

FUTURE DIRECTIONS IN SOCIAL SECURITY

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

PART 14—LOS ANGELES, CALIF.
Impact of High Cost of Living

MAY 16, 1975



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- 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.
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FUTURE DIRECTIONS IN SOCIAL SECURITY

FRIDAY, MAY 16, 1975

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Los Angeles, Calif.

The committee met, pursuant to notice, at 9:30 a.m., in Patriotic Hall, Los Angeles, Calif., Senator John V. Tunney presiding.

Present: Senator Tunney.

Also present: William E. Oriol, staff director; George Cronin, professional staff member; Gerald Yee, minority professional staff member; Teddi Fine, special assistant to Senator Tunney; Patricia G. Oriol, chief clerk; and Kathryn Dann, assistant chief clerk.

OPENING STATEMENT BY SENATOR JOHN V. TUNNEY, PRESIDING

Senator TUNNEY. The committee will come to order.

Skyrocketing prices for life's basic necessities have placed a nightmarish hardship on the average American family. For millions of elderly whose social security payments, pensions, or meager savings simply won't stretch, high prices are intolerable. Many senior citizens almost literally live from day to day. Many subsist on inadequate diets, live in substandard housing, and go without decent medical care because of inflation's relentless upward spiral.

In the last 2 years alone, the cost of medical care has increased 21 percent. Fuel and utility bills are up nearly 31 percent. Food at the supermarket is up more than 27 percent. Rents have increased by 10 percent; clothing by nearly 12 percent; household furniture by 26 percent. The price of a loaf of bread has soared more than 47 percent, margarine by more than 100 percent, and sugar has gone off the charts—up 237 percent.

Federal and State programs have tried and continue to try, to appease the psychological and, indeed, physical ravages which beset the Nation's senior citizens. The efforts are commendable but have been hampered by an administration which, in its haste to balance our swollen budget, has cut cruelly into those programs which would best try to insure the continued dignity of life for countless seniors. The most damaging blow was proposed earlier this year when President Ford asked that a social security increase due in July be kept to 5 percent. And yet, under law, that increase should be 8 percent.

SENATE OPPOSES 5-PERCENT LIMITATION

The Senate has passed an amendment opposing the 5-percent limit. Yet the President and HEW Secretary Weinberger, despite the action

of the Senate and the widespread opposition among the Nation's elderly, stubbornly hold fast to the 5-percent ceiling.

In these hearings we hope to further amplify the need to oppose such a ceiling. We need to determine whether the cost-of-living provision itself truly reflects cost increases on those items of most crucial concern to the elderly: Health care, housing, utilities, transportation, and food. Was the system established by Congress in 1972 to provide a yearly adjustment adequate? Are more frequent adjustments necessary?

In this morning's *Los Angeles Times* there is an article which indicates that Secretary Weinberger is of the opinion that Congress is wrong in insisting upon the 8-percent increase rather than 5 percent. He says he feels that 5 percent is adequate. It is ironic, I think, that the Secretary should make this statement at a time when the Committee on Aging is working at this hearing and in others to demonstrate that the elderly are prime victims of inflation and they deserve what is due them by law, which is a full 8 percent.

ELDERLY "SCAPEGOATS"

The Secretary is trying to make older Americans in this country scapegoats for the administration's policies. I think we, in this room, should express our resentment by sending a cascade of letters to the Secretary of HEW.

I feel anybody who has had an opportunity to view the problems at the grassroots level—and I am sure the Secretary must occasionally get out to the grassroots—could not possibly state that the senior citizens are not entitled to everything due them by law and a lot more that is not covered by the law.

But even improved social security and SSI benefits can do only part of the job. We need a much more rational health delivery system, innovations to reduce the cost of utilities to low-income people, adequate and accessible mass transportation, and other actions which can help reduce drains on retirement income.

These hearings of the Senate Special Committee on Aging in Los Angeles, and yesterday in San Francisco, include some testimony from State and local officials. But we will hear primarily from the senior citizens themselves—those who have been backed to the wall by higher and higher prices.

I personally believe that the committees of Congress have a tendency to become isolated and insulated in the grandiose chandeliered chambers of the Nation's Capitol. Too often, committees hear from the bureaucrats and agency heads and they don't hear from people, which is the reason I wanted to bring these committee hearings to California where 11 percent of the Nation's elderly live.

Many of the people who we'll be hearing from today could not possibly afford a trip to Washington, could not possibly afford a hotel bill in our Nation's Capital. They have no funds for the airline ticket. What they have to do with the nickels and pennies they have is apply them to food and to clothing and to the increased cost of housing.

But I believe their testimony is essential if we are to understand the human dimensions of inflation and develop solutions for its control.

When I came in here today, a reporter said: "Why are we having another hearing on the Nation's aged? We've heard so much about the Nation's aged." I said: "But what have we done about it?"

The problem we have is that there are so many people in the Nation's Capital pursuing their own legislative objectives that, unless you keep the pressure on, unless you keep a constant record of hearings, the problems of the aged get lost. Although they're terribly important to the aged, when you consider the problems of the military, the problems of the farmers, and the problems of other urban dwellers, the problems of the aged get lost.

That is the reason we're out here: To build up yet another record, and, hopefully, we are going to be able, as a result of these hearings, to have a legislative package which at least will accomplish some of the things that are needed. And one of the most important is legislation to plug the loopholes of the social security law that now forces widows to lose their pension rights when their husbands die—most unfair. There are many other cracks in the Social Security Act that have to be closed.

Now, let's get going with our hearing schedule. First, we will hear from Emma McFarlin, who is special assistant to Mayor Bradley

**WELCOMING REMARKS BY EMMA McFARLIN, SPECIAL ASSISTANT
TO MAYOR BRADLEY**

Ms. McFARLIN. Senator Tunney and guests, on behalf of Mayor Bradley, I first want to extend to you a welcome to Los Angeles for these hearings. You who are personal acquaintances of the mayor and the senior citizens who live here know that this is one of his prime-priority agenda items. The various areas you mentioned—transportation, housing, the inflated cost of food, and other cost-of-living items—are things to which he has addressed himself. He wishes to commend you for coming to hear from the senior citizens in Los Angeles about their plight.

As you are aware, he holds open house once a month, at which time he invites constituents, many of whom are elderly and senior citizens, to come in and explain to him what problems plague them most, what things they need, and what they feel government can and should do to assist them.

He will present to you and your committee a total package of letters from his constituents as well as testimony from his staff indicating the identification of the needs and problems of senior citizens.

At this time, I would like to present to you Sam Kolb, who is chairman of the City of Los Angeles Advisory Committee on Problems of the Aged.

Senator TUNNEY. Thank you very much, Ms. McFarlin.

**INTRODUCTORY REMARKS BY SAMUEL KOLB, CHAIRMAN, CITY OF
LOS ANGELES ADVISORY COMMITTEE ON PROBLEMS OF THE AGED**

Mr. KOLB. Hon. Senator Tunney, I think it is very appropriate today to meet in such a place as Patriotic Hall. With this, I am going to ask everybody to rise and pledge allegiance to the flag of America.

[Whereupon, the Pledge of Allegiance to the American flag was given by all present.]

Mr. KOLB. Thank you.

It is indeed a great pleasure today to introduce such a man whom we have here today, who is going to conduct the hearing, and who has exerted all of his time into the aging program for the elderly and the depressed. It is a great pleasure for me to introduce to you this morning, Senator Tunney.

Senator TUNNEY. Thank you, Mr. Kolb. I appreciate your being here, and I appreciate your being here, Ms. McFarlin. I hope you will tell Mayor Bradley how much we appreciate his statement, the fact he has been so interested in these problems, and will continue to support this committee in our efforts to get legislation through. Thank you.

Our first panel is made up of James Carbray, Robert A. Forst, and Mary Voeller. Mr. Carbray is vice president of the National Council of Senior Citizens. Mr. Forst is the executive director of the National League of Senior Citizens, and Mary Voeller is the chairman, Social Security Committee, California State Joint Legislative Council.

I might just point out that anybody in the audience may submit a statement to the committee. You may discuss particular problems that you're concerned about, a general problem, or it could be a specific problem that you feel the committee ought to address. We have some printed forms here which are available to you out at the front desk. If you want to fill this out you can either hand it to me or the committee after the hearing or you can send it to me in care of the Special Committee on Aging. That statement will be included in the record as if it had been read here.* If you raise a specific problem, we'll try to help you with it.

Please proceed, Mr. Carbray.

STATEMENT OF JAMES CARBRAY, VICE PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. CARBRAY. Thank you, Senator.

My name is Jim Carbray of Whittier, Calif. I am a vice president of the 3½-million-member voluntary organization of seniors, known nationally as the National Council of Senior Citizens.

Mr. Chairman, I would love, with your consent, to preface my statement with just a bit of background on the issue.

First of all, in the past 3 months in particular, the press and the media have been resplendent with reports of the inadequacy of the social security trust fund. Some of them have gone so far as to obviously predict that there wouldn't be sufficient funds to pay the benefits as they fall due within the next 25 years.

I think it is interesting to note that in the face of these charges, five former Secretaries of HEW, Democrats and Republicans alike, have issued a joint statement which I think clears the air considerably. In substance, it says social security is here to stay. They recognize, as you and I do, there are some inadequacies in it; there are some loopholes as you referred to them, Senator, but it is here to stay. As long as there's an America there will be a social security system. We can take

*See appendix 6, p. 1357.

care of the loopholes and the inadequacies by the appropriate amendments. I wanted to touch on this.

One of the reasons, of course, that these funds have been depleted somewhat is the fact, if you look around, you will find there are 9 million unemployed who are not making their regular contribution to the social security trust fund. Of course, you multiply that by 2 because there are employers who are not making them as relates to the funds of those individuals who are unemployed. I think we have to take this into account.

Now, let me touch very briefly on the statement that was made this morning in the press by the Secretary of Health, Education, and Welfare, Mr. Weinberger. It is almost unbelievable that anyone could hold fast and give serious consideration to the request to reduce the 8 percent cost-of-living increase in social security benefits to 5 percent, as proposed by the administration, when, at the present time, it's a matter of record that we have over 1½ million recipients of social security benefits presently receiving less than \$100 a month; that 25 percent of all of the older people in this Nation who are recipients of social security are living on incomes below the poverty level. I think the statement by Secretary Weinberger is reprehensible, to say the least, and flies in the face of facts to the contrary.

MOST SERIOUS PROBLEM

I'd like to deal with what I think is the most serious problem relating to the future of the social security system—namely, the glaring need to provide a more adequate financial base. In approaching this effort we must first, however, enact appropriate legislation to remove the Social Security Administration from under the jurisdiction of the Department of Health, Education, and Welfare and its political influences, in fact or implied, related thereto.

I propose the enactment—and this is the position of the national council—of Senator Frank Church's Senate bill No. 388, which would place the Social Security Administration under an autonomous Federal Commission whose members must be confirmed by the Senate and whose terms of office shall be staggered and determined by lot. This would prohibit once and for all any partisan political influences or pressure by any future administration and would assure the total independence of the Commission.

The next step would be to amend the provisions of the Social Security Act relating to the financing of the monthly benefit program. I respectfully suggest that amendments make the Federal Government an equal third partner in the financing of this program by a continuing, ongoing monthly contribution from general revenues. I oppose Senator Long's recent request for an increase in the employee contribution because, in my mind, the present level of 5.85 percent of income is the saturation point.

We must also avoid any proposal which would provide only for periodic or stopgap, lump-sum contributions from general revenues which would involve budgetary considerations or appropriations by Congress annually. This would make the future of the whole social security program subject to the political whims and influences of Con-

gress and defeat the very principle and purpose of Senator Church's bill.

Since the majority of the industrialized nations of the world contribute to the financing of their federal pension systems, can we afford to do less? I think not.

This great Nation of ours, during the past 40-odd years, has literally given away over \$190 billion to other peoples around the world with no strings attached and presently is considering a new foreign aid bill of over \$6 billion. At the same time, we are expending many hundreds of millions of dollars in a national humanitarian effort to help the unfortunate victims of the Southeast Asian war—surely this Nation must realize its first obligation is to its own. To my mind, no nation is any stronger than its people: those who work, who fight, and even die for this country.

Thank you, Mr. Chairman.

Senator TUNNEY. Thank you very much, Mr. Carbray. I'll have some questions for you later.

Please proceed, Mr. Forst.

STATEMENT OF ROBERT A. FORST, EXECUTIVE DIRECTOR, NATIONAL LEAGUE OF SENIOR CITIZENS

Mr. Forst. Senator Tunney, members of the hearing, my name is Robert A. Forst. I am the executive director of the National League of Senior Citizens. I want to thank you for the opportunity to discuss with you the impact that inflation is having on older Americans. I could give this testimony in one sentence, "Inflation is literally killing senior citizens."

Before inflation became so full blown, we had in this country more than 25 percent of our senior citizens ill-housed, ill-fed, and ill-cared for. They suffered even then from insufficient income. One does not have to be a learned man to know what inflation has done to them.

I would like to read into the record some of the thousands of letters we receive:

Buy dog food, buy cat food, send it to Congress. Tell them to eat it. I do. Mix it with an onion and fry it. Even dog food or cat food isn't cheap nowadays. I would give most anything I have to be able to buy a roast of beef.

Another letter:

Today, just 1 week before my checks come again, I spent \$2.19 for food. Must wait till next Tuesday before my SS check comes. Yes, I'll be out of human food and dog food both. I do not have a dog but I have a cat to starve with me. I plan to take her after the first of the month and have her put to sleep.

Another letter:

I haven't started on dog food yet but if this inflation isn't soon curbed, no telling what we will be eating. I live mostly on cheap TV dinners and vegetable soup.

They go on, but I would like today to confine most of my testimony to medical care. You know, a senior citizen has to pay his rent or be thrown out. A senior citizen must pay his utilities or they are shut off. When you're hit with inflation on a low monthly income, there are only two items on which a senior citizen can save: one is food and the other is health care. When either or both of these are used

so that one can exist, then they have embarked on a vicious cycle that can only deteriorate the situation more. Study after study has shown what inflation has done to health care.

When medicare was enacted, it was supposed to assume 80 percent of the reasonable health cost of aged Americans. We have seen that 80 percent diminish to 65 percent, to 57 percent, to 42 percent, and according to the latest figures, now 37 percent. The older American is now paying 63 percent. The senior citizen is now paying more for medical care than he paid before medicare was enacted and, at the same time, the senior citizen has found less and less doctors who are willing to accept medicare or medicaid assignment. Too often we have heard stories of doctors replying, "That's your problem" in answer to a senior citizen's statement that he or she is on medicare, and then the physician refuses to make any adjustment in his fee for services.

In the face of these facts, can anyone deny that inflation is literally killing senior citizens? It is undeniable that most senior citizens cannot afford anywhere near proper and adequate health care. Yet from time to time we hear elected officials say that senior citizens are overutilizing medicare. Just this morning we heard a Secretary of HEW come out and decry that senior citizens, in getting an 8.1-percent increase on social security, are getting too much. These same officials deride senior citizens again on overutilization of medicare. Nothing could be further from the truth. More and more senior citizens are finding they cannot afford to utilize medicare, much less to overutilize.

ELDERLY CAN ILL-AFFORD OVERUTILIZATION

There is overutilization, but it is on the part of the provider and not on the part of the recipient. It is the physician who decides how many treatments are to be made, not the senior citizen. It is not the senior citizen who decides to be hospitalized or how long the stay of hospitalization should be. It is not the senior citizen who decides to change the terminology so that medicare will pay higher costs. It is not the senior citizen who decides that medicare should be billed from a different office so that medicare allowances will be higher. It is not the senior citizen who bills for duplication of services. It is not the senior citizen who establishes what fees shall be or what constitutes a reasonable charge.

It is, however, the senior citizen who must pay more and more and more for less and less and less health care. We are hearing from more senior citizens than ever before who say: "We can no longer afford to go for needed medical attention," and this is a direct result of inflation.

Many times Members of Congress pat themselves on the back for voting a social security increase but, in most cases, these increases do not put one penny more in the hands of senior citizens. Constant increases in rent, in utilities, in food, in clothing, in heating, and in medical care wipe out the entire increase.

What Congress must do is come up with new, bold, innovative steps. Why shouldn't county medical associations make available a list of physicians who accept medicare or Medi-Cal assignment? Why

shouldn't changes be made which would permit physicians to use a central service agency for filling out medicare claims? This would alleviate the need for each doctor to have personnel in his office to handle these forms. It would operate similar to an answering service. It would offer savings that could be passed on.

Why shouldn't there be a medicare credit system which would give an incentive to senior citizens for unused medicare? In fact, such a program would save both the U.S. Government and senior citizens money. In other words, if the Government figured it cost \$400 a year per medicare recipient but a senior did not use that, why not give him a credit for 50 percent for the following year?

Why shouldn't there be a model demonstration project on health care for senior citizens? This could be a new class of proprietary hospital. This hospital could offer all services, including inpatient and outpatient, and in all cases accept medicare and Medi-Cal assignment. Any physician in the community who accepts medicare or Medi-Cal would have full hospital privileges. If this were done, the patient would receive better care at less cost to himself and to the Government, and the hospital could prosper as well.

These are just a few of the innovative ideas that Congress must explore to eliminate the health care problems of our aged. There are many more, but first, Congress must resolve to solve the health care problems of our senior citizens and not offer "take two aspirins and call me tomorrow."

Thank you.

Senator TUNNEY. Thank you, Mr. Forst. Mrs. Voeller, you may proceed.

STATEMENT OF MARY VOELLER, CHAIRMAN, SOCIAL SECURITY COMMITTEE, CALIFORNIA STATE JOINT LEGISLATIVE COUNCIL, NATIONAL RETIRED TEACHERS ASSOCIATION/AMERICAN ASSOCIATION OF RETIRED PERSONS

Mrs. VOELLER. Senator Tunney and friends, my name is Mrs. Mary Voeller and I am from Redlands, Calif.

Today I am testifying on behalf of the National Retired Teachers Association and the American Association of Retired Persons,* with over 1 million members in California and over 8 million members nationwide. I am also a member of the NRTA/AARP Joint State Legislative Committee, and chairman of its committee on social security.

During the past year, our legislative voice has supported legislation to improve SSI. I testified on this in Long Beach before our State Commission on aging last December.

Now we must expand our role to not only work for new legislation that will meet the needs of the older Americans, but to provide leadership to improve the existing legislation and regulations. Through our membership we have become aware of many problems the older people face when dealing with the Social Security Administration and, more specifically, the problems involved with supplemental security income.

*See prepared statement of NRTA/AARP, appendix 1, item 1, p. 1303.

The merit of a society is said to be intimately related to how it provides for the welfare of its older members. Herein lies an American tragedy. Americans have not faced their responsibility to those whose work and efforts have contributed substantially to a society that is unequal in the option of comforts and security it offers its younger members.

The most crucial factor contributing to older Americans' living conditions is the inability of the national leadership to curb the distressing upward trend of inflation. To understand the problem more clearly, it is critical that the most pressing concerns be highlighted.

Let us examine the three basic concerns of the elderly: Income, health, and housing. The No. 1 and most important factor is income. In most cases, income of the older person is fixed. According to the 1970 census, 70 out of every 100 male and 86 out of every 100 female heads of household, aged 65 and over, are not in the labor force. These figures have become worse in the past 5 years.

We have had social security increases, but inflation has eaten this up faster than we receive it. In 1972, the low budget set by the Department of Labor was \$3,442, which was \$118 a year more than the average couple receives.

Let us look back over the last 20 years. Let us go to 1946 and call it a base when a dollar would be worth 100 cents. By 1956 it was worth only 72 cents. By 1966 it was worth only 60 cents. Today this dollar is worth only 38 cents.

Many of our older Americans are living on dollars saved before that. I spoke to a fine old gentleman in his eighties who told me how hard he had worked and saved for old age—his dollars now are worth only 20 cents each and he will soon need SSI.

The working years of these older Americans included a 1929 depression when salaries were very low. Teachers earned \$50 per month for 9 months. I was one. I managed a dental clinic in the late 1930's for \$60 a month. So you can guess how much could be saved and now inflation comes to take most of that.

The next generation of older Americans should have it much better since wages have been rising the past 20 years. If persons had not been forced to retire, as they have been, they would be in better shape today. I would say we should allow a person to work as long as he is able or wishes, without being forced to retire. If we take care of those who were faced with the depression years, forced-to-retire years, and now inflation years, and change our laws for the future, it will do a great deal to help our social security system and our people as well.

THE UNCOUNTED "POOR"

We have nearly 2 million aged persons not counted as "poor" simply because they live with their families. If these were counted, nearly one-third of those over 65 years of age would be classified "poverty stricken." As inflation continues, more and more will fall into this class.

Our news last week warned of increases of 6 to 8 percent by the end of 1975 for food alone. The 8-percent social security increase due now in July would just keep the recipient in the same place he is right now. Have you had to eat oatmeal sandwiches for lunch? Did you know that much of the pet food sold is being consumed by the elderly? Have you

ever watched the shopping cart of an older person at a supermarket and noticed the few articles the older American can afford at a check-out counter? Have you ever watched a meal being served to the elderly and see how many carefully wrap one-half of it to take home for another meal, even though what was served was just enough for one meal?

I have had three cases in my area brought to my attention where suicide was attempted by desperate older persons. No food, no money, and SSI had been applied for in October but still not received by February. I had sleepless nights and I shed tears over this.

With the help of our State committee, we are working to help find people in dire need. These persons are too old, too ill, too infirm, many do not speak the language, and they cannot stand to wait in long lines at the social security office in order to receive needed help. Many have had to wait months for a vitally needed check that makes the difference between bare survival and mere existence because there are too few staff people and many errors in our computer systems which result in delay and mistakes.

An additional problem that we are concerned with pertains to income to be excluded and income to be counted for the purpose of SSI eligibility. First, the regulation requiring a one-third reduction in SSI benefits where the individual is making payments for support and maintenance to the person in whose household he is living. Second, the regulation requiring the inclusion in income of prizes, awards, gifts, and inheritances of nominal value.

ELIGIBILITY STANDARD

We urge that the Congress determine whether the regulatory interpretations pertaining to the determination of resources to be excluded and the resources to be counted for purposes of SSI eligibility are sufficiently liberal to reflect correctly the intent of Congress.

In checking my area of San Bernardino County, I found that most older Americans have no other income but social security, and many are under the SSI program. Most of these people have to be on special diets either because of high cholesterol, diabetes, or other chronic ailments. Statistics show that 86 percent of the persons 65 and older have at least one chronic illness which brings an additional burden or expense to them.

We are 10 percent of the Nation's population and yet we pay one-third of the national health bill. Last week an older woman, dismissed from the hospital, told me her bill was \$9,000; medicare paid only \$6,000, so most of her life's savings was wiped out.

Older persons seem to spend their money in the following fashion: First, housing; second, utilities; third, doctor and medicine; and if there is anything left, it goes for food and everything else.

With property taxes ever rising, people have to give up their homes that they've spent most of their lives in to look for cheaper housing, and many resort to institutions. I checked the nursing homes in our area and I found that 75 percent were on medicare or Medi-Cal and many would not have to resort to this. Why can't taxes be frozen for persons over 65 and keep them in their own homes? They are happiest there, even if the place is dilapidated, and it would cost the Govern-

ment much less. Please cut the budget in some other area than social security and don't allow the older Americans to suffer any more than they are now.

We would like you to know that our association and our State legislative committee fully and sincerely thank you and all concerned for the older people, and we are happy to assist you in any way and at any time.

Thank you.

Senator TUNNEY. I want to thank all of you very much. There are many questions that I have for you, but unfortunately—we have tried to include as many people in this proceeding as possible. Since so many people wanted to testify, I am going to allow your statements to stand on their own with few additional questions. I think they are good, solid statements.

One thing, particularly, Mr. Carbray, I'd like to ask, is your opinion of the lifeline proposal for utilities. Perhaps you have thought about it and maybe you could give us a 1-minute answer on it. Do you favor the lifeline proposal?

Mr. CARBRAY. I certainly do because I think, very frankly, that at the rate utility rates are rising across this country, it's getting to the point where two of the basic necessities of life itself—power and water—are going to become other commodities in jeopardy.

I would take this opportunity to indicate in my personal opinion—if we look around the world, we should be learning some lessons, particularly the people involved in public utilities. If we look at Europe, if we look at the Scandinavian countries, and if we look at other portions of the world, we will find, as a result of overriding cost factors, these segments of their industrial power have become nationalized. I can only warn the American utility industries that the road to nationalization is paved with gold but it is the gold of the fools who put profit ahead of public service.

Senator TUNNEY. Thank you very much, Mr. Carbray. Thank you very much, all of you. I appreciate it.

Now, our next panel is made up of four persons, the Honorable Edmund D. Edelman, Juana Soria, Kaiser Gordon, and Dr. Max Bay. This panel will be discussing health.

We are very pleased you have joined us today. I am particularly pleased to have Supervisor Edelman, our leadoff witness on this panel, with us. He is a person who, when on the city council, felt a great concern for the problems of the elderly, and now, as a member of the board of supervisors is showing a tremendous interest in the nursing home problem. He is making quite a reputation for himself and has won the undying gratitude of many senior citizens for opening the record on nursing homes to public scrutiny.

We are pleased to have you.

PANEL ON HEALTH

STATEMENT OF HON. EDMUND D. EDELMAN, LOS ANGELES COUNTY SUPERVISOR

Mr. EDELMAN. Thank you very much, Senator, and ladies and gentlemen.

First, let me express my appreciation to the committee, and to you, Senator Tunney, for showing an interest in the plight of the senior citizen. Let me not speak very long today because there are many who will follow me who will speak more eloquently than I.

I believe it was back in 1971 at the White House Conference on Aging that a conclusion was drawn at that time, and the conclusion was as follows:

The Nation can never attain a reasonable goal of income security so long as heavy and unpredictable health costs threaten incomes of the aged.

I think that what I have heard thus far, and I'm sure what you will hear hereafter, will confirm that statement made by the White House Conference on Aging, that as long as we have an uncontrolled situation in terms of medical costs, no matter how much we increase social security, and no matter how we change the system, we are not going to have the security that is necessary for our older Americans.

I think this points to the need for national health insurance. There is no question in my mind that if it doesn't come this year, it will come next year, or the year thereafter. But we need a system that is much more equitable than what we have under the present medicare system. We have a system that is inequitable to a great degree.

I think one further point should be mentioned, and that is, we are all concerned about the state of our social security funding. We hear dire predictions, as was indicated by some of the former speakers. I think, and there is no question in my mind, that Congress will eventually assume some role in providing input into that system. That is, instead of the employer and employee paying a loan into that system, that general funds from all of the taxpayers will have to be placed in that system.

I'm sure the Church bill, that is pending before Congress, will probably pass, whether this year or next year, but certainly some bill such as that is necessary.

