the need of the service to these families.

Senator CHURCH. Thank you very much, Oscar.

Our next witness is Mrs. Beth Sprinkle, president, Oregon State Council for Senior Citizens, from Grant's Pass.

**STATEMENT OF BETH SPRINKLE, PRESIDENT, OREGON STATE
COUNCIL FOR SENIOR CITIZENS, GRANT'S PASS, OREG.**

Mrs. SPRINKLE. I am Beth Sprinkle from Grant's Pass. Let me say that I seem to be the only one here from the southern part of the State, so I feel very honored and I probably won't do a very good job. Etho says that he doesn't have any notes, and I have to read mine, so you know where I am.

I feel that in the southern part of the State we seem to have the same problems as they do in Portland or Salem or Eugene or any of the other larger cities. We just don't have quite as many people, but then we don't have quite as much money either.

Every place has its own problems. I think the food stamp program is a very important part of the nutrition program for the senior citizens. The food stamp survey, according to the National Counsel for Senior Citizens and conducted by the U.S. Department of Agriculture, documented the many wild charges against the program by stating that: "Approximately 96 percent of the recipients both filled the eligibility figures, 45 percent of the errors were made by case workers,"—maybe I shouldn't have mentioned that—"and 13 percent of the householders had incomes of \$6,000, but 50 percent had incomes of less than \$3,000."

In the newly proposed Federal regulations, the food stamp benefits will be reduced by millions and I think our last chance to complain was November 15. Maybe they will hold it over; we could still write some letters.

Proposals Nos. 1 and 2 would have devastating effects on single- and two-person elderly households and, in some instances, by increasing the costs of the food stamps, it is usually on the ability of the older persons to continue in the program.

Both proposals 1 and 2 are based on age and sex. Neither covers the cost of maintaining a nutritionally adequate diet. The food stamp program would become substantially more complicated and costly under either one of these programs. I try to sort them out and I realize it is like a nightmare. I don't know who thought up this mixed-up arrangement. That is my idea of it, then.

Senator CHURCH. That is mine too.

[Laughter.]

Mrs. SPRINKLE. I wish I had time to go into it. But I would have to read that, too. I could never remember it.

PRESIDENT'S PROPOSAL DEFICIENT

Proposal No. 3 is similar to the allotment schedule presently in effect, not based on age and sex of the individual household members. The elderly would be no better off. The President's proposal which says only those on welfare would be eligible would once again eliminate very needy persons.

All three proposals are inadequate to meet the needs of the low-income senior citizens. All are based on the U.S. Department of Agriculture thrifty food plan.

This was based on a 10-year-old formula and was more or less brought up to date; those are: the family used what the family ate. Try to bring the food bill of 10 years ago up to this time and it is a very inadequate diet at best. I mean, the thrifty food plan is the lowest they have.

This food plan fails to take into account the regional and local price differential and it places some foods in the wrong category. For instance, bacon and salt pork were in the meat and protein area when actually they are mostly fat. So that gives you some idea of what the rest of this food program is about.

The present food stamp allotments do not provide for all recipients "nutritionally adequate diets" guaranteed under the Food Stamp Act.

In Oregon all of the elderly single SSI persons who have received up to \$170 a month or more would lose \$7 in food stamp benefits with only a \$5 food stamp bonus, so that doesn't give them very much benefit.

Also, the Oregon homeowners and rent persons refund is to be counted as income. They will hand you back a little from your rent for the year or from your taxes, but then adding that to your income, some people might not be eligible for the food stamps. So that is another problem.

The three proposals do not guarantee, as I said, nutritional diets. They make food stamps unavailable to seniors because of the cost and would present administrative delays, errors, and great increases in the administrative cost of the food stamps.

If the food stamp program could be administered for those 60 and over through some other channel, other than welfare, and with less query as to income for this group, many more needy, eligible, and deserving seniors would accept the program. I have found in my area in public health that many people eligible will not have anything to do with this because it sounds like welfare again.

There are not many—welfare is needed, but some of the older people like to be on their own.

There are numerous food services and onsite meals and meals-on-wheels programs ongoing—particularly in the larger cities and towns. I can mention two centers in Salem, a city of 70,000 population with perhaps about 15,000 seniors. One is sponsored by 14 to 16 churches and all volunteers, except the cook and, I think, the helpers or dish-washers. They have no Federal funding and are serving a new meal 5 days a week to approximately 90 persons, which includes onsite and meals-on-wheels.

NUTRITION EDUCATION INCLUDED

The other is funded under title VII through the State program on aging and has a nutrition specialist. They serve approximately 70 meals onsite and meals-on-wheels 5 days a week through the cooperation with other agencies such as outreach—transportation, recreation. They also present a nutrition education program in cooperation with their county health department and others. They are also able to provide at the centers a health screening, blood pressure, urinalysis, glaucoma, blood sugar clinic, flu shots, a comprehensive physical checkup, and the services of a podiatrist, which is very much needed.

These food services are being expanded to outlying areas where, at present, 100 meals a day seems quite limited service for the area. I was talking to the nutrition specialist in Salem and she stated that they would appreciate more cooperation from the State program, such as the public schools and hospitals, for use of center space, and to expand their services at less cost by using some of these facilities. Also, they would like to be able to receive surplus government equipment, as well as surplus foods.

They would like an increase in funding for more supporting services such as transportation, especially in the rural areas.

I would also like to mention one more food area. I would like to mention Baker City in eastern Oregon with a population of about 90,000. This is about three-fourths of the population of the county. They have an onsite food program that is sponsored by the Salvation Army and serves about 25 seniors a day.

At this time, meal services around the State meet the needs of a very limited number and in a very limited manner. We need to expand meal services to include better nutrition, and thereby better health for our over 60 population—expanded homemaker service, which is one of my favorite spots, meals onsite and meals-on-wheels. Transportation services, especially to the rural areas, present a critical need to maintain persons with alternate care, improved health, and to give the aging a sense of dignity and a choice.

Thank you.

Senator CHURCH. Thank you very much, Mrs. Sprinkle.

I just want to say one or two words about the subject of these new Department of Agriculture regulations on food stamps—that November 15 deadline. We did hold a special hearing of our committee in Washington prior to that deadline and we protested the proposed regulations, and 49 other Senators joined in that protest. So we have half the Senate protesting those restrictions.

TRYING OUT THE WELFARE DIET

Another thing I feel you know, that those who make up these diets ought to live on them for a while. We tried that—my family—we went a week one time on a welfare diet, my wife and our two children, our two boys. And I'll tell you, I got awfully tired of having to take a peanut butter and jelly sandwich and a carrot in a brown bag down to the capital for lunch. I think you know, before people decide what is adequate for other people, they ought to try it themselves. Pretty good idea. [Applause.]

Mrs. SPRINKLE. Senator, I would just like to mention that I have been on the Governor's committee on aging and we are the ones that are going to be spending the \$1 million that you mentioned yesterday on alternate care. We hope that extended alternate care with homemakers not under the medicare program will add a great deal to seeing that people in their homes have better nutrition and better care.

We are really going to try to spend this money very wisely; it is such a small allowance that it really frightens all of us.

Senator CHURCH. Thank you so much. Thank you, all the members; it is an excellent panel. Let's give them a good hand.

[Applause.]

Senator CHURCH. Our next panel deals with transportation, with Mr. Bert Higert, group ride coordinator, Special Mobility Services, Portland; Mrs. Edna Miller of Portland; Dr. Roderick Johnson, U.S. Army Reserve, represented by Larrie Noble, captain, U.S. Army Reserves, 45th Station Hospital, Vancouver Barracks, and also Multnomah County Health Nursing Agency; and Ruth Shepherd, board of Directors, Lane Transit District, Eugene.

This is our third panel this morning, and they will discuss the problems of transportation as they relate to the elderly. I would like to call first Mr. Bert Higert.

PANEL ON TRANSPORTATION

STATEMENT OF BERT HIGERT, GROUP RIDE COORDINATOR, SPECIAL MOBILITY SERVICES, PORTLAND, OREG.

Mr. HIGERT. I am the group ride coordinator for Special Mobility Services. We are a nonprofit organization and the contracting agency with the city to take the seniors to medical appointments, dental appointments, food-buying trips, recreational trips, and so forth. My particular area is the group going food shopping and on recreational trips. That is my area of responsibility.

I used to be the transportation coordinator up at OBC at the University of Oregon Medical School. Maybe some of you remember me. I used to have the responsibility of getting you people home after you were once brought up there. I have a lot of firsthand information from the elderly while I was up at the hill on what their needs were.

Our first priorities with Special Mobility Services are your medical appointments. Second is seeing that you get food. Then the others come in there—business trips that you have to take care of, and so forth.

We are limited because they have certain restrictions for people that we can haul. We have to work through the different senior citizens agencies. For instance, Project ABLE, Hollywood Seniors, Portland Seniors, and so forth.

We have just gotten into one area that has been mentioned here quite a bit on the other panel. That is, you people need socialization and recreation. That is a big need. I have seen it too many times where people have come in and that is the only time they ever get out of their house.

"FUN RIDES" APPRECIATED

For instance, I had one woman up there and I could not get her home for a while. I asked her: "Alda, would you like to take a ride instead of just sitting here?" And she said, "Yes." I looked up an hour and a half later. Here she was, coming back into the clinic. "I thought I sent you home." "Oh," she said, "I have been riding around with David. I've seen things in Portland I haven't seen in years."

So what we are trying to do now is organize what a lot of times we call shopping trips, and really they aren't.

For instance, here about 2 weeks ago we took a group of people to Port of Call and Johns Landing. Now, tomorrow and Friday, I hope—it is a bad time on account of Thanksgiving, and so forth—but we are hoping to take people out to Washington Square. It seems they haven't seen it. But you have to remember we are limited also. We only have seven vans. We have to use five of them for the medical, and so forth.

We use two that we assign to the different agencies at certain times during the week. We hope to do better. Sometimes you people have to wait after your appointment is completed before we can pick you up. But we are trying to get as many people to their appointments as we can. The appointment comes first. We try to get you home as soon as possible, but sometimes it is not possible to get you home very soon. In most cases—as I said, sometimes we let people ride around.

Now, Senator, there is a great need, and it has been mentioned here before, for recreation and socialization for these elderly. We are trying to provide as much as we possibly can, and it should be expanded.

So many, as I said, never get out of their home or their room, or whatever it is, but when they go on a medical appointment, we go and pick them up and take them home. There is a great need for more than

that for those people, as far as transportation is concerned.

The centers have different programs. We try to take people to those programs but the centers have to phone us to make arrangements to do it. We can't do it on our own and we are hoping—these centers are doing good. They are starting to realize that we can get those people there.

There is one other need that I can see transportationwise. While it is a need, it is something that they should get and the people do need, it is the personal attention that should be given to these people, because they don't see anybody all week—for somebody to be courteous to them and kind to them and have their interest at heart makes it so much better for them. I found that out up at the hill.

When Mr. Husel was here—Etho, Ed, I called him—I used to get his transportation back home, so I know him and I know quite a bit about him and I know what he needs. He needs that socializing and recreation and transportation.

Now we hope we can be able to expand where we can give better transportation.

There is one other thing, Senator, that kind of bugs me. We are set with rules on the agencies and they are set with the same thing. That is, a person who is 60 years old or older is entitled to these services, but these people who are 50 and 57 and are handicapped—they are unable to move—those people are not eligible for our transportation, and I think it is wrong.

That is about all I have to say. Thank you very much.

Senator CHURCH. Thank you.

Our next witness is Mrs. Edna Miller of Portland.

STATEMENT OF EDNA MILLER, PORTLAND, OREG.

Mrs. MILLER. Senator Church, and you people out there—I have watched people in front of these before, but I have never been in front of one myself.

Senator CHURCH. You look mighty good in front of one.

Mrs. MILLER. Well, I am going to try to tell you about the transportation in St. Johns by Project ABLE. My only income is from social security, and there isn't enough to cover very many taxi fares. During this year I had several doctors' appointments. I called them up and they came and picked me up. You have to make an appointment, you know, so they can schedule you. They have taken me to the bank, I paid bills, and I have done my shopping. I did not write down each time, but I know that they saved me over \$100 in taxi fares, since last May—a good amount. The drivers have always been courteous and helpful, and usually I do need some help.

Now, I know there are several other people around the St. Johns area that are getting the same help that I am getting. I think they need some help with some new cars and some new repairs, and odds and ends like that.

That is about all I have.

Senator CHURCH. That is the point all right. That is certainly the point.

Thank you.

Mrs. MILLER. Thank you.

Senator CHURCH. Our next witness is Dr. Roderick Johnson, and he is being replaced by Larrie Noble, captain, USAR, 45th Station Hospital, Vancouver Barracks, and also a Multnomah County community health nurse.

**STATEMENT OF CAPT. LARRIE NOBLE, USAR, 45TH STATION
HOSPITAL, VANCOUVER BARRACKS, WASH.**

Captain NOBLE. Thank you, Senator Church.

I am a captain in the U.S. Army Reserve Unit for which Dr. Johnson is the commanding officer. I wrote a clinical proposal last March, and submitted it to the Army for a comprehensive medical facility to serve the medically indigent in primarily the north Portland area, but also within the city of Portland.

Our unit provided transportation to the clinic with a World War II army ambulance, and we found it difficult trying to get some of the people over 55 into that ambulance. Finding that totally inadequate, we were able to obtain two sedans from Fort Lewis to use for transportation.

In the 2 weeks of the clinic, we saw 252 people, with transportation provided to 183, and those were primarily over the age of 55—people who otherwise would not have been able to get to medical care.

The Project ABLE counselors which Mrs. Miller just talked about were able to provide the supplementary services in terms of getting people organized to get downstairs, to where we could pick them up, assist them into the car, and to get them into the clinic.

We provided people, whom we considered to be medically indigent, health care that they would otherwise be unable to obtain because of their income and an inability to get to the physicians' offices.

The medically indigent are those people who are on social security; consequently, they are not eligible for welfare. They only have enough income to pay their heat, lights, water, and possibly pay for some food. They just cannot pay for transportation to the physician's appointments, nor can they pay for their physician's appointments.

The last clinic—November 15—we provided transportation to the clinic for an 87-year-old woman who had not been out of her home for 4 months. It took three of us to go into her home, to get her into the car by carrying her down the stairs, and put the wheelchair into the trunk.

This lady had not seen anyone other than myself and one Project ABLE volunteer for the last 4 months.

This may be just a small part, but at least it is one step ahead in the transportation availability for these people. It is a free service provided through the U.S. Army Reserves, 45th Station Hospital, Vancouver Barracks, Wash.

Senator CHURCH. Thank you very much.

Our next witness is Ms. Ruth Shepherd, of the board of directors, Lane Transit District, Lane County, Oreg.

**STATEMENT OF RUTH SHEPHERD, BOARD OF DIRECTORS, LANE
TRANSIT DISTRICT, LANE COUNTY, OREG.**

Ms. SHEPHERD. My name is Ruth Shepherd, and I testify today as a senior advocate and member of the board of directors of the Lane Transit District in Lane County.

With your permission, Senator Church, most of my 5 minutes will be shared with a special senior citizen from Eugene, who represents the Eugene Senior Lobby. Both of us will submit additional written testimony to amplify these brief comments.

What we are going to say, Senator Church, is that we think we need to quit fooling around with minimal transportation services for seniors in Oregon, which are totally inadequate—and get some coordinated action that will provide the rides when they are needed.

In addition to my assignment on the board of the Transit District, I have served the State legislature and State Mass Transit Division in planning programs to provide transportation for senior citizens.

The metropolitan problems—in the transport of seniors in and around the Portland area in Eugene, Salem, and Medford—are tough ones to overcome. But we have worse problems in the rural areas.

Around 25,000 elderly persons live east of the mountains in territory that covers hundreds of miles and a full two-thirds of our large State.

EXTREME ISOLATION

That is isolation for seniors. Furthermore, 86 percent of Oregon's rural elderly live in sparsely populated areas outside of little towns that range in size from 1,000 to 2,000 residents. That is isolation for seniors, and a final quick fact: less than half of our Oregon seniors are driving cars. That is isolation plus immobilization.

The implication for this, Senator Church, is the possibility of a Federal policy decision which might indeed consider giving weight to the delivery of services of all kinds, but particularly transportation where we are trying to provide it in the rural areas.

But here is the good news:

(1) Legislators and civic leaders have appropriated money, though just a little, at the State level, and put Federal revenue sharing dollars at the local level, into senior transportation projects;

(2) The "Triple A's"—the area-wide agencies on aging—have taken up the option in many cases and have appropriated local AOA dollars for transportation projects, even though that is usually short-term funding.

(3) The State legislature has made it possible for counties to establish local transportation districts with taxing authority, and they have designated school buses for general purpose use as well as for school children; and, finally,

(4) About 60 special bus routes are estimated to have been established and are in use for senior citizens around the State. The visibility of those small buses, as they chug around the neighborhoods and across the countryside, seems to be generating new interest and potential new support for continued operating costs.