MANDATORY RETIREMENT

One last point, Senator, and that is—we have so many restrictions on our elderly in terms of their length of employment. We have laws that prevent discrimination based upon sex, based upon race, color, and creed. But when it comes time to protect the older citizens in our community, we fail to protect them. We have retirement systems that require people to retire at age 65 whether they are able to work longer or not. Now, that's arbitrary—that's discriminatory. We have to recognize that people, such as Maggie Kuhn, have brought this issue to the forefront, and I think Congress is going to have to deal with it, as well as the counties and the cities. We cannot automatically say that when a person reaches age 65 or 68 we are to throw him or her out and say that that person cannot be of any use to our society. We're going to have to eliminate those bars of discrimination against our aged.

When people do retire—legitimately and voluntarily retire, instead of being forced to retire—we are going to have to find them a place where they can continue to contribute. Unfortunately, too many of our programs here in Los Angeles County and elsewhere throughout the Nation relate simply to giving these people games to play and not an opportunity to participate in our society.

I'm sure you will address these problems, as you have done in the past, to help so many of the groups that need help, Senator. We're counting on your assistance.

Thank you very much.

Senator TUNNEY. Thank you.

Juana Soria.

STATEMENT OF JUANA SORIA

Ms. SORIA. Honorable Senator, ladies and gentlemen, my name is Juana Soria. I am age 71. I'm just a consumer. However, I am a member of the council on aging of the mayor's committee. I am a retired person, so, therefore, I am one of the ones who suffer a lot of these problems.

However, my main concern is to tell you of the problems of the people in the community of east Los Angeles who are 98 percent Spanish-speaking people. The language barrier is very, very acute in that community.

I have worked with senior citizen problems for the last 7 years under the county health department—who retired me forcibly on account of my age—social security, and the SSI project. During these years, I have come across several serious problems confronting our elderly citizens, especially in their economic situation. With living expenses going up every day, these people on fixed incomes are having to do without the necessities of life. The high cost of food, medical care, utilities, and rents have created a situation of dire need for these people, a situation that is impossible to cope with.

ELDERLY SUFFERING

Under the present budget and those that have existed since 1965, our elderly are suffering with their health care needs; also, they suffer due to lack of understanding on the part of different offices, departments, or resources where they go for help. Due to language barriers and the many rules and redtape that exist in our present social system, it is very difficult for them to get the health care they need.

One problem that is very serious is how to prove disability. It takes from 3 to 5 months after going from place to place, wherever they are sent, to substantiate their disability. In the meantime, no help is given and the person suffers from lack of resources to pay for the rent, medical needs, proper food, and all of the necessities required for a normal existence. Our elderly are embarrassed, harassed, alienated, and made to feel like paupers before they are found eligible for some kind of help.

We have another serious problem, and that is housing. I hear very often that the housing projects are for the low income and needy, but there is no mention of the needs of the elderly citizens. I have a case right now of a 75-year-old lady who is living in a shack paying \$50 a month rent plus utilities. Her income is \$230 a month. She applied for an apartment at the Maria Villa project and was refused because she does not have enough income. She had to raise another \$25 a month in order to be eligible for an apartment. Since she cannot raise that money, she is forced to stay in that shack where her well-being is in constant jeopardy due to the unhealthy living conditions.

Another serious problem is the need for trained home health aides to take care of those unable to take care of themselves at home when they are too sick to do their house chores. Some of them are alone, with no one to care for them—no relatives who care to help an invalid. Many of them do not want to leave their homes to go to a convalescent hospital. They want to remain in their homes, but need someone to do their housework and cook their meals. A good training program of this type is very much needed and it would also give those senior citizens, who are still capable, something worthwhile to do and at the same time the small income would help.

What I would like to know is, who makes these rules that deprive our needy senior citizens of the dignity of living their last years in healthy surroundings.

“SHE IS DESPERATE”

There is another case of a single woman 51 years old and very ill from heart trouble, high blood pressure, and nervous tension. She is being treated at the Senior Citizens Clinic of Los Angeles County but they are not accepting her disability claim. She has been trying for 3 months to get medical assistance but she has been unsuccessful in her efforts. She has been sent from office to office where her pleas go unheard. She has been out looking for a job but she does not pass the physical examinations. By the way, she even told me that she thought of committing suicide. She is desperate.

The situation has become so desperate for this lady that she is thinking in terms of suicide. She says: “I am tired of bouncing around and not getting any results. Nobody cares, nobody listens. I would be better off dead.”

Many women are caught struggling between the ages of 50 and 62 years of age because they are too old to get a job and too young to receive old age benefits. Again, we have a lack of understanding and no sensitivity to the needs of the poor.

I recommend that legislation be made for clinics to be established permanently for medical services for senior citizens—exclusively. These clinics should be staffed with bilingual doctors, nurses, and social workers with sensitivity to the problems of the aged minorities.

Older persons cannot sit at the present clinics and have to wait for 4 to 7 hours before they are attended. It is inhumane to think these people can stand the noise and crying of children, going without food for long hours, and suffering with their pain sometimes beyond their endurance.

Let's be realistic and think of our elderly as important segments of our society. There should be no discrimination in developing programs that can really help our aged since social security has done nothing but make the problems worse by their excessive time-consuming application processing.

If we really want to help our senior citizens, we must work to make their last years as happy as possible.

Hoping that you will give my letter your most earnest consideration, Mr. Tunney, I could tell you a lot more but I know the time is short.

Senator TUNNEY. I appreciate your statement, Ms. Soria. I know how sincerely you feel about these problems. If you have any specific cases that you would like to make available to us, please send them to

us. The hearing record will be held open until we have them. Thank you.

Our next on the list is Kaiser Gordon.

STATEMENT OF KAISER GORDON

Mr. GORDON. My name is Kaiser Gordon. I'm a member of the National Council of Senior Citizens and also a member of the Grey Panthers. I am treasurer of OASAC—Older American Social Action Council.

When I was asked to talk, I selected a point that is of great importance to senior citizens: The cost of their drugs, which is a tremendous drain on the income of most senior citizens.

I was asked to give personal experiences. I have one, but time will not permit me to present it. It's in the statement.* However, I will discuss a little later as to what the outcome of the question of drugs is.

Now, the major health problems experienced by the majority of senior citizens lie most commonly in areas which are—I won't list them as I have them listed here [indicating]—not transitory, acute ailments. They're chronic ailments which require constant, regular administration of costly, life-preserving drugs which must be taken every day for the rest of their lives.

"EXPLOITATION" BY PHARMACISTS

Many of these patients may be required to take as many as four or five drugs daily at an annual cost of several hundred dollars without assistance from medicare which pays for no prescription drugs and which, because of the indifference of the physician, the ignorance of the patient, or exploitation by the dispensing pharmacist, involves the purchase of brand-name drugs at unnecessarily high prices. I have an illustration of exploitation here, but time will not permit me to present it.

Now, the role played by the physician is his penchant for taking the easy way out by prescribing drugs exclusively by brand name rather than by generic name or chemical equivalent, thus insuring a far higher expense to the patient.

Is there a way out of this dilemma? Yes. The solution is to educate the patient to demand the cooperation of the medical profession to prescribe, wherever possible, the drug by generic name or to indicate the chemical equivalent on all prescriptions. It's as simple as that.

Let me give you a few examples of the differences in price between brand-name prices and generic prices: Milltown, 100 tables, \$7.27 under brand name; generic price, \$1.87. Serpasil, 100 tables, \$5.65; generic price, \$1.50. Serapes, \$7.87 against \$2.97. Hydropress, \$8.47 against \$3.97. Hydrodiuril, \$5.87 against \$2.97. Penobard, 200 tablets, \$1.89; generic price, 1,000 tablets for \$1.97. I could go on and on and I could multiply that at least 50 or 100 times in a whole listing of drug prices.

Now, many drugs, once patented and expensive while still sold under brand name, are no longer under the 17-year patent protection

*See p. 1239.

and are now available under generic names at greatly reduced prices.

Let me give you just one brief example. I was caught in such a situation. I bought the drug—had the prescription filled. My wife thought the price was too high. We telephoned two other drug companies in the same neighborhood, same overhead, same rent area. The prices ranged from \$4.25 to the price I paid, \$6.90.

When I went back and demanded that I wanted my money back, the store manager said: "I can't do that. It's against the law. I'll see what I can do." He ended up by offering to compromise and accept the middle price, which was about \$5.65.

Here is the coup de grace—the killer-diller. When the dispensing pharmacist refunded me the difference, he said to me: "You know, Mr. Gordon, this is one of the drugs we can kick around." Now you just stop and think—"this is one of the drugs we can kick around."

So I asked him: "Who's being kicked around, the drug or the patient?" and left. I was determined that this would not happen to me again and it does not have to happen to you. According to California State law, you are permitted to telephone and get the cost of drugs over the telephone. You are also urged by me to urge your physician—it took me some months to get my physician to agree to it—to indicate the chemical equivalent or give the generic name of the drug.

CONFLICT ON GENERIC QUALITY

Now, one word of caution is imperative. As a result of this trend of many of us asking for drugs by generic name, the brand-name manufacturers have generated a program denigrating the use of drugs by generic name—claiming they are not up to quality, and so on and so forth. That's not true. To the contrary, a pharmacist assured me that every drug prescribed and going across his counter must meet the standards prescribed by the U.S. Pharmacopeia, which guarantees and assures its quality and its therapeutic validity.

In addition, all foreign drug programs, State welfare programs, public service hospitals, military operations, and Veterans' Administration hospitals are required to purchase drugs only by generic names where possible—not by brand name. Now, the history of these programs proves unequivocally the efficacy and the safety of this procedure.

I make one more suggestion, besides the suggestion that you prevail upon your physician or educate your people to prevail upon their physician to order or prescribe drugs by generic name or chemical equivalent. The Department of Health, Education, and Welfare should engage in such a program through medicare to conduct vigorous programs in all media—printed, television, and radio—in this endeavor. For many months spot announcements concerning SSI and social security benefits and regulations have appeared on local radio and on television screens, and lately there has been a series of announcements alerting students to the need for a social security card in order to get a summer job.

Can the Department of Health, Education, and Welfare, Mr. Chairman, do any less to help senior citizens stretch their meager social

security or SSI income by reducing their drug costs so that they can spend more for vital, nutritional foods, rent, and similar necessities of life?

Thank you.

Senator TUNNEY. Thank you, Mr. Gordon.

[Mr. Gordon's prepared statement follows:]

PREPARED STATEMENT OF KAISER GORDON

Senator Tunney, members of the Senate Special Committee on Aging, ladies and gentlemen: I know I speak for all senior citizens when I express my gratitude to you for your interest in and concern for the problems of the aging.

Attaining a "ripe old age" is not an unalloyed pleasure. It carries with it many concomitant problems for the great majority of Senior Citizens in the areas of income maintenance, housing, transportation and mobility, nutrition, and health, both physically and psychologically.

To treat adequately with only one of these problems—health—would require more time than is being devoted to this entire hearing today, so I will address myself to only one facet of it: drugs—their need and cost.

The major health problems experienced by the majority of senior citizens lie most commonly in the areas of cancer, cardiovascular or heart debility, hypertension or high and low blood pressure, diabetes, respiratory diseases, arthritis, and impaired hearing. These are not transitory, acute ailments, but chronic diseases requiring (with the exception of hearing deficiency) the constant, regular administration of costly, life-preserving drugs which must be taken every day for the rest of their lives.

Many of these patients may be required to take as many as four or five drugs daily at an annual cost of several hundred dollars without assistance from medicare, which pays for no prescription drugs, and which, because of the indifference of the physician, the ignorance of the patient, or exploitation by the dispensing pharmacist, involves the purchase of brand-name drugs at unnecessarily high prices. Let me illustrate this last point by recounting a personal experience.

Some years ago my physician prescribed a certain drug by brand name. I took the prescription to a so-called discount chain drug store in my neighborhood shopping area and had it filled—100 pills (less than a month's supply) at a cost of \$6.90. On my return home, my wife commented that she thought the price excessive, so I phoned two other pharmacies in the neighborhood and, for the same brand, and same quantity, received quotations of \$4.25 and \$5.65. Appalled, I took the product back, explained to the store manager that I had been overcharged, and demanded my money and prescription back. He said the law forbade this, but he would take it up with the pharmacist and see what he could do. After a lengthy discussion, he returned, saying: "Let's compromise. Suppose we accept the middle price and refund the difference." Since, legally, I had no choice, I accepted, dissatisfied, but still ignorant of what was yet to come.

The refund slip was filled out and signed by me. Then came the coup de grace. As the pharmacist paid me the refund, he apologized for my inconvenience and added: "You know, Mr. Gordon, this is one of the drugs we can kick around." I asked him who was being kicked around, the drug or the patient, and left, resolved to do what I could to remedy this situation. To do this, we need your help.

The only role played by the physician in this not-so-little travesty is his penchant for taking the easy way out by prescribing drugs exclusively by brand name rather than by generic name or chemical equivalent, thus insuring far higher expense to the patient. Is there a way out of this dilemma? Yes! The solution is to educate the patient to demand the cooperation of the medical profession to prescribe, wherever possible, the drug by generic name or indicate "CE" (chemical equivalent) on all prescriptions. It is just as simple as that. The following ex-

amples of only a few of the drugs commonly purchased by senior citizens (the list can be multiplied 50-fold) will enable you to judge for yourself :

Brand name	Price	Generic price
Milltown (100 tablets).....	\$7.27	\$1.87
Serpasel (100 tablets).....	5.65	1.50
Serapes (100 tablets).....	7.87	2.97
Hydropress (100 tablets).....	8.47	3.97
Hydrodiuril.....	5.87	2.97
Penobard (200 tablets).....	1.89	1.97
Tylenol (100 tablets).....	1.97	1.97
Gelusil (100 tablets).....	1.89	1.07
Equanil, 200 mg.....	6.89	1.67
Darvon, 65 mg.....	7.45	4.85

1 1,000 tablets.

2 250 tablets.

Many drugs, once patented and expensive while still sold under brand name, are no longer under the 17-year patent protection and are now available under generic names at greatly reduced prices.

One word of caution is imperative. As a result of the growing tendency of patients, and others concerned with their welfare, to order drugs by CE or generic names, the drug manufacturers have generated a program implying that drugs ordered in this way were less effective than brand-name products, and even hazardous. On the contrary, a pharmacist assured me that every drug on prescription crossing his counter must meet the standards prescribed by the U.S. Pharmacopeia, which assures its quality and therapeutic validity.

In addition, all foreign drug programs, State welfare programs, public service hospitals, military operations, and Veterans' Administration hospitals are required to purchase drugs only by generic names whenever possible. The history of these programs proves unequivocally the efficacy and safety of this procedure.

Criticism, without suggestion for improvement, is futile. The primary remedy lies in education of the patient to demand generic or CE notation for all prescribed drugs whenever possible, and education of the physician influencing him to comply with this request.

I would also like to urge the Department of Health, Education, and Welfare to engage in such a program through medicare and, in addition, to conduct a vigorous program in all media—printed, television, and radio—in this endeavor. For many months spot announcements concerning SSI and social security regulations and benefits have appeared on local radio and on television screens, and lately an announcement alerting students to the need for a social security card in order to get a summer job has been aired several times.

Can the Department of Health, Education, and Welfare do less to help senior citizens stretch their meager social security or SSI income by reducing their drug costs so that they can spend more for vital nutritional foods? Thank you.

Senator TUNNEY. Dr. Bay.

STATEMENT OF DR. MAX BAY

Dr. BAY. Senator Tunney, I am Dr. Max Bay. I am a retired surgeon who was in practice for 43 years prior to being retired 3½ years ago due to a serious physical disability. However, that physical disability is not so severe as to prevent my becoming very active in the community on many levels.

Many persons over 60 years of age enjoy good health. Yet, they have a need to maintain this status, which requires resorting to health services. But there is an appreciable number of persons over 60 years of age who are subject to increasing chronic disability due to the metabolic illnesses, cardiovascular diseases which are complicated by hypertension, kidney, and circulatory problems, as well as diabetes and pulmonary disability—for example, emphysema.

Their problems are aggravated due to difficulties in obtaining service because of unavailability or inaccessibility due to transportation problems, or because of difficulties in obtaining proper and adequate nutrition, and, basically, because of the financial cost.

Most individuals over 65 years of age are covered by either medicare or Medi-Cal, which is the California version of medicaid. But a United Way study of the needs of the aged, which was completed in September 1973, revealed that of the 935,000 individuals in Los Angeles County over 60 years of age, 120,000 have no medical insurance coverage of any kind.

There is need for increasing the number of local facilities to provide some medical services, possibly through mobile units. There is a crying need for provision of home services, both skilled and unskilled, through paramedical personnel. And there is a need for providing transportation services so that the elderly may be able to get to hospital clinics and doctors' offices.

Health screening and preventive programs are very important for obvious reasons. The discovery of serious illness in early stages diminishes the number of days of disability and may prevent aggravation of conditions with its increasing morbidity and mortality, and increasing cost. The same can be said of preventive measures. For example, we know that the elderly, and particularly those with chronic pulmonary problems, are subject to serious morbidity associated with influenza.

Now, it is true that during the past year quite a number of flu shots were provided to the elderly, but there was little available except for those residing in nursing homes. It is not generally appreciated that medicare provides only an estimated 32 to 37 percent of the cost of care for the elderly, according to various studies.

One of the glaring shortcomings of medicare is that it does not pay for routine screening examinations and preventive measures.

EFFECT ON MEDICARE PAYMENTS

Finally, in considering the economic difficulties of the elderly, I think I should emphasize the devastating effect of inflation in every aspect of medical care: Doctor's office visits, fees for complete physical examinations, laboratory procedures, and hospitalization costs. These are further aggravated by a refusal by so many physicians to accept medicare assignment or medicare approved charges.

For example, internists generally accepted a fee of \$10 for a routine office visit 4 or 5 years ago. That fee is now \$15 to \$20. The fee for a complete physical examination used to be about \$25. It is now \$50. Although medicare may approve a fee of \$10 and \$25, respectively, the patient still has to pay 20 percent of that amount.

The previous charge for an electrocardiogram was generally about \$25 and is now \$30, but medicare will approve only \$17 to \$19 which means the patient may have to pay \$11 to \$13 or more if the doctor insists on his full fee—if he chooses not to accept the medicare approved fee.

Routine office blood counts and urines were charged at the rate of about \$5 to \$6 only a few years ago and are now \$15. X-rays of the chest were \$15 to \$20 2 years ago and are now \$22 to \$25; medicare

approves a fee of \$20. Upper GI series were \$35 to \$50, and medicare approves a fee of \$60. Colon X-rays were \$50, and medicare now approves \$70. Mammograms, X-rays of the breast which are becoming more and more commonly used, were \$30 to \$35, and medicare now approves a fee of \$60. I think I should tell you there is an additional cost factor which is not generally known. All medicare and Medi-Cal bills are approved routinely by, we hope, trained clerical help. Approval of the individual statement is made dependent upon the so-called profile of the individual physician. That profile is based on what that particular doctor has charged for each type of service during the prior year. That, in effect, freezes the schedule of the physician who has been in practice for some years, but it means a considerably higher schedule for the young physician just starting out. His schedule will be based on his brandnew profile which could be, and almost always is, at a higher level.

Surgical fees have been affected by inflation, generally, to a greater degree than have even office visits and procedures. When I retired from surgical practice 3½ years ago, I usually charged \$500 to \$600 for a radical mastectomy for the individual in moderate financial circumstances. I am informed that medicare now approves fees of \$1,100 for some of the younger surgeons.

HOSPITAL, PHARMACEUTICAL CHARGES

I have not dealt with the subject of hospital charges but the degree of inflation can be judged by the fact that where the charge for a bed in a two-bed ward just a half dozen years ago might have been anywhere from \$6 to \$12, medicare now approves a charge of \$102.

And the cost of brand-name pharmaceuticals, which has already been alluded to, is terribly high in relation to the same medication purchased by its generic name. I take a good deal of medication because of hypertension. The average monthly cost for my medication is \$25. I purchase a good deal of it by generic name from a mail order house in New York which caters to physicians. I shudder to think what the cost would be to the average person.

I had another surgical procedure just 6 weeks ago. I was sent home with medication consisting of an antibiotic which I was to take for 10 days. The charge by the hospital was \$12.90. The same medication can be purchased from my mail order house for \$5.50.

I have no one recommendation which will be a panacea for all of the problems. I would suggest that the following measures might go far toward alleviating the difficulties, and I address myself specifically only to the health needs which have been covered, of course, by many of the prior speakers:

First, increasing local facilities for health care.

Second, providing transportation to clinics and doctors' offices.

Third, providing for the payment for routine examinations and screening, as well as preventive measures.

Fourth, persuading doctors to accept medicare assignment based on a reasonable fee schedule.

And fifth, providing national health insurance on a basis which would be fair to the providers as well as consumers.

Basically, Senator, we must understand that access to adequate health care is not a privilege—it is a right.

Thank you.

Senator TUNNEY. Thank you.

We are running late and while I would like to ask you a number of questions, I am afraid we just won't have the time.

Our next panel is on housing, Ben Wolfe, Morrie Rosen, Rose Marshall, Ph. D., and Ethel Cherry.

I am going to have to ask the witnesses if they have a full written statement, to allow me to put it in the record. I don't want to end this hearing with some of the witnesses whom we have scheduled to testify not testifying. That's what may happen unless the witnesses confine their oral remarks to 5 minutes each.

Anything you present and you want to supplement in writing, will be made a part of this record. I would hate to find that we must cut-off two or three witnesses without hearing their testimony today.

PANEL ON HOUSING

STATEMENT OF BEN WOLFE, PRESIDENT, LOS ANGELES CITY FEDERATION OF SENIOR CITIZEN CLUBS

Mr. WOLFE. Mr. Chairman, ladies and gentlemen, I'd like to thank the Senator for creating this hearing. My name is Ben Wolfe. I am the president of the Federation of Senior Citizens of Greater Los Angeles. This federation consists of over 300 clubs and centers with a membership of over 75,000 senior citizens.

I believe the housing dilemma, which many of the elderly are finding themselves in today, threatens to become a catastrophe. Being on fixed incomes and confronted by a continually higher cost of living due to inflation, many of them are now being ripped off by landlords who are unreasonably raising rents. Many senior citizens are finding that landowners prefer not to grant leases to them, thus rentals can be, and frequently are, increased two, three, or more times yearly. Some of our senior citizens are being forced to pay as much as \$50 or \$60 increase per month in renewing leases, if indeed leases are granted.

In the past 6 or 7 months our social action movement, known as Seniors for Legislative Issues, has been actively working to get rent control legislation enacted. We have received many letters from discouraged, frightened senior citizens pleading with us to do something to help them.

The following are examples of letters we have received:

DEAR MR. WOLFE: I paid \$110 per month for my apartment—no utilities, no carpeting. January 4 my landlord gave me a verbal increase of \$15 per month, making my rent \$125 per month.

He then gave me a written notice which was dated January 1, for \$125 per month. On the 28th of January, I got another notice raising the rent to \$160 or \$170. I was told if I paid it by the 6th of March it would be \$160, and if not it would be \$170 per month. He said the building was sold and the new rate was the rate by the new owner.

I only receive \$255 per month including my subsidy and have no other income, not even food stamps.

This woman told me she tried to get into Federal housing and was told there was a waiting list from 5 to 6 years.

Another letter:

DEAR MR. WOLFE: This is to inform you that on January 15, 1974, I paid \$155 as rent for my apartment. On February 15, 1974, I had to pay \$190 a month, an

increase of \$35, and then on April 15, 1975, I will have to pay \$250 as rent if I want to remain there. I have my canceled checks to prove this.

It is almost unbelievable that a \$155 apartment could be increased \$95 in 15 months.

Another letter :

DEAR MR. WOLFE: When I was widowed 10 years ago, I rented a tiny 3-room unit in a 12-unit court for \$77.50 a month. The old owner gradually raised my rent to \$95. Early this month, the new owner notified me as of May 1 my rent will be \$140.

I cannot afford the \$45 increase, nor can the other elderly tenants, to whom the excessive increase means unbearable hardship.

To protect senior citizens, I think rents should be frozen as of last January 1.

Another letter :

DEAR MR. WOLFE: My husband and myself occupy a small one-bedroom apartment for the sum of \$100. Recently these 12-unit rentals were all increased to \$140 per month by the new owner.

Only 2 weeks ago my husband returned from the hospital after a very big operation. I too was operated on. With this large increase my husband and I won't even be able to afford to buy our medicines we need.

Our only income is social security. Hope you can do something about this matter and oblige.

Many of these people have told us they have tried to get in the Federal housing projects and find waiting lists of anywhere from 3,000 to 6,000 applications ahead of them.

In Sacramento the housing authority has 800 housing units for the low-income elderly. Every unit is occupied. There is a waiting list of over 5,000 applicants.

Another letter :

We all appreciate your efforts regarding the attempt to get rent control. My rent was increased on August 1, 1974, from \$156 to \$175, and on March 1, it was increased to \$190—a total increase of \$34 per month in less than 8 months.

There are 20 apartments and they have all been increased \$34 per month. The building is at least 16 years old and it is not kept up. The only improvement made in 2 years was that the railing was painted.

I strongly urge that rent control bill be passed.

I do believe we are doing too much talking when the need is for action. Otherwise, I fear that the catastrophe of a rent strike will be upon us.

Thank you.

Senator TUNNEY. Thank you.

Mr. Rosen.

STATEMENT OF MORRIE ROSEN

Mr. ROSEN. Thank you for inviting me, Senator Tunney, gentlemen. My name is Morrie Rosen. I am the director of the Israel Levin Senior Adult Center in Venice. of the Jewish Centers Association, of the Jewish Federation Council of Greater Los Angeles.

I am also the vice chairman of the Housing Committee of the Council on Aging of the city of Los Angeles.

I'd like to give you my view, if I can, specifically about the housing crisis in Venice. How bitter is the fruit of longevity for the elderly poor. How ironic is the plea in one part of our universe to, "Let our people go," and in another human habitat, in Venice, to, "Let our people stay."

The forced exodus describes the appalling housing crisis in Venice, the forced exodus of the elderly, mainly of Jewish faith, whose popula-

tion has been displaced from more than 20,000 a decade or more ago to less than 2,000 today. The forced exodus of non-Jewish elderly from Venice has been equally disastrous.

Venice, one, two, or three decades ago, had an elderly population of 75 percent—30,000 of 40,000 people in Venice. From that time until the end of the 1950's things were serene. The elderly were unnoticed, alienated, isolated, but, paradoxically, secure in that condition.

At the end of the 1950's and the start of the 1960's, the city of Santa Monica eminent domained almost 15,000 Jewish elderly from the beach cottages. Their dwellings and land were sold to the Kean County Land Corp. for the construction of two 17-story highrise high rental apartment structures. The expansion and encroachment of Marina del Rey of the south—accelerated. The "Nutcracker" music for the survival of the Venice elderly was no longer sweet, locked in between the crunch from north and south.

"How HIGH Is UP?"

Today, the elderly ask: "How high is up? How high will rents continue to soar in Venice?" How cheap is the life of the Venice elderly, indeed, of all financially impoverished senior citizens whose poverty population has grown from 25 percent to almost one-third; one-third of our poor elderly—ill-housed, ill-fed, ill-clothed.

After 15 despairing years there is still no viable program to retain the remaining elderly in their homes. Indeed, their survival has been exacerbated with continuing outrageous rent increases due to a combination of factors ranging from sheer greed of profit-oriented property owners to an economy with soaring inflation that results in constant increases of property taxes, assessment evaluations and re-evaluations, high cost of property maintenance and repair, and the constant purchase and repurchase of the same buildings over and over again. This means increasing the frequency of rent raising time and again, a syndrome which is as uncontrollable as it is nightmarish for the elderly poor.

What to do—rent subsidy? Hardly. I'm not too much in favor of that. Rent subsidy would be sufficient motivation for the greed-oriented property owners to continue to raise rents so that they could continue to get higher rent subsidies from Government sources.

Rent increase control? Desirable, but who's for it—hardly anybody except the elderly at this point.

Best of all is an example that we have on the corner of Ocean Front and Rose Avenue, the 5 Rose Avenue Building. This building in Venice has been in effect for the last 2 years. It serves as a sterling example for the solution of this terrible lack of low-cost housing, of survival, of dignity, of retaining some degree of peace of mind and contentment for the last years of a human being's life. At 5 Rose Avenue there is a building that has been rehabilitated with HUD funds.

At 5 Rose Avenue, one building has 25 apartments at low-rent subsidy, and the remaining 24 apartments at moderate rentals with a ceiling of \$104 monthly. It's the best answer; it really solves the housing agony of today for the poor elderly, and the elderly are becoming poorer and poorer.

Time is running out. There is a helplessness that pervades our Nation; a helplessness that pervades our elderly poor. The elderly are

frustrated in efforts to modify and ameliorate their plight. Fear of landlord reprisal is a reality that compounds their emotional, physical, and mental distress. I could describe specific examples of everything expressed, but you don't need any proof of these today. Building after building after building in Venice has incidents of outrageous rent increases, from \$25 to \$75 and up per month. It demoralizes the elderly, as it does the nonelderly.

I'd like to conclude with this; 1 mile of coastline is left for the elderly poor as, indeed, for poor people in our city and county, 1 mile of coastline—1 mile between the Santa Monica and Marina del Rey areas—1 mile of Venice coastline.

During the past decades, 75 percent of the poor elderly have been shafted out of their homes, their dwellings in Venice. So few remain today. But more ominous is the fact that so many other poor elderly will never experience living where there is less smog, less pollution, and the beauty of just watching the sunset in their declining years—in their sunset years.

I'd like to read some lines of a poem that was written by the president emeritus of the Israel Levin Senior Adult Center. He died in our center on his 95th birthday last March 16:

So what is now, these hands that built the houses on your street,
 Must it be that in my age I've scarcely enough to eat?
 My fingers toiled to clothe the world, are these my dues,
 That I must go about with feet in old and ragged shoes?
 But it cannot be forever; let us join to mount defenses.
 Let us, the elderly, the builders of this land,
 With others, start coming to our senses.
 We are American.

Thank you.
 Senator TUNNEY. Thank you.
 Dr. Marshall.

STATEMENT OF DR. ROSE MARSHALL

Dr. MARSHALL. I am Dr. Rose Marshall, a retired clinical psychologist. I look around and see what a nice looking bunch of elderly people we are. We don't look at all decrepit.

I've been asked to address myself mainly to the issue of housing as it affects the older person. Many of us, if not most, are living on fixed incomes, social security, and some of us are lucky enough to be able to have pensions.

The economic crisis which has brought all of us here today affects all low- and moderate-income people, whether they're old or young. Survey results of older persons residing in Los Angeles County as reported by the geratology center revealed that approximately one-fourth of the elderly have problems with rent or mortgage payments. The 40 percent of Mexican-American and black older persons live in housing they consider to be in poor repair.

The older citizen probably spends more time at home than many other segments of the population for a variety of reasons: Poor transportation, fear of going out at night, greater isolation, loss of friends, or what not. The home should, but often does not, represent independence, well-being, a feeling of safety and security in one's own home amid familiar surroundings. Housing should reinforce one's identity.

The lack of sufficient supportive services has rendered Federal housing programs not merely ineffective, but actually dangerous to the well-being of older people who live in a number of the projects because of their lack of safety protection. There were reports in the newspapers last week, for example, of a number of attacks on older citizens. This is dangerous business.

The national policy which lauds alternatives to inappropriate institutionalization is merely rhetoric. It is a case of chronic underfunding, actually. The practice of redlining is creating more slum areas, forcing people out of their familiar communities, away from old friends and associations, forcing people into sometimes impossible tasks trying to find inexpensive or moderate-priced housing. They would much rather stay where they are and have their housing repaired or remodeled than be forced to look for new places to live.

GUIDELINES LIMIT OPTIONS

HUD guidelines have not permitted these choices because it is more profitable to build new units and create new slums to be torn down for expensive housing. Because of this kind of poor planning and little concern, and because of the lack of adequate supportive services like good transportation, housekeeping and shopping assistance, home nursing, and so on, many older persons find themselves relegated to board-and-care homes, to nursing homes, or to other institutional care programs when such placements are not realistically indicated, and which are generally much more costly, either to the individual or to the community.

A friend of mine in New York City has become nationally known for his method of renovating old apartment buildings without displacing the people who live in them. It's really a slum clearance project. What he does with an old building is this. When a tenant moves out, he renovates that one apartment, moves a family who already lives in the building into that apartment and renovates the next one.

The interesting thing is that everybody who has ever lived in that building continues to live there without being displaced because the rental increases are modest enough so that the people can maintain themselves there. This is a plan that I really think should be encouraged in Los Angeles and, for that matter, throughout the country.

What we're doing is creating more slums, and who needs those?

According to Dr. Francis Carp, a well-known gerontological researcher, older people who are well housed live longer. Sometimes I think they're beginning to feel there are so many of us older people they'd like to kill a few of us off by the bad housing programs, to be funny for a moment.

To be personal, on January 1, 1974, I was mandatorily retired at age 65, although when I was hired, the retirement age was 70 years.

During my employment, the retirement age was changed with no feeling of obligation at all to those of us who had been hired under the old basis.

With the mandatory retirement, my income took a dive down to 25 percent of my previous income—a 75-percent drop—just like that, because I “celebrated” my 65th birthday.

I had bought a home when I moved to California so I owned my own home. My taxes, which the previous year had been \$946.74, this

year were raised, believe it or not, to \$1,660.60—and that includes the homeowner's exemption. I'm not kidding.

The result is that I can no longer afford my home, and it is now up for sale, for no reason other than that I "celebrated" my 65th birthday. And on account of that, I was no longer permitted to work.

Throughout the country, about 70 percent of us who are 65 and over own their own homes. Many, like me, may be forced into facing a life more poverty stricken than we planned upon after years of work, even with preretirement planning, because of the results of inflation and the ailing economy at this time.

Many older American programs have concerned themselves mainly with the so-called poor and not enough with the so-called middle class who, like me, may be very quickly depressed into the poor. And I make a great plea for consideration. There are thousands of us—millions of us—who are in the middle class, and who are really about to be depressed.

We recommend that the Federal Government's housing programs be more responsive to the needs of the people who allegedly are being served. There must be more low-cost units, some age dispersed and some age segregated, all with adequate safety to permit choice. The people must have freedom of choice, sufficient opportunity for rehabilitation of our own homes, and with subsidies for renters, property tax relief, and rent controls to offset other inflationary spirals—services such as transportation and homemakers to insure that our homes do not become traps from which the only release is an institution.

BLATANT "AGE-ISM"

But there is a more fundamental issue. There's a blatant "age-ism" which pervades this society. This age-ism philosophy is responsible for the dependent position of both young and old, the lack of autonomy, and the inhibiting of the right of self-determination of both the young and the old; the lack of respect for human rights and dignity because one is either too young or too old to be of dollar value in our society. A society which makes the older citizen bear the brunt of a malfunctioning economy is also unable to function for its youth and for those in between.

It has been said that the measure of a society is how it treats its elderly. Remember that even if the youngest one of us here—and I saw a little girl or boy out there—lives long enough, he or she will get to be old, too. And what we're laying down now is what you younger ones are going to have later. Let's not forget that, either.

We older people, between us, have thousands and thousands, possibly millions of years of valuable experience in all areas. We refuse to be relegated or confined to the playpen. We are not in a second childhood. We don't want to be planned for. We want to be planned with. We are adults who can make our own decisions. Only a very small percentage of us are either senile or totally dependent. Most of us, fortunately, are not.

In summary, we must destroy age-ism at all levels of society. When society grants little in the way of responsible status to both the young and the old, and worships the image of only the young, it is, in effect, denying the natural aging process and thereby denying the young any future.

What must be done? First, there must be legislation to end all discrimination based on age. The right to work is a right for all—old, young, and in between.

Second, there must be an end to tokenism in serving all of the people. The needs of the elderly are the needs of all persons. The difference is in degree, not in kind. There isn't a single service that doesn't exist in this great country in token, but there just isn't enough of it for what the people need.

Third, there must be low-cost housing units available, both age segregated and nonsegregated, so that people may have free choice in how and where they live with adequate provision for safety and protection from crime. There should be an end to redlining rather than creating more new slums.

Fourth, there must be tax relief and rent controls to offset the inflationary spiral.

Fifth, the whole tax structure needs to be reviewed. Congress has been talking about it too damned long. The middle class and single persons have too long carried the major burden in the tax structure, and a lot of exemptions have to be filled.

Sixth, void the limit on earnings for older people under social security. That has to go, too. I'm getting very excited about this. I'm mad. They made me poor in the course of one instant.

Seventh, services such as transportation must be provided according to need, and not as token. A democracy can and should provide work and opportunities for self-realization and self-determination for all segments of the society.

Currently, there are about 20 million of us senior citizens—and we vote. We have political clout, enough maybe to be a determining force in any general election—if and when we are ready to use it.

I have some notes on transportation.

Senator TUNNEY. Please submit those for the record.

Dr. MARSHALL. Yes, I will, because I don't want to take time to read them, but there are some interesting ideas.

Thank you, Senator.

[The material referred to above follows:]

SUPPLEMENTAL STATEMENT OF DR. ROSE MARSHALL

The public transportation scene in Los Angeles is, essentially, what it was 25 years ago—perhaps worse. At least then we had the big, red cars, a very effective system of streetcars which was allowed to wilt and fall into a state of total disrepair for reasons already investigated by Congress.

In Los Angeles, transportation is a chief concern. Despite the expenditure of millions of dollars in planning and implementation of transportation systems, the overwhelming majority of these resources has been spent solely based on the needs of people to commute to and from work. For the old and young, who are not permitted to work or choose not to, this condition is repressive and discriminatory. The amount of dollars for demand-responsive, dial-a-ride transportation has been negligible through model cities and Older Americans Act funds, which do not begin to meet the needs of several million people, young and old, residing in the Los Angeles area.

No adequate transportation exists. No special provisions have been made for the nonambulatory or disabled individuals, of all ages, who are trapped inside their homes. We are dealing today with repressive forces, which hold many of our citizens captive in dilapidated housing. For the nonambulatory, the lack of sensitivity on the part of the transportation policymakers underscores this

entrapment. There are changes which must be implemented now. Among these are:

(1) Public transportation time schedules and routings sensitive to the needs of the elderly, who are far more dependent on this scheduling and routing than the general public, as well as to the needs of the working population; and certainly there should be better integration of schedules at the transfer points.

(2) Public transportation equipment must be designed with human beings in mind; designed in ways to meet the needs of the elderly and disabled, particularly, through lowered steps and hydraulic lifts for wheelchairs.

(3) More governmental resources should be allocated to the Los Angeles area for dial-a-ride, demand-responsive transport systems.

(4) Drivers of public transportation should receive special training to make them more aware of the health problems which many older persons have, i.e., arthritic knees, etc.

(5) Posting of bus numbers and routes in *large* characters on all four sides of all vehicles used in public transit.

(6) Reinstatement of the jitney system of private, government-licensed vehicles, to end the monopolistic cab company practices, which have artificially inflated taxi pricing in the Los Angeles area.

(7) Withholding of further Federal subsidies from Los Angeles until such time as the area's transportation planners and decision-makers implement these changes, and reorient themselves to the needs of *all* persons, not solely the employed.

Senator TUNNEY. Our next witness is Ms. Ethel Cherry.

STATEMENT OF ETHEL CHERRY

Ms. CHERRY. I am Ethel Cherry of Pasadena. My sentiments have been most ably reiterated by the other members of this panel. First, however, as a member of the senior citizens group of Pasadena, I want to say that we're so grateful to have such a beautiful person as our Senator Tunney to help us in this matter of presenting our pleas, views, and petitions to the Congress.

Then, second, my subject is going to deal with housing and crime. I have pictures which, if they could be shown on slides, would bring a tear to every person in this room—of people who have been mugged, who lived in their own homes and were trying to stay there. Because they did not have enough security, they were victims of muggings and beatings. I will present those to you.



I also have pictures of the poverty level in which some people live. The extortion of rentals is just unbelievable. That a senior citizen could be asked to pay as much as \$165 a month rent, when a person knows he's in a low-income bracket, for a hovel which I'm sure none of our legislators would put their dog in. They have better kennels. This is irrespective of race, creed, or national origin.

Now for a suggestion. We have many people who own their own homes but, due to inflation and lack of employment since they're past the age of employable skills, they're not able to bring those homes up to standard. They would love to remain in those homes. Just a very feeble suggestion: If some type of fund could be meted to those people from which they could borrow and bring their homes up to the standard of rehabilitation and security, you would not have quite the need for Federal housing subsidies which you now have.

I don't mean that that should be eliminated, because there is plenty of need for it. I have had contact with many of the middle-income group and some of the high-income group because I have been in food and medical service in homes where they are able to pay only up to a certain point. Then, due to the high cost of everything, they cannot keep it up. It is heartbreaking to see those people have to leave their homes and go into rest homes.

And no income group is exempt because one has to pay as much as \$1,500 a month to have someone just for custodial care—not a person who is absolutely helpless. It's pretty hard to keep up your home and stay in it.

RELOCATION TRAUMA

Senator TUNNEY. Wouldn't you agree, Ms. Cherry, that there is perhaps nothing more psychologically devastating to a person in his senior years than to have to move out of the home he has lived in for a good portion of his life because he no longer can afford to pay the increased taxes?

The psychological trauma that occurs in the snapping of the roots of a happier time must be tremendous.

Ms. CHERRY. Yes. Have you ever seen a baby removed from its mother when it's at the age when it knows its mother—taken away with total strangers? That is the same situation our senior citizens are put into when they have to experience being torn from their homes. Some of them have lived in their homes for 40, 50, 60 years, and they thought they would be able to stay there until the Good Master called them in, but due to the changing situation they just can't stay.

It should be possible that some program be brought about to enable them to stay in that home—low-interest loans. Some of them have other properties which are run down and which they cannot sell because they can't fix them up to sell. If there was a pool that could buy those properties and turn that money into the upkeep, with the person in their home, it would also help the economy.

Then, transportation for the poor and the rich people who can no longer drive—adequate transportation to get them to the necessary places; the doctor, the dentist, the podiatrist, the food stores. And, of course, the centers which we have operating now could really be better equipped to take care of some of the basic cares of the people. You would be surprised how many wealthy people cannot take baths, and

they can't afford an attendant to give them a bath. They cannot get inside of the bathtub alone. They don't have the money to pay for an attendant at \$12 an hour for one of the visiting nurses to come, so they don't have very many baths.

I could just go on and on and on and tell you the needs of the poor and the rich. I'm very poor but I've spent a great deal of time associating with those who are not so poor and some who are quite rich. We all have the same problems when we begin to get "over the hill."

Senator TUNNEY. And life, as somebody else pointed out a few moments ago, is a movable feast and everybody gets older. It does seem to me that the Congress and the State legislatures, made up of reasonably healthy people, ought to have some better understanding of the needs of senior citizens, if for no other reason than because many of them are approaching the age of retirement themselves. For instance, in the Senate I believe the average age is about 58. I think in the House of Representatives this may be 55 or 56—not so far from retirement.

If we could only motivate people on the basis of self-interest. You would think you'd be able to motivate the legislatures on that basis if not on another important motivation—compassion, compassion for people and their needs.

Senior citizens, of course, have the most terrible problems of all. I don't have to spend very much money on medical care. I'm fortunate—knock on wood—I'm blessed with good health, at the moment. A senior citizen who can't get adequate food has a greater likelihood of getting sick as a result of malnutrition.

I was very impressed by your testimony, Ms. Cherry, and all of the witnesses who have spoken before you. I think you have raised some extremely important and profound points which go far beyond economics. They go to the questions of basic morality. Are we going to allow this situation of total isolation of senior citizens—living in squalor and poverty and despair—to be ignored while the rest of society goes on? I think it is wholly unacceptable.

I am a cosponsor of about 20 different pieces of legislation that relate to senior citizens—to try to give them better income. I am trying to eliminate the present earnings limitation that, for example, extends to medicare coverage of prescription drugs out of the hospital. I have sponsored a bill that increases the maximum amount for computing the retirement income credit. I have legislation in to increase housing funds for the aged; I think it is terribly important. I am trying to get a bill through to provide legal services for senior citizens so they can know their rights under social security, under veterans' benefits, and not bear the burdensome cost of today's legal fees.

There are many other bills and amendments that I have sponsored. I don't want to list them all here today. But in response to your question, those are some of the things that I am trying to do.

Ms. CHERRY. What can we do to help?

Senator TUNNEY. I think you can help by doing just what you have done. You have testified here. This hearing record is going to go back to Washington. It is going to make the information available to other Senators so they have an opportunity to evaluate it themselves. We are going to be pushing two or three amendments in the next couple of months and, based upon these hearings, maybe we'll be able to develop

an urgency on the part of the Congress to enact these bills into law. That's the whole point I made earlier. Why keep holding hearings on the aged? Because nothing is done, that's why. The only way we can possibly develop the kind of record that will give people that sense of urgency is to hold these hearings.

Thank you very much.

VOICE FROM THE AUDIENCE. Do Congressmen have to retire at 65?
Senator TUNNEY. No.

VOICE FROM THE AUDIENCE. I just wanted to make that clear. That's why we want legislation, so that the average person doesn't have to retire.

Senator TUNNEY. However, some of them retire a little earlier than 65, but they have a far, far better retirement program than the majority of citizens. Any Federal employee, you know, has the very best pension; any Federal employee has the very best medical coverage that's available, and that is one of the reasons I'm in favor of the concept of national health insurance.

[The prepared statement of Ethel Cherry follows:]

PREPARED STATEMENT OF ETHEL CHERRY

States should purchase excess properties at market value that senior citizens wish to dispose of so that they can increase their income. Also rehabilitate their homes when it is necessary for them to remain in them. This should be done with no interest loans and payments within their ability to pay.

Encourage developers to build senior citizen areas which have ground-level abodes and small garden plots and pet runs. For many who love pets, the pets fill the vacancies created by grown children or departed mates.

Above all, increase finances to cope with inflationary costs of labor and foods. This, instead of soup lines, except as an outlet for social activities and contacts.

Create jobs that are of short hours for those who are trainable or trained. These jobs to be within shorter transportation areas.

For neighborhood centers: Medical and grooming assistance; bathrooms with equipment for elderly, i.e., tub or shower seats. Chairs and lowered mirrors for shaving. Attendants to administer needed assistance.

Transportation to podiatrist at least 1 day bimonthly in given areas. Transportation for dental checkup each 3 months with extra transportation provided for extra dental care. Tension checkup once a week at the centers.

Senator TUNNEY. We will now take a short recess.

[Whereupon a short recess was taken.]

Senator TUNNEY. The committee will be in order.

Our next panel will be Anthony Lamb, Ruth Yannatta, and Herbert Frederick.

During the intermission there were some who suggested it would be appropriate to extend these hearings to hear from everyone wishing to speak. I wish that I could, but I am supposed to meet with a group of senior citizens in San Diego this afternoon and I cannot do them the discourtesy of canceling out. I hope you understand.

We held hearings in San Francisco yesterday and heard from 23 witnesses there. We are going to hear from about 22 or 23 witnesses here and we are going to be listening to 15 or so witnesses down in San Diego. I just wish I could spread myself thinner, but I can't.

I will take any statement that anyone has and we will put it in the record. If you do have a statement, please make it available to us. We have a form here; it has my name on the top of it and all you have to do is fill that in. If you have an extended statement, just incorporate those pages into this form. The forms are at the back of the room.

All right, would you please proceed.

PANEL ON FOOD

STATEMENT OF ANTHONY LAMB, VENTURA COUNTY SENIOR CITIZEN COORDINATOR

Mr. LAMB. My name is Tony Lamb. I am senior citizen coordinator in the county of Ventura.

We have 40,000 seniors in Ventura County; 13,000 of them are just below the poverty level—5,000 live alone. We have over 20 who are over 100 years of age. They cannot come down here to testify for themselves, but they all know me very well. I have been the senior citizens coordinator for over 2 years and they asked me to bring their messages to Senator Tunney, which he is, happily, willing to hear.

Many seniors are slowly starving. I don't think anybody argues that point. Most of those who are poor at least lack proper nutrition, which is a form of starvation—and things are getting worse.

I had one lady phone me recently; her rent had been raised on her little old trailer. She looked her budget over and decided she could never eat meat again. She told me that she and her husband, when he was alive, were great meat-eaters. They just loved meat—steaks and roasts. But, she said, "Meat is out for the rest of my life." I said, "What are you going to eat?" She said, "I don't know, but I'm going to have to go to beans and spaghetti and starches. Any meat is out."

I had an elderly lady come to me and tell me she was slowly starving to death. She was losing 9 pounds each month. She held her scrawny neck and showed me, and said that the reason she was telling me was so when she was found dead and the newspaper reported natural causes, she wanted me to know it wasn't due to natural causes. It was starvation on the welfare system.

MANY UNAWARE OF ELIGIBILITY

Now, the bad part of all of this is some people who are eligible for SSI and food stamps, and even social security, don't know it. Every week we find people who are entitled to \$50 or \$100 or even \$200 more a month than they are getting. Unfortunately the agencies, in my opinion, do not make enough effort to find these people and bring these benefits to them.

One man told me he had to live on \$1 a day after he paid his rent and utilities and so forth. His medicare insurance, which has gone up, of course—that \$1 a day was not enough for a big man to live on. And I agree with him. I think the breakfast I had this morning cost over \$2 and, by the way, I'm hungry now.

I asked how he could live on \$1 a day and he said, "I taught my stomach to shrink." He said he had spent over a year slowly reducing the amount he ate. He said his stomach did shrink and he can live on less. But he said, "I go to bed every night hungry."

One lady phoned me from a little valley up in the mountains, far from any big city. She had read some of the newspaper articles about the problems with SSI and social security and welfare and everything; that it's always going to get better but it never does. She said that she

thought of a good new idea that would save the Government a lot of money. She said:

Come out here and shoot us. I mean that seriously. I've had a long life. Most of it was good, but I can see that the rest of it is going to be bad. I'm out of money. I have no transportation. I need an eye operation, which I cannot afford. If I get it, I'll lose my house as a result. But I would not mind if somebody did a clean job of shooting me. They do it for horses; why not me?

I had two ladies phone me; they were together and had been talking it over in their house. They wanted to know, could I get them a "kill pill." I asked what a kill pill was. They said some pill that when we decided we're a burden to ourselves and everyone else, we will take it at night, have a peaceful sleep, and that will be the end of our burden on society. I said: "No, I can't get you a kill pill." She said: "Why is it the Government never does anything practical for us?"

Regularly, just as some of the other speakers said, people report to me that they're contemplating suicide and some, incidentally, accomplish it.

OVERDUE CHECKS

I had a phone call from a lady on a Friday morning. The mailman had just left. She ran out after him to ask if he had a check that was already overdue 2 weeks. She told me she had eaten every single thing in the house—nothing was left to eat. It was Friday noon now and she knew that the mailman wouldn't be back until Monday. She said that she would starve over the weekend and that she never before was in that fix in her whole life. She had hit rockbottom. She said the reason she phoned me was to tell me this so when I would miss her at places I knew she goes, I would know why she did what she was going to do. She told me she was going to commit suicide.

When they say such a thing I try to engage them in a conversation to get their minds off of it. She was starting to sob and I knew in a minute she would break down so bad we could not finish the conversation, and then I wouldn't be able to talk to her.

I said: "How are you going to do it, Mary?" She said: "I have 12 red sleeping pills I have saved in case I ever needed them." She said: "I am going to take them after I hang up." I said: "I wouldn't do that, if I were you, because they will not kill you. It's not enough and if they're old, they're weak. Then you'll be found sick and be pumped out in the hospital. It would be very embarrassing." So she said: "Well, I've been reading up on different ways to remove myself. I read if an old person is dehydrated for 3 days they will die. Is that true?" I said: "No, I think you will just go into a coma and they'll find you. Again, you'll end up in the hospital and that will be published." She said: "Well, there is only one choice left, then. You're telling me I can't kill myself. It won't work. I'll have to steal," and she mentioned the name of a market. "A lot of old people live around this market. I go there every day to buy one little thing because I like it in there; it's such a nice atmosphere to walk around in the supermarket." Imagine that, it's a pleasure. She said: "All of the help knows me: the check-out girls, the manager, the box boys; they talk to me nice every day, and now I haven't been there for over a week because I have no money. They will miss me. If I come there, they're all going to ask me if I was sick or something. They would notice me. If I sneak back to the meat counter

and pick up 44 cents worth of hamburger and go out without going through the checkout counter, they will probably detect it." I said: "They certainly will and you'll be arrested." She said: "Well, that's what I was afraid of because it will bring shame on the other tenants where I live." She wasn't so worried about the shame on herself.

Then she said: "Well, you say I have no choice; there is nothing I can do." I said: "Yes, there is something."

You know, we've heard almost everything negative here today, but there are good things happening to seniors—not enough, not soon enough, and not to enough seniors; but there are some things happening and a meeting like this helps bring it about.

We have something called senior survival services and it is funded by the Office on Aging. We have two women workers—one is bilingual. They will go to any senior who is in trouble 24 hours a day, 7 days a week, any time at all that a senior citizen is in trouble, and stay with them until that senior's problem is licked or until another agency can take over on Monday morning or something like that.

I told this lady that she had one more choice, and she took it. She called to tell somebody about her plight. I tell all seniors when they're in the dumps, when they're in the worst condition they've ever been in their life, phone someone who can help them.

We had a senior survival worker out there in 20 minutes and she brought two bags of groceries and actually gave her a couple of dollars. Then on Monday morning we picked the lady up and took her to the welfare office and obtained \$100 in advance for her.

By the way, she is back in the senior club and is knitting in her home for other people, and is back in good condition. But look how near we came to losing a good woman just on account of the SSI check not arriving.

CONFUSION WITH SSI ROLLS

That's one thing I would like to suggest as a positive thing. Right now people are dropped off of these rolls. They review you once a year and you're liable to get dropped off just due to a technical error and all of a sudden you have nothing. The landlord is waiting for you to pay the rent; everybody's waiting, and then you're told: "Don't worry, it probably will come next month" or "We'll try to have it through in 2 weeks," with nothing for the person to live on in the meantime. The landlord doesn't believe she didn't get the check—all kinds of things like that.