And here is the bad news: Operating costs are nearly overwhelming many of these systems. Service is always endangered, and is curtailed in some cases around the State. Very few people who have the skills to run the buses seem able to develop the long-term local financial support that is substantial enough to guarantee rides for seniors in the future. Everybody wants to buy a bus and no one wants to continue the funding.

SHORT-TERM FUNDING PROBLEMS

So these are the problems. First of all, the short-term funding, which is inherent in many of our social service programs for seniors, is dramatically illustrated in the problems of transportation insofar as the bus is usually developed and presented to the community for

use. Short-term funding supports it for a while, and then the bus literally runs out of wheels.

No. 2, lacking those skills of organizing and funding a full throttle campaign, sponsors of those great little buses are having to depend on cake bake sales, a lot of luck, pieces of baling wire, and donated re-treads, in order to keep the wheels going, and especially so on the day that the money runs out.

No. 3, new groups that are eager to start up transportation systems for Oregon seniors spend moneys, energies, and resources working through problems that other communities have already learned the hard way to solve. They are, in fact, reinventing the bus wheel, so to speak.

Each of these last two points I think implies strongly the need for a policy decision that would allow the use of some of those moneys to go toward technical assistance to help communities share the experience of other communities, and to help them better know how to raise the long-term funding from their local communities that is so essential.

No. 4, on the hit parade of little problems, is that we have hardly begun to capture, on a contract basis, between those little bus systems and our contract agencies, a reasonable share of public agency money already being spent for transportation of clients.

For the most part, that money is going on a per person, per trip basis, often with one person in a car, and often enough in neighborhoods where those underfunded senior citizens' buses run anyhow.

For example, in the State welfare budget alone more than one-half million dollars are paid annually for transportation of clients to and from medical services and their homes, mostly on a single-person, single-vehicle basis.

Further support for these points will be included as addition to the record of these hearings. But at this time I would like to introduce a representative from Eugene, Mrs. Mabel Bailey, who will continue my comments.

Mrs. BAILEY. Thank you, Mrs. Shepherd.

Senator CHURCH. You are most welcome.

STATEMENT OF MABEL BAILEY, SENIOR LOBBY, EUGENE, OREG.

Mrs. BAILEY. The Senior Lobby, which I represent today, has 75 members, and we will be sending additional written testimony to you on several of the subjects of this hearing.

My name is Mrs. Mabel E. Baily. My husband's name is Victor. I am 81 years old past. My husband is 87.

I will not take time to tell you of all my particular problems, because I do have quite a few. But I will indicate that I use food stamps. I have had power of attorney for my husband since 1965, who has been in a nursing home for 2 years.

I was a professional tailor and seamstress until I was 76 years old, and I did that to pay off a debt on a home so I would have a place to live. During that time, I served five generations of families in the Eugene area, and I have never been canned from a job in my life. I could still work if I was physically able. They would still take me at my pleasure.

We want to tell your committee of the U.S. Senate how transportation for senior citizens is working in Lane County.

In some ways it is working pretty well, and we do have a few good ways to get around—not just from friends, but from some special services in addition to the regular Lane Transit system buses. But in other ways, things are not working nearly well enough, considering how many seniors need rides.

More than half of our seniors do not have a driver's license. Maybe some that do have them should not have them.

Many of my friends live alone and, although they are not sick or what you would call disabled, they do have a tough time getting from their homes to the bus stops. It is too far for them to walk, and I can tell of the story on myself of 21½ months that would shock you.

I maybe should not tell the whole world about it, Senator, but you probably know that it does rain a very great deal in Oregon, and you really have to take this into account when you talk about transportation for seniors.

SELF-HELP WITH TRANSPORTATION

Here is what seniors have done for themselves so far, by way of transportation services, with help from various agencies and friends in our part of the State.

No. 1, we have a volunteer system in the Eugene area called Project Mobility, with a special telephone number we can call when we really need to go somewhere—if we call a day ahead. If you have a heart attack, how are you going to call a day ahead? Five agencies help keep that going, and volunteer drivers are reimbursed through the RSVP.

No. 2, we also have a maxi-taxi, which is driven by a person paid by title IX of the community employment program, and some private angels are paying most of the operating costs for that service.

No. 3, we have our little green bus, which runs between the city of Florence, on the coast, and Eugene. Most of those riders are senior citizens who need special medical or shopping services in the Eugene area which they cannot get at home.

That bus has some financial help from our county social services division, but those dollars will soon run out and we are hoping that the city of Florence will come through, as they are promising, to keep that service going.

Our county stretches clear from the coast to the mountains, with Eugene in the middle, and transportation is a real necessity for seniors who live an hour or more away from Eugene.

No. 4, Lane Transit district buses do run in most of the Eugene and Springfield areas, and up the McKenzie River toward the mountains, but many seniors are waiting until some special, smaller buses, which are ordered, are added to the service.

We know that your Special Senate Committee on Aging has been pulling for us, in our transportation needs, for many years, and we want to thank you. But we want you to know that we intend to keep pulling for ourselves, also, in Lane County, because transportation is still a problem.

And now I want to do a little thing. When Ford went into the Office of the President, he wanted to cut the railroaders pension, and my husband retired in 1956 on a low income. I did not make big money, and I did not have a lot, so I painted one of these pictures. This is not completed yet, but I took it to the railroad retirement lobby, and I have had five men want to mail it.

I said, "Oh, no, you don't. This is going personal." I was on crutches. They said, "What are you going to do, crutch across the country?"

I said, "No, I have friends in Washington, D.C., that will take it to him," and I wrote a nasty letter, and told him he was not our President—not a choice of the people. I also said to him: "We need food; and our bodies are of the same chemical as yours, and we do not have the minerals or the food that we need, and you are sitting back there and eating everything, all that expensive stuff." I said: "You are not caring whether we have one dime, and I want you to know that I am at the point now with my husband, that I may have to go further than food stamps."

There was also a pamphlet that we were to have some more raises. This is on railroad. We have not gotten them, and on top of that, I have no one to help me.

"STRAPPED" BY MEDICAL BILLS

I have a brother-in-law that called me and comes to see my husband, which is a 20-mile ride, there and back. I have been hoping that I could move into a new place which the Government has helped subsidize that will be three-fourths of a mile from my place, and maybe I can walk it a few times. I don't know. I have been in a wheel chair and I have been on crutches and canes—I have only been a month that I did not have to do that. The railroad insurance for the medical thing went broke in San Francisco and I have had to go back and pay all of those doctor bills that they did not pay, so I am really strapped, because you cannot have very much savings after 76 to 81 when you are still on low social security—you do not make very much money, so I want some support.

Senator CHURCH. Thank you Mrs. Bailey. I just want to say one word about this transportation problem you have all been talking about. I don't know how Lane County would compare in size with Rhode Island. I wouldn't be a bit surprised but what it is about the same size or is bigger than the State of Rhode Island. But in Rhode Island, the State legislature passed a law making transportation on the public bus system free for all elderly citizens in the State. It just happens in that small State with a big population that they have a bus system that still gets around the State and is still available and reachable by the people. The State legislature has made an appropriation and adjustment that enables senior citizens to use that public transportation system free of charge. And it is working very beautifully in that State.

Mrs. BAILEY. Well I happen to live where I can't walk to the rest home or to the bus.

Senator CHURCH. To get the bus. Alright, well, I think this panel deserves a good hand of applause. Thank you very much.

[Applause.]

Senator CHURCH. Our next witness is Mr. John Wilson, executive director, Oregon AFL-CIO Community Services.

STATEMENT OF JOHN WILSON, EXECUTIVE DIRECTOR, OREGON AFL-CIO COMMUNITY SERVICES

Mr. WILSON. First of all, on behalf of our organization and on behalf of the senior citizens, we would like to extend our thanks to you

for your interest in senior citizens problems and I think we should extend to the State of Idaho our thanks for sharing you for a while.

I would like to say, first of all, under our community services program we have what is known as the union counselor training program. This program has been operating now for some 20 years or more in this area—longer than that in the rest of the Nation in some form.

Now this is a training program to inform and educate as many of our members as possible to serve as referral agents for people who are confronted with problems outside of the job-related areas. I am sure you know that we still work under the collective bargaining system.

As a result of this training program, we have become familiar and involved with many, many problems that involve our senior citizens and other age groups.

We have been involved with their problems in regard to social security, their pension programs—for example, we have at least 400 Multnomah County retirees at the present time in this area who are living on incomes that range from \$110 to \$150 a month. They certainly are suffering in many ways. We heard from a panel here this morning and, believe me, all the programs they have discussed here this morning we have been confronted with from time to time.

I might say that I have had the privilege personally in working in many senior citizens programs over the years and all of a sudden I find that I am one. I realize now that it is more important than ever to get something done because when you become one, I think you become more concerned than ever.

HOUSING REPAIR NEEDED

One of the problems that we find is a very, very serious problem—the housing situation. We have been confronted many times with requests from senior citizens who ask us to help them remodel, repaint, or to repair their house in some way so that they can live in it and not be required to move. We have a very serious situation in this county and in this city at the present time. Many of us senior citizens have been, and are, living in third- or fourth-rate hotels that have been converted to living areas for senior citizens.

The city and the county codes are requiring, at least very shortly, that many of these people will have to be moved.

This is a very serious problem, because the living situation has to be provided for them when they are moved out of these hotels.

In addition to that, many of our senior citizens are living in little shacks and huts and homes that are just not adequate in relation to sanitary needs—some of them with roofs leaking, and many other problems.

We have tried, through our building trades organization, to work as much as we can to alleviate some of these problems by having our building tradesmen do some repair work on some of these homes.

We had one recently where both of the senior citizens involved were in wheelchairs. They had no way of getting in and out of their home because of the fact that they had no ramp—there were steps. We were able, through our carpenters' organization, to build a ramp up into the house so they could get in and out when necessary with their wheelchairs.

We have had many requests for plumbing repairs, carpenter work,

roof leaks, and other things that are very, very necessary, if a person is going to be able to live in his home.

Now, many of them cannot afford these repairs. Unfortunately, one of the problems in regard to the repair work is the fact that materials are needed, and also very often equipment that can only be supplied by the contractor or by some firm. At times it is very difficult to raise the volunteer workers; sometimes these are senior citizens themselves who are willing to do the work—to do these jobs—and at the same time provide for some company or somebody to arrange for the proper equipment.

Now, many of our retired senior citizens, who are retired tradesmen themselves—we know they would be willing to help with these kinds of jobs, where necessary, if it were possible for money to be made available, to provide some kind of a warehouse where the materials would be available for these jobs—plumbing materials, carpenter materials, paint, and so forth—and also some means of transporting the material to the houses, where the work is required.

Many of our unions have been providing some of this help, but not nearly enough, unfortunately, because they are suffering from the high cost of living. They are suffering from inflation just the same as many small businesses are, and what they have been doing in the past is paying their people out of their union funds to do these jobs.

They cannot carry on the kind of program that is necessary to provide enough of this kind of help. I am sure that if the Federal and State Governments together could provide funds to supply the kind of warehousing, the kind of material, and the transportation needs to make this material available, I am sure that a well-coordinated, planned program could be set up, with the help of our organization—our building trades—and the retired union people would be willing to do these kinds of jobs.

Senator CHURCH. That is an excellent suggestion. I have been trying to get some legislation along this line for a long time, and if we could get some help from the AFL-CIO on a national scale, I think you would have a much better chance to get it through. I think it is an excellent suggestion.

Mr. WILSON. I am sure you would have that. Thanks again for being here. We really appreciate it.

Senator CHURCH. Thank you.

STATEMENT OF HILDRESS BENSON, PORTLAND, OREG.

Mrs. BENSON. I would like to ask that gentleman one or two questions.

Senator CHURCH. All right. We are running a little late.

Mrs. BENSON. We are always running late.

This is something important I have on my mind I would like to ask the gentleman.

Now, I attended a resource development meeting in Miami Beach, Fla., in December 1973. They were talking about such things as this, and they said that there were more than 100 private foundations that had money set aside in these foundations to supplement any low-income program whatever that we have for poor people, or that we could possibly dream up. So I was wondering, could somebody write some proposals and find out which one of these private foundations have money to supplement such programs or projects as the gentleman

was talking about, since I hear very little about these private foundations? I was very curious about it, and I asked the teacher of the class, and he said some of these private foundations have as much as \$1 billion in them. Now, these private foundations—I asked how they came by the money?

They said in these foreign countries, where we have citizens doing international business, in order to bring that money back into the United States without a lot of income tax having to be paid, the Federal Government let them set up foundations, earmarking certain of that money to go to supplement the funds for low-income projects. I was wondering if someone could look into that. They said that State representatives, the Congress—you have the leaders and our instructors at the seminar would be willing to help people write proposals, and tell them which one of the foundations cover whatever they would want—supplemental money or grants for their projects.

I also would like our agency to have a list of private foundations so we could discuss with them the possibility of getting money or grants to supplement what we receive from the Federal Government—which never seems to be enough to cover our needs here in Oregon.

Senator CHURCH. Let me say that is an excellent suggestion, and we are taking up with the National Council on Aging this very suggestion to see if we cannot get some help.

**STATEMENT OF ELFRIEDE PRINS, PHYSICAL THERAPIST,
GRESHAM, OREG.**

Ms. PRINS. May I make a suggestion? Now, the senior citizens who have been in the building industry, for instance—why couldn't they teach the younger generation the trades? Some Government agencies could be set up so that they would be paid, not union wages, because you cannot even find the men who are carpenters to work for you, and if you set up a program like that, they would help both the young and the old.

I think mandatory retirement should be outlawed, or make all Senators, Representatives, and judges also retire at age 65.

No ceiling should be placed on income under social security.

Medicare should be taken out of social security and we should also have national health insurance for everyone. Preventive medical care is needed to keep us well and out of nursing homes.

Thank you.

Senator CHURCH. We will now take up our last panel, and we will start off with Mrs. Edward L. Hughes, Coordinator of the Oregon State Program on Aging.

**PANEL ON STATE AND REGIONAL PROGRAMS ON AGING
STATEMENT OF MRS. EDWARD L. HUGHES, COORDINATOR,
OREGON STATE PROGRAM ON AGING**

Mrs. HUGHES. Thank you, Senator Church.

I think you know from years past that here in Oregon we have always depended greatly upon the work of your committee and your staff. It has always been superb, and very helpful to efforts at the State and local level.

The subject of this particular hearing, "Impact of the Cost of Living Upon the Elderly," and the testimony content, both yesterday and today, make it abundantly clear that much yet remains to be done if this Nation is to fulfill its responsibilities and its obligations to older Americans, upon whom the inflationary economy places the cruelest burden of all.

As grim as the situation is, and I subscribe to that point of view, there are positive developments taking place in Oregon and elsewhere when we look from a statewide and historical perspective.

I might say here, as an aside, that it was real therapy for me to prepare this short statement for you, Senator Church. So engrossed do we become in the State agencies with the problems, it is nice once in a while to look at it with a perspective.

We are concerned today about future directions in social security, and rightfully so; however, the fact still remains that the original enactment of the Social Security Act was an historic achievement.

In 1965, the passage of the Older Americans Act constituted benchmark legislation marking as it did the first time the Congress directed specific attention to the fact that:

... It is the joint and several duty and responsibility of the governments of the United States and of the several States and their political subdivisions to assist our older people to secure equal opportunity to the full and free enjoyment of . . .

Ten stated objectives; among them, objective 6:

Retirement in health, honor, dignity—after years of contribution to the economy.

Federal funding levels for grants to the States were low, but the fact that the legislation and subsequent appropriations were in place was, indeed, significant and made possible, for the first time, the establishment of State agencies on aging in the 55 States and jurisdictions.

Here in Oregon we are convinced that the passage of the Comprehensive Services Amendments of 1973 constituted another landmark in the history of the Older Americans Act of 1965, with the emphasis upon comprehensive planning and comprehensive service delivery systems and the mandate to establish area agencies on aging in designated planning and service areas in each State.

ELDERLY PARTICIPATE IN DECISIONS

The most significant component here in my view, and in the view of the hard-working people at the area agency, is the voice of the older consumer in the decisionmaking process at the Area Agency Advisory Council level.

Older Oregonians are an integral part of needs determination and priority-setting of essential services to be funded in their community, be it one county or multicounty in nature.

Thus far, we find the area agency concept viable, and it is working in our State to the betterment of life environment for many more older Oregonians.

Again, the Federal funding level is limited in both titles III and VII, in contrast to other massive Federal programs, but still significantly increased above the amounts allocated prior to the 1973 amendments.

When one adds to this the fact that the 1973 amendments place great

emphasis upon the generation of other resources, from whatever source, one finds many, many dollars at work in actual service provision.

Five years ago, in fiscal year 1971, Oregon's title III allocation amounted to \$132,270. That was for statewide funding. There was no nutrition program. In this current year, fiscal year 1976, we have a total of \$5,749,864 at work in title III services and title VII nutrition programs.

The breakout of funding source is most significant: Federal funds, \$2,717,145; Non-Federal funds, \$1,019,083; other resources, \$2,023,636.

What are the services represented by these dollars expenditures?