I would like to see, Senator, if you could consider two things. One, when someone has been on the SSI rolls regularly for a year, everybody in town, the welfare workers and everybody else, knows she is eligible, and if nothing happens to change the situation and she gets dropped, it should not have to take 2 weeks or 6 months to get her back on again, which sometimes happens. There should be what I call an instant restart. Everybody in town knows she's eligible and still some computer at a distant State has to make sure she is still eligible. That is wrong.

One o'her thing, while they're trying to find out how to get an instant restart, there should be a grace period before anybody is dropped. A computer should not be permitted to drop somebody so they don't know until their check doesn't come and they go and ask

about it to be told that they are dropped. There should be a notice sent to them that they are going to be dropped in 60 days. Then there's time for that person or someone who can help them go up and argue the matter out. But this business of pulling the rug out from under people with their very livelihood is just wrong. In everything else there are safeguards. If you don't pay your health insurance, you have a 31-day grace period before they drop you. If you don't pay the mortgage on your house, there is a grace period. Here, the very money that is to keep a person alive, there isn't 5 minutes of grace period.

I'll end up now; I know I'm taking too much time. One other good thing we have in our county. I wish those of you who do not have it will try to go to the proper people to get it. We have a hot meals program which I guess most of you have, but we also have something called a nutrition mobile. I am told it's the only one in the United States.

Out in the back valleys and the mountains of our rural county there are people, seniors, who just cannot get to the hot meals program or to any other service that is available to people who live in an area where there are more inhabitants. We devised this nutrition mobile. We developed a special automobile that carries complete hot meals like a TV dinner, but better geared to a senior citizen's diet. It also carries fresh vegetables, fruits, and canned goods. It will take an order by phone or if the old person gives the order a day in advance it will bring out anything the senior wants. The driver of the vehicle will shop in the supermarket and pick up specials, get prescriptions, or anything at all. This serves about 400 seniors, which is very small, of course, but it is sort of a test program. If it turns out to be successful, it probably will be funded in other places. You could start looking into it and thinking about it. Incidentally, it's never been out of the little valley area until today. It made a trip down here and it's right outside now, downstairs. It's a white truck with a lot of happy little vegetables dancing around on the outside and inside there is life-saving food. You might look at it and try to get one.

I have five times more to tell but I will end now and give the other people an opportunity.

Senator TUNNEY. Thank you, Mr. Lamb.

Ruth Yannatta.

STATEMENT OF RUTH YANNATTA, CHAIRWOMAN, FIGHT INFLATION TOGETHER; ACCOMPANIED BY DAVID SIEDMAN

Ms. YANNATTA. I represent a group, Fight Inflation Together, that's been dealing with the problems of high food prices since the spring of 1973, the time of the national meat boycott. The reason I'm here is because of what we discovered in the experience of the consumer activist group, which was that most of our reliable volunteers were senior citizens. Although we started out primarily as a housewives group dealing with the problems of young families, the people whom we could count on for the day-to-day work were the senior citizens. So my interests and their interests became much more similar.

Then we took a look at what consumerism really is in these times of inflation—when the barest necessities of life are priced out of reach.

We realized that consumerism is no longer a question of whether I should buy one brand of washing machine or another, but what the costs are of the essential products in life.

Senior citizens are the ultimate consumers. They are not identified with a workplace or with some other form of income. They're identified simply with what they buy; they spend their money, all of it that they get.

The interests of our group and the interests of senior citizens—both consumer groups—then, are really similar. My point of view is a little bit different, though, because what I see as the problems senior citizens are suffering are the problems we're all suffering in society, only more in the extreme, because they're at the end. They are a minority, and they get the brunt of everyone's problems.

But in order to solve the problems of senior citizens simply to give them an extra few cents or a special tax write-off on the tax portion of their utility bill is not going to solve the basic problem that we're all suffering from and which they just seem to suffer more in the extreme. There have to be larger programs.

Let's look at the issue of housing, for instance. We can't just give a few hundred thousand dollars to a senior citizens' project. We have to take a look at the whole housing bill the Senate is considering and say that this bill that guarantees new housing has to change to include the needs of low-income and senior citizens. Rehabilitation of existing housing has to be a major element so rentals won't go up. We have to say we can't give the money in this bill through private banks that are giving money only to suburban areas that are green lined. We have to specifically build a national housing policy within these acts that plans for everybody's problems, not just the construction industry. Some special rider on that bill to help a few hundred senior citizens in a few areas will not help.

FOOD STAMPS ALLOW PRICES TO RISE

The same thing is true of what's happened to the food stamp program. We have millions of dollars being spent on food stamps, but instead of really solving the problem, the program, in some sense, adds to it because there is now an imbalance in the demand in the marketplace. Stamps allow supermarkets to raise their prices even more because there is a guaranteed cash flow at the other end. It may help a few welfare recipients, but most people still can't afford to eat. It doesn't solve the problem of ever and ever growing concentrations of the food systems in this country; less and less choice for people, and a more difficult time for senior citizens to deal with in a supermarket.

I went to a supermarket the other day and I picked up three cans of tuna fish. A can of tuna fish is a typical meal for a senior citizen. It is small, easy, it doesn't take much time to prepare. It doesn't take a good deal of investment and it is a traditional kind of food. It is now 75 cents for a can of tuna fish that a couple of years ago was under 40 cents. I looked at the manufacturers of that tuna fish. There were three brands. One was made by Castle & Cook; that's Bumblebee. Everyone thinks it is a private brand. Another is Carnation, and the third is

Chicken of the Sea, which is a subsidiary of Van Camps, which is itself a subsidiary of Ralston Purina. In other words, three large food corporations are controlling the food supply of tuna fish under what seemed to be private labels but are, in fact, part of the corporate system.

The food prices for canned foods have gone up in the last year 27 percent. Meat went down 7 percent. Produce only went up 15 percent, but canned goods and processed foods from those big, large corporations went up almost 30 percent, and their profits went up too. Inflation is, in large part, a result of excessive corporate concentration.

So you see, there is a direct relationship between all of the largest problems and the immediate needs of senior citizens. I feel it is terribly important that we begin to look at the Senate and the House for a national food policy and for bills and programs that deal with the whole question of nutrition, high prices, and ways to solve them.

One, of course, is antitrust—to break up these kinds of growing corporate monopolies. Another is to develop alternative food marketing systems. Here, senior citizens can really be a great resource. They are the people who grew up in a food economy where we didn't have corporate concentration, convenience foods, or frozen foods. They know a great deal more about food preparation and food ideas. They have a backlog of information and skills to present to us if we're going to develop things like cooperative canneries. There is one now operating in Florida run by senior citizens. Nutrition information centers could be formed where schools and young people can really learn what is in a jar of mayonnaise, and how to prepare food that's inexpensive.

We can put senior citizens to work in productive, meaningful ways that will solve some of the larger problems of the national food policy.

HEALTH PROBLEMS LINKED WITH FOOD

The problems of health too are directly related to the problems of food. We cannot lick the problems of senior citizens' health care or anyone else's health care in this country unless we guarantee good, healthy food on a regular basis. The Government has to be fully committed to that in a positive way instead of promoting these kinds of food subsidies that wind up subsidizing the big corporations instead of individuals. A food distribution program has to complement a new, decentralized agricultural policy, too. We have planned ahead.

I have with me here one of our best volunteers, David Siedman, who is a member of Fight Inflation Together. I thought he might be able to tell us what his food budget is, what his experience is, and how he feels about consumerism and the more general problems that should be dealt with in any senior citizen discussion.

Mr. SIEDMAN. My income is about \$239 a month social security—or maybe it's "insecurity"—and from it I spend about 25 percent for food. Because meat has gone up and dairy products have gone up, I have been forced to give up meat, chicken, fish, yogurt, and cottage cheese to make ends meet. I also find that I am eating more grain, more fresh fruit, and more fresh vegetables. Even though I buy these things at a food market in downtown Los Angeles where the quality of the produce is not too high, it comes from nearby Mission merchants and it is of second quality, and that's one reason why it is low in price.

Most of the people come there to buy their food who are either ethnic people or minority people. There are a lot of Mexican-American people who come there.

Do you want to ask me some questions?

Ms. YANNATTA. What made you decide to join Fight Inflation Together, to get involved in solving food problems?

Mr. SIEDMAN. I just liked the idea of the name. It grabbed onto me, "fighting inflation." I joined another group about the same time, about 2 years, called the Coalition for Economic Survival, also because the name grabbed onto me. Since then I've done a little bit of work in each one of these groups. I have learned a great deal. One of the things I learned was that when you buy life-storic foods, and use them instead of meat, you get better quality food. You don't necessarily reduce the cost of living, but you sure do get better quality food. These life-storic foods should be complete. They must not have any part of them removed. If it is rice, then the brown skin must remain on the rice. If it is wheat, it must be whole wheat. Otherwise, you give yourself all kinds of physical problems.

I could quote an English doctor on this, Dr. Burckett, who was here at a convention 2 years ago. He spoke about retaining the whole food—the necessity of having the brown skin on the seeds, the green on the beans, and so on. Fresh greens give you tons of calcium. Sunflower seeds, for instance, give you a very large amount of protein, calcium, and unsaturated fats.

DIFFICULTY OBTAINING NUTRITIOUS FOOD

Ms. YANNATTA. Is it easy for you to get the kinds of food that you need to maintain good health at the local supermarket?

Mr. SIEDMAN. No; I don't go into the local supermarkets any more. I used to go to Ralph's quite a bit but I go in there maybe once in 2 weeks for a bottle of grapefruit juice that is not processed and has no sugar added to it. That is about the only thing I buy at Ralph's. I have gone into the health store a little bit more because the quality of the food there is higher.

About 3 or 4 weeks ago I was invited to lunch at a senior citizen group and I couldn't eat it. All I could eat was the dessert, which was an orange. The rest of it was white bread, processed meat full of synthetics—they're no good for you—and I couldn't eat that meal at all. It cost a relatively low price; it was 60 cents. It was catered, nicely served, but there is no quality there.

I think the standards we have for processed food is very low. I would like to suggest to our legislators, Mr. Tunney, when you go back, that they raise the standards of expectation from the food processors.

I happen to know that their rate of profit for the past 25 years of the processed and packaged food has gone up something tremendous. The more you package and process food, the higher the rate of return on your investment. This is concomitant, at the same time, when the longevity rate of this country has dropped to 25th place among the nations. This figure, as of 1973, was published by a large company in New York City.

Ms. YANNATTA. Thank you, David.

I think the point is, that it is getting more and more difficult to sustain yourself in a local supermarket. An average person with a severely limited income cannot manage with the food and the service that is available. You see more and more highly processed, overpackaged food in the supermarkets, such as Carnation breakfast squares or potato chips, and not enough of the foods that senior citizens are familiar with and that they know how to eat. It is getting hard to find a box of oatmeal because it gets shoved to the bottom shelf. It is getting harder to find fresh potatoes. All of those kinds of problems that seniors have relate to the whole issue of higher food prices and the need for a national food policy.

Thank you.

PREPARED STATEMENT OF RUTH YANNATTA

Walking into a supermarket these days is like walking onto a battlefield. Housewives have become well-trained soldiers fighting the high cost of living and the food industry. Shoppers struggle to keep within budget boundaries. We plan our marketing strategies by studying all the advertised specials. And we come armed with coupons. We must calculate unit prices, then decipher the fine print to understand ingredients. We fight back the desire to buy the best foods sacrificing our tastes to the limits of our pocketbooks.

Moreover, supermarkets and manufacturers spend millions researching schemes that will encourage impulsive buying. When we go to the market, we are bombarded with over 10,000 different items, colorful signs, and aisle-end displays. We are lulled with recorded music, tricked with tinted lights, and confused by special sales and misleading or multiple labeling.

Our tempers rise and then explode when we see two, three, or four price increases marked on a puny can of tomatoes.

Fight Inflation Together began when the housewives of California were angry enough with high meat prices to fight back. We initiated a meat boycott that was a spontaneous, grassroots attempt to prove that the laws of supply and demand could work. Sales declined approximately 80 percent in the large cities across the country during the first week of April 1973. The boycott began a year-long downward trend in meat sales that stabilized meat prices at a time of skyrocketing food inflation, and would have forced meat prices lower if the government had not interfered time and time again to artificially shore-up prices.

Those of us who became involved in the boycott last year found that we liked the scuffle. We saw that our daily chores were vitally important to society as a whole. Shopping, deciding what to buy, and how to combat inflation, are now regularly discussed in newspapers and on TV. But we also learned how little influence consumers really have. The law of supply and demand clearly did not work during the meat boycott.

Consumers are a small, ill-equipped army in comparison to big business and government regulation. However, informed, selective buying, joined with concerted, unified actions at the market, in the courts, and in government can be powerful weapons. We hope that our efforts will encourage competition and restore to the consumer a fair, fighting chance in the market-place.

Government programs interfere with normal patterns of supply. Federal subsidies, soil-bank programs, export policies, Federal and State grading systems, and market order programs artificially regulate commodities coming to our food stores. Some of these programs were initiated to protect the consumer. Most began during the depression to protect the small farmer. But over the last 40 years, whether because of these programs or in spite of them, farming has become a highly concentrated, heavily mechanized industry. There are just over 100 lettuce growers and 11 handlers in California supplying the Nation with over 90 percent of the total crop. There are approximately 500 tomato producers in California who supply 83 percent of all tomatoes consumed in the Nation.

Food has become the end-product on an assembly line. More care is given to the size and adaptability of a crop to mechanical harvesters than to the quality or cost of the food we eat. Nearly one quarter of the total U.S. agricultural production is now part of vertically integrated corporations.

Huge agribusiness conglomerates are taking over control of every level of the food industry from farm to market. Greyhound owns Armour Meatpacking, ITT owns Continental Baking, the makers of Hostess, Wonder, and Weber brands.

Campbell Soup owns Pepperidge Farms. Good Humor is owned by T. J. Lipton which is, in turn, owned by Unilever. Many of the grapefruits we buy, and most of the almonds in California, are grown and packaged by Tenneco, a huge farm machinery, chemical, and container corporation. It is no accident that it is Standard Brands who has created, manufactured, and is marketing a new artificial laboratory food substitute for eggs: "Egg Beaters."

PROFITS GROW WHILE PURCHASING POWER SHRINKS

It is worth noting that, by and large, the profits of these large corporations have outstripped inflation while our purchasing power is shrinking. These giant companies control the supply and eliminate competition through a shared monopoly. For instance, the four largest cereal manufacturers control 87 percent of the market; the 4 top bread and prepared flour manufacturers share 75 percent; the top 4 crackers and cookies manufacturers have 70 percent; fluid milk, 60 percent. The four largest canners share 80 percent of all profits generated by their industry—and there are 1,200 canners. And the four largest farm machinery manufacturers control 70 percent of their market. Oligopolies don't compete on the basis of price or quality (compare Kellogg's and Post cereals for price or taste), but they spend millions (the food industry as a whole spends \$4 billion a year) on advertising to create "image," "brand identification," etc.

The most recent example of creating demand where there was none is the development of feminine hygiene deodorant sprays—a product that is, in fact, harmful. Consumers cannot themselves identify their basic needs and demands when so constantly and insidiously manipulated by such advertising campaigns.

The dairy industry has, over the last year, cajoled consumers with a lavish \$5 million advertising campaign while assaulting us with a 33 percent increase in the price of milk. Quite frankly, it was this combination that changed our irritation into indignation. As early as December 1973 we began circulating petitions to roll back milk prices.

Our long battle with the California Bureau of Milk Stabilization has coincided, ironically, with the exposure of the Washington milk scandal.

Over the months, we have collected more than 20,000 signatures on petitions; we have presented consumer testimony at bureau hearings initiated by the dairy industry to consider price increases; we have petitioned the bureau three times requesting hearings to consider our evidence that prices can be reduced (the last petition was cosigned by 40 State legislators); we have filed suit against the director of agriculture both on the matter of price and on the matter of misleading and false advertising conducted by the milk advisory board; we organized a Mother's Day milk boycott to dramatize our frustration with bureaucratic intransigence, and to exercise consumer muscle to whatever extent possible. At our urging, the senate (and we hope the assembly), has just passed a resolution calling on the director of agriculture to hold hearings on milk price reductions.

The current State pricing structure builds in huge retail profits for supermarkets, discourages innovation or competition at the wholesale level by establishing cost at the level of the least efficient operator, and encourages an overproduction of high-grade, high-cost fluid milk by setting prices that are inequitable for the producer of manufacturing grade milk. The retail profit margins on milk enjoyed by the large supermarkets are among the highest in the country. The price spread between grade A fluid milk and manufacturing grades is among the widest in the Nation. The vast majority of the milk sold in California is sold through vertically integrated operations that are able to bypass the pricing structure altogether, yet they are guaranteed a high-stable retail price.

Consumers have requested that the bureau change the methods by which it establishes price, especially at the wholesale and retail level. We are convinced that if it examined the actual cost of handling milk in an average supermarket (milk is a high-volume, rapid-turnover, easy-to-handle item), rather than using the over-all-store margin to determine the price, milk prices could be reduced by 5¢ per half-gallon.

Further, in three milk-marketing areas of the state where the wholesale price has been suspended, allowing competition, wholesale prices dropped as much as 3¢ per half gallon. The retail price in those areas has already been reduced.

The milk-dumping last month vividly demonstrates the absurdity of a system that regulates supply in order to keep prices up. How can there be surpluses when children are suffering from malnutrition and senior citizens are eating dog food? If milk prices had been lower, that milk would have been bought by consumers.

The dairy industry claims that demand for milk is inelastic. But that is not true. After Massachusetts decontrolled milk prices, the markup imposed between farmer and consumer dropped 4.6¢ per quart, and per capita consumption of milk rose from below the U.S. average to 9 percent above. Those figures can fairly be translated into more milk for more poor children.

BUREAU WORKING TO KEEP PRICES HIGH

Instead of seeking ways to lower prices, the bureau works very hard to maintain high prices. The bureau sued a small, independent dairy owner in Redding who was selling his milk for less than the established minimum. It argued that the milk stabilization program is designed to protect the dairy industry, and in selling for less, this little dairy owner was jeopardizing the whole program. In effect, they would not let him compete against neighboring supermarkets. Yet, at other times, the bureau argues its prices are established to protect these small dairymen.

Consumers across the State have attempted to act responsibly—to work within the existing system. We feel that, if given the opportunity, we could begin to balance the everincreasing control of a concentrated, politically powerful dairy industry by participating in these regulatory agencies.

It now appears that we may be given that chance. The director of agriculture, C. B. Christensen, a wealthy cattleman, denied all of our petitions, but he was quoted yesterday, as agreeing, finally, to the senate resolution request for new hearings. We hope that he will grant full, statewide hearings in the very near future, and that concrete decisions will result. There have been too many exploratory legislative hearings already.

We are confident that if our evidence is heard with an open mind, milk prices will indeed be lowered. We are looking forward to a State agency decision that, for the first time, considers the interests of all the people.

If these hearings materialize, it will be a major victory for our consumer campaign. In any case, Mr. Christensen's statement reflects a reversal in his and the milk bureau's tightly insulated, dairy-industry-oriented position.

And milk is, of course, just one battlefield. State laws regulate milk prices, eggs, poultry, and many fruits and vegetables grown in California. Currently, there are 36 market order boards alone. Fair competition is compromised, while profits are guaranteed. Consumers want the food regulatory agencies to open up for public scrutiny. We want our needs and interests protected, just as agribusiness wants protection. Participation within these bureaus, board, commissions, etc., will regain for consumers some of the leverage and influence that has been lost at the marketplace.

Senator TUNNEY. Mr. Frederick.

STATEMENT OF HERBERT FREDERICK, DIRECTOR, HUB CITY BUYERS CLUB

Mr. FREDERICK. Thank you very much, Senator Tunney, and especially to the senior citizens we have here today.

It is really a tragic thing to be old, poor, and black, especially in the neighborhoods which they come from. When I speak in terms of being old and poor, you would be surprised at how they can't even come outside at night to go to a grocery store or they can't go to a shopping center simply because someone will mug them before they get out of the door, or mug them before they can get back in. These are the tragedies we have, especially in south Los Angeles in the Compton and Linwood communities, that exist as of today.

You know, it's an amazing thing how we can spend money for a defense project and other projects and yet we can't place our priorities on individuals—on human beings—which we really need to do. I think this is one of the things we really should redirect our whole attention to—to individuals who have given all of their lives to make this country as great as it is today. How can we just set them aside and

say: "You go on your merry way," and forget about what they have contributed? Yet the rest of us benefit.

These are the types of things we must look forward to in the field of foods for senior citizens. When I speak in terms of food, I'm speaking about emergency food. When one runs out before the first of the month and they have just starved for 5 days or more, certainly we must find some method to have emergency food type programs so that we can supplement these individuals at least until they can get their pay-checks and repay it.

On food stamp day—it's a pitiful sight in the ghetto areas—you see them lined up for almost a block—some there with crutches, some there with walking canes—standing in line for 3 and 4 hours trying to get food stamps. Now, I'm sure as affluent as we are here in America we wouldn't have to have this type of system, to stand there for 3 or 4 hours. Gee whiz, we can fly from here to Washington, D.C., in 6 hours or less, yet it takes almost the same length of time to process an application for food stamps.

But these are some of the plights. When you go to the hospital or to the doctor's office, is it necessary to have you come at 9 o'clock for an appointment; then you end up there getting treatment at 4 o'clock or 5 o'clock simply because someone is off playing golf or someone is out. What is amazing is how one can line up 15 people for a 9 o'clock appointment knowing full well he can wait on only one at a time. Does this make any type of sense?

But this is the plight. We feel that the way some individuals feel, "Your time is not important," that's the way it appears to me; that it is OK for you to wait 1½ hours for a bus to get to the nutrition center, but what about the fellow who has to go to work and has buses available every 5 minutes during the peak hours, morning and evening? Aren't senior citizens equally important? These are the plights we have in our inner cities.

CRIME: TOO COMMON FOR POLICE ACTION?

Crime—you would be amazed. An individual comes in and does her shopping in a store, and starts out to go home. Some little fellow comes along and takes her bags and her basket and takes them out. It happens on a big scale. It happens so much that the police don't even come out to check on it any more. They say, you know, "It's just one of those things. We have other more important things to do."

We really have to take a very hard look and begin to find alternate ways in which to assist—not by talking, not by studies, but by action—on how we are going to treat and give the respect which is needed.

I would say that we could take our young people and let them learn from the experiences you have given through this period of time. We are in the middle of a recession now. Who can better help anyone solve this recession than you, because you lived through one tough time? You certainly have the answers from it. If we will stop and just listen to you, we will all be much better off. That's my true feeling.

I would just like to add one other little message, and it is this: Some of the things which I see and which we are trying to do with our Hub City senior citizens program in Compton, Calif., are, if the big chain markets can't sell the food to the senior citizens, what is wrong with

the senior citizens selling the food to themselves? So now they are starting their own businesses. They are going to do it with food and they're going to do it with clothing. I know you know how to sew and I know you know how to handle business. You have done it for all of these years.

We are going to begin to set up where you can have a part of the pie and you can have a part of deciding your own destiny, and that's by setting things up so that you can run and operate it yourselves.

We started pilot programs, but that's certainly not the end. I think, across the Nation, you will see the coming together of individuals beginning to think in terms of, "If they can't do it for us, then we are going to do it ourselves." And certainly you can do it.

Thank you very much.

Senator TUNNEY. Thank you all. I appreciate it very much and I want to thank you all for your testimony.

The next panel of witnesses is Nathan Matlin, Lilly Briggs, Eddie Moon, and Larry Chrisco.

I made an announcement about 1½ hours ago that we were running late on time. I asked our witnesses to see if they could keep it to 5 minutes. Well, it was obviously impossible.

I have just been informed by my staff that if I don't catch the plane to San Diego, that group of senior citizens down there are just not going to see me. I am going to have the staff director and other members of the staff take the rest of the testimony from the witnesses. They will also take the testimony from anyone else who wants to testify and it will be made a part of the record, which will be transmitted back to Washington and to me.

I am terribly sorry I cannot stay for the entire hearing. The testimony was extremely interesting, but I have to go down to San Diego to hear the senior citizens down there.

My apologies, I'm sorry, but I hope you understand. I will read the testimony to be transcribed when I get back to Washington.

A VOICE FROM AUDIENCE. Next time, plan longer hearings, Senator Tunney, so we can have you with us at all times.

Senator TUNNEY. I did. I have been in California 2 days holding hearings exclusively on senior citizens' problems. I wish I could stay the whole week, but I have other problems.

This is Bill Oriol, who is the staff director of the committee. He will continue in my absence. Thank you.

Mr. ORIOL. As Senator Tunney said, my name is Oriol. I'm the staff director of the Senate Committee on Aging.

I'd like to introduce Gerald Yee, who is representing the minority members of our committee and who was at our hearing yesterday in San Francisco.

Now I'd like to hear from the first witness, Mr. Matlin.*

PANEL ON TRANSPORTATION

STATEMENT OF NATHAN MATLIN, CHAIRMAN, TRANSPORTATION COMMITTEE, MAYOR'S COUNCIL ON AGING

Mr. MATLIN. My name is Nathan Matlin. I am the chairman of the Transportation Committee of the Senior Citizens Advisory Council of Los Angeles.

*See letter, p. 1352.

I have heard a lot of reports here on different items that are very, very important, but I think the first priority for our older Americans is transportation. If we do not have transportation for these older Americans, what good are the services if they can't even get there.

I've worked on this project for 4, 5, or 6 years and I've tried my best to get minibuses—jitneys for the older American so they can get to these projects. I have people calling me saying: "Mr. Matlin, when am I going to get services of a minibus or a jitney to take me to the doctor or take me to the dentist or take me wherever I have to go?" I said: "I am trying my best."

I know that the Commission on Aging in the Federal Government, the State governments, and also in the city, are hearing our pleas. I am very happy that I am on this committee because I have lent a lot of my experiences to them in past years and I find that now we are getting somewhere and they are listening to us for this high priority—which is the first priority of older Americans.

Like I said, what good is it if we have services where they give them a meal if they can't get there? They have to go to the doctor, and they have to go to the dentist. They live 6 or 8 blocks away from the main artery of transportation of the city. They are old; they can't walk that 6 blocks. They must have transportation to take them to these main lines or to the doctor or to the bank when they want to cash their checks—that they don't get mugged, robbed, or injured.

That has been my work for the last 7 or 8 years.

I don't want to take up too much of the time of the panel, but I am still working for it. We're working on different proposals and I hope, within the next few months, we will be able to get some of these minibuses to take them to the doctor, to the dentist, or whatever other services they need. That is my priority.

Thank you very much for listening.

Mr. ORIOL. Can you tell me roughly how the taxi fares in this area compare?

Mr. MATLIN. The taxis are very high.

Mr. ORIOL. Just even a six-block trip, you start out with what, a dollar?

Mr. MATLIN. A dollar, a dollar and a quarter. A lot of these people are living on social security. They cannot afford a taxicab to go anywhere they need to go. We should have free transportation for these people, absolutely all of them, even on our main busline. They have it in different cities. I've been to Hawaii where the senior citizens ride free on their transportation. The city of Los Angeles has millions of people, and I know they can afford to give them free transportation when they have to have it.

That is my goal. Also, ladies and gentlemen, I'm fighting for you to get these minibuses. I assure you that we are going to have these minibuses for you.

Thank you for listening. Any other questions?

DIAL-A-BUS OR MINIBUS SERVICE OPERATING REQUESTS

Mr. ORIOL. You mentioned you are trying to get dial-a-bus or mini-bus service so a person could phone to what, a telephone number?

Mr. MATLIN. They will have a center and they phone to the center what their destination is—where they want to go. Then they route

several buses, jitneys, or minibus, or whatever it is, which will follow this route and pick these people up. Then they will have a point where they will pick them up again and take them right back to their homes so they do not have to wait for a city bus. They take them right to their home. They don't have to be afraid they will be mugged on the street. That is what we have to have.

Mr. ORIOL. Speaking of mugging, our information from the Social Security Administration is that, starting in August, there will be a service in California that has been tried out elsewhere, of direct mailing of checks voluntarily—this is only for people who want it—to the banks where the people deposit them. Do you think this will be a help?

Mr. MATLIN. I also read that. I think it is a very good idea. I also have been corresponding with Senator Tunney. He told me they had a bill out for a tram bus for the handicapped. That is another thing we do not have in the city. We don't have one bus for a handicapped person. There is no way they can get anywhere. They're human; they want to go to the recreation places; they want to go to shows; they want to go where we want to go, and we can't take them because we do not have the buses. That's another priority that we have for them. They are human; they want to be recognized; they want to get to places where we go. I hope we can get the buses for them.

Senator Tunney said there was a bill for a tram bus that was for the handicapped, but so far I have not heard anything about it. I hope it comes through because these people need transportation as well as our senior citizens or any other persons in our city.

Mr. ORIOL. Mr. Shapiro of the Senator's staff is sitting in with us. Mr. Shapiro, did you want to say anything on this?

Mr. SHAPIRO. I can tell you the Senator is committed to accessible transportation. Prior to the hearing today, the Senator observed an accessible bus being manufactured by the F.M.C. Corp. The Senator was very impressed with the bus and has stated that he will do everything in his power to see that there is accessible transportation in California.

The bill you're referring to is Senate bill 662. It is currently in the Banking, Housing and Urban Affairs Committee and they hope to be conducting some hearings on the bill soon.

Mr. MATLIN. Thank you. There is only one other thing I want to bring up, and it will take me just 1 minute. We have revenue sharing in this city—millions of dollars. Not 1 cent that I remember was spent on the senior citizens of this city—not 1 cent. It went to build new elevators, air conditioning, but nothing was done for any sort of transportation for our city out of this revenue sharing. I hope the next time they have revenue sharing they will say 25 percent of that has to go for our senior citizens for any services they have to have.

Thank you so much for your time.

Mr. ORIOL. I would just like to make the observation that the Senate Committee on Aging is very concerned about revenue sharing. The first survey that was made showed that less than 0.2 of 1 percent was being spent on projects relating to the aging. The Revenue Sharing Act is due for extension next year and we will be making special efforts to see whether it should be amended in some way. At any rate, we will give it very close inspection.

Thank you very much, Mr. Matlin, for your testimony.
Mr. Moon.

STATEMENT OF EDDIE MOON

Mr. MOON. My name is Edward Moon. I'd like to tell you of a small problem, I think, but a little different situation, as a new immigrant and a senior citizen. Unfortunately I cannot speak for entry, and would you allow me my poor English and a good understanding of my testimony.

I think the Korean senior citizens' problems are something unique in this country, and how to help them have become one of the social problems. Until 1970, the Korean senior citizens were about 1,000 in the Los Angeles area and they didn't have serious problems among them.

After 1970, especially after 1972, the Korean population tremendously increased in numbers in the Los Angeles area. Nowadays, we have about 70,000 residents and most of them are new immigrants. We have about 6,000 or more senior citizens in this area. They had so many problems before settling in this country.

PROBLEMS OF IMMIGRANT SENIOR CITIZENS

I would like to explain about this problem and our ideas to solve them. The first problem is the language problem. Most of them do not know English—about 85 percent of the senior citizens; so that they are dumb with the mouth. They can't go anywhere all day just like a disabled person.

Mr. ORIOL. I think you told me, Mr. Moon, so many older Koreans in this country want to learn English but one of the big problems is they can't get transportation to learn the language.

Mr. MOON. Yes, yes; I'll explain to you.

They are physically and mentally in loneliness, melancholy. They need help for their problems—mentally and physically.

The second problem is the different customs and the different social situations. An example, in Korea, senior is superior to junior—respect seniors. But in this country, junior is superior to senior, and respect juniors. This custom strongly affects the seniors and they lose their hope and courage. In Korea they have a strong family system and live together respecting seniors, but in this country they have to live alone, without the family, without comfort, and without any enjoyment; they do not get any help from their sons and daughters, just like they are living in a forgotten area.

In this hard situation, the Korean Senior Citizens Association is working hard for them. As for the recreation problems, once or twice a month—sometimes we have tours to the various points of interest to amuse them.

We have another program for education. We have English classes from February. Nowadays about 62 people are involved in this program. We teach English to make a better life for them. Sometimes we have a special lecture to teach American culture and the American way of life for them. They are enjoying it very much.

Sometimes we have special activities such as folk dances and sing folk songs on this occasion. They usually have about 500 people for these affairs.

Finally I would like to express our eager desire to have something for our work. We have some trouble with the transportation for our English class and for our meeting and for the special activities. Many Korean senior citizens would like to come to the class and to the special activities and join our program, but always they have problems with the transportation. They don't know how to ride the bus; children are not allowed to go out: they just stay at home. So we need schoolbuses, we need drivers, and then we can take care of them. This is really a small problem, but I have to tell you of this.

Mr. ORIOL. Thank you very much, Mr. Moon. I think you have described an entire group of people who are almost marooned in the heart of the big city. The language difficulty intensifies this problem.

Mr. Matlin described one form of being marooned and I think you have described another which is complicated by a language problem.

Mr. MOON. Many, many problems come to them: the family problems, accident problems, many, many really serious problems.

As I explained to you, I have an English class. Every morning we pick up 13 persons and after 12:30 we take them home. But after 5 weeks, they can ride the bus themselves. That's why we have to teach them. The first time of bringing them to class we need something like that—we need a bus and we need a driver.

Mr. ORIOL. Thank you very much, Mr. Moon.

I'd also like to introduce Teddi Fine of Senator Tunney's Washington office. Mr. Shapiro is from the Los Angeles office. Teddi, at any time, if you have a question, please join in.

One of the joys of working on field hearings is the pleasant conversation I have with the people. I really enjoyed the one with you, Ms. Briggs, and we welcome you from the rural part of Los Angeles County.

STATEMENT OF LILLY BRIGGS

Ms. BRIGGS. Thank you.

My name is Lilly Briggs. I live in the Antelope Valley, which is usually called the high desert county. It is part of Los Angeles County but it is 70 miles north of the city of Los Angeles and is separated from the city and its suburbs by the San Gabriel Mountains.

I have to explain a little about this to you so that you can understand our transportation problems. Our north county, which consists of the Antelope Valley and the Santa Clarita Valley, contains over half of the geographic area of Los Angeles County, but less than 3 percent of its population. It is the home of the Joshua tree. There are, in the Antelope Valley portion of the county, about 89,000 people, and in the Santa Clarita area, there are more than 52,000—probably a good deal more than that now. I'm speaking of the Antelope Valley because I know it best.

More than 10,000 people living in the Antelope Valley are over 60 years of age. Our great distances, our low population density, and isolation create grave transportation problems for us.

We have no public transportation in the Antelope Valley except for 4 hours on Friday, and only on a few streets in Lancaster, our largest town. More than 60 percent of the valley's elderly live more than a mile from this busline. We have a taxi company who operates four cars. Also, the Greyhound Bus Line goes through Mojave, through

Lancaster and Palmdale, stopping twice each day in each direction, north and south.

That's our total public transportation. The distances make getting around very expensive. One elderly lady living in a mobile home park on the outskirts of Lancaster pays \$10 every week for one trip a week to the Lancaster downtown shopping area.

FRUSTRATION OVER TRANSPORTATION

Another example: A low-income, elderly man in the Pearblossom area, a little more than 20 miles from Lancaster, saved his money for 2 months for the necessary taxi trip to the medical center in Lancaster. He was going there for diagnostic service. This trip would cost him about \$30. When he reached the medical center, he was told: "The machine is out of order. Come back tomorrow." A few minutes later a volunteer found him out in the lobby crying. He didn't have the money to come back tomorrow.

Recently a man called our information and referral service and reported that his tenant, an old man, was ill and needed to be taken to the county hospital immediately. The taxi fare would be \$7 and the man didn't have it. Fortunately, we had a volunteer in our office right at the moment who was available and took him to the hospital.

Now, at this hospital it is required that the patient, on his initial visit, must provide his own transportation, and if no friend is available to transport him, then he usually goes by taxi and \$7 is about the usual charge. That means \$7 each way. Unlike taxis in metropolitan areas, the taxi operator in Lancaster is seldom, if ever, able to pick up a return fare.

Only yesterday an elderly gentleman flew into our local Fox Airfield for a call at one of our county offices. The distance is about 7 miles. The taxi fare was \$6 each way.

It may seem that we are criticizing the taxi company for these high fares. We are not. They go long distances to pick up and deliver passengers. There is practically no possibility that they can pick up a return fare when they have made a transport. And, because of inflation, their costs are going up, too.

The high cost of transportation is not the only critical factor here in our area. Unavailability of transportation creates situations just as grave. Sometime ago our local volunteer transportation organization, which is called Someone Cares, received a call from the sheriff's department asking them to go out and pick up an old lady in a wheelchair on the road between Palmdale and Littlerock. She had gone in her wheelchair to a grocery store about 2 miles away, but on her return trip with her groceries she had become exhausted and wheeled herself off the road, where the deputy sheriff found her and called Someone Cares.

This volunteer organization, Someone Cares, receives an average of 30 calls a day, 5 days a week, from elderly people asking for transportation to doctors' offices, hospitals, clinics, and grocery shopping trips, from people who have no means of transportation, and this organization manages to take care of nearly all of them.

In some of our isolated areas people who still drive cars bring their elderly neighbors to shopping centers at a charge of \$3 to \$5 per person

each way. Inflation has caused them to practically make a business out of helping the elderly.

Our department of public social services notes that the elderly poor in isolated areas, who must maintain cars or be totally isolated, are having harder and harder times in doing this. Many people between 60 and 65 are not eligible for any help except food stamps. Many come in for these and then find themselves without either gas or money to get home on.

One special difficulty in our area is that, because of lack of transportation, we are not able to take advantage of recreational opportunities for the elderly. This increases isolation and loneliness. If we wish to attend an event or program outside of our immediate area, we must charter a bus at a cost of \$3 to \$5 per person—something we can't afford very often.

EXODUS OF ELDERLY FROM THE CITIES

We note that a change is taking place in our area. More elderly people are moving here out of the cities. They move into the most isolated areas of our valley, attracted by the lower rents in these areas, the cleaner air, less noise, and less crime. Then they soon learn that with increasing age and infirmities, they can no longer drive. Inflation, including higher insurance rates, higher upkeep, higher gas prices, and so on, also has its effect on their ability to keep up transportation. So their lower rent cost is soon more than offset by higher transportation costs or lack of any transportation at all. Lack of transportation cuts across all economic lines. It isn't only the poor who suffer from it. It creates loneliness and nutrition and health problems when transportation no longer exists.

Some of the department heads at the Andrus Gerontology Center have observed this tendency to change that we have noted, that more elderly are moving from the city to the country. But it is a change as yet undocumented, though it is noticed in some areas by the telephone company and by the utility companies. Some of its effects are good and some are bad. In our own valley of vast distances, the unavailability of transportation in some areas and its high cost in others can only help to increase the tragedy of loneliness and isolation among our elderly.

Thank you.

Mr. ORIOL. Thank you, Ms. Briggs, for a very helpful statement. I think, perhaps, some of the problems you described earlier—higher tax rates, people being unable to afford the homes they have had in the cities for so long—may be one reason that some others are trying to live in the areas you have described and encounter an entirely new set of problems.

You mention you have a local volunteer transportation organization. Would that be related to the retired senior volunteer program or is this strictly an independent local service?

Ms. BRIGGS. It is an independent local organization. The director is a paid employee of the Antelope Valley Medical Center. The drivers are all volunteers and pay their own gas, insurance—everything.

This director is quite a remarkable woman. They have been operating now for probably 3 years and she says they make about 175 transports a month, but she recognizes they simply don't take care of even

a one-hundredth part of the transportation that is really needed. In fact, I think in the report that was made by the United Way in 1973—I worked on part of this—it was estimated we needed about 61,000 transports in the Antelope Valley and we had about 6,300. That's about how it was.

This particular agency, however, is quite successful and is doing a lot of good, but we do need transportation.

Mr. ORIOL. For that project, do you have any assistance under the Older Americans Act or through your State office on aging?

Ms. BRIGGS. I don't think I said that I am the president of the committee on aging up there. We did apply for a grant. We may possibly receive this grant. There are, however, problems that face us. We don't know yet whether we can overcome them or not, but we're trying. We've also applied for revenue sharing funds for transportation there.

Mr. SHAPIRO. Where did you apply for the grant? Was that to the Federal office or the State office?

Ms. BRIGGS. The grant is through the AAA. We don't know—I can't say anything about it yet. We do hope for it. We do hope, indeed, for transportation. If we get it, it will probably provide for three buses.

Mr. SHAPIRO. Did you apply for any funding from UMTA or on the Federal level?

Ms. BRIGGS. The only thing we have applied for is, as I said, revenue sharing funds, and we won't get a response from that for some time.

Ms. FINE. Insofar as your grant proposal is concerned, I will put an inquiry in to the State to find out about its status, and also about the availability of Federal funds. We'll just find out if there are any Federal funds from the urban mass transit that can become available.

Beyond that, the problems in rural areas are clearly not just transportation. It, of course, poses a major one. In the upcoming Older Americans Act amendments, I think there is a recognition of the specific problems in rural areas. Hopefully, through funding of this provision in the Older Americans Act, we will be able to solve some of them, or at least begin to, at the Federal level.

Ms. BRIGGS. Thank you.

Mr. ORIOL. And now I'd like to call on Mr. Larry Chrisco of Lakewood, the president of the Allied Senior Citizens Association and someone I've known for years.

STATEMENT OF LARRY CHRISCO, PRESIDENT, ALLIED SENIOR CITIZENS ASSOCIATION

Mr. CHRISCO. I feel a little bit like you did the last time I saw you when you were going to make the keynote speech.

Mr. ORIOL. That was after 11 at night. I won immediate applause by saying I would cut my speech to 5 minutes.

Mr. CHRISCO. Maybe I can get the same kind of applause for cutting mine short.

I was so impressed with everything that has been said today that I would feel quite repaid if I didn't talk at all, from the speeches that have been made.

I am very much in sympathy with Mr. Moon's problem because I did make a presentation for Senator McCarthy about a year and

a half ago on the same thing—the problems of transportation for the non-English-speaking population.

My concept of transportation is, and the things that I am going to say are, to try to make you see where we are, how we came to get there, and why we are not doing something to get out of it.

I believe that transportation is a public service just as important as the police department or the fire department. In other words, I have never had any use for the police department or the fire department, but I am using transportation many times every day. It is the first thing I think about when I get up in the morning and I think most of you are in the same boat. So I think that that is one of the concepts we have to come to. That is one of the things we have to impress upon you legislators, how important this thing of transportation is to our people.

The Constitution of our country guarantees us life, liberty, and the pursuit of happiness. On that third one, the pursuit of happiness, we cannot take advantage of that right unless we are able to move about. Now, the older person who is isolated in some areas, not only where this lady talks about, but even in the suburban areas of our own city, whether she is living alone or with her family—even if she is living with her family, the chances are that the two young adults are working and they use the cars. Maybe the teenagers going to school have a car to use. So grandma is left grounded at home even in a very affluent neighborhood. She is in a manmade ghetto. The happiness that she is entitled to cannot be pursued, and the pursuit of happiness covers, of course, not only recreation and pleasure, and so forth, but it covers those necessities which we have been talking about today—the necessities of life.

For instance, going to the doctor. How long has it been since any doctor made calls in homes? Even going to the doctor's office presents a problem today, as you have just heard, not only for the shut-in trying to get to the doctor's office, but even after they get there—the waiting and so forth.

Here is a true story that I will regale you with that happened in Long Beach. It is a true story, because it came out in the daily papers. A teenager was talking with her grandmother about her medical problems and the grandmother says: "Well, my doctor is taking care of my medicare by mail." "Well," says the granddaughter, "what's wrong with that? Did they spell your name wrong or something?" She says, "No, but I believe they have me mixed up with somebody else. The doctor's secretary wrote me and said, 'Keep on taking your medicine and if you have any problem call us. We are taking a look carefully at your prostate gland.'"

It may seem ridiculous, but I have had some similar problems concerned with hospitals and doctors' offices with members of my family.

I would like to get down to a few specific cases of things we have talked about here about the particular means of transportation. I am chairman of transportation for the State Advisory Council to the California Commission on Aging. We try to gather information on these transportation projects all over the State, where they have these local means of transportation, and pass them along somewhere else where maybe other people can use them. I am also chairman of our local committee on aging in Lakewood. Our council there is quite

concerned about local transportation. They are trying to do something about it.

OPPOSITION TO DIAL-A-RIDE AND MINIBUSES FROM TAXICABS

I would like to say, Mr. Oriol, that this taxicab thing that you talked about awhile ago is quite a problem, too, because as soon as we started to get dial-a-rides and minibuses for the senior citizens in various smaller cities, the taxicab people became very concerned because they could see that this was going to eat into their pocketbooks, so they came to some of our meetings and hearings in various areas and said that they could do a better job on dial-a-ride because they were set up to do it. They had the equipment. So we invited them to the council at Lakewood, for instance. We invited them before our committee on aging. The average price they said in that area was \$2.50 per trip. They wished the city to pay \$2 of it and the senior citizens pay 50 cents.

Since that time the council has allowed them an increase of 11 percent in fares, so this price would go up again. Mr. Oriol, I think what is needed is for the Federal Government which, to a great extent, is responsible, and State governments in some instances, because they have allowed transportation to be taken away from the older people through franchising, through land use, and so forth. I think they are duty-bound to bring about the means of our moving about, especially the older people. Transportation is a problem for people of all ages, but more so for the handicapped, the blind, and the elderly.

A year and a half ago when the Cal-Trans was started—that is, the Department of Transportation for California—I was invited to a seminar for 3 days. We had, I think, about 28 people there from all over the State—the elderly, several blind people, and we had about five people in wheelchairs. They were doing the planning and these things were brought out—the problems for designing, and so forth, for the equipment, the training of drivers to be more courteous or not to be so jerky. You have to be an athlete to ride this minibus downtown in Los Angeles.

Out of this came the thinking that we've got to move. This is a new thing, a new department, so we have to do something. This has been a year and a half. I've been getting all of the reports and all the mail. The man who was in charge of this seminar has been calling me long distance. They are sending me books about this thick [indicating] every now and then. They just sent me two recently. He called me the other day and said: "Larry, have you read this orange-colored thing?" I said: "Well, I've looked through it but not too closely." He said: "I want you to read it carefully in the next 3 days and call me by the 1st of May."

Well, I had gone through it before, but I went through it a little more carefully and I found, in all of those two books, one that thick and the other that thick [indicating], there was one-fourth of a page relating to the elderly, the blind, and the handicapped on which we had had this 3-day seminar and for which you paid the price.

Those are some of the things that are happening. It is happening slowly. In other words, there may be some good people in that depart-

ment and some good people in the Federal Department of Transportation, but we are moving too slowly.

I know that you are tired. I just wanted to get over some of the points that I believe in. As I say, I am trying in various areas to find something that is good.

In Lakewood, we have the meals program sponsored by Soroptimist and the RSVP is cooperating. We are getting a bus down there for the use of the seniors through this combined program 1 day a week to go anywhere they need to go—to the doctor, the dentist, or whatever. These are examples that I am trying to pull together and pass along from one area to another.

Thank you very much.

Mr. ORIOL. I would like to thank the entire panel for helping this hearing make a very important point.

This is a hearing on the impact of the cost of living on elderly people. So, do you attempt to overcome the increase in the cost of living simply by raising social security benefits more and more, even though they are not adequate, or do you also, in addition to trying to have more realistic social security benefits, take other action that will assure the kind of services that can keep costs down so the social security payments don't have to cover inefficient or nonexistent services.

I think each of you has given us an example of how the lack of transportation costs dollars or forces people to do without health care or food and, in the long run, increases the drain on their retirement income and also results in institutional care at great public expense.

I'd also like to mention, we do have laws on the books in the urban mass transit legislation, the Federal Highway Act, mentioned by Ms. Fine, and the Older Americans Act. Our committee's annual report has a whole chapter on transportation and shows, despite the very lofty objectives of this legislation, we have too many delays. Our committee will also give this area very close attention.

FARE REDUCTION FOR SENIOR CITIZENS?

Mr. SHAPIRO. I just wanted to ask Mr. Matlin a question. The Southern California Rapid Transit District recently approved a fare reduction for the blind and the handicapped. For some time they have had a fare reduction for senior citizens. I am wondering if senior citizens in the city of Los Angeles have trouble getting to those traditional buslines to take advantage of that fare reduction. Can they take advantage of that reduction?

Mr. CHRISCO. The thing has been brought up today about crime. I think improved transportation will be a great deterrent to crime because a great many of the crimes that are being committed against older persons—mugging, purse-snatching, and so forth—are a result of this older person having to walk so far for these things we have been talking about, and this is bringing about a lot of this crime.

Mr. ORIOL. One center we were at yesterday in San Francisco said 32 muggings had occurred among the people in that center within the last 2 months, and most of them were walking on foot.

Mr. Matlin, did you get Mr. Shapiro's question, then, about the reduced fare plan—the usefulness to the people if they can't get to the buses to use the reduced fare?

Mr. MATLIN. I would say this, that the main lines you want to get to, and also the rapid transit that you are speaking of, what I have read, the city is trying to put in a crosstown line on Bundy and west Los Angeles where it will run from Culver City to Sunset Boulevard. They are also going to have rapid transit on Santa Monica Freeway, and the city will provide a place where they can park their cars, and take the people downtown. That is one thing that is in the works now, I understand.

The county is working with the Santa Monica Bus Co. to put in this line. I think that will take a lot of cars off of your freeways and help our senior citizens. A lot of them don't drive, but if the buses would take them to this rapid transit and also bring them back home, it would be a big help.

I just want to stress one thing about the fares on the minibuses. The taxicab proposal was the highest we had read. It was so high that a lot of people could not afford that, those on social security. We have looked over many proposals and we have one in the works that I think will do us a lot of good and won't cost as much per passenger to transport.

Mr. ORIOL. Thank you once again. This has really been a very productive panel.

Mr. ORIOL. I would like to call the final panel of Celia Roth of Culver City; Matt Woods, a representative of the Social Security Administration, and Don Rogers, who made this information known to us, perhaps would like to join them.

PANEL ON THE SOCIAL SECURITY PROJECT

STATEMENT OF DON ROGERS, SUPERVISOR, SENIOR CITIZENS AFFAIRS, CITY OF CULVER CITY

Mr. ROGERS. My name is Don Rogers and I am an ordained minister. I first became concerned about the problems of the elderly when I was doing attempted-suicide rehabilitation out of San Francisco General.

Mr. ORIOL. In addition to being an ordained minister, would you also describe your current role?

Mr. ROGERS. I am supervisor of Senior Citizens Affairs for the city of Culver City.

I became concerned about the elderly while I was doing attempted-suicide rehabilitation, which led me to the concept of prevention, which led me to the concept of a multiservice center. I submit that a multiservice center is the key to alleviating a great many of the problems that the elderly have, simply by tying in the various services in one central location and then developing the transportation systems to get them there. I realize it is not a panacea, but there can be better utilization of funds by developing multiservice centers where a person goes and has his nutrition problems met, his recreational problems, his health problems—the total concept. When you deal with a person in counseling, you deal with the whole person, so that is the objective.

I have submitted for the record my in-depth concept of a multiservice center.* It is an action-oriented program. One of the programs

*See appendix 5, item 1, p. 1349.

that has developed some action to it is this one that I am presenting to you today.

I would like to introduce you to Celia Roth who is a retired volunteer worker at Culver City. We developed, again, the concept within this multiservice center of having some representative of the Social Security Administration present at this multiservice center. That was not possible because of the overload and the current workload of the social security office, so we did the next best thing which was to utilize an experienced person to get her specific training in social security information and then put her to work. She has only been to work for 2 weeks. I would like to introduce to you Celia Roth at this time.

STATEMENT OF CELIA ROTH

Ms. ROTH. I am Celia Roth and I am here to represent the Culver City senior citizens' group.

A little insight into my personal life. I am a newcomer to California. Because of a sad situation in my own family which we will not go into, I came here to live. I found out that East or West, we human beings are affected by the same problems that come under social security. Inasmuch as I have had the fortunate experience of living through the development of the Social Security Act from its very beginning when it was initiated by Herbert Hoover—some of us here will recall that—and became effective under F. D. R.'s administration, I feel that I have a kinship to these problems today. Since I was going to remain in California, I wanted to join a senior citizens' group.

So I went exploring here on my own and I found the Culver City Senior Citizen Center; I can tell you it is one of the finest that exists. I happen to have been a professional social worker with the department of welfare in New York City for 30 years, so I had set a standard by which I could draw up my requirements, and so forth, and I found that the Culver center measured up very highly.

There I came across Denise Pickering and Don Rogers, who told me that if I were interested, they would put me in charge of a little project—namely, a sort of liaison service to social security. I agreed to this because it appealed to me and I got some intensive training from Mrs. Harden in the social security office in Culver City.

You wonder why all of this, actually, was necessary. We are not here to compete with the social security office per se; we are merely here to help and I am here to help myself, my friends, all my cronies in the Culver City senior citizens' group. These people have problems; they don't know where to air them. A good many live single, individual lives. They do not have recourse to either friends or family and they have these problems. They belong to the senior citizens' group. This is part of their home, the center. So they come in there and if they have problems they see the desk that is marked "Social Security" and we have people flocking over there to make inquiries.

All of these problems that were enumerated here today in the various areas—inflation, transportation, and what-not—these are all such familiar problems. They come and they want to air their difficulties. They want to dispose of their anxieties. They sort of get it out of their system right there, and they ask questions.

As Mr. Rogers has indicated, we only started this project May 1. We have no way of evaluating the effectiveness of our service as yet.

We hope that we can be of service and, if we cannot answer the questions directly, we have recourse to the source where they can get the correct answer.

But the thing is this, it is very interesting that they can shed some of these worries. There are so many who have these worries in common. We are all one people, really—God's people. The fact remains that they can do it under an environment or under a roof that is familiar to them, where there is no threat that something is going to happen, or somebody is going to tell that they are withholding too much in the way of information to claim social security supplementation. They feel secure there.