We find them to be the following: Area agencies on aging—administration, coordination, pooling—\$604,608, or 10.4 percent of total; information and referral, \$422,531; outreach, \$313,681; transportation, \$509,337; escort, \$60,653; homemaker, \$56,426; nutrition, \$2,175,387; other services—health screening, employment, protective services, legal aid, center services, et cetera—\$1,617,241.

Senator CHURCH. That is the total administrative costs?

Mrs. HUGHES. Right. Correct.

Senator CHURCH. So that is about 90 percent of the money is actually put to where we want it?

Mrs. HUGHES. Actually going into services; information and referral, and the others I have listed.

PROGRAM IS SUCCESSFUL IN MOST AREAS

The services are getting to those in need of them, the target population of low-income and minority elderly to the extent permitted by the funding level constraints.

Today there are 12 area agencies in the State—only three administrative districts are without area agencies, but titles III and VII dollars are at work in those areas.

There are 10 title VII nutrition programs in Oregon from the coastal area to the far reaches of eastern Oregon and up and down the Willamette Valley to southern Oregon.

Approximately 5,000 meals constitute the average daily meal service.

We cannot but feel that the area agencies have become focal points statewide for aging services heightening community awareness of their older neighbors not only as to needs but also as to the continued capacity to contribute and reshape community attitudes.

None of the momentum we see in our State—witness the biennial appropriation of \$900,000 in general fund money for "supportive social services for 60 and over" made by the last legislative assembly—would have taken place without the area agencies and their advisory council consumer membership.

One three-county area agency last year was able to generate almost one-half a million dollars in revenue-sharing funds for services and the construction of a senior center.

All these developments are positive, but the need is far greater than is met and there must be continued vigilance, hard work, informed effort, and sound community development if we one day are to discharge the obligation to older Americans we all share.

Thank you, Senator Church, for the privilege of sharing our thinking with you and your committee.

Senator CHURCH. Thank you very much, Mrs. Hughes, for your excellent statement.

Also, I want to congratulate the State on having at least kept the administrative costs down to a point where most of the money is going to where we would want it to go.

I think that speaks very well of your effort.

Mrs. HUGHES. Thank you.

Senator CHURCH. Our next witness is Mr. Jose Garcia, director for migrant education.

STATEMENT OF JOSE GARCIA, DIRECTOR FOR MIGRANT EDUCATION, WASHINGTON COUNTY, OREG.

Mr. GARCIA. Thank you, Senator. I am director of migrant education in Washington County, about 25 miles west of here, Senator. And I appreciate the opportunity to give testimony to your committee on Washington County.

I might add that I sit in a statewide counsel, which is called the Oregon State Counsel, and my testimony will be pretty much of what goes on throughout the State.

I appreciate the opportunity to give your committee testimony on the Chicano community in Washington County. My friend, Dr. Fred Richards, who is president of the Washington County Council on Aging, will also be testifying on the elderly in our county. The Chicano community works closely with Dr. Richard's council on aging. I shall reserve my testimony to the Chicano elderly community.

Let me attempt to give you an overview of the Chicano community in our county. There are about 4,000 Chicanos in the county. During the harvest season this number doubles. Of the permanent Chicano community, over 10 percent are below the Federal poverty level. In addition, over 11 percent are unemployed. Those who work are mainly employed in farm labor occupations. The median family income of this group is \$4,063 per year. May I repeat, Senator Church, \$4,063 for the entire family.

These are large families I am speaking of. Of this group, over 90 percent are native born American citizens. I would like to emphasize that.

They suffer from a multitude of disadvantages: Low income, unemployment barriers, health problems, and nutrition problems. They are all loyal American citizens who are struggling to get into the mainstream of economic and social benefits enjoyed by other American citizens. At the same time they want to maintain their distinct cultural identity. We consider this a definite asset to the overall American multicultural society.

Our elderly Chicano citizens represent a special problem. Our elderly are confronted with three difficult obstacles, none of which are of their own making.

LANGUAGE BARRIER INCREASES HARDSHIP

The first obstacle is language. Few speak English. This represents a very severe handicap. Access to services provided by Federal, State, and local governments becomes very difficult—if not impossible—for them. While most of the younger Chicano community are bilingual,

this is definitely not the case with our elders. Our Spanish heritage does, perhaps, give our elderly a somewhat preferred status than accorded the elderly in the majority culture, but the door-to-door services are closed to them because of the language barrier, which becomes a critical obstacle.

A second problem is low income. Most receive the barest minimum social security income—if at all. This is a particular handicap resulting from seasonal employment as farm laborers—1970 statistics show that 11 percent of our Chicano families have an income 125 percent lower than the poverty level.

A third problem is health. It has been said by gerontologists that the average Chicano over 50 years of age has a chronological age 10 years older than similar persons in the Anglo community. This means that the health problems of the aged in our community are much more severe than those facing the majority population.

Recently, our community instituted a center at Cornelius which is about in the center of Washington County which we call Centro Cultural. We have overcome the problems facing all new organizations and now wish to give serious attention at the center to the problems of our Chicano elderly.

We are very grateful to the State program on aging, and particularly to Mrs. Hughes—here today—who made it possible to give us a grant last year which made us mobile. We are now looking forward to opening our center to our seniors and in providing one nutritious meal per day to each needy senior, as well as one home delivered meal to shut-ins. We also hope to attack the health problem through our companion and adjacent clinic. We have a clinic we started. We also plan to provide services, the opportunity to socialize, and to bring our elderly out of their present state of isolation, poor health, and lack of access to governmental services. Loaves and Fishes, through its title VII nutrition program under the Older Americans Act, is working closely with us. We expect to serve the first meals the end of this month. We also have an application pending with the State program on aging, which has been strongly supported by Dr. Richard's county council on aging, for \$6,000. This will permit us to expand our transportation service for our Ancianos—as we call our elderly—and to permit us to hire a full time coordinator of the elderly in our center.

We collaborate closely and intimately with the Washington County Council on Aging and with its staff on a daily basis. Our Chicano community supports the council on aging in its efforts to see the maximum amount of aging funds turned over to our county for direct services to our elderly—both Chicano and Anglo—with the very minimum amount diverted to administration.

Thank you, Senator, for having heard me in this matter.

Senator CHURCH. Thank you very much, Mr. Garcia.

I commend you on your center, and the progress you have been making. Obviously, you have got a need in the Chicano community that is very severe—very severe—and I think what you are doing is very, very helpful.

We thank you very much.

Mr. GARCIA. Thank you.

Senator CHURCH. We will now hear from Walter McGettigan of the Washington County Council on Aging.

STATEMENT OF WALTER McGETTIGAN, WASHINGTON COUNTY
(OREG.) COUNCIL ON AGING

Mr. McGETTIGAN. My name is Walter McGettigan. I am one of the lay people in an advisory capacity, first for the local area, and now I am on the Governor's Committee on the Aging. My presentation is really one story of many that will illustrate what volunteers can do if given a little assistance from the Federal, State, and local levels. So in recognizing the limitations of your time, I would like to insert into the record a prepared statement that Dr. Richards would have made.

Senator CHURCH. Excellent.

[The statement of Dr. Fred Richards follows:]

STATEMENT OF DR. FRED RICHARDS, PRESIDENT, WASHINGTON
COUNTY COUNCIL ON AGING

My name is Dr. Fred Richards. I am the president of the Washington County Council on Aging. I appreciate very much the opportunity to give testimony to your committee on behalf of our council on aging. We are also grateful since you, Senator Church, have taken the trouble to journey across the country to hear at first hand the problems and progress we have made in the aging field.

First, a word about our Washington County Council on Aging. We are one of the oldest in the area. We were formed in 1967 and incorporated in 1969. At the same time as our county council on aging was formed, groups of seniors got together in Forest Grove and in Hillsboro to form their own senior centers. The feeling of all was that something was needed for our older people. This resulted in the formation of our council and of our senior centers.

Over the years, the Washington County Council on Aging has grown in strength and viability. We have over 20,000 seniors in our county. Our council on aging is their spokesman and, furthermore, coordinates the activities of our eight senior centers.

Our council, through it's executive committee, coordinates and facilitates the activities of the eight centers and also manages a program of assistance in the field of homemaking, special transportation, and home maintenance for seniors.

We had our annual meeting of our council on aging 2 weeks ago which attracted a record crowd and was well covered by the press and television.

I would like to take this opportunity to read to you, Senator Church, an editorial which appeared in many papers of our county following our annual meeting 2 weeks ago. The editorial was headlined, "Varied County Programs for Aging Shows Vitality". In capsule form, it tells the story of our council on aging.

"Evidence of the vitality of programs in Washington County for mature citizens was demonstrated at the annual meeting of the Washington County Council on Aging.

"There was capacity attendance in the social hall of the Calvary Lutheran Church in Hillsboro.

"Enthusiastic reports were received from senior centers in Forest Grove, Hillsboro, Centro Cultural, Aloha, North Plains, Beaverton, Tigard, and Gaston.

"Among those making reports were persons who in retirement have continued to provide leadership and administrative direction. Just to mention a few were J. W. Barney, former Hillsboro city manager; Jim Becker, a veteran teacher and once county school superintendent; and Mrs. Idylla Manley, well known for her activities as secretary of the Red Cross.

"The council on aging functions through standing committees as task forces. The names of the committees suggest the variety of services delivered although they do not cover the day to day activities.

"The task forces include housing, information and referral, outreach, homemaking and social contact, transportation, nutrition, nursing homes and health, legal services, income, use of volunteers, fund raising and advocacy and political action.

"Facilities for the various centers range from what the group calls the palace in the form of the Elsie J. Stuhr Adult Leisure Center, provided by the Tualatin Hills Park and Recreation District in Beaverton, to church basements. However, each center provides a social center, a place for clearance for services, provision for transportation needs, counseling, and emphasis on nutritious meals.

"The umbrella of the county aging programs covers a wide range of activities and services. Most important is the participation of senior citizens who have

responded to the opportunity to work together for their own enjoyment and self-expression.

"The programs have varied financing and this area requires careful management as well as continued support. However, the delivery of worthwhile services and the appreciation of a growing number of seniors is promise that the activities of the center will continue because of demonstrated contribution to the lives of residents in the various communities."

PROGRAMS EXPENSIVE

All this takes money—lots of money. Our individual centers are straining to the utmost to raise funds from bake sales, rummage sales, contributions from local churches and organizations, and the services of many, many volunteers for free. Then our umbrella organization—the county council on aging—is launching a vigorous fund raising campaign in which all of our county businesses will be canvassed. Despite the fact our economy is not exactly flourishing at this time, we hope that companies serving our county will be generous. After all, aging is something none of us can avoid.

We also receive \$40,000 from the Federal Government from the Administration on Aging of HEW. This passes through the State program on aging and CRAG, which administers our area aging plan. This Federal money only covers the tip of the iceberg. We have 3,500 elderly at the poverty level. Many of these people need assistance if they are to avoid institutionalization, which is expensive and frequently harmful to the welfare of the individual. The \$40,000 we receive from Federal aging funds is channeled into direct services for our elderly—no charges for administration.

May I leave one thought with you before concluding, Senator Church? While we need more funds from the Federal Government, we are, frankly, less than happy with the amount that is siphoned off for administration and planning at the area agency level. This is presently running at 32 percent—which we consider entirely too high. Our position is that the maximum amount of funds must be channeled into direct services for our elderly with the very minimum amount budgeted for administration. We hope this is the message you can carry to Washington.

Thank you for the opportunity of appearing before your committee.

Mr. McGETTIGAN. I would like to leave one thought with you before concluding, Senator Church. While we need more funds from the Federal Government, we are deeply concerned with the amount committed to the administration in planning at the area agency level.

This testimony illustrates a problem. According to those who made this study, the figures vary from 10 percent, as we heard and as was estimated in this report, to 20 percent for administration and costs. Our position is that the maximum amount of funds must be channeled into director services for the elderly, with the very minimum amount budgeted for administration. We hope if you take nothing else from us back, you take this message back to Washington—this is our concern.

We will do the job at the local level, if we get your support and your financial help. We want the money to put it into the services to the people.

Senator CHURCH. Right.

Our final panelist is Ms. V. J. Huffman, chief planner for aging, district 3, Mid-Willamette Valley Council of Governments.

We are pleased to have you.

STATEMENT OF V. J. HUFFMAN, CHIEF PLANNER FOR AGING, DISTRICT 3, MID-WILLAMETTE VALLEY COUNCIL OF GOVERNMENTS

Ms. HUFFMAN. Thank you, Senator Church.

I find myself being the tail end of this panel, and I will confine myself as much as possible.

I wish to describe for you this afternoon our program developed by the area agency on aging, with three other programs within the council of governments. I would like to start my discussion with these three programs.

Under the State legislation—under the State certificate of need legislation and the Federal Capital Expenditure Reimbursement Program, the Comprehensive Health Planning Association for Marion, Polk, and Yamhill Counties, a private, nonprofit corporation composed of volunteer citizens of the tricounties, found itself in the position of having to make responsible recommendations concerning the construction or remodeling of specific nursing homes.

Within the association, the basic responsibility for initiating recommendations for board decision rested with the Certificate of Need Committee. These recommendations take two forms: First, under Oregon law, the construction or modernization of nursing homes requires a certificate of need issued by the State health commission. The commission is required to take into consideration the recommendation of the local CHPA before issuing or denying the certificate. Second, under Federal law, capital expenditure reimbursement through the mechanism of the Social Security Act authorized by the Secretary of the Department of Health, Education, and Welfare upon the recommendation of the State health division, which takes into account the recommendation of the local CHPA. In practice, the State and Federal processes occur simultaneously.

COOPERATION BETWEEN PROGRAMS

But on what basis should the Certificate of Need Committee make its original recommendation? It was this question that led two programs with the District III Council of Governments to cooperate in planning, funding, and monitoring a study of elderly persons within the nursing homes in Marion, Polk, and Yamhill Counties. The two cooperating programs were the area agency on aging, with Vernia Jane Huffman as chief planner and the Comprehensive Health Planning Association with Gary Deming, chief planner. Ms. Huffman was given responsibility for monitoring the study.

Dr. Michael G. Saslow was the technical consultant contracted to conduct the study and Dr. Myron M. Hall edited the study for publication to the general public. Background was furnished by several reports from western New York which showed that on the average, persons 65 and over in an area need services in the following percentages: 1 percent in acute care hospitals; 3 percent in nursing homes—skilled and intermediate care; 6 percent in substitute homes—homes for the aged, adult foster care, group homes, day care; and 6 percent through supportive services—phone calls, family visits, home health care, homemaker services, meals on wheels. Many of these latter services will normally be available to the rest of the over-65 population but they are essential to the functioning of the identified 6 percent.

Are these percentages appropriate to the Mid-Willamette Valley? Presumably the answer is "Yes;" people are not noticeably sicker in Oregon than in New York. But to gain further insight a study was conducted in two nursing homes in the area. The aim was not to judge the quality of care being given, but to determine the person's functional status. Then, assuming that all needed alternative facilities and

services were in operation and available, the question was asked in what settings each person might be placed that would preserve as much as possible of their freedom and independence.

These determinations were made by the use of a carefully constructed checklist that showed the level at which the person was functioning, and an equally carefully constructed list which ranked the types of settings in which care appropriate to the functional level could be given.

The study concluded that most older adults could continue to live independent lives at home, or in a minimum restrictive setting, if needed facilities and services could be made available. The report then went beyond this finding and recommended ways in which alternative facilities and services might be achieved. It was agreed by the area agency on aging and the Comprehensive Health Planning Association to accept the study and set up an action plan for responsibly dealing with the recommendations.

One of the first steps in the action plan was to present a draft of the report for public comment. This resulted in a few editorial and factual corrections in part 1, "The Study," and a host of changes in part 2, "The Action Plan." The core of the action plan is the creation of a special committee of the area agency on aging to be called the Older Adult Alternate Care Committee, to encourage the realization of the goals set forth in the plan. This is to be accomplished through four subcommittees to which the revised recommendations are being referred for further study and appropriate action.

IMPACT DEPENDENT UPON FLEXIBILITY

The essential thrust of the action plan is to set up a process. The action plan will need continual revision in the light of changing social, economic, legislative, and health care developments.

The future impact of the study depends in large part on two recent actions not in the control of the persons engaged in the study itself. One is the recent Federal legislation which will transform the Comprehensive Health Planning Associations into Health Systems Agencies. This transition will take place between January or June of 1976. It is the hope of all those involved with this report that the new agency will find the report useful in its health planning efforts. The other is the passage of House bill 2163 by the 1975 Oregon Legislature which provides \$1 million for the development of programs of supportive social services for persons 60 and older. These funds should prove useful in effecting the innovative services described in the report.*

A second program being cooperatively developed is a long-range transportation plan for the elderly and handicapped in the Salem urban area and the surrounding tricity rural area. The program is a joint effort within the council of governments between the area agency on aging, the regional transportation program, and the manpower program. The first two of the agencies, planning cooperatively over the past year, presented a joint request to the manpower program for Comprehensive Employment and Training Act—CETA—funds for a staff person to conduct the study. This was obtained.

The purpose of the study is to assess current and potential transportation needs for senior adults and handicapped persons within the

*See summary, p. 1875.