We feel in due time we may be able to serve a real function to the community, to we senior citizens, so that we can get the proper information that will reduce the burden on us. A good many are under great strain, we realize that, and the fact is, if we turn the tables, we find that we are even performing a service to the social security office because they would need less personnel to meet the inquiries of these troubled people. We could really perform that service on a voluntary basis and put our good citizens, our elderly citizens who worked hard for this privilege—to put their minds at ease.

That is our objective in running this office.

Mr. ORIOL. Thank you, Mrs. Roth. You have made the purposes of this project very clear. It is a very challenging idea.

Can you tell me how much training you received at the social security office?

Ms. ROTH. Yes. Mrs. Harden gave very unstintingly of her time to me because I plied her with many questions. She spent Friday mornings with me and this was over a matter of a few weeks.

Mr. ORIOL. A few weeks. How long did it take on the retirement test? We find that to be one of the most misunderstood issues, the earnings limitation under social security. You can earn only up to a certain amount before you start losing certain of your social security benefits.

I was just saying that as an aside, but I thought it was one of the most complicated things.

Ms. ROTH. Yes. There are any number of involvements there, so we won't go into detail.

[The prepared statement of Celia Roth follows:]

PREPARED STATEMENT OF CELIA ROTH

Your Honorable Senator Tunney and Special Committee on the Aging, I want to thank you for this privilege of testifying here today on behalf of the senior citizens of Culver City. I consider this a rare privilege to represent my group as I am a part of this group chronologically.

I am practically a newcomer to the Golden State of California. I came here in September of 1974 on a rather sad personal mission. Because of my interest in senior citizens professionally in New York City for 30 years, I visited the Culver City Senior Citizens Center. I was favorably impressed with the surroundings and at the same time joined the group. In my few visits to the center, I concluded that I would like to be identified with the group as I observed. They are well integrated, cover many activities, and in this way perform a service to the community of Culver City. I communicated with Miss Denise Pickering, director of the retired senior volunteer program, and indicated my desire to be a volunteer. I alerted her to my previous experience and interest in social work when she informed me of the fact that Mr. Don Rogers, director of the Culver City Senior Citizens Center, had worked out a plan of setting up a liaison unit with

Social Security and needed someone to supervise the program. This appealed to me and an appointment was set up by Don Rogers with Mrs. Harden at the social security office in Culver City. It was attended by Miss Pickering, Don Rogers, and myself for the purpose of solidifying the development of this project to further services to senior citizens who come to the Culver City center.

Mrs. Harden gave her time unstintingly to bring me up to date on the use of latest legislation in social security and the use of the various forms affecting social security status.

May 1 we set up a service desk and began to function in this center. In light of the recency of the opening of this project, it is not possible to evaluate the achievement; however, we feel that we have already proved to be of service to senior citizens. We hope the service will be effective and that our objectives will be achieved.

Let me briefly describe the benefits of this program.

I. Benefits to the senior citizens by this service:

1. The availability of this service to senior citizens in a spot where they congregate daily is of extreme importance.

2. The service is provided in a place where they already feel a sense of security, sense of freedom, and sense of belonging.

3. The service supplies information pertaining to individual problems of senior citizens which foster better communication of the services the system offers.

4. Due to the fact that I am a senior citizen, I feel that I am able to identify with the problems of seniors and relate to them on a more informal, friendly basis.

II. Benefits to Social Security Administration by this service:

1. Reduction of volume of people and inquiries.

2. Enables social security to give more time and direct service to clientele.

In conclusion, may I say that our project has proved to be a functional one already and I strongly recommend that it be considered as an auxiliary means of improving services to the Nation's elderly citizens.

Mr. ORIOL. Mr. Woods, we have known you for a long time—the committee has. One of the reasons we think this panel is so significant is that, within recent years, Congress has increased the workload on social security tremendously. We are doing everything from black lung to disability and, of course, in 1972 we enacted the supplemental security income program which began last January. That alone would have been enough to flood your offices throughout the country—the social security offices throughout the country—with a great workload, which it did.

Yesterday in San Francisco we heard from a woman who lives in a housing project which has 300 persons living in it; it is a big housing project. Many of the people in that project find that they can't get social security on the phone. They also find that when they go to the local office it will mean hours and hours of waiting.

As I said, it is national policy that has increased this workload on your office, but here is an effort to give service—only a limited amount of service—and we realize that this kind of effort can't give the type of expert, ultimate knowledge that is available at your district office. What do you think is the potential of this sort of thing as a supplement to your work in the district office, at least until we get SSI really working the way it should?

**STATEMENT OF JAMES "MATT" WOODS, JR., DISTRICT MANAGER,
SOCIAL SECURITY ADMINISTRATION**

Mr. Woods. We could be of tremendous help.

One of the biggest problems we have, of course, in social security is one you referred to a moment ago as an aside when you were talk-

ing about the retirement test. The point is we do have a comprehensive, complicated, detailed program as evidenced by the fact that it takes us 9 months to get somebody trained to where we can turn them loose by themselves to handle the myriad of problems that we have involving the technical administration of the law itself.

Realizing that the people not only have a need to know these things but a right to know these things, what you are suggesting, I think, is really good.

In addition to being the basic income-maintenance program on a national basis, we are charged with the responsibility of being the focal point for information and referral also. We have tried to meet that responsibility to some degree.

In addition to keeping up with our responsibility to keep the public informed, we are going out and addressing groups and explaining to them the technical parts of the program. In turn, they are telling us what we are not doing and what provisions in the law are difficult for them and what they think needs simplification. So it is a two-way street and we have benefited tremendously by our activity with community groups.

What we have done, particularly in the Los Angeles area—I have been active in working with various groups concerned with the older Americans. In Los Angeles we have two AAA's. I think we are very fortunate to have two AAA's of the administration on aging, one for the county of Los Angeles and one for the city of Los Angeles.

Mr. ORIOL. AAA is the area agency on aging?

Mr. WOODS. Yes; the area agency on aging.

One of their big concerns, of course, is an I. & R. service of some type for older Americans. They have set up some 24 facilities in the area and have requested of me that we provide training to these people so they can pass this on as an outreach program to people who contact them for information.

The mayor's office in Los Angeles has also set up an I. & R. information service and each councilmanic district in the city of Los Angeles now has a person assigned to his staff for I. & R. activity designed particularly for older Americans.

I have been requested to provide training to those groups also—people in the councilmanic districts and those on the mayor's staff.

Mr. ORIOL. Mr. Woods, if I may, I think your working agreements with the area agencies on aging are very significant. For the record, we would very much like to have a supplementary description of the objectives of those agreements as they affect the AAA's and social security operations.

Mr. WOODS. OK. We do have a formal agreement with the county of Los Angeles AAA and we can furnish you that document for the record.*

What I am trying to say is that we are, in addition to being a huge bureaucracy, trying to do our part in seeing that the various groups in the country who are concerned with older Americans are given the training they feel they need. We will devote as much time to this as possible.

As the final windup, I would like to say that we would offer to any senior citizens' group, or those concerned with the handicapped or the

*See appendix 2, p. 1320.

disabled or the blind, our services for training. We would offer our training for any contact point you have to the extent we can provide services. We are providing services in many instances in the downtown area to special language groups and ethnic groups and we do go there on a periodic basis.

One last thing. As far as the Federal involvement in the community is concerned, Los Angeles has, as there are in about 25 major cities in the country, a Federal executive board, and as a principal member of the Los Angeles Federal Executive Board, I am the cochairman of the Older Americans Committee. We are, in turn, involved in setting up an information and referral resource for all Federal agencies, as well as some other community groups.

Mr. ORIOL. Thank you, Mr. Woods. You don't talk one bit like a bureaucrat.

I just wanted to say, I think that was a very significant offer that Mr. Woods made. Mr. Woods offered to train people who want to help others.

When we discussed your panel with Senator Tunney, he expressed great interest and wondered whether an effort should be made to encourage more of this type of thing nationally. We would like to hear your thoughts on that when you have time to put them down.

I would just like to make the point that I don't think anyone regards this program that Ms. Roth is in—in fact, you even said it—they are not in competition with full-time social security employees. We need more of them. In fact, it is budgeted for 11,000 more people this year.

Ms. ROTH. The percentage of your aged is going up. It was in this morning's paper; it is 11 percent now in the State of California.

But the thing is this: You see, you need much more personnel as this goes up. If we can get people to volunteer or be interested, it does reduce the costs ultimately.

Mr. Woods. It relieves our workload if they can deal with the problems and eliminate some of the lesser inquiries that can be handled by a paralegal social security worker.

Ms. ROTH. Yes.

Mr. ORIOL. Do you have any questions?

Mr. SHAPIRO. Yes. Mr. Woods, we hear a great many complaints about the inaccessibility of restroom facilities in social security offices to people who are blind or disabled. I am wondering, is there an attempt being made to make these facilities more accessible to these people?

Mr. Woods. Definitely. The problem is, Mr. Shapiro, some of the buildings we are in and have been in for some time, do not have the proper facilities, but under our request to the General Services Administration who handles the space acquisitions for us, that is a definite requirement—that we do provide restroom facilities and drinking fountains for the handicapped.

Mr. SHAPIRO. Given the fact that many of these citizens have to spend a great deal of time in your centers, I think it is of the utmost importance that they have an opportunity to use the restroom facilities and drinking fountains.

Mr. Woods. I couldn't agree with you more.

Mr. ORIOL. I would like to thank this panel very much.

Mr. Woods, would you stay for a little while in case we get any technical questions about social security? Do you have time?

Mr. Woods. I will be glad to stay.
 [The prepared statement of Mr. Woods follows:]

PREPARED STATEMENT OF MATT WOODS

Mr. Chairman, it is a pleasure to be here. As the District Office Manager of the downtown Social Security office, I welcome the opportunity to testify at this hearing.

Suffice it to say that the social security system is the Nation's basic income-maintenance program. It is by far the largest poverty-preventing institution for the older American, widows, orphans, and disabled, as well as the provider of health insurance for these individuals.

It has always been the policy of the Social Security Administration to give the best possible service to the public, recognizing the needs of individuals to know about our program as well as his right to know.

In keeping with my responsibility to keep the public informed, I am an active participant in community groups and organizations serving the older Americans. We, the Social Security Administration, are looked to since we are the Nation's basic income program for older Americans and we have a national system of field facilities and staff.

Not only do we address and explain our programs to various groups and organizations, but we offer specialized training to their staff, i.e., we have provided training to Ms. Roth (who is on this panel with me) of the Culver City Senior Citizens Center.

The Los Angeles area, in my opinion, is fortunate, because we are represented by two AAA agencies. One by the county of Los Angeles, another by the city of Los Angeles. I am on the advisory council of both of these agencies.

One of the principal objectives of the area agency on aging is providing adequate information and referral for older Americans. To accomplish this objective there will be approximately 24 separate facilities established to implement this I. & R. activity.

I was requested to, and did, provide training to the staff of these facilities. The training involved the technical aspects of the social security, supplemental security, and State supplement programs. The purpose was to train their individuals to recognize when an older American could benefit by these income maintenance programs.

The city of Los Angeles has also established an I. & R. person in the office of the mayor as well as each of the 15 councilmanic districts. Again, their objective is to serve the older American. I have also provided training to each of these individuals.

In some of the facilities we have worked out formal referral forms to be expedited to the various social security offices. These forms will serve as leads to potential applicants. The Social Security Administration will act on these forms in an attempt to see that the older American does receive the benefits to which he is entitled by right.

I also serve on, and provide training to, welfare rights staff, western center on law and poverty, and various other groups.

Our program is comprehensive, complex, and constantly changing. It is not easily understood. We recognize that keeping everyone informed requires constant vigilance and a continuous effort and cooperation of all concerned groups representing the older Americans.

As a representative of the Social Security Administration, I would like to offer our assistance to any organization or group who believes they could benefit by our involvement or training.

Mr. ORIOL. Now I will start at that side of the room and work my way over to this side [indicating].

Would you please give your name and address before you begin to speak.

STATEMENT OF ZORA BANKS

Ms. BANKS. I am Zora Banks of Los Angeles, Calif. I am a foster grandparent connected with that program. I have sat here all through the hearing and listened to everything that has been said. I noticed no one spoke particularly about the elderly person who wants to work.

We have this foster grandparent program in a model neighborhood and we have been told that it is going to be closed as of the 30th of June. In addition to being a foster grandparent in a model neighborhood, I volunteered for the halo program and I volunteered for the dove program. Now, I will not be able to volunteer for these programs, buy gasoline to go to them in my car, or do all of the things that I have been able to do with my little job as a foster grandparent.

The thing that I can't understand—so many of these programs are coming into the elderly groups asking for volunteers; all of them are being carried on by volunteers, mostly from the older Americans' groups—if the older Americans are not going to have any way of getting a little extra money so that they can afford to volunteer their time, then how are we going to keep these programs going? It isn't a lack of interest by any means, but if we are going to have our little extra money cut off, then it will be the blind trying to lead the blind.

So I just wanted to say this: I am not the only older person who is working who would want to continue to work and I am just wondering what we are doing about the employment of older American citizens.

Mr. ORIOL. Just to comment briefly, I thoroughly agree with you. One of our panel discussions yesterday in San Francisco was about employment. It also included some discussion of how women in particular are discriminated against during the work years and after the work years by social security and by job opportunities.

As to employment opportunity, there is a part of the new Older American Act amendments, the so-called title IX, and Congress is attempting to broaden the current limited efforts to provide employment of one kind or another in service activities of the kind you gave as a foster grandparent.

It is ironic that it is this sort of program that the administration program seeks no money for in their budget—when the kind of service that can be provided can be very important and can do so much.

There are many title VII meals for the elderly programs where the RSVP—retired senior volunteers—are giving help that is invaluable and yet that, too, is being cut, by orders, not even laws—cutting out the amount of expenses that these volunteers will be reimbursed. It is a very extravagant cutback. That is how I regard it.

I think Senator Tunney's office would like to know more about this project which is going to be closed. Did you say June 30?

Ms. BANKS. Yes; we were funded previously so that we came under the heading of the county, but according to our understanding we have received letters saying that the project would be closed as of June 30.

Mr. SHAPIRO. Would you be kind enough to forward copies of those letters to our office, not the originals, but copies?

Ms. BANKS. I will try to find my letter that I received. When I find it, I will send it to your office.

Mr. SHAPIRO. Thank you.

Mr. ORIOL. This lady over here.

STATEMENT OF MARY ANN FREY

Ms. FREY. I am Mary Ann Frey, Inglewood, Calif.

I agree with this woman about the difficulty in getting work and, of course, the limitation law is absolutely ridiculous. But even more

ridiculous is the fact that you can earn all the money you want at age 72. Isn't that a laugh?

Mr. ORIOL. It is a long time between 65 and 72.

Ms. FREY. Who wrote that? Young people who thought that by 70 we would all be dead anyway or old people with tongue in cheek? That is one that should be absolutely abolished.

I understand there is a Congressman who said 72 should be reduced to 70. That is just as bad. It should be absolutely eliminated. I want to know, Mr. Woods, what steps can we take to eliminate that from the social security laws?

Mr. ORIOL. Mr. Woods is going to ask me.

Mr. WOODS. There he is, right there [indicating].

I think that there is one valid or invalid point however you view our retirement test under social security. The administration's stand has been that there are only about 3½ million people who would benefit by a provision of not having any income restriction and that it would cost the program an additional \$4 billion a year to provide that benefit. The question was whether or not it would be worth that much money to benefit only the small number of beneficiaries over age 65 and still working.

I am not in the branch of the Government that makes those kinds of decisions. I am just a small fry.

Ms. FREY. Would you hire me at age 72, Mr. Oriol? Between 65 and 72, I am supposed to retire. At 72 would you hire me?

Mr. ORIOL. I think you would be better than ever, and I thank you for your testimony.

We will now hear from our next witness.

STATEMENT OF ELIZABETH MITCHELL

Ms. MITCHELL. I am Elizabeth Mitchell, Los Angeles, Calif.

Congresswoman Brathwaite has a new law called the career. I think the document number is 2493. It's in regard to retired people working with no discrimination. A copy is available in Washington, D.C.

Also I would like to know why there has to be an age limit on working, anyway. Like this woman indicated, all of our Congressmen are way over 75—not all of them, but there are a number of them—and there always has been. Why do the people on social security have to retire at 60 or 65?

Russia has a type of plan for their elderly to work if they are able and capable, as shown in the Soviet magazine. They have beautiful homes to live in. They work until they can't work any longer.

Another thing that should be taken into consideration, people in civil service have Blue Cross and all types of insurance, where most of those people carry that insurance and work. But there are a lot of employers who don't want to take older people because they are afraid of the insurance.

Mr. ORIOL. There are many other excuses they give, too. Every one of them has been refuted. If an employer really wants to hire an older person and is willing to be flexible about it, ways can be worked out to overcome almost anything.

On this matter of mandatory retirement, most of that are the decisions made by private employers. However, I think there is an action

that should be taken by the Federal Government and that is to make its own civil service a model of showing what can be done, first, to prepare people for retirement when and if it comes and, second, to be more flexible in terms of providing options to people in later years.

At a certain time in your career, would you like to work part time, for example, rather than full time? Why shouldn't your employer continue to get the benefit of your experience if they are willing to do it?

So much of this is attitude—people saying it can't be done—and yet it is being done in many areas and can be done on a much larger scale if we open our minds to it.

Next witness please.

STATEMENT OF GLADYS GRAY

Ms. GRAY. I am Gladys Gray of Los Angeles, Calif. I am connected with the Willow Brook Committee on Aging.

I have a problem. I am sure this is a problem with many other mothers now that Memorial Day is coming up. My son was a veteran and he is interred in Portland, Oreg. That poses a transportation problem for me.

What advice or what direction could you give me?

Mr. ORIOL. Your son was a veteran?

Ms. GRAY. He was a veteran. I am sure many other mothers have sons who are veterans.

Mr. ORIOL. Oh, I see. You have transportation problems?

Ms. GRAY. Yes. For me to see his grave, I will have to leave here and go to Portland, Oreg., to his grave. That is a transportation problem for me with a limited income. Because of my physical condition it is necessary that someone travel with me.

Can you give me any advice or direction?

Mr. ORIOL. It certainly is a problem. I don't know enough about the veterans' law. I think Senator Tunney's office would be happy to inquire about that. I think it is a real problem.

Mr. Shapiro, do you happen to know about that?

Mr. SHAPIRO. If you would like to write a letter to our Los Angeles office and include your son's Veterans' Administration number, I am sure—I can't promise you we will have the result that you would like to have, but I can tell you that we will look into it and see what can be done about it.

Ms. GRAY. Thank you.

STATEMENT OF HARRY FREED, PRESIDENT, SENIORS FOR PROGRESS

Mr. FREED. I am Harry Freed of Los Angeles, Calif. I am president of Seniors for Progress.

The hearings they are having today are as if to say that, after all of these years, we have to have a hearing, when there are 23 million right now who are aged and many of them are going to bed hungry every night, and we are having a hearing to find out what's the matter.

Even with the SSI that you were talking about a little while ago, an individual gets about \$235. That's with SSI. Try to make a living

on \$235 when you have to pay rent and fill prescriptions, have to pay for utilities and everything else. The aged are absolutely starving.

Congressman Rosenthal came out with a bill of \$5,200. That's a drop in the bucket, but at least he is trying something.

Senator Tunney is on the Committee on Aging, I understand. I just came in and I don't know what the general discussion was, but I feel that something has to be done, that people should be able to live in dignity and there should be some kind of bill that Senator Tunney can introduce so that people will be able to live in some comfort and not have to starve.

The people are interested in what Senator Tunney has to say. Instead of us coming to the hearing, Senator Tunney should be able to report to us what he is going to do about it and how we are going to get support from him, because it is impossible for the people who are hard-up to get along.

I don't believe in paternalism—that we should tap the old-age people on the shoulder. They have given plenty of their life, of their energy, of their wages, of their taxes, and it is about time we took care of them.

Mr. ORIOL. Thank you.

Senator Tunney did mention before that he has many bills going, but he also made it clear, I think, that he doesn't regard them as the total answer. That is one reason that he does hold hearings, to help in thinking out new actions.

One of the possibilities that we have in mind is improving the SSI level. The \$235 in California include, I believe, an \$85 State supplement at the Federal level.

In many States SSI comes nowhere near to the poverty level. One of the things we have in mind is to raise it at least to that minimum.

There are other bills that are underway.

But on this matter, this is certainly not the first hearing. The field of aging has so much happening and so many new trends are developing, no one could predict this inflation that we had a few years ago. Who could predict recession along with inflation?

So to find, at least, emergency actions that can be taken, that, in itself, requires not just Congress saying what it's going to do, but finding out what people tell it to do. That's part of it—listening. I think that is what the Senator had in mind today.

I believe you are next.

STATEMENT OF ROSE BAIN

Ms. BAIN. I am Rose Bain, Santa Monica, Calif. I am connected with a number of groups. One group is Women for Legislative Action and, of course, we are always interested in legislation. I am also involved as a volunteer with RSVP in Santa Monica.

As a result of that connection, I have also become involved in a project on which we are working for a people's opportunity center. We are having problems, I must say. The particular purpose of this center will be to give services and information, as was explained by Ms. Roth, like that available at the Culver City Center.

We are concentrating our activity in the Ocean Park area of Santa Monica where we find a great need. I might repeat the fact that there

are many impoverished people there, elderly people, who are unable to speak English and who are not able to avail themselves of those services which are already available. They do not know; they don't have the sophistication.

I might add the fact I think is most interesting, that this project was developed and created by a number of students from the architecture and urban planning division of UCLA. This project was chosen by them for their master's thesis. Instead of writing it, they decided to take constructive action and help people in the community and concentrate on senior citizens' problems. Together with young people, they have asked senior citizens to become involved.

FUNDS NOT FORTHCOMING

My problem is this: after all of this discussion, we have submitted, and it has been approved by the county of Los Angeles, funding for this project. We have been waiting for a number of months to receive the funding. You will be shocked to know what amount was requested—a measly \$32,000, and that is to cover the cost of a housing center and services.

My question to you, sir, is, what can we do or what can your office and Senator Tunney's office do to expedite the grant of those funds? It has been postponed time and time again. We have received no answer as to when to expect the money, so we are hampered in giving and presenting this service.

Of course, parenthetically, I should add that this is also in conjunction with the Young Women's Christian Association.

Interestingly enough, we started with a senior citizens' fair to prove to the community and to the county the great need in the communities. That fair was very successful. We got many volunteers to give blood pressure examinations, glaucoma tests, volunteer professionals, and other services. Nutrition classes were held that day and it was a most successful project. In spite of a downpour of rain, we had close to 300 people who came to avail themselves of the service. So you see how important it is.

Mr. ORIOL. Was this fair to raise funds for the project?

Ms. BAIN. No; this fair was free. Everybody gave their services free. It had nothing to do with raising funds. It was simply a pilot program to prove to the community that this was a very necessary thing, that there are people who are interested and who want to come.

We have plans, we have proposals, we have educationals planned, many activities, but specifically—and this, of course, deals with the gentleman there—information about social security, about health facilities, about legal problems, everything.

The last thing I want to say is that we are going to have volunteers. I do feel very keenly, as the lady in the back feels, about the exploitation of volunteers. I must say that the elderly people who are volunteering have brains, intelligence, capabilities, and it really bothers me to think that they cannot get a job because they are over 65 but yet they are used in the dove program and the schools. I have been part of it, too. But they can't get paid because they are a certain age. I think that is discriminatory.

Anyway, if you could use your influence—what can we do with the county to get the money?

Mr. ORIOL. I know Harvey Shapiro is in close touch with the county area agency and the city area agency.

Mr. SHAPIRO. Could you provide us with the information? You can provide it to Ms. Fine now—the name of the project, where you applied for the funding.

LANGUAGE BARRIER

You have raised an interesting point on which I would like to hear from Mr. Woods. What is the availability of translators in the local social security office for bilingual persons?

Mr. WOODS. For volunteer programs, you say?

Mr. SHAPIRO. No; translating to individuals who cannot understand English.

Ms. BAIN. We hope to have people who will get the training and get the knowledge about your services and how it functions and then be able to translate and transpose information to the people who need it without their having to go to your office—to make it simpler.

Mr. WOODS. In answer to Mr. Shapiro about the language difficulty that we face, 42 percent of the Spanish-speaking Americans who are hired by the Social Security Administration are in Los Angeles County. In our own office—I can't speak for all of them because I don't know—but we provide for Korean, Filipino, Samoan, as well as Spanish. We are trying to provide all, even the exotic Asian languages. The problem is to get somebody who can speak the language and who we can find on the civil service register. As you know, we are under certain constraints by Civil Service to hiring qualified people.

Mr. SHAPIRO. Are there any prohibitions, from your standpoint, of working with a group such as this lady has proposed to provide maybe on-call volunteers—I hate to use the word “volunteers”—to translate for individuals who come into field offices where you might not have a background of languages?

Ms. BAIN. We hope to have a bilingual person in our office. As a matter of fact, I might add that I am studying Spanish myself so that I can be available for this purpose.

Mr. SHAPIRO. I know you were talking about the Ocean Park area.

Ms. BAIN. Yes.

Mr. SHAPIRO. I know that there are many older persons who live in that area who can only speak Yiddish, and I know that is a problem for them, too, in communicating with the social security office.

Ms. BAIN. We do have people in our office who speak Yiddish and that will not be much of a difficulty. I speak Yiddish myself and we have others who do also. We have Spanish and we have some who speak German. The language itself will not be the problem. It is simply that once we get the money, we have many, many people who will be able to make a great contribution.

Mr. SHAPIRO. I think you heard from Mr. Woods that he would be willing, within his limitation, to train individuals who were willing to offer paracounseling. I think there is an offer on your part to translate. I think if there is some way to get both of you together with the proper funding it would be beneficial to everyone.

Ms. BAIN. Are you in the Santa Monica office?

Mr. Woods. No, I'm not. But if you would contact either the manager there or the assistant manager, they would be helpful. If you can't get any help, call me and I will see what I can do for you.

Ms. BAIN. The curious thing about this whole situation, sir—it seems a contradiction that in the past number of weeks we have seen our Federal Government bringing people over, and this is not a racist remark, but there seems to be a contradiction that hundreds of thousands of what we call refugees have been coming into the area. Mr. James Hayes is the supervisor who has helped to coordinate that program, and yet for our own elderly people right here in our community there doesn't seem to be any action being taken, at least not fast enough to suit us. That's why I feel very disturbed about this neglect.

Thank you very much for listening and I will do as you say.

Mr. ORIOL. I am still working this way [indicating].

STATEMENT OF JAMES C. LOWERY, DIRECTOR, CENTER FOR NEW CORPORATE PRIORITIES

Mr. Lowery. I am Jim Lowery, Los Angeles, Calif. I would like to talk about housing. I have been here for 1½ hours and I have heard mention of housing and housing problems but not a lot of discussion about it.

I am the director of the Center for New Corporate Priorities, a public-interest research organization which is looking into the housing question as it relates to financial institutions.