Salem urban area and other communities in the tricoties; to develop and evaluate means for meeting these needs, including service systems, financing and management structures, and the feasibility of such services. The scope of the program will be developed in two parts—the needs of elderly and handicapped persons within the Salem urban area will be evaluated in terms of how public transportation can be adapted or expanded to meet the urban area problem; the needs of elderly persons in other communities and rural parts of the tricoties area will be evaluated in terms of how public and/or private transportation services can be developed. This will include the role of various existing public and private agency transportation services and the need, if any, for greater public involvement in a unified regional system. I have included a draft of an inventory questionnaire. It is designed to determine the existing level of transportation services being provided by all public and private agencies. This study will be followed by a random sample study of older adults to determine their transportation needs.

QUESTIONNAIRE CIRCULATED

The third program that the area agency on aging is developing cooperatively with another program within the council of governments is titled: "The Older Adult and the Law." The area agency on aging, the criminal justice planning program, and the Willamette University Law School have a joint committee which has developed a questionnaire which has been circulated to 1,900 senior adults 55 years and over. Approximately 650 were returned and are being processed by computer at the time.

This information is being compiled in preparation for two conferences to be held in the spring of 1976. One conference is being designed to provide older adults with the information they need in facing their legal, criminal, and consumer questions, and the second is being planned for members of the helping professions to prepare them to better meet the needs of older adults in these areas.

Thank you for giving me the opportunity to share some of the work being done in our area agency on aging. I want to support the fact that these are the types of things that title III funds are used for.

Senator CHURCH. Thank you very much, and I must say, I wish you very much success in your efforts to develop better methods for taking these services into the homes of elderly people and minimizing, to the greatest degree possible, the number of people that have to be institutionalized. I really believed that that has never received sufficient attention and is one of the great needs.

Ms. HUFFMAN. I wanted to say that the area agency needs all the funding it can get.

Senator CHURCH. The document attached to your prepared statement will be made a part of the record.

[The document follows:]

SUMMARY OF THE HEALTH CARE PLAN FOR OLDER ADULTS, OCTOBER 1975

(Issued by the Comprehensive Health Planning Association for Marion, Polk, and Yamhill Counties Area and Mid-Willamette Valley Council of Governments as the Area Agency on Aging)

A growing concern for the quality of life of older adults can be seen in many recent acts of the Congress and State legislatures. Oregon legislation provides that the State Health Commission shall issue or deny a certificate of need for the

construction or remodeling of a nursing home after taking into consideration the recommendation of a group of local citizens in the affected area. The Certificate of Need Committee of the Comprehensive Health Planning Association of Marion, Polk, and Yamhill Counties area has had this responsibility. In an effort to arrive at objective decisions based on demonstrated need, the committee initiated a study that would provide technical assistance in reaching its conclusions. In this effort it was joined by the Planning for Aging Committee of the Mid-Willamette Valley Council of Governments. These efforts resulted in a study conducted within the Mid-Willamette Valley. The study, together with an action plan, was published in draft form in July of 1975 and received much public comment. In the light of these comments certain clarifications have been made in the study report and the action plan, particularly in the section known as recommendations, which has been substantially rewritten. The revision is being republished in October 1975.

PART ONE: A STUDY OF ELDERLY PERSONS WITHIN NURSING HOMES IN MARION, POLK AND YAMHILL COUNTIES

Michael G. Saslow, Ph. D., was contracted to conduct a study that would result in priority ranking of alternatives to nursing home care. Background was furnished by several reports from western New York. They showed that on the average, persons 65 and over need services in the following percentages: 1 percent in acute care hospitals, 3 percent in nursing homes (skilled and intermediate care), 6 percent in substitute homes (homes for the aged, adult foster care, group homes, day care), and 6 percent through supportive services (phone calls, family visits, home health care, homemaker services, meals-on-wheels). Many of these latter services will normally be available to the rest of the over 65 population, but they are essential to the functioning of the identified 6 percent.

Are these percentages appropriate to the Mid-Willamette Valley? Presumably the answer is yes, people are not noticeably sicker in Oregon than in New York. But to gain further insight a study was conducted in the Benedictine Nursing Center in Mt. Angel and the Oakwood Glen Nursing Home No. 2 in McMinnville. Major cooperation was given by Ms. Vernia Jane Huffman, B.S.N., M.P.H. and Sr. Marilyn Schwab, O.S.B., M.S.N. The aim was not to judge the quality of care being given but to determine the patient's functional status. Then, assuming that all needed alternative facilities and services were in operation and available, the question was asked in what settings each patient might be placed that would preserve as much as possible of their freedom and independence. These determinations were made by the use of a carefully constructed checklist that showed the level at which the patient was functioning, and an equally carefully constructed list which ranked the types of settings in which care appropriate to the functional level could be given.

The study concluded that most older adults could continue to live independent lives at home, or in a minimum restrictive setting, if needed facilities and services could be made available. The report then went beyond this finding and recommended ways in which alternative facilities and services might be achieved.

PART TWO: ACTION PLAN

When the study was received by the Certificate of Need Committee it was given two things: guidelines for making recommendations on issuing certificates of need and suggestions as to how facilities and services could be increased to meet these guidelines. This was appropriate because the committee had originally affirmed its intention to take action toward the achievement of alternatives. Therefore, the committee voted to receive the study and to set up an action plan for responsibility dealing with the recommendations. One of the first steps in the action plan was to present a draft of the report for public comment. This resulted in a few editorial and factual corrections in part 1, the study; and a host of changes in part 2, the action plan, including rewording of several of the recommendations.

The core of the action plan is the creation of an Older Adult Alternate Care Committee to encourage the realization of the goals set forth in the plan. This is to be accomplished through four subcommittees to which the revised recommendations are being referred for further study and appropriate action. The essential thrust of the action plan is to set up a process. This process, to be responsibly carried out, will require staff and funding. The action plan will need continual revision in the light of changing social, economic, legislative, and health care developments.

REVISED RECOMMENDATIONS

Recommended guidelines are summarized under part 1 above. Reaching these guidelines might be accomplished by implementing the following recommendations. They are referred to the Older Adult Alternate Care Committee for further study, revision and appropriate implementation.

1. An increase in the facilities and services available to older adults using the western New York study as a guideline.
2. Establish an evaluation-referral center(s) where the care needs of older adults may be determined.
3. Encourage the startup of additional facilities and services through State legislation.
4. Give preferential reimbursement for individual services to older adults rather than funding institutions.
5. Review zoning issues.
6. Investigate ways to provide day care centers for older adults.
7. Institute quality control of nursing home staffing.
8. Base quality control requirements on program effectiveness, not on physical condition of facilities.
9. Use all health professional at level of preparation, not just in traditionally assigned roles.
10. Area Agency on Aging (MWVCOG) to be responsible for development of a properly proportioned distribution system of alternatives.
11. Make special provision for mentally and emotionally disturbed older adults.
12. Monitor impact of alternatives.
13. Involve the public in seeking ways to provide health care to older adults.

Senator CHURCH. I would like to stay and shake hands with each of you. I am already about 20 minutes late to a luncheon engagement, at which I have to be the speaker, and so I am going to have to go out the side door with my apologies. But I do appreciate your attention and your interest in these hearings, and the members of the staff will remain for any additional comments that you might like to make, or to receive any of these applications that you might like to send forward.

Just be assured that this committee will do everything it can to promote the kind of programs that are needed and the kind of legislation that is necessary to improve the lot of the elderly American.

We have been at it for some time, we have made some progress, and we still have a long way to go.

I appreciate your being here with us.

[Whereupon, the committee was adjourned at 1 p.m.]

APPENDICES

Appendix 1

LETTERS AND STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF DOUGLAS G. MONTGOMERY, ASSOCIATE DIRECTOR OF ADMINISTRATION AND REGIONAL AFFAIRS, INSTITUTE ON AGING, PORTLAND (OREG.) STATE UNIVERSITY

Based on my current research activities on the impact of governmental programs on older Americans, I have been able to study several organizational barriers which I believe hamper the delivery of services by government to older citizens. It is my opinion that if the following suggested modifications are promulgated, they should produce improved coordination, increased productivity, and greater efficiency in governmental services for older citizens.

(1) The first modification is a new policy instituted by the Social Security Administration—to change its funding relationships with the private sector banking industry by encouraging greater activity in promoting programs for senior citizens. In Oregon, the banks are making a major effort to encourage persons who receive social security checks to have the government directly deposit these in their institutions. The ease, safety, as well as improved processing of social security checks by the banks, suggest that other banking activities might be included to benefit older citizens. If the Social Security Administration (SSA) were to encourage the banking industry to seek out additional potential deposits from those State supplemental income programs, as well as with the current SSA security supplemental income program, older citizens should benefit. An improved distribution of these State welfare funds to the bank should produce an incentive for the banks to become advocates and encourage senior citizens to file for the maximum dollar amount.

These funds would increase banking assets. The increased dollar amount generated by the advocate bank serving older Americans could bring an additional stimulus to a community's economy.

With these dollars, the banks could be further encouraged to offer increased services to the group of older citizens who have trouble balancing checkbooks, maintaining proper reserves, or need advice for planned financial security. The banking industry might develop a senior citizen credit card which could be used as a substitute to a checking account and make life a little easier for older citizens.

"OMBUDSMAN" PROGRAM RECOMMENDED

(2) My second recommendation is for a structural change in the Administration on Aging (AoA) by establishing a generalist ombudsperson (ombudsman) for senior citizens to every State. The current ombudsman in long-term care in each State program is hampered for two reasons. First, the ombudsman has been labeled a long-term care specialist with the result that long-term care institutions have generally been well organized and blocked most activities by this representative. Second, the long-term care ombudsman is a poorly funded program with minimal salary and few back-up services.

It is my belief that a generalist ombudsman would be more valuable to serve senior citizen interests. If senior citizens are to have any impact on the proliferation of special districts and public authorities as well as other consensual governmental programs, they must select a type of governmental entity on which they feel they can bring pressure to bear on the policy-making process. The ombudsman is usually not perceived as a threat to governmental institutions because of his lack of enforcement powers.

A second advantage of an ombudsman would be that the official can tailor his activities to fit a particular problem so that the boundaries of participating

communities or their governmental institutions or the desires of the technicians and administrators promoting those services can be met. Finally, community's image of an ombudsman is one of a fact-finding official who is separate from a political process and who brings a hard-nosed businesslike attitude to decisionmaking. These traits can set off a responsive chord in the average resident and particularly with those senior citizens who have any level of distrust towards politicians or governmental administrators.

A major advantage that the ombudsman has is the lack of an operating program or enforcement responsibility of his own to protect. Therefore, the ombudsman can act as if he were morally superior to most other public agencies.

I suggest that the ombudsman be located in one of several specific structural areas of State government: the Governor's office or part of the Governor's cabinet; the office of either the leader of the Senate or House of a State legislature; or with a State's Commission on Civil Rights. The State of Ohio Civil Rights Commission several years ago served quite successfully as an advocate to encourage both private large companies and suburban governments to integration in housing. Being attached to a State civil rights commission should generate additional financial support since an ombudsman could share the commission's fact-finding staff.

The suggestion that Congress develop legislation to support an ombudsman for senior citizens in each State could be modified to include an ombudsman at each metropolitan level of government either through the A-95 review process or through those regional planning organizations established by HEW to cover each metropolitan area. One advantage of an ombudsman in each metropolitan area is that the official will be closer to the people and to the local and State institutions which impact upon senior citizens. Since a wide variety of governmental structures exist in metropolitan areas, ranging from general purpose units of general purpose local government as well as to special districts and authorities, the ombudsman would be able to learn how to report the impact of these programs on senior citizens. A second step would be to seek changes in the funding levels of these programs to encourage modification of services to benefit senior citizens.

(3) Knowledge is power—Congress should take immediate action and pass legislation encouraging an unbiased Federal agency, the U.S. Commission on Civil Rights, to be charged with investigating complaints of discrimination, studying and appraising laws and policy impact involving denials of equal protection of laws for older Americans.

I hope my discussion on policy and structural changes in the federal system to improve the delivery of services to senior citizens will be of use to this committee. Thank you for giving me the opportunity to present these suggestions for change.

ITEM 2. STATEMENT OF DOROTHY CHURCHILL, DIRECTOR, DISTRICT II-A. AREA AGENCY ON AGING, COLUMBIA COUNTY (OREG.) COUNCIL OF SENIOR CITIZENS, INC.

To be elderly and on a fixed income in Columbia County (over 40 percent are) has been pretty grim this past year. Doctor's office calls range from \$8.50 to \$11. The chronically ill are not eligible for home nursing care through medicare, so must pay a nurse \$20 or more to get help.

The seniors who were hospitalized this year received a bill from the doctor and a note from medicare stating that 80 percent of a reasonable charge would be paid and that they felt that only 60 percent of the doctor's fees are reasonable, so the senior would have to pay about 50 percent of the bill instead of 20 percent.

The elderly then have a decision to make—does he buy oil for his stove or does he pay his doctor? The other alternative often taken is not to go to the doctor because he has no money.

If he is on welfare, he will need verification from two or three doctors in order to receive specialized medical care such as physical therapy or podiatry, and then does not always receive this care because funds are not available to carry through.

Some facts that we would like to point out are:

(1) 100 persons need homemaker and home health services. They are not getting them due to lack of funds.

(2) One of the reasons elderly persons who own their own homes do not qualify for food stamps is because they cannot receive shelter deductions as people who rent do and yet they are not able to keep their homes in repair. Some concessions should be made as many needed foods are now

prohibitive. One-third of those elderly receiving food stamps were cut off when they got the small social security raise, while others had to pay as much as the raise for their stamps.

(3) The cost of drugs is unreasonable for the elderly citizen who needs them most. At least 20 percent of our elderly citizens spend over \$50 a month for needed medication. Drug prices vary from store to store, and stores should either have prices listed or be under some control.

(4) Utility bills (electricity, heat, water, sanitation services, and telephone) average as high as \$95 per month during the cold months.

(5) Nursing home costs average \$20 per day plus additional charges for incontinent care and feeding of patients. We need more alternate care and foster home care for the elderly. One-third of the people in nursing homes do not need nursing home care.

(6) Title III funds should be continued to be made available after 3 years in those areas of need when no other resources are available.

(7) Housing of any kind is limited and low-income housing is non-existent.

As the director and coordinator of the senior citizens programs in Columbia County, I have seen first hand the appalling, inadequate situations caused by lack of income. I make the plea that you do something to raise the standard of living that now exists. Over 40 percent of the 5,000 seniors in Columbia County have incomes of less than \$2,186 per year.

ITEM 3. LETTER FROM NADENE HARPER, CHAIRWOMAN, SENIOR SERVICES ADVISORY BOARD, ENTERPRISE, OREG.; TO SENATOR FRANK CHURCH, DATED DECEMBER 16, 1975

Hon. FRANK CHURCH: We wish to submit written testimony to the Special Committee on Aging as to the problems encountered by the elderly of rural Oregon, especially Wallowa County.

The elderly existing on fixed incomes, with rapid inflation eating into already tight budgets, cannot cope with any further expenditures for necessities.

Due to our seasonal employment, which is at its peak during June, July, and August, we suffer a high unemployment rate during late September through May. One example, during the month of May 1975, unemployment was 14.1 percent as compared to February 1975 when unemployment was 22.5 percent. This makes it impossible for the elderly to find employment to supplement their already low incomes. One common complaint we hear from our elderly is not having adequate funds to secure eyeglasses and dentures.

Transportation of consumer goods consists of trucking, as we have no rail or other transportation services, making our food, fuel, and other commodities costs soar.

Our long severe winters, averaging 9 months, causes consumption of more fuel. This puts a strain on the dollar, cutting down available funds for other needed necessities.

Another problem is the serious lack of adequate housing, causing our rural elderly to remain in their homes rather than move into substandard homes in the cities.

Being in an area that does not have a home health agency under medicare puts an additional hardship on our elderly. No in-home services available, other than light housekeeping, which is limited to welfare recipients.

Our geographical area being what it is, transportation, both public and private, costs much more to reach public agencies and services provided in central locations. (City of Enterprise, to include doctors, hospital, and business.)

If the elderly of Wallowa County are to remain in their own homes, then we must not cut back on any of the services that are necessary for them to maintain life.

Respectfully,

NADENE HARPER.

ITEM 4. LETTER FROM DONALD S. DOUGLAS, BEAVERTON, OREG.; TO SENATOR FRANK CHURCH, DATED NOVEMBER 25, 1975

DEAR SENATOR CHURCH: I've been planning for some time to write you a letter of commendation and appreciation. Idaho should be proud of sending two statesmen to the U.S. Senate in this century. I am proud that I was able to vote for you for your first term. I was manager of the SCS Plant Materials Center at

Aberdeen then and I remember your first address to the Idaho Association of SCD supervisors at Pocatello and your short meeting with SCS staff afterwards.

Over the years I've been in accord most of the time with the causes you have sponsored and supported. You have served Idaho and the Nation well.

As a Federal employee and now as a retiree, I believe I have been fairly treated and I look back with great pride and satisfaction at the accomplishments of Soil Conservation Service.

I'd like to make a few comments and state my beliefs:

The Federal retirement system is a model and I'd hate to see it modified by combining with social security or diluted in other ways. Adjustment according to CPI increases—and decreases—is fair and just. If the 1 percent "kicker" has to go. I think the alternative should be to make the adjustment effective as of the triggered date rather than the 3 or 4 months later. Also, I believe the Congress acted without courage in denying Federal employees the justified increase. Perhaps elected officials should be exempted from the cost-of-living legislation.

The Hatch Act has worked well and I don't think it should be changed.

I've been enrolled in Government Health and Benefit—the Aetna Plan—from the beginning of the program. It is good, but could be improved. I believe the carriers could use their clout to hold down medical charges—instead, they seem to pay whatever is asked. Since they operate on a cost-plus basis, perhaps there is no incentive to lower costs. I also feel that the Civil Service Commission has not been fully effective or perhaps even derelict in their administration of GHB, particularly by failing to "jawbone" the carriers.

I feel very strongly about the lack of competition that seems to be developing between the various forms of energy and the companies producing them. I believe the oil companies must limit their activities to producing and marketing oil and gas, and perhaps production and marketing should be separated; coal producers should be limited to coal; and uranium production should be separated and competitive with coal and oil. I don't believe the country can afford to allow the energy sources to be monopolized by a few large firms.

Your understanding and actions on behalf of the aging is appreciated.

Sincerely,

DONALD S. DOUGLAS.

ITEM 5. LETTER AND ENCLOSURE FROM NORVELLA BYRKELAND, PRESIDENT, TENANT ORGANIZATION COUNCIL, HOUSING AUTHORITY OF PORTLAND, OREG.; TO SENATOR FRANK CHURCH, DATED DECEMBER 4, 1975

DEAR SENATOR CHURCH: Enclosed is a copy of a resolution recently adopted by the Tenant Organization Council of the Housing Authority of Portland. Our members are interested in the work you are doing and wish you success in your concerns for the elderly.

Yours truly,

NORVELLA BYRKELAND.

[Enclosure]

RESOLUTION AUTHORIZING SUBMISSION OF TENANT ORGANIZATION COUNCIL

Whereas, the general members of the Tenant Organization Council are all residents living in conventional or leased housing units under the jurisdiction of the Housing Authority of Portland, Oregon and;

Whereas, it is the intention of the Council to have concern for the welfare of all elderly;

Now, therefore, be it resolved by the Tenant Organization Council of the Housing Authority of Portland, Oregon that the below matters of concern should be considered by the U.S. Senate Special Committee on Aging:

Medicare does not pay: total office calls; doctors' fees so high cannot pay difference.

Medicare does not cover: shots; allergy/flu, colds; eyeglasses; podiatrist; hearing aids; drugs, if out-patient; dental care, unless surgery in hospital.

Social security so low cannot pay for extra health plans.

Telephone bills too high.

Nursing homes too expensive.

Need buildings for interim care—between HAP housing and nursing home.

Need more buildings for elderly so that those waiting can be housed sooner. They face many more hardships: high rent, poor facilities, loneliness.

NORVELLA BYRKELAND, *Chairman.*

Adopted: December 4, 1975.

Attest: ALMIRA (MINA) H. WATSON, *Secretary.*

ITEM 6. LETTER FROM MARY MOSSHART, PORTLAND, OREG.; TO
SENATOR FRANK CHURCH

DEAR SENATOR CHURCH: I met you, Senator Church, about 10 years ago at a meeting in Boise and have followed your career very closely and I wish you would decide to run for President. We need somebody like you and I would like to steal you and bring you to Oregon. My husband died at Farragut Navy Hospital in Sandpoint, Idaho, in 1946, and I will spend my eternity in a grave next to him in Idaho's beautiful city of Sandpoint.

I am 75 years old. I have lived in Federal housing here in Portland for 5 years. I broke my hip 2 years ago and have not been out my front door in the past 2 years because there are nine steps to go down. There are three steps in the back which are very hard for me to maneuver because I need a wheelchair or walker, as I cannot stand alone. I am also blind. About eight affidavits, including one from my bone specialist, have been turned in to Williams Plaza saying I have to be where there is an elevator. I have been accepted there and I hope I can get in very soon.

I live on a veteran's widow's pension and my dead husband's social security. My income is about \$200 but I am not on welfare. Medicines, etc., have to be paid by myself. Thank God for our food stamps, Senator, and please, Senator, if possible, see that our old people are not deprived of that much with the high cost of living. It would become a very critical situation for many older people. Also, the 1st of January I have to find \$110 to pay Medicare.

I had to purchase my own wheelchair and walker, which cost \$236, for which I pay \$18 each month. My medicine prescription yesterday was \$22.

Senator Church, the country is banking on more people like you to help this country out of the terrible mess we are in, so please give consideration to running for President. I pay \$34 a month for Federal housing but we are so short of housing in the State of Oregon, and I presume all over the country, that old people are paying much more than they can afford to pay. It seems in a way that we old people are the forgotten ones in this day and age, but not by someone like you and a few others, Senator Church.

Northwest pilot project has been a Godsend to us old people. Senator Church, I mean this from the bottom of my heart. Hundreds of us old people could not exist if it were not for the Northwest Pilot project. Many like myself have no relatives, no transportation, and the Northwest Pilot project takes me to the clinic, to the drugstore, grocery shopping, etc. Volumes could be written about many things that they do for us old people and all we have to do is ask them and they are right there with their volunteer drivers furnishing their time and their gasoline. What would we do without them? Please, with what influence you have in Washington, just remember us old people. It seems like our present administration and the one before it have had no regard for our own people in our own country. I think many like me have great respect for you. Many of us like myself do our own cooking, and take care of ourselves. We don't need to and don't want to go to a nursing home unless it becomes absolutely necessary. We don't want to feel like we are a cast-off old shoe.

I haven't missed voting once in 40 years and have to have someone mark my ballot for me now but I must bring this long letter to a close and I am so glad you came to visit us.

Sincerely, your friend,

MARY MOSSHART.

ITEM 7. LETTER FROM CLAYTON H. BRANT, SUPERVISING ATTORNEY,
SENIOR LAW SERVICE, EUGENE, OREG.; TO SENATOR FRANK
CHURCH, DATED NOVEMBER 24, 1975

DEAR SENATOR CHURCH: Although I realize that these hearings are not to discuss specifically the need for legal services, I want to offer this letter, for the record, as an explanation of how the need for legal services affects many areas, such as housing needs, health insurance needs, and nutritional needs.

In regard to housing, many seniors are living in housing subsidized by either the Federal or local government. Legal services can be very important to seniors in this area to protect and develop the rights of seniors as tenants and to assist in the program planning. As an example, our office has worked with the Housing Authority of Lane County in developing grievance procedures for tenants in federally subsidized housing. Also, we are attending meetings of the Lane County Planning Division on Housing to help insure that low-income seniors are considered in the county's planning for housing development and control.

Secondly, in regard to health insurance, we have found that this is one of the chief areas of concern to seniors. They have more questions about insurance than anything except wills. To help seniors in this area, our office gives individual advice, has a community education program discussing health insurance, and is directing research on the best insurance to supplement medicare.

Finally, in regard to nutritional needs, our office has received many complaints about the Department of Agriculture's attempts to limit the availability of food stamps to seniors. The action of the Department of Agriculture that caused the most devastating effect on low-income seniors was the Department's instruction that governmental housing supplements is counted as income in determining food stamp eligibility and benefits. This instruction made many low-income seniors, receiving rent supplements from the Federal Housing Acts, ineligible to receive food stamps. Our office has assisted other legal aid offices in bringing a Federal court action, *Anderson v. Butz*, to declare the Department's instruction invalid. Another action by the Department of Agriculture that would have had detrimental effect on the nutritional needs of low-income seniors was the Department's plan to base food stamp benefits on age and sex. Our office alerted seniors to the dangers inherent in this plan and encouraged all people to write letters to the Department opposing this plan.

These are some of the problems seniors face in the areas of housing, health insurance, and nutrition. We relate some of the action our office has taken to assist seniors so that you would understand that there is a need for legal services to help seniors meet their housing, health insurance, and nutritional needs.

Thank you for your time and attention.

Very truly yours,

CLAYTON H. BRANT.
SENIOR LAW SERVICE.

ITEM 8. LETTER FROM RONALD YODER, EXECUTIVE DIRECTOR, AND MAXINE SELLING, FAMILY ADVOCATE, METROPOLITAN FAMILY SERVICE, PORTLAND, OREG.; TO SENATOR FRANK CHURCH, DATED DECEMBER 12, 1975

DEAR SENATOR CHURCH: We request the following to be included in the testimony gathered in Portland, November 24, 25, 1975, on the impact of inflation on the elderly in the areas of food, housing, medical care, etc.

Metropolitan Family Service is a private social service agency serving a tri-county area. We are funded by United Way, Federal grants through contracts for service programs, and fees for professional services. The purpose of our agency efforts is to strengthen and support families under stress, particularly those families and individuals with the fewest choices and opportunities and with limited or declining social and economic resources. We have 22 professional staff who provide social services, counseling and advocacy, about 60 training homemakers supervised by the social work staff, and over 100 volunteers involved in programs designed to serve the elderly.

In 1974, we provided 531 elderly people with ongoing homemaker assistance, 12 people with geriatric protective services and counseling. An additional 179 elderly persons received services through our counseling unit. There were another 64 elderly individuals in public housing who were referred to us for various social work services and continuing help from homemakers.

We are encouraged by your many concerns for the elderly and their particular difficulties in coping with an inflated economy. SSI has been an essential new resource for those trying to survive on unrealistic income. However, SSI is not always accessible. One of our elderly clients and her handicapped daughter had been living on a \$64 monthly SS income. We assisted her in applying for SSI. The mother alone was eligible, and \$100 SSI was approved. The two of them managed well on the \$164 per month, until it was disclosed that the woman had a \$2,000 savings account.

She had planned this for a necessary roof repair and property taxes. She was threatened with jail or "fraud." We intervened again and negotiated for our client who was confused by the system, bewildered by the thought of jail, and terrified about what would happen to her daughter. SSI authorities agreed to eliminate her checks for 3 months, instead of jail.

An 82 year old lady living in a small, poorly insulated house, somehow survived on a \$52 monthly SS check. Inflation was limiting her more and more. Fuel alone rose from 18¢ to 46¢ per gallon. We assisted her in applying for SSI. For 5 months we continually contacted SSI office, each time being advised to reapply. Finally, her check came through, and she now receives a total of \$164 per month,

a relatively secure income, but certainly not adequate for medical and dental expenses not covered by medicare. We continue to offer her social services which help her plan and realize her social and physical needs, as her health and energies decline.

These two cases are not unusual illustrations of the ongoing struggle to survive in an inflated economy. The essential supportive government programs are so necessary to be continued. But these cases also point up the social work services as an indispensable means of helping individuals achieve a reasonable degree of security and relief from mental anguish.

Accessibility to government programs is an absolute necessity in order to fully utilize benefits available for the impoverished elderly. Personal social work services continues to be a facilitating agent in this ever complex maze of government systems and programs. Social services help the elderly to maximize their declining resources and to make choices that are appropriate and realistic.

We urge continued Government funding to support programs for the elderly. We should be able to expand the opportunities for groups with the fewest choices—such as the elderly—by assisting them in planning the use of limited financial resources, by advocating and intervening for them in the complex and often remote resource systems, e.g., food stamp eligibility, welfare benefits, fuel subsidies, medical and dental services, public housing. . . . Social services work to bring about an integrated individual and to support him in maintaining self-esteem. We urge you to continue funding programs that will include financial support for social work services.

Many elderly are isolated. Social services with homemaker supports help stabilize their ability to cope, and help prevent social and physical deterioration that so often occurs under these circumstances. For example, one of our elderly clients, alone in a public housing unit, become increasingly unable to manage her household routines. Her apartment filled with refuse, unfinished food, etc. She was to be evicted, when we intervened. Two homemakers literally shovelled out the garbage from her apartment. A homemaker now visits her on a regular basis, showing her how to manage cooking, cleaning, personal hygiene. She is no longer overwhelmed by everything. Neighbors take an interest in her—the police no longer called in to “take her away.” This is a brief, but frequent example found in our service records, where a solution to an immediate emergency often leads into a need for sustained social work planning hand in hand with homemaker services.

We commend you for your determination to make public the harsh existence the indigent elderly must endure. We urge you to respond with increased Federal funding both of economic resources and of much needed social services for the elderly that will permit these citizens to complete their life under circumstances which assure their independence and enable them to maintain their dignity and self-respect.

Sincerely,

RONALD YODER.
(Mrs.) MAXINE SELLING.

ITEM 9. LETTER AND ENCLOSURES FROM SHEILA DRISCOLL, SENIOR SERVICES SUPERVISOR, PENINSULA PROJECT ABLE, PORTLAND, OREG.; TO MR. WILLIAM ORIOL, STAFF DIRECTOR, AND DEBORAH KILMER, PROFESSIONAL STAFF, SENATE SPECIAL COMMITTEE ON AGING, DATED DECEMBER 5, 1975

DEAR WILLIAM ORIOL AND DEBBIE KILMER: Please find enclosed additional material that this agency would like included in the official records of the U.S. Senate Committee on Aging's hearings held in Portland on November 24 and 25.

The tape recording is an interview between Mrs. Viola Lynn, 76 years, and Mrs. Virginia Davis, counselor. Mrs. Lynn had a serious operation several years ago. Other than being indignant about the mistake the hospital made in recording her age, she is quite pragmatic in discussing her health and financial problems. Mrs. Lynn is still living in her own home. Could I ask you to mail this tape back to us when you are through with it.

We enjoyed participating in the hearings. Thanks so much for the opportunity. Debbie, Senator Church's autograph is framed and hanging in a prominent spot in the office.

Best wishes,

SHEILA DRISCOLL.

[Enclosures.]

PROJECT ABLE: GROWING AND GIVING

(By Rowanne Leckenby Haley)

Out in north Portland there is Project ABLE. In Project ABLE there are Brian McCusker and Ron Williams, two very able young men who are adding a new dimension to the project.

Project ABLE (standing for A Better Life for the Elderly) is a group of people committed to, and working for, the improvement of the status of senior citizens. There are counsellors and legal aid available through the program, which is funded by the area council on aging. Ron and Brian are new to the project, and somewhat apart, in that their jobs are the result of Federal grants administered through the Comprehensive Employment Training Act.

Brian grew up in Kansas, where he evidentially acquired a green thumb. His talents are being made use of in a novel way of aiding the elderly. The Portland Park Bureau donated the use of a plot of land under the St. Johns Bridge, and there Brian has established a garden with a plethora of vegetables. The Federal grant covered only his salary, and the Park Bureau donated solely the land, so Brian was on his own to hustle for seed donations and tools. He found help in many quarters: seed companies gave him most of what he needed, but one fine day a donation of a box of seeds arrived, compliments of a generous private citizen who heard about his predicament.

The seeds which Brian sowed in the spring have now developed into fully grown, productive plants. Each morning he weeds his garden and picks the vegetables for the day. Then, at about 11:30, he delivers the vegetables to the local Loaves and Fishes centers, where they are later distributed to senior citizens to take home with them for their evening meal—gratis. Some of the bounty is distributed by Project ABLE counsellors to seniors who are unable to make it to the Loaves and Fishes centers. Thus, Brian's efforts on a quarter of an acre of land supply close to 120 senior citizens each day with fresh onions, carrots, corn, squash, etc., at no cost to them.

Ron is involved in another aspect of providing high quality nutrition to senior citizens at minimum cost: he was recruited to organize and operate a food buying club. In a sense, this operates like a co-op. Ron shops around at various food wholesalers. When he discovers an item at a particularly good price, he buys it in large quantities. Then, on Wednesday and Friday afternoons he sets up a "market" in the Shrunk-Riverview Towers, where senior members of the club can buy the goods at the same wholesale prices Ron paid for them. Three or four items are offered at each sale, and they are generally immediate edibles rather than bulk food. For example, one sale may offer cheese, beans and rice. Another one may consist of bread, fruit, canned goods, or eggs. In this manner, Ron ends up at the end of each sale with exactly the same amount of money he had prior to buying the food, so that he just keeps turning the same money over, week after week.

Ron also had to solicit donations in order to get started. He received \$150 from an organization called Seniors North, which got him started. Ron figures that he sells to approximately 75 people at each sale, again including some shut-ins who place their order with the Project ABLE counsellors prior to the sale, and have their groceries delivered by them.

Because of limited funds and supplies, Brian and Ron are only able to reach senior citizens in the north Portland area. Their work, which began in April, is in danger of ending this coming January, when the Federal grant runs out. Both young men feel certain that it will not be renewed. They have hopes, however, of getting their project sponsored by the city, as a city wide effort to help all Portland senior citizens in the same manner as they are now doing for those in the St. Johns area. They are constantly fighting an uphill battle against financial disaster and, as Ron commented to me, they always have their hands out—donations of money, seeds for next year, packaging material, and above all, a food scale, are desperately needed.