I'd like to say that we live in a very rich county. About three quarters of a billion dollars a month goes into providing homes for either apartment buildings or new housing in Los Angeles County—three quarters of a billion dollars a month. I live in west Los Angeles which is one of the areas of the city in which we don't see much of that money. I notice there are a few other people in this room who live in Santa Monica, perhaps Pasadena, San Pedro, and other communities who also don't see very much of that money.

We did some research and determined that, as a matter of fact, over a million people in the county live in areas where there is no prospect of conventional mortgage lending for single-family homes. The only kind of money that has gone into my neighborhood is condominium financing and very high income apartment financing, so if I can afford \$300 or \$400 a month to spend for housing, that's fine—but most people can't.

One of the specific things I'd like to bring up is—there is a bill Senator Proxmire has introduced in the Senate which would require financial institutions to disclose where they get their deposits and where they put their lending. That's the first step, of course, toward our making these institutions more responsible. I wanted to bring that up and get people to support that concept.

VARIABLE-RATE MORTGAGES

The other thing I want to bring up is in relation to inflation and the cost of housing. This has to do with another measure that is going to be brought up on the floor of the Senate or it is going to be marked

up next Thursday. That has to do with variable-rate mortgages. This has a specific impact on people who are on fixed incomes or who are likely to be, in another 10, 20, or 30 years, on fixed incomes. Variable rates, as you may be familiar with the concept, pass on the increased costs of interest rates to the consumer, so that your monthly mortgage payment would vary. In other words, it could increase as the interest rates are increasing. That is a guaranteed inflationary clause built in, in favor of the savings and loan.

The Japanese consumers have a different idea. The Japanese consumers have been pressuring the banks in Japan to compensate the depositors for the increased lack of buying power that they are experiencing from their deposits. In America we look at it the other way around.

So in light of the fact that that is going to be coming before the Senate next week, I also would urge Senator Tunney strongly to oppose it. It discriminates against people who are likely to be on fixed incomes.

Mr. ORIOL. Did you give us the address of your organization?

Mr. LOWERY. The address of my organization is 1516 Westwood Boulevard, Los Angeles, Calif. 90024.

Mr. ORIOL. Have you ever given any thought at all to the financing mechanisms for rehabilitation of existing housing? Take a one-family house—is it feasible, from a financing viewpoint, to transform a one-family home into living quarters for, maybe, three or four unrelated people?

Mr. LOWERY. I definitely think so. The problem in most areas of Los Angeles County is that there is no financing available to renovate a single-family home, let alone as a multiple unit, and that is literally about a third of the geographical area of the county.

Mr. ORIOL. Do you have any suggestions on what Federal policy might do to give incentives?

Mr. LOWERY. There could be incentives. I think making financial institutions accountable to the community from which they gain their deposits is an approach that is certainly being pushed all over the country. For example, all of us have bank accounts or checking accounts, and most people who can't get around much or who are retired have those deposits in the communities in which they live.

In many areas such as Compton and South Central and Pacoima, the branches of these institutions are taking the deposits and reinvesting them in high-priced homes and living units elsewhere in the city. So one of the ways to attack that problem is to make them accountable, and there are some specific recommendations which we have on that, as to branching and chart requirements and disclosure.

Mr. ORIOL. We have a form which has our address and if you can give us those recommendations we would be glad to get them.

Thank you very much.

STATEMENT OF LILLIAN CASH

Ms. CASH. My name is Lillian Cash, and I live in Sepulveda, Calif.

I have a genuine belief and share a strong conviction that the senior citizens of this great country of ours must be heard.

The material that was brought forward here today is proof that our senior citizens' sufferings have covered a multitude of ground that I don't think could be duplicated anywhere on any committee.

I have traveled and visited in 43 States and I have listened to senior citizen programs. Every program is repetitive of what I heard here today because every State is attempting to accomplish that same goal individually rather than as a united effort. The only thing, I have heard everyone say we have 22 million senior citizens, with 800 added to our numbers daily in this country. They are on social security—5 million of them are on SSI—but has anyone stated what we should do with these 22 million senior citizens? I believe not. Has anybody made a recommendation that we should have a national recognition of these 22 million senior citizens in Washington, D.C.? Unfortunately, the answer is no.

We come here and we state we have certain recognition in our city and State, but what have we been recognized for in Washington, D.C.?

So I am very anxious at this point, and I am going to stress it and I am going to have literature going and a resolution going, that we should coordinate these 22 million senior citizens and have representation in Washington, D.C., by people like me who can represent the 22 million senior citizens. An official office should be established for us by President Ford.

I say volunteers because I have always found doing community work, to me, was a labor of love, and it still is. We have many who can go up there and show our strength just as we do here. With an official office there, recognizing us to sit in the galleries of Congress and listen to our Congress, as well as have our Congress listen to us—the 22 million senior citizens of America. We have been made to believe that senior citizens speak but one language, and only senior citizens understand this language.

It is evident that the youth cannot understand it because they have yet to experience, and the people who are reaching the middle years are only beginning to understand. But let it be known that we are the people with the backbone of this country and we have contributed to all the different fine institutions that you see today from the colleges to community life itself. After 75 years of my life, I feel I have been unnoticed by my Government.

Hence, I feel there should be a resolution and if Senator Tunney wants to start with it, I am on the planning board of the State Council on Aging, but there has to be representation directly in Washington, D.C., to coordinate, to make our plans, and from there the proper directives should go to the 50 States in the United States. Then our senior citizens in every State can stem from there and do the things that we feel, as a committee representing 22 million senior citizens' views, will strengthen our recognition and our sufferings so that we won't have to spend so much money with all of these meetings. We won't have to spend so much time and energy, but we will have the recognition in Washington, D.C., to give us the authority up there to do the things that are proper for us, plus respect.

We are working hard now, speaking the language that we do, and I am sure if this happens we will pave the way for the youth when they get to the point where they become our age.

Thank you.

Mr. ORIOL. I think you have just given a good example of the saying that older persons are their own best advocates.

Ms. CASH. That's right.

Mr. ORIOL. It is very impressive. Thank you.

STATEMENT OF MARY SAMUELIAN

Ms. SAMUELIAN. My name is Mary Samuelian of Los Angeles.

I came from Istanbul in 1921 and have joined the senior citizens' club; I help them with services.

This month I received my welfare check and I cashed it and I went one block and two colored guys held me up. They took my money and they said: "Don't do that; don't do that." They pushed me and took my purse and a car came up and drove them away.

I was so scared. They hurt my back. I called the police and they said: "We can't do nothing. Next time don't carry money with you." Well, I just cashed it—\$168. What am I going to do? I don't have one penny in my house. I have to pay the rent, the light bill, the gas bill. I was so hungry, so what do I do?

My daughter lives in Newhall and my son lives in Long Beach. I called my daughter and said, "I am hungry." She says, "How come?" So she comes to get me and I stayed at my daughter's house. When I come home, somebody had robbed my house. They take everything: radio, television, dishes, everything. I was so scared.

Another thing, I go to welfare and they don't give me any more money. I know people who have three or four houses they rent and they still get on welfare.

Mr. ORIOL. I would like to ask Mr. Woods, I guess this was a supplemental security—SSI check.

Mr. WOODS. Yes.

Mr. ORIOL. In August, when they start mailing social security checks, will that also apply to SSI directly into the bank for deposit?

Mr. WOODS. That's not applicable in this State yet.

Mr. ORIOL. Oh.

Mr. WOODS. In August there will be a program providing for direct mailing.

Mr. ORIOL. What about emergency relief when a check is stolen?

Ms. SAMUELIAN. It was not the check; it was cash money.

Mr. WOODS. It was money. If it was the check, we could provide for it, if the check is lost or stolen. But I think the point she made was that she cashed the check and now the money was stolen by somebody; is that correct?

There is no provision under the SSA law; there may be a provision under the county for a loan.

Did you go to the social security office and fill out a loan form and go to the county for a loan?

Ms. SAMUELIAN. No.

Mr. WOODS. I am not positive because I am not that familiar with the county loan provision, but it is possible you could have gotten a county loan under those circumstances.

Mr. ORIOL. It still is possible, isn't it? This happened today?

Ms. SAMUELIAN. No, the 2d of this month.

Mr. ORIOL. The 2d, so you have been without your check, without the money, this month?

Ms. SAMUELIAN. That's right. I am 75 years old. I worked 42 years in a restaurant.

Mr. SHAPIRO. Would she qualify for an emergency loan?

Mr. WOODS. No. There are no emergency provisions in social security under these circumstances.

Mr. SHAPIRO. I think we should try to get an answer right after this hearing.

Mr. WOODS. I can get an answer while the hearings are going on with respect to whether or not the county would make a loan under those circumstances.

Ms. HOUGLAND. I think the welfare department has emergency money, as HARVEY pointed out. What you might do is call them during the hearing and apply for emergency funding. Some of it you have to pay back on a loan, but there is some emergency money that you don't have to pay back.

Mr. SHAPIRO. Thank you very much.

Mr. ORIOL. You are next.

STATEMENT OF ANNE G. McDougall

Mrs. McDougall. I am Anne McDougall and I live in Los Angeles. I have lived in an apartment building for 14 years and I now live in a single apartment, one room, nothing furnished except hot water and the venetian blinds. When I moved into the apartment, the rent was \$70 a month. I moved in on April 1, 1968, and on October 1, 1969, the rent was raised \$5. January 1, 1970, it was raised \$10. December 1, 1971, it was raised \$10. January 1, 1972, another \$10 raise. I won't go into the manipulations we had during control because it sounds silly.

First I paid \$87.13, then \$88.13, then \$90.39, then \$92.39, then \$94.64; on March 1, 1973, the rent was raised to \$115; April 1, 1973, \$120; March 1, 1974, \$125; October 1, 1974, \$130; February 1, 1975, \$140.

There is no low-cost housing or even moderate-cost housing in West Los Angeles. I wrote to Mayor Bradley because he addressed the West Los Angeles Senior Citizens' Group when he was campaigning for office and he spoke about the possibility of low-cost housing. So I wrote him a letter and asked where and when?

I got an answer in which he said that according to the regulations all new buildings must provide 15 percent, I think he said, for low-cost housing. In my area, the only buildings that are going up are condominiums and townhouses. I inquired of one townhouse project about a single. Well, they had one single at \$350. That's low-cost housing.

I applied to a low-cost housing project in Santa Monica about 4 years ago and I understand that they are now working on 1968 applicants.

I read in the papers that there was to be a low-cost housing project somewhere in Los Angeles. I telephoned the Federal Housing Authority and was informed that they only had 5,000 applicants. I would be willing to wager that as soon as we get an increase in social security there will be another raise in the rent.

Mr. ORIOL. Shirley Roberts from the mayor's office is here and wants to talk to you after the meeting about that.

Is there anyone else? Yes, ma'am.

Ms. HELLER. I am Billie Heller, Beverly Hills, with the Gray Panthers. We were just having a caucus. We would like the older people to have a chance to speak so I will pass my turn and allow them to speak.

STATEMENT OF EDWARD DUNCAN

Mr. DUNCAN. My name is Edward Duncan of Los Angeles. I have been very touched, especially by Senator Tunney's response, to the drastic removal of some of these people from their homes through ever-rising taxes, especially on those unable or least able to pay.

You know, all of these problems are interrelated and I haven't seen some of the big responses and reactions addressed to this. For instance, the high taxes on homes in Los Angeles is a reaction and high personal taxes is a planned result.

For instance, I was reading recently where Mr. Hunt from the Texas oil interests just bought several thousand acres of planned avocado groves in Riverside County, Calif., and he qualified for the Williamson Agricultural Preserve. He got himself an \$11,000 assessment reduction and you are picking up those taxes on your home. Somebody pays for that. This is a big tax gimmick among many in the State of California, together with water and other agricultural subsidies.

Mr. Hunt's source of income was from high oil tax subsidies and other nonpaying tax savings. For instance, do you know we use oil to pump the water over the mountains? We grow cotton in southern California. It was just mentioned in the newspaper the other day that 40 percent of that cotton was going to China, so, in effect, we are shipping our oil and our water to China. Then the net tax bill is reduced by an increased 10-percent investment credit.

For instance, every time an agricultural interest takes an acre-foot of water the metropolitan water district refunds \$25 to \$40 to these agricultural people as a subsidy. You pay a regular rate of maybe \$68, plus a tax on your home, and they pay a rate of \$25 to \$35 I estimate—irregular rates on both reduced property assessments and water.

UNDERWRITING CHARGES FOR NEGOTIATIONS

Well, our oil agents, for instance, have become our masters instead of our agents. We give Mobil Oil the right to control oil in Alaska, so now we are going to have a California Public Utility Commission hearing where we are to supply the funds to Southern California Gas—\$615 million to pay interest and carrying charges that we will pay to them just to negotiate with Mobil Oil. In the meantime, forgetting about Mobil Oil—I carry a credit card which I've had for a number of years. I recall the Truman investigation of some oil companies and their actions overseas and the recent situation of the oil shortage and some of the reactions of the oil companies; I am not too sure that Southern California Edison is capable of dealing with the oil master instead of the oil agent.

Mr. ORIOL. Sir, is your point that the unfortunate national policy is increasing the cost of gasoline?

Mr. DUNCAN. It is many unfortunate plans and policies. It is a combination of many things. For instance, as authorized by the Federal

Power Commission, imagine a return of 15 percent to the oil companies and interrelated transmission companies. That means the money has to double every 4 years without harsh inflation. It is impossible for capital to double itself ever 4 years. The Federal Reserve has \$80 billion on which we are carrying the interest rate. I have a little note here where we are going to loan \$400 million to Russia, which means the banking systems are again going to go where the high interest rates are.

I read in the newspaper about a disturbing situation, that I don't have full information on, where Senator Tunney was in favor of increasing the resources of oil by taking off the price controls. Here is a note from Western Airlines, a related increase of \$40 million. In the meantime, we are subsidizing Lockheed—giving them loans to furnish plane engines.

To defer business failures, emergency energy shortage loans are going to be made by the Small Business Administration to small businesses at 6½ percent because small businesses can't cope with the increased cost of energy that we are talking about.

I have a little note here—I just collected a few of these items when I heard that you were holding these hearings—that they are going to give the oil companies a plowback credit of 100 percent on their taxes. For instance, on this provision for the oil companies to have the price control removed, Texaco, a highly self-sufficient domestic oil company, will receive unusually high returns from "old oil," now \$5-plus, to no-limit prices.

Mr. ORIOL. May I interrupt you? It is getting late.

Mr. DUNCAN. I understand and I will just take 2 more minutes here.

Profits of the oil companies had monopoly-type increases of 41 percent over 1973. Now they have a new gimmick with the last in, first out, so they reduce the reported oil company profits by 15 to 25 percent as reported to you currently.

Here is a note where 1 percent of the families with incomes over \$50,000 own 51 percent or more of the stock in the oil companies.

Mr. ORIOL. Excuse me, sir.

Mr. DUNCAN. I just have a couple more little things here.

LOW-COST LOANS

Here is one where we are making low-cost loans to a small water organization in the Valley Center in San Diego County, 90 percent interest free, 4.59 interest rate. Social security is subsidizing that. There's a whole package of subsidies, plus the better known income tax subsidies and a 10-percent investment tax dollar-to-dollar offset.

Here's a little note, for instance, where 300 years ago England obtained gold amounting to 42,000 pounds that has been used as a credit base which, at only 3½ interest rate, has increased 10,000 times. What happens to our interest increase when we are at the point where they're getting 15 percent and then money starts looking for 18 percent to 30 percent?

For instance, here's a little note in Forbes. It says a great number should be wretched as well as poor to supply all the necessary above funds for the expansions that's required to keep this whole inflation going. Then inflation becomes more—

Mr. SHAPIRO. Sir, your facts are very interesting. What I would like you to do is to provide us, in some detail, a written report of what you are trying to say.

Mr. DUNCAN. I will give you the whole pile and you can return to me what you can't use.

Virtually risk free, the Federal Power Commission allows an 11 to 15 percent return on investments which are in interstate commerce and that becomes subject to multiple markups even at a little minor interest rate, our inflation is all built in; you will have inflation forever and ever and ever. That's the whole thing, especially with much higher administered interest rates.

Here, we haven't touched the problems. It's a big balloon with a weak spot here and it pushes out here and here and here [indicating]. I have a whole stack of stuff here that you can have.

Mr. ORIOL. Going back to oil prices and oil policy again, the unfortunate national policies have even a more direct effect on the elderly than other age groups proportionately because the elderly spend more of their income for fuel and gasoline than other income groups; so there is a relationship.

Mr. DUNCAN. The relationship, though, is when you allow the banks to use Federal Reserve subsidies and then run rampant with high interest rates, with interest rates of 4 percent everything is doubling, in 15, 16, or 17 years. Now it gets up to 15 percent. When the Bank of America will give \$25 million on a signature to build the Landmark Hotel in Las Vegas and here the poor people don't even have houses, it makes me heartsick. Tears come to my eyes. I have a few years before I reach this point. It is just unbelievable. How to escape the inflationary rules of compound interest and administered prices remains an unanswered conflict. Compassion is an urgent and needed response to make the system work, before it is too late.

An economic law is proposed under the new title, the rule of 70, exponential accelerated inflation—the interest rate double factor being a higher law than the obviously outdated Phillips curve. The latter equates employment and inflation. The law is best comprehended through reference to widely distributed savings and loan tables. By substituting "price increases," for deposits, and "markups" in lieu of interest earnings, it is easily understood that \$3,750—a price increase becomes \$105,000 through trade level markup for 20 levels—the approximate number in the meat industry—at a low 7½ percent only. Just one bank interest increase involving 14 percent, under the law of 70, doubles by a factor of 5.

Separation of high un-American interest rates, typical of many European and Eastern economies, is an essential consideration.

Mr. ORIOL. Thank you.

We are ready for our next witness.

STATEMENT OF ALICE SMED

Ms. SMED. I am Alice Smed and I live in Woodland Hills. I would like to add to this gentleman's statement on the profiteers. I call it profiteering, the medical association and their lobbyists in Washington, D.C. I retired 2 years ago and then 1 year ago I had to have major

surgery and I find now that every penny I saved in the last 30 years is all gone. In fact, I had to work and support three children so I couldn't save any money. I had a few thousand dollars and it is all gone now. I had medicare but they would not give me 80 percent. They tell me I should have gone to a cheaper doctor. When I needed those cheap doctors, I could not find any. They won't give me the name of a cheap doctor, but they tell me a cheap doctor would have done it for less than my doctor.

Also, the hospitals—I stayed in the hospital 7 days and I really needed a longer time and they said: "We will let you go home so you can save some money." They charged medicare \$2,400 for that 7 days, and that hospital is building a \$6 million addition in my small neighborhood on the money they are getting from the people, and it is privately owned. Where are they getting that \$6 million for that addition?

Every 3 months I should have all sort of tests. I might as well tell you I have cancer, and the Cancer Society doesn't have one single clinic for detection. I have gone plenty of times trying to get some medical care. I couldn't even get into the cancer detection clinic without signing a blank check giving them \$50 and I didn't have it at the time, so I waited until it was major.

My thing is, we should have diagnostic clinics. I have at least five different medical problems now. I always thought I was a healthy person, so I am not a hypochondriac. I hadn't been to a doctor and couldn't get into any of these clinics. The nurse decided I shouldn't see the doctor because I would not sign a blank check. Why should the nurse decide that? I just wanted them to say yes or no.

I think we ought to have diagnostic clinics for the elderly and for everybody where you go for early detection and it should be preventive medicine. Then if you do have a very bad disease like I have. why shouldn't I have free medical care? Don't I deserve to be alive? Don't I deserve to live?

Tell me, do I deserve to live or don't I? I have no more money and every 3 months I am supposed to have tests, all kinds of tests, and I only get \$194 a month. Some of these people were saying they get \$239. Well, I don't. I only get \$194.

I happen to own my home and I can't get supplementary help from California because my home is assessed for \$31,050, although I can't get anybody to buy it for that much money, but that's what the assessor says it is worth and you can't get supplementary help if your home is worth \$25,000 or \$30,000.

Anyway, I think we need more clinics in this country and no lack of medical care for anybody. It is a national scandal.

I want to tell you something. I was widowed in 1961 with three small children and I had to work. When I got through paying the taxes on my home, I didn't have enough money left to buy food. I used to have to work all day without eating and then come home and eat one meal a day maybe. I don't look like I lived through all that. We are the best-dressed paupers in the world, aren't we? When we walk down the street, you think we've got money. We don't have anything. We can't get medical care.

MEDICARE FALLS SHORT ON DOCTOR BILLS

I asked for the name of a cheap doctor when medicare would not give me enough money to pay my doctors and three doctors were supposed to have said the amount they allowed was enough, but they wouldn't name one single cheap doctor because I would have gone to one if I could have found one. There aren't any. They told me to call the medical association. I said, "You call the medical association." They wouldn't do it. Medicare wouldn't do it.

I cannot get Medi-Cal because my home is assessed for \$31,050 and I am not a pauper or I am not a beggar. When these people talked about suicide, that's it. We need medical clinics more than anything else, and stop all of those profiteers, whether they are landowners, the American Medical Association, or the private hospitals.

Mr. LAMB. I think you can get something. It is called MNO—medical needed only. Even though you have a house worth \$31,000, if you go to welfare and, if necessary, take somebody with you who knows about this, you can get an MNO which will just take care of your medical needs.

Mr. ORIOL. I want to say for the record, that was Mr. Lamb who, in the course of his work in Ventura County, has spoken to hundreds of people, I suppose, and he probably has some useful information.

Ms. SMED. May I say something? I didn't come here only for myself. I don't mind dying, I have lived, you know, but it is all the rest of these Americans—men, women, and babies—and also my children went without medical care and dental care all of those years and there was nobody to help us, nobody.

I don't have very much more to say, but I think you had better hurry up and get a lot of clinics in this country.

We have automobile diagnostic clinics. We should have people clinics, health care diagnostic clinics, because I have to go to five different types of doctors when I could go to one maybe, you know, instead of paying these experts the excessive fees.

I am not downgrading the doctors. I think we have some men performing miracles. I wouldn't be alive today if it were not for some very well qualified doctors. They tried to keep my fees down, I know that, but even so medicare wouldn't pay for it.

Mr. ORIOL. There is not much I can say after a statement like that without appearing to be glib.

In answer to your question, of course, that should be our goal for nations and individuals, to assure the kind of care that will keep health as strong as possible.

Five or 6 years ago, we held very intensive hearings and we showed that we had the equipment, the ways in which health checkups can be given on a very elaborate basis or a very simple basis. One of our Senators introduced a preventive care bill. We keep trying it but it is difficult to get support. I am afraid there is prejudice here. People say that after such and such an age people don't need health checkups and I believe that is very wasteful thinking.

One of the witnesses we had yesterday told about efforts to get a health checkup center started in Berkeley, I think it was, and I wished them success because that could be a precedent for similar activities elsewhere.

I hope that you and Mr. Lamb can get together because he has much practical information that I don't have.

Mr. Woods. Mr. Oriol, I would like to respond.

In California, even though the home that you own is in excess of \$25,000, the county will provide the same benefits that we provide under the SSI-SSP program. If you will go to them, they will refer you to the proper place and you can get SSI. In order to be entitled for MNO, you must be an SSI-SSP recipient or eligible.

Mr. ORIOL. I guess you have to know your alphabet, too.

We will now hear from our next witness.

STATEMENT OF SYLVIA HOUGLAND

Ms. HOUGLAND. I am Sylvia Houglund of Venice, Calif. We have heard so much of what is needed up to now. We have heard about the different programs necessary; we have heard it before for many, many years; but I think we ought to get it together and really say what we are talking about.

What we really learn from these hearings is that people need alternatives and options because, indeed, without alternatives and without options, one has no control over one's life. That lack of control says what America thinks about its older Americans.

All Americans want options. I could propose options now, ones that have been talked about before in other places, different types of funding, funding to neighborhood associations to maintain neighborhoods and employ senior citizens. But really what I want to talk about is what we have now. We have lots of little programs and lots of little areas with dispersed power and fragmentation. What we don't have is a clear national policy. What do we intend to do for all of us when we get old and what do all of us, as we get old, intend to do for ourselves?

Right now CETA funding—only 6 percent is going to people 50-plus. HUD's policy on funding nonprofit sponsors is minimal; they have no commitment. We have no commitment to rehabilitation and no commitment to preventive medicine, and, although we talk a good game, what we have is a lack of policy. You have sat through these hearings now for a day and a half. You have heard this before. Indeed, now the question is, what is going to happen?

Thank you.

Mr. ORIOL. That was a direct question.

On the subject before us, the cost of living as it affects the elderly, one of the reasons we chose this extensive format of showing how different parts of the picture, when they are all put together—transportation, housing, et cetera—you have to consider the cumulative effects of what it does to one person; lack of transportation intensifies, health problems and high rent intensify all the other problems.

Naturally we have no master plan on what is to be done, just on the matters we've discussed at this hearing, but we have lots of clues and cues. I don't think we will ever have a truly big master plan on aging because things just happen too fast and things do keep changing.

The Committee on Aging is considering far different issues now than it was when I started on it 10 years ago, and certainly far different issues than when the committee itself started in 1961 when we didn't have medicare or the Older Americans Act.

There are lots of failures in national policy. Just on the matter of long-term care or nursing home care, just in that field, that whole set of issues, we have had, in dealing with it, years of hearings. Now we are issuing a report which has so much to cover that we had an introductory report in November and we are issuing supporting papers at the rate of one a month. The current one is on shortage of nurses in nursing homes. So I think we have to call national failures in policy just that, and that is one of the things that we are doing.

There are many immediate questions relating to things that were brought before us today. One of them, I guess it is resolved now, but it is resolved in a bitter way, that is the question of the 8-percent increase due in July. The administration says it is a dirty shame. Really, they seem to think it is not needed. I think everything said in this room says that far more than 8 percent is needed.

I think what happens now has to happen on a lot of fronts and I think that we need this kind of participation and this kind of thinking to help us finance this.

Dr. MARSHALL. There has to be an integrated plan for the giving of services and there just isn't. A lot of money is going down the drain and people aren't getting the service.

Mr. ORIOL. This was a call for coordinated service delivery and here, again, we have a problem.

Who else would like to speak?

Ms. Heller.

STATEMENT OF BILLIE HELLER

Ms. HELLER. I am Billie Heller of Beverly Hills, Calif. I would just like to say, on behalf of the Gray Panthers, we have had a lot going on today. I think you will agree some of our Gray Panthers, Mrs. Samuelian, Mrs. McDougall, and Mrs. Smed, had something to say to you, and that is why we wanted you to stay.

We appreciate your courtesy and are glad you extended the hearing and opened it to the floor. We are very happy that Mr. Oriol stayed, as I know he is a good listener. I, too, was at the ISCA dinner.

Mr. ORIOL. I would like to thank you. It was a privilege to serve as Senator Tunney's representative here.

Thank you very much.

[Whereupon, at 3 p.m., the hearing was adjourned.]