Both men are admirably suited for the work they are currently doing. Ron, who is 24 years old, was a business administration major at the University of Oregon, and has worked in the past with senior citizens.

VIOLA LYNN'S TAPED INTERVIEW WITH VIRGINIA DAVIS, PENINSULA
PROJECT ABLE

Ms. DAVIS. Now, I have known you for about 3 years.

Mrs. LYNN. Yes, about 3 years.

Ms. DAVIS. And I first met you in Keyser Hospital just after you had your first operation. Right?

Mrs. LYNN. I never will forget seeing you. Why did you come up there then? Did you go around to the different ones to see how they were progressing?

Ms. DAVIS. No, one of the social workers from the hospital called our office and said that they were going to release you from the hospital, but they wouldn't until we could get somebody in to help you with your housework and with your personal care, and that is why we contacted Metropolitan Family Services and got Emily to work for you.

Mrs. LYNN. Oh, that was a help. I could never—of course I didn't realize then that Dr. Davis would have never let me come home until I had somebody. I never could have got along without you. I couldn't have stayed here. I know that now, but I didn't know that then. I just thought I was going to get better and be like I used to be, although I know I won't ever be like I used to be.

I've gotten reconciled to that. But I think I am living pretty good, considering the operations I had. But without the help of ABLE, I would have gone into the nursing home, but you know Dr. Davis said he wouldn't put me there. I can see you yet sitting there and saying: "Well, Viola, I can't put you into a nursing home unless Dr. Davis will sign it," and he said, "Viola, I will never sign it."

Ms. DAVIS. Right; we didn't want you to go to a nursing home.

Mrs. LYNN. And what I do think is—he said maybe somebody from church could get somebody, and I think the churches—Virginia, I have talked to Father Young about that. I said they ought to have somebody that goes out, and none of the churches have enough volunteers. They could do something, a little more than what they do.

Ms. DAVIS. Oh, you bet they could.

Mrs. LYNN. He said they would have to find somebody; they couldn't find somebody and most of the churches don't have that kind of help. I don't know why. It is hard to get volunteers I guess.

Ms. DAVIS. It is hard for everybody to get volunteers. People promise and they mean well.

Mrs. LYNN. That is it, and boy you have them faithful.

Ms. DAVIS. Right. Well, I love you dearly.

Mrs. LYNN. Without the help I know I would have never made it. I would have had to go into a nursing home, because I am so much alone. I don't have any family. And the neighbors have been lovely, but they are all working people, and pretty soon—well, it gets to be an old thing, and this has been a long time. They don't do so much any more and they know I have Emily coming. I have had the neighbors say, well if you want anything, they are very thoughtful, but at the time I came from the hospital I had need of somebody with me. When the doctor said I had to have somebody and I didn't think I did, although Emily had been out here and they told her, the neighbors told her I was going in a nursing home. I wanted to come home and Dr. Davis said I have got to have somebody there. I said, well, I've got somebody, but I didn't know that I did. I was surprised, and Emily called and said to me in a while I will be there. That was wonderful.

But I came home and I had Mabel one night. She has her daughters with her problem, big problem, and the little boy next door.

Ms. DAVIS. He spent the night with you didn't he—a couple of nights?

Mrs. LYNN. Yes, he came with his sleeping bag, for a while. He liked to come, because he belongs to a boys' club, I guess, in the summer; I don't really remember. He would get over here so early because he wanted to watch the television. My television was being repaired when I went in and he gave me one in its place and it was remote control.

Ms. DAVIS. I remember.

Mrs. LYNN. I don't care a thing about them now. It is not good to sit too long. I get all stiffened up. I couldn't get up. He had to pull me up. It was wonderful, but the boy liked it. I thought, it isn't Viola that he liked so good. I said now you can just stay up as long as you want, there is no school. I would take a pill and go to bed and then I could hear him clicking that remote control. They just love it.

Ms. DAVIS. Right.

Mrs. LYNN. The kids like that.

I've been very fortunate. I don't think people realize how much Project ABLE does. I noticed the woman I ride with—you see I didn't have the money and my medicines were terrible. I was terribly short of money when I came from the hospital. They have cut them down. I've tried so many different kinds of medicine, so many things don't agree with me. And they got this man to help me and, well, it is \$3 just to take me up here to the interstate.

Ms. DAVIS. I remember.

Mrs. LYNN. And he would still charge me the same thing and tell me how high

gas is. And I just don't have that kind of money. I went to Dr. Davis, I said, I don't want to give him up. I guess I could hire a cab. Don't you ever do that, I just don't have the money. Of course, you have your sister. Course they don't go to Vancouver now, I can understand that. They are not suppose to go over to Vancouver.

Ms. DAVIS. No; we are not suppose to go out of town.

Mrs. LYNN. No. I can understand that. And I wasn't suppose to be going there. I couldn't give up Dr. Davis. The lady that took me went up and talked to me and said I could give her another doctor. I said no way. Dr. Davis never should have—a surgeon doesn't keep you for 2 years. She said, "Don't you like your doctor?" I said yes, but he is so busy, Now he was a lung specialist and I think a lot of him, Now, Dr. Davis is a fine boy, but he doesn't have enough time for people, so he called in and got this doctor, and Dr. Keiser is a family doctor, he's a family doctor. They are all specialists up here; you go to Interstate, take all the doctors that are not specialists.

Ms. DAVIS. Yes.

Mrs. LYNN. So, this, of course, I am very glad. I hope to stay for a while. He says he's going, they wanted to transfer him to Sunnyside. They said that is a beautiful hospital.

Ms. DAVIS. It is but it is way far away from—

Mrs. LYNN. And the nurse told me and I said, is Dr. ----- gone? She said "No." So when he came in, I said, Oh please don't leave me. I've gotten used to you now, I said. Dr. -----, he died and then I got this specialist and he was marvelous but he had to keep sending me around to specialists, when my legs were numb, he said I am going to send you to the best there is in town. He sent me to a specialist, that was all right. But with my trouble, there is not just one specific thing wrong with me, it's complication.

Ms. DAVIS. Sure it is.

Mrs. LYNN. Dr. Kale really takes quite—I hope I keep him—I will for a while, because he said he didn't want to go to Sunnyside. I said, "Oh please don't leave me." I said, "Oh, come, you didn't want to go there." He said, "Oh just because I didn't want to leave you." You know, he was trying to make me feel good.

Ms. DAVIS. Sure.

Mrs. LYNN. I thought that was cute.

Ms. DAVIS. It is. Oh, the doctors love you.

Mrs. LYNN. Well, I like this Dr. Kale, but there will never be anybody like Dr. Davis.

Ms. DAVIS. Right.

Mrs. LYNN. He certainly took an interest in me, and they all seem to.

Ms. DAVIS. They were good to you.

Mrs. LYNN. Yes they were, and the nurses too.

Ms. DAVIS. But the rides do help you?

Mrs. LYNN. The rides?

Ms. DAVIS. Yes.

Mrs. LYNN. Well, what would I do, well Virginia, I think I would be tempted to go up and get on the bus. Well, I think I could make it. He said be very careful, but I bump my legs getting in those cars, even though I'm careful, I slide in. Well, you can't take your time getting on the buses, they want to roll.

Ms. DAVIS. Right.

Mrs. LYNN. Well, I just don't want to—well, I am just not like I used to be. He said don't bump your legs it's poor circulation and they wouldn't heal. For a while I just said to everybody, don't get near me, don't get near me. You just can't go through life like that.

Ms. DAVIS. That's right.

Mrs. LYNN. And I don't bump my legs too much. I'll tell you what I do bump, is my head. I'll go in there to that dresser and I'll bump my head, don't bump my legs too much around the house.

But, I can't afford to hire anybody; I don't know what I would do without—and don't you think the women don't appreciate that. I heard them talking on the bus, but always I hear, Virginia, I don't know how, of course, others do; of course I don't know too many down where you are. I met Shiela. She is very nice.

Ms. DAVIS. Yes, she is.

Mrs. LYNN. But I don't know too many. Now, that day at lunch, everybody sure knows Virginia, but maybe we just get in her group. But they say, "Oh that Virginia. You know you are well thought of. She's just wonderful." You know one lady says she just comes in and visits. I said of course she is a busy

woman. I love to have her come, but I never try to—I can understand when she has other places to go.

But I don't think people realize how much. Project ABLE—how much good they are doing for older people. I don't think it is advertised enough somehow or another. They don't realize and it is appreciated. You know some things that you do for people, they think they got it coming. They have a tendency, now you better believe it, they think they have it coming. And we're up there and we got it coming. There is a tendency. I haven't seen it so much in older people. Most of them, I know they get cranky and cantankerous, they are so happy, they realize that people think, well, you're old, and people have well they have a tendency, like I said, the doctors made a mistake on me, up there they said I was 86, and I think Dr. Davis thinks I am 86. It is on my chart, Virginia.

It is not that I care but I've been wondering why they say you're doing pretty good. You're alert. Your eyes are all right, well not as good as they could be. They were bad when I come from the hospital but I wasn't going to tell them. I couldn't see to read. The operation weakened them, I know now. I couldn't see the curbs, I stumbled on them. I couldn't see the people no farther than you are. My vision was blurry for a year. It has gradually come back but I still don't think it is as good as it could be. They say, well remember your age. I said they ought to be able to change my glasses. He said no, you have no glaucoma and no cataracts. That is a peace of mind, but I still don't see as good as I used to. Well, he said come back in a year. I don't remember how long it was ago I went in. I talked to you about it and you said I could go up here someplace.

Ms. DAVIS. The ----- Center.

Mrs. LYNN. Has that been a year? I didn't write it out.

Ms. DAVIS. I could look it up in my files. I would have it. I'll look it up for you.

Mrs. LYNN. You know what I was talking about?

Ms. DAVIS. Yes.

Mrs. LYNN. I didn't write it down and I don't even know my doctor's name. I tried to get a certain doctor up there, they say he is good, and he has transferred, so I took another one and he said to me don't do anything for a year and come back to me. He said, I can make the glasses stronger but you would have to hold the paper, how do you hold a paperbook, right here, well that is normal. Well, if I make them stronger you will have to hold it out like this. I said, no way, somebody would bump into me and knock my paper out of my hands. So I said just let it go.

My windows are dirty. They have been washed twice this winter. I had Emily clean the windows. My windows, they get all the dirt. My windows get dirtier than other people's. And these neighbors haven't washed their windows once.

Ms. DAVIS. Your house looks very nice inside and out.

Mrs. LYNN. It should with somebody coming three times a week.

Ms. DAVIS. Well that is wonderful, you deserve that, bless your heart.

Tell me something. They thought you were 86 instead of 76?

Mrs. LYNN. Yes, they thought I was 86. The doctor was looking at me one day. Every time I went in, how old are you, and I told him I don't see why they didn't catch it. They thought I was 85, see I am 76 now, I was just 76. I was 75 and they thought 85, so the nurse said they have down here that you are 85. I said, now I know why they say you are doing pretty good, you're alert, you're quick on the trigger, you're not hard hearing. Well sure, I won't be this good at 85. No wonder they were bragging at me all the time. I was getting tired of them saying well we think you're a remarkable woman. Now I said let's get that straight on that book that I am not 85. I guess they thought I was mad because it was making me older, but they have it right now. I just said I am staying right here until you change that.

Ms. DAVIS. Good for you.

Mrs. LYNN. I just don't know how they made such a big mistake, of course I tried to tell them when they operated once I had it then, a racing heart, which Dr. ----- said it raced when I got excited and when I got angry. He said watch it, you're Irish and you have a quick temper and you're high strung. I said well, Doctor, am I just to sit around and don't say nothing. I feel worse inside, but after I spit it out, I feel good. I do, after I get it out once. I hold it in, I don't hold a grudge, I just tell you and I'm ready, and it's all over with.

But I really think—I heard at the table she wanted to know who to write to. They thought it was so nice they were invited to that luncheon. Well, I said I would call Virginia and tell her that I appreciate it. I said I did write a little note, a little letter. I thought it was so nice to remember my birthday. That was

awful sweet. I said I wrote a note, I think, down to Project ABLE and told them I appreciate the rides, you know, that is wonderful. I think you go to them and I said they wouldn't know what they would do. It is awful hard to get somebody to take, well they all went to different places. They don't all go up here to Keyser you know.

Ms. DAVIS. That's right.

Mrs. LYNN. Do you take people over town?

Ms. DAVIS. Oh sure.

Mrs. LYNN. You do, to offices over town? Some of them go up to the county, I think.

Ms. DAVIS. Oh yes, some of them go over there and some go up to Emmanuel and downtown to private doctors to some of the bigger medical buildings.

Mrs. LYNN. Now, how do they go; how is the money furnished to keep this project?

Ms. DAVIS. Well, from the State through the State and the city.

Mrs. LYNN. Sometimes I guess you're kind of short aren't you?

Ms. DAVIS. We're always short.

Mrs. LYNN. That's it, they don't realize how much good and what it costs you know.

Ms. DAVIS. Everything is so expensive now, gas——

Mrs. LYNN. I imagine if they realized the good it is doing they would appropriate more.

Ms. DAVIS. That would be nice.

Mrs. LYNN. But they really don't know.

Ms. DAVIS. I think that is the problem. They don't know.

Mrs. LYNN. No, they can't. There are so many people, I can understand. Now if I told you, I'm going to quit. They would put you through the third degree, you know it isn't good for me but I can't just think about me, I understand the people. You've got so many dead-beats, that they have got to investigate people and they figure everybody is crooked. They won't take your word for nothing. I know I'm honest and they don't believe me. I've got to have it written down. It is quite a rigmarole to go through and it makes me nervous.

Ms. DAVIS. I know.

Mrs. LYNN. And worn out. And I even set up the story that I can do that myself. It's 13 years that I've been up there. You know I think I am going to quit stamps. They put me through the third degree and I'm all worn out, I can't sleep. I'll have to get my papers together, of course I've been sick and I didn't keep things in order. I don't know how I got by here. Now I've got a system which is a good thing to do but older people don't do it. I think it is on account of the stamps, I've got everything that you can see in envelopes.

Ms. DAVIS. Oh, you do a good job of bookkeeping.

Mrs. LYNN. Well, it is because I had everything all jumbled up and I had a time finding and I realized that it had a bad effect on me and I tried to tell Mabel since the operation, I don't think I am as good as I used to be, now I don't want you to think I'm off of my rocker or something, but I said I get to the table and I'm figuring and I get there and I can't even subtract and then I got panicky cause I used to be pretty good. I just can't help it, Virginia. I'm not going to try that, I've got to learn to live with it. The pills have slowed my heart down and I think they've slowed my brain down. I don't need my brains slowed down.

Ms. DAVIS. You're doing fine.

Mrs. LYNN. I need a little bit more but it has slowed it down. I get there and there is a pencil and I can't even subtract and then the next day I just go right along.

Ms. DAVIS. Sure. I think that happens to everybody.

Mrs. LYNN. Well, it never used to happen to me. It used to be, I might have had a good mind in my day and didn't know it. And when it come as you get older I couldn't take it. Like I knew where I put everything. This is older people. I set something down and I never can find it. So I make more steps. I go right and put it in its place.

Ms. DAVIS. I think you have a very good system and your house is in beautiful order and your papers were in very good order when they reevaluated you for the food stamps. We didn't have any problem with them at all because you had all your receipts and your income and everything.

Mrs. LYNN. I didn't need to send all of them I realize that. I just needed to send the last one. They said for the last 30 days.

Ms. DAVIS. But sometimes they like to look through the whole year.

Mrs. LYNN. Well, I'm going to tell you, the last one jumped so much, it was a lot higher than it has been. The light and my gas jumped almost double.

Ms. DAVIS. I know.

Mrs. LYNN. Everybody's, not just mine.

Ms. DAVIS. And then your oil.

Mrs. LYNN. I just got oil, but you see I, they got after me for paying every month, that would hit me pretty hard. I just got oil, it was \$80-some, Virginia.

Ms. DAVIS. Sure.

Mrs. LYNN. I had 50 gallons left, I told them I am not going to pay now because I've got taxes and then there comes insurance on my furnace because it's an old rattle trap. It's rattling now and it will break down. I wouldn't carry insurance, it's too high on a new furnace. Last year I didn't have a thing done to it, the year before I had a part of \$40 and I really got my money out of it, but last year I didn't have nothing. They made money on me. That's all they do. If that goes haywire, they have got to give me a new engine.

Everything they give me it is written in small print, you have got to watch that. I can't get him to change the filters and I don't know how to change them. I still think I need new filters. He says, we got clean oil and they don't need to be changed. I know it isn't in the contract but I'll pay for it. But he won't do it.

Ms. DAVIS. Would you like me to go down and look at it?

Mrs. LYNN. You don't know how to change filters do you?

Ms. DAVIS. Is it just those big square filters that you buy at Fred Myers'?

Mrs. LYNN. I don't know where, no it is just a—he looked over by the tank. I don't know, you want to look at it? No—you want to finish this.

Ms. DAVIS. Sure, I'll look at it. Because we have some that you just slide in behind our furnace. Maybe you have some like that too.

Mrs. LYNN. I don't know where it is and of course this oil man and I—I know one day he came and he was here and my uncle, my uncle that just passed away, you know the one with leukemia. I never knew old people got leukemia, I thought it was just children. Did you ever hear tell of old people getting leukemia?

Ms. DAVIS. Yes. I guess anybody can get it.

Now what is your income for the month, what did we figure, with your veterans and your social security?

Mrs. LYNN. Now she wants to know where I go to get the paper, she thought I went in the, I don't, I have to show you because it is going to come I want you to help me on my refunds.

Ms. DAVIS. Oh, sure.

Mrs. LYNN. That is after the first of the year.

I try to remember but I can't. I can't tell you a whole lot of it because it is not essential when you're working. You write it down and that is what I was looking at when you were telling me. This is the way I keep. Now you see with the social security, Virginia, 1964 I got \$87.10. Then comes now let's see that was July 1974, then July 1975 they raised me to \$94.70 from \$87.10. That is about \$8 or \$9 isn't it?

Ms. DAVIS. Yes.

Mrs. LYNN. I've got a raise so when you figure up for these, you have got to figure that I've got 1, 2, 3 months of \$87.10.

Ms. DAVIS. Right. So now you get \$94.70, and \$91.52 from the veterans. So you really do very, very well keeping your house up.

Mrs. LYNN. So if I didn't get the veterans, they called me from, what is their supplement?

Ms. DAVIS. SSI. That's a supplement figure, social security.

Mrs. LYNN. I get the lowest social security.

Ms. DAVIS. I can see that.

Mrs. LYNN. I do, because see I didn't get big wages at the nursery, but it's mine, my social security, not my husband's. The reason I don't get my husband's, he worked for the Union Pacific. I owed on the house when he died and I didn't have money. So I took a lump sum and I signed off and you know I was 49 I think. I never dreamed I would ever go to 75. That seems awful old at 49, Virginia.

Ms. DAVIS. Yes.

Mrs. LYNN. Well, I had to take it, because I didn't have the house all paid for and I just got the veterans which was \$30 and that was all I had to live on. I don't know how we did it but things weren't so high then. Then the veterans when they started giving me, they gave me, they were 5 months giving me anything. And then when they did they gave me back from the day Carl died. I got 5 months backpay. Well, I don't get the supplement. They give that to everybody now that has a little pension, because I know Arthur, he has the same pension as me and they give him supplement.

Ms. DAVIS. Right.

Mrs. LYNN. Which amounts to, Mabel said no, she says it don't amount as much as what the veterans give me, but the reason veterans give me as much as they do, the veterans have been dropping my veterans down every time social security raises. This time they had me sign a, fill out a form giving all my doctors and they didn't drop me, they raised me \$8 a month for medicines.

Ms. DAVIS. Right. I think that is wonderful. I am so glad they did that for you because your medicines really—

Mrs. LYNN. And now they are not so bad, they're bad enough, but, because they, I've got a whole drawer full of bottles half taken.

Ms. DAVIS. I wish they could do something about that.

Mrs. LYNN. Well they couldn't help it, they tried it and that don't agree with my stomach. And then take something else.

Ms. DAVIS. I know, but you shouldn't have to buy the whole bottle, and then discard it after 2 or 3 days.

Mrs. LYNN. But that is what everybody has to do.

Ms. DAVIS. I know that.

Mrs. LYNN. I know you shouldn't, but boy, my medicines were terrible. They are bad enough now, but I will have to take this the rest of my life. I will have to take heart pills. And they have doubled up on the heart pills. Well, that got them in trouble again. That is when I got disgusted here when he said I can't take two a day any more. I have to take 1½ one day and 1 the next and two high blood pressures every day and I have to take that, well, what is that medicine? Well, what is the difference—the name of it? It's a stool softener, because with my stomach, the food drops into my intestines too quick and it cakes.

Cathartics are not going to do me any good. I have to have a stool softener and now and with suppository, I have no problem. It has taken time to get those, it may not be the same for somebody else. But I think I am OK. It seemed like I felt better when I took two heart pills a day. I don't know why but he said I got too much digitalis and it's dangerous.

Ms. DAVIS. Well, you go see him on December 8 or 9.

Mrs. LYNN. The 8th I think, it's on a Monday.

Ms. DAVIS. That's right.

Mrs. LYNN. Well, Mabel said I told her the 6th, and she said now you check with Virginia and see if you told her the 6th.

Ms. DAVIS. Now, we have it down for the 8th.

Mrs. LYNN. I said I can't. The 6th, I said, is a Saturday and it would be 2 months, but I can't come on a Saturday because I got no transportation. They seemed to understand what I am talking about. I said how about Monday.

I thought I felt better when I was taking, I don't know why I thought I felt better, gee, I was just not doing much. I didn't want to do nothing. Now when I just take 1½, I have to do a little something again and I get tired and really it's a scream. When I get out in that yard, of course before the operation I was active. I wouldn't come in until everything was up and I would hang my tools up. Now, I get tired and I have my rake and I have a pile of stuff right there and I slam it down. The kids can't get used to it. They know that everything has to be put away. I come in and I say leave it set. I don't care. It's the medicine. Pretty soon here comes a kid with a rake and puts it in you know—

[End of tape.]

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

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

DEAR SENATOR CHURCH: If there had been time for everyone to speak at the hearing on "Future Directions in Social Security: Impact of the Cost of Living Upon the Elderly," in Portland, Oreg., on November 24 and 25, 1975, I would have said:

The following replies were received:

MABEL E. BAILEY, EUGENE, OREG.

Husband in rest home, and our income together is \$672.20 a month but when I have payed for rest home, doctor, and medicine, I don't have anything left for myself. I worked until I was 76 years old to pay off debt on home. And now I have taxes, heat, lights, water, phone, and I get \$40 of stamps for food at \$12 a month and this summer to spring I was on crutches and wheelchair alone in my home. We were caught in R.R. medical bankruptcy so had to pay doctor cash, plus 6 months backpay and get new medical help (my stamp buys, milk, flour, just staples). I had a garden with abcess on right hip, and R.R. doctor would only say they could not do anything for me. So I went to a doctor which I had to pay each call and he only charged one-half price. When we got 8 percent raise July 1, the rest home raised 18 percent. And it has raised six times in 2 years.

In Oregon, welfare is charged to your home. How will one be buried?

I eat two times a day when health lets me. Prepare my meals—I have had no meals brought to my home and only one woman came to my aid. She was a local volunteer. I have lost 16 pounds but now I am holding my weight.

The church could help a lot if they did not carry Bibles so much. I am a church member.

JEWELL BAKER, EUGENE, OREG.

The Senlor Lobby of Eugene, Inc., provided information dissemination throughout the State and from the Eugene area, alone, they brought up nearly 100 persons in chartered buses, plus others who drove in private cars. We have, in our number here today, at least half a dozen very intelligent, well-trained, experienced, and mature senior service workers. Not a one of them is allowed to speak. Eugene is to be represented by a 26-year-old opportunist Ron Wyden who is not accepted by more than a dozen persons in the area. I feel that this situation is an insult to our real leaders and that you owe an apology to the Lane County senior leaders.

RUTH BORUCK, PORTLAND, OREG.

All nursing homes should provide insurance on their residents to allow them to be taken out of that institution.

Director of AAA in this region states that none of those funds can be used for residents of nursing homes because of the Federal guidelines. Why are these people additionally penalized because they are forced to live in an institution with minimum care? I would appreciate your comments.

EDGAR L. BUSCH, PORTLAND, OREG.

Medicare does not pay total office calls. Doctors fees so high, cannot pay the difference.

Medicare does not cover shots, colds, eyes, flu shots, podiatrist, etc.

Social Security so low that cannot pay for extra health plans.

Charge for drugs if out-patient.

Glasses and hearing aids, et cetera.

Dental care unless surgery in hospital not included.

Telephone bills too high.

Need buildings for interim care—between HAP housing and nursing home.

Nursing homes too expensive.

Need more buildings for elderly so that those waiting can be housed sooner.

They face many more hardships—high rent, poor facilities, loneliness.

DONALD S. DOUGLAS, BEAVERTON, OREG.

I am a volunteer with Beaverton FISH—emergency assistance of food, clothing, and transportation. Since activation of Loaves and Fishes and meals-on-wheels in our community, as described by the panel, has lessened the needs and the calls for food assistance from elderly persons. However, the needs by younger persons and families has greatly increased, straining our donated resources.

One very real problem of families asking for help is the delay of 2 to 3 weeks between application and availability of food stamps. This occurs in cases of families moving to the community, loss of employment before unemployment payments begin, illness, or delayed social security checks.

There needs to be emergency issue of food stamps for this interim period. FISH gives all the help it can but we just don't have the resources.

MARILYN FORSE, PORTLAND, OREG.

I have a deep concern about the lack of funds available for alternatives to nursing home care. There is a demonstrated need in Oregon, and there are trained professional therapists available as both consultants and one-to-one treatment.

The Occupational Therapy Association of Oregon is trying to help elderly and chronically ill consumers (age 40-65) to receive services through a small pilot project in the metropolitan area of Portland. We received \$5,000 from the State board of health through the last session of the legislature and will soon receive approval to begin the program, working through a private family agency which has an established homemaker service which needs rehabilitation service.

P.S. This money must last through 18 months.

MRS. CLIFFORD FRATZKE, PORTLAND, OREG.

I have long been concerned about the problems of hearing, especially among the elderly of the low-income group—just above the poverty line. I could also include "seeing" and dental care. One answer, it seems to me, is to include hearing aids and eyeglasses and dental care on medicare lists for payment—or at least part of the cost, even half, would help. Accidents occur from loss of hearing and sight failure. In addition, the loneliness of persons who cannot communicate is a great contributor to other problems in their lives. Could something be done to start a program of this type?

PEARL GISCHLER, EUGENE, OREG.

The Senior Lobby, Inc., and Lane County Senior Services sponsored two chartered buses and brought nearly 100 senior citizens to Portland today to hear you.

Senior Lobby sent out 30 letters to organized senior groups scattered over Oregon, urging them to send representatives to this meeting. We have many active and interested seniors in Oregon working for a better life. We are delighted that you could come to Oregon to hear our problems and concerns.

I am quite concerned about the unreasonable spread between the amount medicare allows as a reasonable charge for medical aid and the amount that many doctors charge. Why should doctors be allowed no ceiling on what they

can charge to people who have a very low and foggy ceiling on their income? Can't we do something to stop this? Many doctors are known to be getting rich on medicare income and breaking the spirits and the hearts of many of their patients.

In the Eugene-Springfield area we have one ambulance company—owned and managed by one man. He seems to have some sort of a franchise or something that keeps out competition.

So ambulance charges are extremely high in this area, serving more than 100,000 people—many on limited fixed incomes. It costs a senior citizen \$100 to \$200 to ride in the ambulance to a hospital only a few blocks away from their living quarters. The senior lobby has collected copies of ambulance charges such as this. We know what we are talking about.

What can we do in this situation? Will appreciate your aid.

GETRUEDE GODWIN, PORTLAND, OREG.

The elderly in particular need a comprehensive national health system but there should be socialized medicine so costs could be kept as low as possible.

There are abuses by doctors in medicare of claims made and exorbitant fees. I know from personal experience when my husband was hospitalized with a stroke that caused his death. Fees should be monitored and income of doctors should be controlled.

I have two sons who will be burdened with excessive social security payments from their wages unless costs are carefully controlled. Eventually this may lead to a sad conflict between the young and old.

Our economists should make an all-out effort to roll back inflation, then we elderly on fixed incomes would not be in such a bind. I know it's a lot to ask.

I am a member of the S.W. Advisory Board on Aging in Portland and I am glad that you are concerned with the problems of aging with dignity and decency.

HAZEL Y. GREER, EUGENE, OREG.

I think the medicare plan should be redone. It does not have enough coverage as is.

We do need the national health insurance program, so please do all you can to get it through.

Seniors also need the right to work without losing any social security.

Too late for this, but I think dog and cat food should be bought with stamps. That way people on food stamps would not buy good meat steaks and etc. for their pets. I am not on stamps and don't have pets, but I have seen a lot.

SISTER HELEN C. HEMPE, PORTLAND, OREG.

My uncle is a retired barber on fixed income. He and his wife own their modest home and lot. They pay about \$60 a month property tax. They are only two of many many older people who are faced with selling their family home because of the property tax. How about wealthy people and corporations that enjoy tremendous tax benefits?

HOWARD A. JORGENSEN, PORTLAND, OREG.

For various reasons, certain facts may become somewhat distorted in public meetings such as was conducted here in Portland by your committee November 24 and 25. And by that, I in no way mean to imply the meeting was not beneficial—exactly the opposite. For example: The average elderly citizen household here in Portland does have a rate advantage if it uses only a limited number of kilowatt hours per month. A schedule commonly used by Portland General Electric in assessing home electric bills charges 14.8 mills per KWH for the first 800 kilowatt hours used in the household. Then it imposes 21.7 mills per KWH for the following 800 KWH. Consequently, economical use of electric power is an advantage here. What upsets us most, is the fact that the numerous aluminum manufacturers, and other large industrial users, obtain power from Bonneville Power Administration for less than 3 mills per KWH. This, in spite of the fact that Federal agencies publicized the fact that Federal power was originally intended to make cheap power available to us, Mr. and Mrs. Public Consumer.

While Portland General Electric, and Pacific Power and Light have the responsibility of maintaining equipment for distribution and the right to reasonable profit, they should be able to obtain electricity from Bonneville at a cost that would allow for that, and still give the customer electricity at a reasonable rate.

Note: Local areas with cooperative power distribution do have cheaper rates than Portland residents, but still too expensive.

FLORENCE KOGEL, PORTLAND, OREG.

Senator Frank Church, I was very impressed with cost-of-living hearings you held in Portland. We have been a neglected group of people, especially in these last years.

What I would have liked to have asked is why do we get our rent raised every time our social security goes up? We live in what is supposed to be low-housing buildings under HUD. We never get that raise due to the fact that the rent goes up the same amount as our social security is raised. Some of these people get less than \$200 a month.

I happen to have a large medical expense and doctor bills, so after my rent is paid, insurance, which we need, and the prescriptions, I have less than \$5 for the rest of the month. I don't have enough to pay for the food I get for the month.

Another thing is, why aren't the veterans, who are disabled, able to get more prescriptions from them? I had a medical bill of over \$9,000 to turn in to the veterans this year. I can't afford to buy any clothes, shoes, or even a lunch out. I can't ride a bus due to the use of a crutch and am allergic to most medication.

The drugs go up from one week to the next which I don't have the money to pay for. I have had to use up all my retirement money and having nothing but \$35 from my pension and the social security.

The elderly who have less than over \$200 a month and no money in savings can't even get into that which is suppose to be low housing—which is HUD. They can't climb stairs, so they are confined to just a room. Some of us have no family even near here.

MR. AND MRS. ROY C. KOLMER, PORTLAND, OREG.

We were glad that you came to Portland and we thought that the meeting was very well conducted.

Mrs. Lee Miller (retired public health nurse) made her points very well. Mr. Brown, who brought representatives from Eugene, was also very informative and explicit in his remarks.

Being a retired registered nurse myself and having worked for 50 years as such, I agreed heartily with all of Mrs. Miller's statements.

Social security benefits for the aged are not sufficient in this day and age for the proper care of the elderly. My husband, age 85, and I, 78 years, will both need both upper and lower dentures soon and we definitely cannot afford the exorbitant prices (\$400 each) which will have to be paid for them. The same is true of eye refractions and eyeglasses. And the drug prices are entirely out of line. The elderly people who have brought the country along the rugged way all of these many years are the ones who are neglected now.

Social security was to be left completely intact for the old age benefit fund alone. Instead, it has been delved into by the government for military purposes, etc., until it is now completely exhausted. It should be taken completely out of the hands of HEW.

A suggestion that we would like to make is that when the husband and wife each have their own benefits earned over the years and each receives his and her separate checks each month, that when one or the other passes away, the remaining spouse would receive at least one-half of his or her spouse's monthly check in addition to his or her own. This would help appreciably, I think.

Again, thank you for coming to Portland. Come again soon.

BEATRICE ONA LEVY, PORTLAND, OREG.

I would like to see a bill in Congress passed, establishing a nationwide tuition-free college program for senior citizens.

Over the years, we senior citizens have supported public works and schools. We have sent our children to receive higher college educations at great expense and sacrifice on our part.

We are the "paid-up generation."

Now that we have the time to pursue our education which is as essential to us as food (as it is food for the brain and stimulation), we find that our limited income prohibits taking courses in literature, sociology, philosophy, etc., as the tuition fees—even for auditing course comes to \$15 or \$20 a semester and with four semesters a year it averages \$80 for one course not counting investment in books. This is quite an outlay for citizens living on social security. Hoping that a bill will be introduced establishing tuition-free college program for senior citizens, I am respectfully yours, I am 70 years old.

JULIA E. LOVE, PORTLAND, OREG.

I'm fully in accord with what Sister Mary Phyllis Soraghan had to say in her testimony. I've been trying to keep my 86-year-old mother out of a nursing home for 2 or 3 years now, I have the feeling, as I have helped her with medicare forms, etc., that there is a pervasive meanness of spirit through the whole medicare system. It seems as if there are more and more expenses while at the same time less and less is paid to the applicant. My mother is more fortunate than most, so these problems must be very serious for the elderly who are poor. Thank you, Senator, for having these hearings to bring problems out in the open.

B. H. McCANNA, PORTLAND, OREG.

The maximum amount a social security recipient can earn without any reduction in cash benefits is \$250 or \$210 monthly. I hope the amount can be increased to \$4,000 per year or \$330 monthly. After 70 years of age, no limit whatever. It is my hope you will be the next President of these United States. I will help you all that I can.

R. J. McGARRITY, PORTLAND, OREG.

Regarding social security: Man and wife should both be treated as individuals and not be penalized for marrying. Two people when older can help each other in many ways, even to the point of keeping one or other out of a nursing home. Regarding increase cost-of-living: Bureau of Labor Statistics taking parity at 100 percent in 1967. Now 167 percent or two-thirds higher. Why take 1967 as base? It seems to me that 1950 would be a better indicator.

VIOLA E. MULLER, PORTLAND, OREG.

Elderly invalids in wheelchairs have need of transportation to and from doctors' offices as doctors no longer make house calls.

In care-cars they can be lifted in their wheelchairs into the care-car.

In 1973, I found the cost of a round trip \$16. It could be more now in 1975.

Medicare (A or B) does not pay anything on this cost. And at that time neither OP Physician Service, Blue Cross, senior citizens paid any of the transportation cost.

P.S. Enjoyed the Monday meeting in Portland. Hope you run for President.

MR. AND MRS. FRED NIKKILA, PORTLAND, OREG.

The elderly people are the ones who are suffering the most in this inflationary age that is hitting us now.

My mother is 92 years of age and her medical costs of drugs and medical costs in general are just beyond comprehension. Medicare should pay more than it now does for these costs.

The funds which working people have paid in the past into this fund should be used for one purpose only for which it was introduced, i.e.: old age benefits. Social security should not be under the control of HEW.

Our own elderly people are being neglected and we are bringing more and more into this country from every nation in the world, feeding them and educating them. When Edith Green from Oregon was in the House of Representatives, she brought practically the whole population of Cuba into the United States to be cared for. No doubt social security benefits took care of this project.

Thank you for coming to Portland.

WILLIAM R. PERRIN, LAKE OSWEGO, OREG.

I believe it is true we haven't won a war since the Pentagon complex was built after World War II and we have not won a peace since the CIA was established. **Social services require money.** The Congress should get it in part by trimming 75 percent out of the Pentagon and CIA budgets since they are demonstrated failures. With this trimming, the administrators will cut out the dead wood.

We need to divert wasted money to useful uses.

Utility rates are a State problem. The minimum necessary should be at a cost any can afford. Excessive use penalized.

It would be well to establish and train grievance or advocate committees to handle problems of medicare use and rights, social security, and the like. Elderly are at the mercy of those who administer the programs.

Clinics should be established where elderly can receive common professional services such as prescribed medicine and especially in the back country.

Elderly people must become activists, otherwise they will turn us into barren pastures.

VIVIAN PETERSON, PORTLAND, OREG.

Social security should be raised to \$300 per person and no if or buts about it. No one can get along on less than that.

This business of raising it a few dollars once in a while is just like giving a child an extra piece of candy.

Besides, we should have special rates on heat and lights.

Also, there should be retirement homes, at a decent rate where they can have room and board. And also low cost housing, there isn't one-half enough of them. There should be mobile parks for the elderly at a decent rate. They can't afford to pay such a high rent for a little space.

ORVAL M. PHELPS, DEXTER, OREG.

Some of the formula used to determine finance for the elderly has been found to produce hardship in place of benefit. One example: An advance in social security has (by formula) caused a reduction in veteran's pension greater than the advance in social security.

This has happened to the writer, not once, but twice in the last 5 years. As retirees, our only hope is for our honorable Senators to correct this gross injustice, hopefully yet this year.

HAROLD RECORD, SPRINGFIELD, OREG.

We do need a national health insurance and hospital plan, \$100 per year per person 25 years and older paid as income tax in their State or Federal.

Also, stop building supersonic vessels you spoke of in Portland November 24. We ask for these services not for senior citizens alone, but for our children and grandchildren in years to come.

Thank you for your interest in older people.

FRANCES G. SCOTT, EUGENE, OREG.

The one way that we could make medicare a health maintaining instead of an institutional care program is to expend some research money to determine the value of preventive programs for the elderly. One very promising such approach is the work done by Project SAGE (Senior Actualization and Growth Exploration) in San Francisco. The prototype study was funded by NIMH. Although it is not medical, in the strict sense, in its orientation, the SAGE approach is an holistic approach to personal growth and development, designed to revitalize the physical, mental, and spiritual potentialities of the elderly through a combination of technique and exercises drawn from Western therapeutic methods, Eastern disciplines, and mediational practices of spiritual traditions. It was developed by Dr. Gay Luce and a team of psychologists and therapists. The Social Security Administration should spend some funds and efforts in determining alternative approaches to the physical and emotional health aspects of aging and not rely entirely upon the traditional palliative. Such approaches as SAGE, and no doubt other imaginative and creative approaches, could determine sound programs which will maintain health and keep people out of long-term care health facilities. There is bound to be a positive cost benefit result in such pro-

grams, as almost anything one does in the community is cheaper on a cost benefit basis than institutional care, and is much more pleasant to the elderly recipient of the program.

TERESA J. SHUPP, PORTLAND, OREG.

If I would have been allowed to work as I was quite capable of working in several fields, my retirement years would have been financially taken over by small retirement and social security, plus sewing ability could have been an added income. But I was mentally bugged and burned out of four jobs and four homes. Lost everything including small savings and health. It originated in State office, Bureau of County Collections. They burned my body until I resigned to get away from it but they continued to burn and bug. Followed me to Virginia burned and bugged, followed to M.C. Charlotte. They followed me to St. Helen's Oregon, burned and bugged, so I came to Portland and they burned me out of Nordstrom's. Then entered Winters as visitors and tenants. They carry portable equipment. They burned my eyes so I can't see to sew, they burned my body and the depraved side of them burned my rectum and privates and now burned my legs and are threatening to destroy my mobility. Then continue to run current through my heart for heart attack (unprovable murder). They brag about several other hundreds of murders. They have a mixture of subversive Russians, Slovak, Chinese, Black, and Jewish backgrounds and Pennsylvania Dutch.

I asked local police for help and a very fine officer talked and said he would do his best, but each day the teams burn me more.

I am unable to work at present and am forced to accept welfare which I do not like. I am grateful for it but if subversive groups were not allowed to burn women to death, I could perhaps find something to do 3 days a week. There are four women being burned in this building. Myself, Mrs. Duncan, Mrs. Underhill, and another lady who is afraid because they threatened to murder her outright with burning energy.

We asked FBI for help and in Portland they said they couldn't help and that the people using equipment could circulate freely. Yet we American women can be burned to death. They said Congress is leaning on them. They can't help?

Is it true that the FBI has gone subversive? Is this burning and destroying older women and a young mother and many others across country part of de-population in various ways?

All four of us in one building could make an income if we were not being murdered by degrees.

My ancestors came here for freedom? Is this the type of country the children are going to inherit because crooked politicians sell out our very freedom and country for the dollar sign.

I am thankful for someone like you to at least take a stand for freedom.

God bless you.

ESTHER B. SLOAN, SPRINGFIELD, OREG.

We have not had any help or civic right and 50 years is too much. I want to tell you that I have been discriminated against all over the U.S.A. I cannot get any justice in the land. I have been lied to by our government offices. The social security of both Oregon and California have lied and put me to lose my life savings. I have gone all over the U.S.A. to try and get my records of both myself and my late husband who it seems married me under a false name. I have asked for information on all these things and have been denied. I have signed for files on both my husband of 15 years and myself and I cannot get my files on the CIA or FBI or the Private Act. I have been run out of government Representatives' offices and government offices. I have asked and demanded to know who has the right to keep me from my private rights as an American citizen.

I cannot get any help and have been robbed of my health, finances, marriages, utilities and not one file can I get and that is my right. I blame the covert action as my husband was a spy in World War II and I have had no part in any of his activities and have been destroyed financially and my girl and her children. That is why I am fighting this with everything I have. I demand to be heard. I know our country cannot stand under this daily torture I have been forced to take for over 50 years.

I have been told my family is not mixed in this and I want an investigation in my case and I want the answers to this life-long case. I thank you for coming to Oregon on May 24. I was there and spoke to your leading lady.

P.S. I have a six-page letter I want you to have but I am afraid it will get in the wrong hands. Please help me. Thank you.

MRS. VAN H. STEEL, EUGENE, OREG.

There should be something done about the medicare expenses on a senior's social security which leaves them strapped and nothing or not enough to live on after the medicare deductions. They raise our social security income and turn around and raise the medicare deductions—plus everything else. Recently, I had to fill in my widow's veteran pension questionnaire. Because I had that small raise on my social security, they reduced my pension over half, plus adding the raise on medicare deductions on my social security. Thus, I am worse off now and with less income than before any raises at all.

I think, also, there should be more consideration for the handicapped aged and those taken ill. Recently, my older sister, age 80, took very ill. I called the doctor and he said to bring her to him because he didn't make house calls. I called the hospital and they said they couldn't admit her until the doctor gave his admittance. I had to get her to see him which made her worse and an ambulance was called to take her to the hospital after the doctor checked her. She did recover, but it was close and through only God's grace.

There is also a drastic need for those seniors who are in need of medication to keep alive. While I was in California, I did manage to get all my medicine on welfare. When I moved to Oregon because the housing was cheaper, I was shocked to discover the cost of the medication I needed which was over \$45 for three prescriptions. I'm keeping enough aside from my small income for this need. I have to go without many other nutritious foods and comforts of the aged. I am nearly 70 years old. I have worked hard all my life and have never received a cent or any help during these years for welfare, aid, unemployment or disability help. My husband was a World War One veteran and had never asked for any help either, even during his long illness of cancer and death at 76. Now, I see long lines of mostly young people in the welfare assistance and unemployment. Must we older people have to support them with the money we put in taxes and social security during our long years of hard work and waiting until we're past 65 to retire?

CARL SWANSON, PORTLAND, OREG.

Carl was denied eligibility for social security disability three different times. Simultaneous to the denials, Carl was in and out of the county hospital several times. There was no doubt that he was far beyond the point of being able to work, but the social security office's answer was always the same. Carl says that the denials came while he was on the operating table close to death. They continued to insist that Carl, with his present ability and knowledge, was able to work. It seemed truly crazy. For a long time while Carl's application was being processed, he was getting no monthly income at all. Finally, after an operation and a lengthy stay in Eastport Nursing Home, Carl received a doctor's OK and began receiving \$135 a month through the State welfare office.

For a long period Carl was not healthy enough to deal with the welfare bureaucratic process and get a monthly sum to tie him over until his social security came through. Carl first applied for social security in 1971. It was approved in the summer of 1975. A doctor's statement of disability seemed to satisfy the State welfare office, but it wasn't proof enough to the Federal social security machinery. The decisionmaking bureaucracy seems so removed from the reality of Carl Swanson's situation.

Carl asked: "How in the hell is a person supposed to live in the mean time?" Now, Carl is in another bind related to medicare. Carl receives \$257 a month in social security benefits, but that is over \$80 too much since he is now ineligible for medicaid. To receive the type of health care he got before his social security money was approved, he must pay over \$80 per month into medicare. In fact, he is being penalized for receiving disability benefits. If a person earns more than the minimum income decided upon by the State, they must pay the difference of their earnings for the level of health care people on SSI and welfare receive.

OPAL THOMPSON, EUGENE, OREG.

What do we do about getting a doctor when we need one, or are in a hurry, and are too sick to go to him, and he won't come to see you? You can't get in the hospital without a doctor to sign you in and he is booked up and can't see you. Please what can we do?

I hear they have a drug store here in Eugene someplace that fills prescriptions at cost, but where are they, and we have no way to get to them.

Also, we older people that live alone have to have a phone and it just cost too much.

The three things old people need the most are ear aids, teeth, eye care, and that is the three things medicare won't do anything about.

We don't have the money to pay that first \$60 to get in the hospital and now they are going to raise it.

We helped to bring this world out of the depression in 1929—now there is no place for us.

MICHAEL A. TRACHUK, SPRINGFIELD, OREG.

Dear Mr. Church: In relation to Dr. Charles Littlehales presentation—the city of Eugene in Lane County is proud to report that a prescription drug program is underway right now providing prescription drugs at a wholesale price for senior citizens 55 years and older and whose income can be no more than \$5,000 for a single person and \$10,000 for a couple. Originally a pharmacist from Payless Drugs, Derrick, donated his free time to fill those prescriptions at Labor Center Pharmacy, Eugene, who donated overhead and their stock. We now have what was mentioned—a \$1 membership from the seniors to help replenish the stock and take care of some overhead. The program runs throughout the pharmacy's open hours with the volunteers from the Gray Panther Party and from the University of Oregon to help work the register and some paperwork. The program is running great and is a pilot program, but we are in desperate need of financial support to continue the program in this one independent pharmacy long enough to point out that drug chains need to cater up to the older Americans—because they are a mass and have power to pressure. Other pharmacists are feeling the pressure of these people not coming in their store and getting their prescriptions at a mark-up at anywhere from 30 to 60 percent. We need support—public and financial. And the program's major thrust is that wonderfully dedicated young dynamo on the health costs panel—Ron Weyden. Perhaps national focus on this program will stimulate other community conscious pharmacists and drug chains to pick up on the idea and take the pressure off this one pharmacy taking care of all those seniors working with the program.

When we see elderly come in and cash their checks for prescriptions and leave with not enough money to pay for rent and food for the month, it breaks our hearts.

We are behind you—please stand behind us!

Thank you for your time. Enjoyed the first day's presentation.

TED UHRICH, SR., PORTLAND, OREG.

At the Senate hearing held in Portland, Oreg., testimony indicated that there was a present positive need for changes, and the implementing of new programs to assist the low-income elderly to maintain a standard of livability that should be the right of every living person in a wealthy country such as we claim to have, but do not demonstrate in the operation of the help offered to the elderly and the poor.

Programs of relief aimed at only keeping people alive for the time being, or to patronize the so-called taxpayer, are a waste of money and effort when it comes to solve the problem of instituting an economy that will supply a decent standard of livability for all. It is imperative that there be a full use of the economic facilities and the under-used working personnel, so that there will be a sufficient buying power to buy back the evident immense productive ability of this Nation. Stored up assets are a necessity, but they can be overemphasized to the point where they block the use of goods and services available, making it necessary to curtail production with its spiraling increase in unemployment.

It has been taught as long as I can remember that for every person that is receiving a livable income, no matter how the income was obtained, that about three new receivers of a livable income would emerge in supporting services. At the White House Conference on Aging of 1971, a plan was outlined to obtain a livable, guaranteed income for all, but since that time the findings have been adjusted to a more conservative size but still in all, better than the pittance that is too small to create a beneficial effect on the economy, or to bring the poor a satisfactory living, and so is a real waste of money and effort.

Since 1945, this Nation, according to the writings of Stuart Chase, has had a sufficient productive ability to provide a high rate of living standard for all the citizens of this Nation. Why do only a few have this, and others must live in a state of poverty?

You heard the health plan offered by Commissioner Don Clark of Multnomah County, that will make it possible for all to have the same standards of health care now available to union members and other high-income groups. This should be a very high priority in developing a plan to help the poor and low-income groups that cannot at present qualify for the group insurance offered to others.

There will always be a need for private involvement, and there should be no fear that government involvement will strifle their chance to earn their special type of rewards in the hereafter. My comment to this is that if they are only looking for rewards in the hereafter by doing good, then I am afraid that their intensions will be futile. We must do right because it is in our character to do so, and not for future or present rewards.

FRANCES WALKER, BEAVERTON, OREG.

I'm sorry that I have not heard a single person express gratitude. I guess we have forgotten the conditions after both the First and Second World Wars. Selling apples on the street, dying from flu, many taken care of in the civic auditorium, planting gardens in flower boxes, making clothing over and over. After all, we are the government and most of the mistakes are ours, are they not? How very grateful we should be for a government which now shows such interest in the seniors. Personally, I feel like one of the Lord's spoiled children.

KATHRYN M. YETTER, PORTLAND, OREG.

Why give us a SS raise when we do not get any benefit from the raise? The landlords and Federal housing take the biggest share and the rest goes to the telephones, lights, heat, and garbage. In most cases our raise does not cover the bills.

Also, medicare costs too much now without the increase beginning next year. I haven't been to a doctor for 2½ years because I can't afford the price.

All in all, we are just the go-between for the vultures.

Just to give you an example how our SS raise works: 4 years ago I received \$14 SS raise. Landlady raised my rent \$10. All homes and apartment dwellers had their water rates raised \$3 a month. Medicare took 30¢. All I had left was 70¢. Big deal.

P.S. Bet you won't even read this.