APPENDIXES

Appendix 1

STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT OF THE NATIONAL RETIRED TEACHERS ASSOCIATION AND THE AMERICAN ASSOCIATION OF RETIRED PERSONS

Our associations appreciate the continuing evaluation which your committee is performing concerning the implementation of the supplemental security income program. We are grateful for this opportunity to update our policy statements which were submitted to the committee on July 26, 1973, and July 16, 1974.

Although our associations' membership reflects only a small portion of the SSI eligibles, we believe our assistance in the molding and implementation of the program underscores our qualifications as spokesmen for the elderly eligibles. Our associations have maintained a continuing liaison with both the Congress and the Department of Health, Education, and Welfare in building the program. We were the largest volunteer organization to initiate and sustain an SSI outreach effort. Furthermore, as an advocate for all older Americans, we have been in the forefront of efforts to improve both the title XVI statute and the administrative regulations interpreting the law.

We must emphasize at the outset of this series of oversight hearings that the SSI program has worked to the betterment of most eligibles. While inflation has eaten away many of the real gains which the payment levels had aimed to secure, and while the processing of claims has fallen far short of expectations, comparatively speaking, the supplemental security income program is a major improvement over the earlier Federal-State matching grant-in-aid programs for income maintenance for the aged, blind, and disabled. We emphasize this point because we fear that assorted criticism of the program may create an unhealthy climate of regression rather than progression. We who have assisted in developing the program have the responsibility to insure its direction.

Mindful of this explicit declaration of support for the SSI program, our associations must join those who have voiced legitimate constructive criticism of program implementation. We are concerned that the original legislation, even as amended, fails to meet the needs of eligible older Americans.

For one, the benefit levels are much too low, and these subsistence benefits have been further eroded by inflation.

Second, we object to the demeaning application procedure to which applicants are subjected in order to qualify for benefits. This administrative redtape is hardly in keeping with the dignity promised in the benefit program.

Third, we are concerned that many of the problems inherent in the conversion from the State-run to the federally-administered maintenance program need serious review so that these same mistakes will not be repeated in future actions to federalize medicaid and expand the provisions of a Federal income-maintenance floor. Particularly appalling are the numbers of instances where no efforts were made at the State level to insure adequately that only those in need received assistance. It might not be fraud, but it certainly is neglect.

It has been our experience that much of the confusion which has lingered since the conversion is directly tied to the lack of quality controls under the previous arrangements and that many of the complaints generated are in response to the quality assurance efforts of the Bureau of Supplemental Security Income. It was clearly the intention of those of us who helped build the SSI program to provide an efficient and equitable income maintenance program to maximize our limited resources by targeting them only to those really in need. The advocacy of increased benefit levels for the Federal floor is predicated on the principle of efficient allocation of funds.

Finally, we are deeply concerned about the continuing efforts to make the SSI program available to all older Americans who might be eligible. Our associations provided the largest singular outreach effort of any adult group, but we sensed a resistance to assist all who are entitled. Outreach must be sustained until all older Americans are aware that they might be entitled to assistance as a right if they meet the eligibility standards.

Our goal is an improved income-maintenance floor for all eligibles. While our earlier testimony has mentioned a number of possible amendments which would clarify congressional intent, the following is a reiteration of our key objectives:

1. We urge that the Federal payment under the supplemental security income program for the aged, blind, and disabled provide an annual amount of income not less than the amount determined as the index of poverty for a nonfarm family of one as prepared by the Office of Economic Opportunity.

2. We urge that, for purposes of establishing the low-income level to which the amount of SSI benefits should be related, the feasibility of establishing a low-income index, that takes into account variations in the cost of living not only between urban and rural areas, but also between States and regions within States, be studied.

3. We urge that SSI income, unearned income, and resource exclusions be liberalized and subject to an automatic cost-of-living index to reflect economic conditions.

4. We urge that the Congress determine whether the regulatory interpretations pertaining to income to be excluded and income to be counted for purposes of SSI eligibility are sufficiently liberal to reflect correctly the intent of Congress, especially: (a) the regulation requiring a $\frac{1}{4}$ reduction of SSI benefits where the individual is making payments for support and maintenance to the person in whose household he is living, and (b) the regulation requiring the inclusion in income of prizes, awards, gifts, and inheritances of nominal value.

5. We urge that the Congress determine whether the regulatory interpretations pertaining to the determination of resources to be excluded and resources to be counted for purposes of SSI eligibility are sufficiently liberal to reflect correctly the intent of Congress.

During this series of oversight hearings, the members of your committee will hear numerous instances of seemingly senseless obstacles to prevent SSI applicants from receiving their benefits. We ask for your continued efforts to improve upon the existing program. There is need for all of us to rededicate ourselves to providing SSI recipients with quality programs based upon the principles of dignity and purpose, rather than on the rhetoric associated with those principles. Where this necessitates legislative change, we solicit the leadership of the committee's members.

ITEM 2. STATEMENT OF B. J. CURRY SPITLER, REGIONAL MANAGER, SOUTHERN REGIONAL OFFICE, CALIFORNIA OFFICE ON AGING

HEALTH

Nationally, 40 percent of the older people are living at or near poverty level. This also tells us that 40 percent of the elderly may *not* have entry to the health care system. If we consider that medicare reimburses an older person for 80 percent of allowable expenses, this seems reasonable; however, that is *after* the \$60 deductible has been met. That all important physical check that helps us maintain good health is an unobtainable luxury if one is living on \$150 to \$235 a month—and what older person can gage what is going to be the "reasonable charge on allowable expenses"—80 percent of which will be his reimbursement. Further, on a poverty level income, who has the cash reserve to wait 3 to 6 months for the reimbursement? These were the pervasive concerns expressed to Dr. Stuart Queen of the council of senior advocates when he conducted his informal study of medicare in San Diego County.

The hospitalization benefits are a bit better—100 percent after the \$84 deductible, but who can afford this on an income of \$150-\$235 a month? And what are we really doing if we think we are trying to avoid costly institutionalization? The result is that older people of low income do not have access to the health care systems. They delay seeking help until their situation is acute. The senior citizens free clinic in San Diego County states that 78 percent of the apparently healthy seniors examined have medically significant problems, 33 percent needed immediate care. It is not surprising that 51 percent of those examined were diagnosed as having high blood pressure.

As we have tried to define the problems of greater number of elderly in our midst we have generally attributed the onset of physical ills, greater incidence of mental depression, loss of ability to learn and to participate in the community, as a function of normal aging. We are beginning to learn that *this is not the case*. Consistently, studies are showing:

1. The elderly poor have a higher incidence of disease (arterio-sclerosis, cardiovascular disease, arthritis).

2. While depression is the most common symptom among the aged, the elderly poor have a higher incidence of disabling depression than their more affluent peers. This is consistent with findings that depression is closely related to feelings of helplessness and hopelessness. If you can't buy food and clothing and medical care and are too old to work, it is easy to feel helpless, hopeless, and to get depressed.

3. The elderly poor are more likely to be institutionalized than those more affluent. Once institutionalized, they are less likely to return to the community. The cost of institutional care is generally $2\frac{1}{4}$ times greater than a home care provided at a level to adequately maintain the elderly in their own homes.

Health screening without access to health care only generates anxiety; treatment of older people without adequate health screening is just as irresponsible. While health care is costly and the problems of delivering service is complicated, we as a society may not be able to afford to continue our patterns of indifference and neglect of our older people. An older person who is functioning in this community spends his pension check with the butcher, baker, druggist, and sometimes even pays his doctor bill; once institutionalized, the flow is reversed.

HOUSING

In a recent study of two groups of low-income aged applicants for an urban public highrise apartment complex, the findings indicated that preference was for younger, male, married individuals, evidencing greater sociability, and evidencing feelings of economic security with no perception of their present housing being a serious problem. One major implication of this study is an apparent tendency for the selection process to favor those who appear to be the least deprived. There was a marked tendency to admit those who on one hand have the characteristics favored by the larger society, such as being male, younger, or married, while on the other hand conform to characteristics favored by the larger society, such as displaying dependency.

It has been observed that no city in the country makes long range estimates of all its housing needs, but, rather, planners look at age, incomes, family patterns, and tastes, thereby arriving at a prediction of future markets for housing. It is by this very process that the aged poor are relegated to the housing that is no longer desirable in the marketplace.

One should explore the financial mechanisms that reward the present patterns of slum ownership. The property tax, which increases if property value is increased by improvements, promotes neglect. The capital gains tax, the basis for calculating value of property at the time of condemnation, and the depreciation allowance laws all reinforce the businessman's desire to make the most profit with the least amount of trouble and maintenance. Remedies such as taxes based on earnings derived, rather than value of the property, would divert funds to maintenance and cause the landlord to have an investment in the property upkeep. Prices at condemnation should be fixed so as not to reflect the inflated slum rents. Depreciation could be allowed to the zero point to slow down the rent increase spiral, and a capital gains tax revised to support upkeep and maintenance rather than neglect. Such measures would benefit the wider society as well as the elderly and serve as a force to integrate rather than segregate older people from the community.

ITEM 3. STATEMENT OF THE CALIFORNIA OFFICE ON AGING*

It seems obvious, in hindsight, that the Federal Government would have been better advised to delay its implementation of the SSI program until the Social Security Administration had been provided with the staff, training, and space needs commensurate with such a massive changeover in responsibilities. Even 16 months after SSI was put in force, there remain frequently publicized incidents of unaccountable delays in the receipt of SSI checks and long waiting lines at district offices of the Social Security Administration. California, with its hundreds

*Submitted in June 1975.

of district and branch offices, has experienced a great deal of negative news media coverage of this problem.

However, the California Office on Aging is not submitting this document for the purpose of deploring past faults, but rather to contribute its support to the improvement and strengthening of SSI as a program needed now more than ever by the elderly of California.

Certainly the *potential* of SSI is consistent with the intent of Congress in its passage 10 years ago of the Older Americans Act. To quote:

"Congress hereby finds and declares that the older people of our Nation are entitled to an adequate income in retirement, the best possible physical and mental health, suitable housing, efficient community services, and the planning and management of their own lives."

That Congress in its wisdom accurately reflected the will of the people of the United States was reaffirmed just a few weeks ago, when a national Harris poll established the fact that an overwhelming majority of Americans feel that senior citizens are entitled to the very objectives listed by Congress in 1965.

Such a finding also reaffirms the desperate need to build SSI into the force for truly effective and reliable service it must become. For it is those who are most in need in their latter years who suffer the most when the SSI system breaks down, for whatever plausible reason.

Even in the best of times, a maximum SSI income for an impoverished senior citizen of \$235 a month (Federal share, \$146; California share, \$89) can hardly be defined as "adequate"; certainly it cannot be termed "realistic." And today, the impact of inflation has been cruel indeed on many elements of the population, and cruelest of all to the poorest of the elderly poor who feel the impact of inflation strongly because the three major items of the average older person's budget—food, housing, and medical care—have felt inflationary pressures most strongly.

A central economic fact of later life is the sharp drop in income that comes with retirement. As a group, retired people live on less than half of the income of those still working. And once retired, the older person is likely to remain retired; few will ever again receive significant income from paid employment unless legal and attitudinal barriers are removed. This fact, coupled with a fixed income, seriously jeopardizes the older person's financial security which is at the mercy of every climbing cost. An income that is adequate at the time of retirement is likely to become inadequate over the years because the older person relies for his financial security on relatively fixed sources of income—chiefly social security payments, private pensions, savings, SSI, and other limited programs. He therefore has a limited ability to cope with inflation, rising standards of living, and diminishing assets.

Although a secure financial situation by no means signifies that one will have no problems in old age, older people with adequate incomes do have some choices in housing, travel, recreation, and medical care, while older people with insufficient incomes do not have these options. The low-income elderly person is caught up in a struggle against poverty and often as well in a downward spiral that begins with a fixed income and accelerates with inflation into an isolated existence with few options.

This financial need, amplified by rapid price inflation, can lead directly to other, more serious problems, many of which, if dealt with in their early stages, could be resolved then. Among these are serious medical and social problems. Because of the lack of funds, an older person may visit his doctor less frequently, thus allowing "minor" complaints to possibly develop into serious illnesses. He may be forced to sell his car, shop less, eat starchy but filling food, see less of his friends, and withdraw into an aimless existence.

Our office recently conducted a study of the impact of inflation on the elderly. We determine, to quote from that report, that "In times of gradual, or even accelerated, inflation, other population segments employ the dubious privilege of increasing their incomes; the elderly, for the most part, have not this asset. While the budgets of the elderly have increased at the rate of approximately 9.5 percent per year since 1970, their income may have increased at a rate of 3 percent, more or less, in the same period."

The outstripping of income by prices of goods and services during an inflationary trend tends to reduce purchasing power, thereby decreasing the value of funds. Eventually, this decrease of value will converge in a situation which renders the elderly unable to acquire even the necessities of life.

This seems all the more reason for making systems like SSI truly responsive to the actual needs of its recipients in accordance with the intent of Congress

and the established desire of the American people that their elders enjoy a decent, sustained standard of living.

The office on aging supports in principle California State senate bill 108 (Senator Moscone), providing for cost-of-living adjustment of the total grant received by an SSI recipient in California rather than a cost-of-living adjustment on only the State share of the grant.

Although we are sure you have had or will have the input to this hearing of the testimony on SSI heard last December in Long Beach by the joint legislative committee on aging, we would comment that the office on aging concurs in the magnitude of the multiple problems of SSI in California and supports in general those many constructive recommendations made by those most closely involved with the system and the people it is trying to serve.

ITEM 4. STATEMENT OF PLANNED PROTECTIVE SERVICES, INC.*

ADEQUACY OF SOCIAL SECURITY AND SUPPLEMENTAL SECURITY BENEFITS

Planned Protective Services, Inc., was established in February 1969, after one year of hearings held by the Los Angeles Committee on Aging of the Welfare Planning Council (now under United Way) during which numerous agencies, both from the public and private sectors, testified. At the conclusion of these hearings, the welfare planning council recommended the development of a model private sector, nonprofit organization to supplement the services of the Los Angeles County Public Guardians. PPS (Planned Protective Services, Inc.) since its inception has been working for legislation that would allow for such nonprofit private sector organizations to act as conservators of both person and estate and spearheaded California State legislation in the form of A.B. 3511 during the summer of 1974 which provides for this service. PPS became the first such private sector organization to act as conservator of both person and estate in a corporate capacity in the State of California on January 3, 1975.

PPS has been requested by Adult Protective Services of San Diego, Calif., to establish a similar pilot program of protective services in San Diego County that PPS provides in the Los Angeles area.

PPS is a nonprofit, Federal and State tax-exempt private sector corporation established for the purpose of providing protective services for the aging. Its director, Mr. John M. Mills, is a member of the Los Angeles City Council on Aging, the Los Angeles City Area Agency on Aging, and a professor of economics at El Camino College, Torrance, Calif.

The plight of our senior citizens in our society today has become the subject of studies by various public and private agencies. The most recent, comprehensive, and constructive study on the overall needs of seniors was done by the United Way Chapter in Los Angeles, "planning for the aging." However, this report uses 1972 Bureau of Labor Statistics indexes as the basis of its recommendations. Per this publication a single person, age 65-plus, needed \$210 per month for an intermediate level of existence in the Los Angeles area in 1972.

Since 1972, the "all items" index on cost of living shows a 33 percent increase. (See table I.) Therefore, we must increase the \$210 figure by this percentage which adjusts to \$280 per month for an intermediate level of existence.

TABLE I.—BUREAU OF LABOR COST-OF-LIVING INDEX¹

	March				Percent increase from 1972 to 1975
	1972	1973	1974	1975	
All items.....	121.1	126.4	137.6	154.2	33.0
Rent.....	117.8	120.3	127.6	132.7	15.0
Food.....	118.8	129.8	151.8	166.0	47.0
Transportation.....	115.9	120.7	132.1	145.8	30.0
Medical costs.....	127.2	132.7	142.3	160.6	33.5
Homeownership (repairs, taxes, upkeep, etc.).....	132.4	136.3	145.7	176.6	44.0
Utilities and fuel (phone, trash, etc.).....	121.6	129.0	139.9	153.3	31.5
Gas and electric.....	127.6	136.2	156.1	175.2	47.5
Other goods and services.....	118.3	120.8	125.4	140.4	22.0

¹ 100 equals 1967 cost of living.

*Submitted by John M. Mills, May 12, 1975.

The average social security income of PPS clients is \$164 per month within a range from \$243.40 per month to \$57.70 per month. The lowest income belongs to a black client receiving only widow's benefits. Needless to say that this woman is one of our welfare clients and classified on the poverty level by the Bureau of Labor Statistics.

Even with the January 1975, cost-of-living increases in social security payments, one notes that our highest income recipient is still substantially below the \$280 per month needed for an intermediate level of existence. This client would be eligible for an SSI payment of only \$11.60 per month based on the present formula used by SSI, after the first \$20 of income is disallowed, to bring the recipient up to the current \$235 per month maximum income for a single person. Thus, SSI payments are also substantially below the \$280 per month needed for an intermediate level of existence in the Los Angeles area.

Further, the full cost-of-living increase awarded by social security is not received due to the deduction of part B (medical) medicare premiums which has risen from \$75.60, in the summer of 1972, to \$80.40 annually in 1975—an increase of almost 6 percent.

Medicare includes other hidden costs for the senior citizen. Medicare payments begin after the \$60 per year deductible is reached (\$5 per month). Part B covers only 80 percent of out-of-hospital costs ("cost" being defined as the rate acceptable by medicare for the service rendered). The acceptable cost of care under medicare has not increased at the inflation rate of approximately 11 percent per annum since 1972 in the Los Angeles area (see table I). Medicare does not cover extended, long-term care in a convalescent hospital or nursing home which is so often required by seniors who are no longer ambulatory and/or incontinent. Medicare covers the first 20 days of convalescent care after a stay in an acute facility (hospital) within certain limitations. Nor does medicare cover many of the areas of physical care needed by our seniors, such as dental, optical (eye care and glasses), podiatry services, or optical needs (hearing aids). The costs of this care must be secured from a senior's personal assets which usually are quite limited.

When one looks at the coverage of group insurance offered to employees of many corporations and members of most labor unions, not to mention CSA, California State retirement, Los Angeles County Teacher's Retirement, et cetera, which currently cover dental and, more than not, eye care, one finds medicare coverage lacking and, in many cases, sorely inadequate. This is substantiated by our experience with PPS clients who are covered as retirees of P.T. & T., Los Angeles County Teacher's retirement, NARFE (National Association of Retired Federal Employees), Los Angeles County Department of Water and Power (DWP), IBEW (International Brotherhood of Electrical Workers), IBM, et cetera. These pensioners' retirement incomes average \$350 per month, not including social security payments, if applicable, over and above their group coverage in most cases.

Thus, companion care (medicare supplemental) health insurance coverage for seniors with only social security income and medicare coverage is not a luxury, but a necessity. However, a truly comprehensive companion care policy taken out by an individual costs, on the average, \$13 per month (Blue Cross of Southern California, Blue Shield, White Cross, AARP). This premium is prohibitive for the senior with only social security income. Also, these individual policies do not ordinarily cover dental, eye, ear, or foot care of correctional devices needed in these areas.

Let us examine the areas of noncoverage in more detail. Statistically the age group most often in need of false teeth, hearing aids, eyeglasses, and podiatry care is the senior citizen. The cost of a hearing aid (with insurance against loss or damage) approximates \$350. The cost of eyeglasses (including the attendant examinations) approximates \$150 (not including replacement provisions); with adjustments as needed costing \$10 per adjustment. One wonders if ATB (aid to the totally blind) would have as many participants if seniors could afford proper, albeit preventative optical care. Podiatry care costs \$10 per visit to the podiatrist, or \$25 per visit if the podiatrist must make a house call (which not very many podiatrists do). This type of correctional or preventive care and maintenance would allow many seniors to stay at the residential (board and care) care facility level far longer before they became nonambulatory and, thus forced into a nursing home facility which would put most of our seniors on the Medi-Cal (welfare) roles in a very short space of time, if not immediately. (See the following budgets.)

False teeth costs range from \$500 to \$1,500 depending on the extent and

quality of work done. One wonders how many of our seniors would be eating baby food, or other "palpable" diets, if they had teeth to chew with. Preventing this type of diet would lead to a decrease of seniors admitted to acute facilities for malnutrition and its attending illnesses, which, more likely than not, means placement in a long-term care nursing facility on Medi-Cal.

In short, the longer we can keep our seniors independent and functioning on their own, the less it costs the taxpayer.

On the following pages we present budgets (average costs in the Los Angeles area) for seniors living alone (the majority of our clients are single, without relatives in the area). These budgets are based on the March 1975 Bureau of Labor indices in the Los Angeles area and our professional placement experience with our clients. We believe that these budgets speak directly to the question of the adequacy or inadequacy of existence on social security benefits alone.

I. Single, living in own home:

	<i>Per month</i>
A. Homeownership expenses:	
1. Property taxes on a \$12.5K house (including exemption and assessments) -----	\$40.00
2. Maintenance and repairs (on a 50-year-old house) -----	40.00
3. Housekeeper (necessary most of the time) -----	40.00
4. Utilities and fuel (gas, electric, water, trash, telephone, et cetera) -----	65.00
5. Mortgage and trust deeds, et cetera (usually there is none) -----	-----
Total homeownership costs -----	<u>185.00</u>
B. Medical expenses:	
1. Medicare, part B -----	6.70
2. \$60 medicare deductible -----	5.00
3. Companion care insurance -----	13.00
4. Pharmacy (low estimate) -----	15.00
5. Other physician costs not covered -----	5.30
Total medical costs -----	<u>45.00</u>
C. Food (based on 1973 weekly food cost for age 55-75, Bureau of Labor index) -----	<u>100.00</u>
Total expenses for food, shelter, and health -----	<u>330.00</u>

Comments: At this point (\$330) expenses exceed social security average (\$164) by \$166 per month, and the average income needed for an intermediate level of existence (\$280) by \$50 per month, but does not exceed the average pension (\$350).

The majority of seniors will meet the costs of keeping their property and pay taxes and utilities, thereby sacrificing companion care insurance, pharmaceuticals, noncovered medical expenses, a housekeeper, and repairs and maintenance of their home, not to mention \$60 per month for food.

Obviously, there is no money for transportation, personal care, clothes, recreation, not to mention preventive or correctional care of their eyes, teeth, ears, or feet.

SSI (\$235) is also inadequate at this point.

The alternatives open to a senior with social security income only in the above budgetary situation are: (1) Sell their house; (2) move to an apartment or room in a boarding house, or a residential care facility, and rent their house (rent becoming part of their income taken into consideration against SSI payments); or (3) live in their house and suffer the consequences of probable malnutrition, et cetera, which, as mentioned before, will probably put the senior in a convalescent facility on Medi-Cal.

The third alternative has been the situation most commonly encountered in our experience, because without the necessary maintenance and repairs, their house is no longer rentable and the resale value is usually considerably below the fair market value placed on it by the country tax assessor or appraiser.

A blatant example of just this situation is our client, a black lady receiving only \$57.70 in widow's benefits from social security. (These benefits have not increased with the 1975 social security cost-of-living increases for those who paid into same.) She was referred to PPS after her admission to a local hospital suf-

fering from acute malnutrition. She was one of the seniors recently publicized in the Los Angeles area as "living on dogfood," which, indeed, she had been. She came to our attention through the hospital MSW in charge of patient discharge and a friend and neighbor of long standing who were concerned with her placement in a convalescent facility in a crisis situation. Her minister of the local Baptist Union Church also intervened on her behalf. After becoming her conservator on a crisis temporary appointment by the superior court in downtown Los Angeles, we ran into the problem of placing her in the proper facility and on Medi-Cal immediately.

However, keeping her on Medi-Cal has proven to be a problem because of Medi-Cal's requirement that her home be sold or rented within 90 days after being placed on Medi-Cal when the person no longer can maintain residence at their home. Meeting this deadline and the probate code requirements proved to be a problem. Under the probate code of the State of California, a property may not be sold for less than 90 percent of its assessed or appraised fair market value. The property had been assessed at \$9.2K on her 1974-75 property tax statement. However, due to the depressed state of the economy in acquiring financing in the Los Angeles area, the depressed condition of the house for lack of maintenance and repairs, and the depressed location of this property (south-central Los Angeles), renting the house was an impossibility and the highest bid for purchase received to date is \$5.5K.

She is in danger of being dropped off Medi-Cal because her 90 days for sale of her home is expired. She is in a convalescent facility due to her nonambulatory and incontinent condition resulting from her malnutrition and attending physical illness. The normal escrow runs 90 days in Los Angeles. The facility she is in is very nervous about receiving payment, if she is dropped off Medi-Cal at the private patient rate of approximately \$1,000 per month, not to mention the doctor, et cetera, as well they should be, because the proceeds from her house when sold will only keep her in this care for about 4 months before she will again be put on Medi-Cal with the attending delays in payments to the facility and other services. (This does not include payment to the attorney or conservator for services rendered.)

In short, she will realize nothing from the sale of her house after her debts are paid. This is just one example of the inadequacy of both social security payments, medicare and Medicaid (Medi-Cal). Everybody will lose in this case—the client, the attorney, PPS, the doctor, the facility, welfare department, the taxpayer; but most especially, our client.

II. Single living in apartment or room :	<i>Per month</i>
A. Medical costs (same as at home)-----	\$45
B. Apartment costs (1 bedroom, water and trash paid) :	
1. Rent-----	130
2. Utilities—gas, electric, phone-----	35
3. Housekeeper-----	40
C. Food-----	100
 Total expenses for food, shelter, and health-----	 350

Comments: At this point expenses exceed social security income by \$185 per month and the average income needed to maintain an intermediate level of existence by \$70; but is even with the average pension.

Faced with these facts the average senior will sacrifice companion care insurance, other noncovered physical needs, pharmaceuticals, and housekeeper, leaving no money for food, clothing, recreation, eye, ear, dental, or foot care, not to mention personal care and sundries.

The above apartment would be located in an older, but not necessarily depressed, area within walking distance to a grocery store and public transportation line (hopefully). There is cheaper rent available in downtown hotels; however, these hotels are neither safe nor sanitary. Most of them are in violation of city and county fire regulations, not to mention department of health requirements due to needed maintenance and repairs. Since our seniors are not as agile as we are, they need to be located on the first floor if a fire should break out. This, however, makes them prey for robbery, burglary, et cetera.

Sanitation is of utmost concern as seniors are in a weaker physical condition on the whole, and, thus, catch diseases far more readily. Even the simplest virus can lead to pneumonia, dehydration, et cetera, if it is not treated promptly. In the case of Al S., who was living in a retirement hotel, we were called in by the

social worker at the local senior citizen center because she had not seen Al for a few days and was concerned. When we arrived at his room, we found the door locked and could raise no response from inside. When the hotel manager opened the door for us, Al was lying in bed very, very ill with dehydration setting in.

Needless to say, this called for a crisis conservatorship in order to secure a doctor for him and have him admitted to a hospital. As legal conservator we could admit him to the hospital, because he was too ill to speak for himself, and doctors are leery of taking on a client in this condition due to the possibility of a malpractice suit being filed which no doctor can afford today.

In short, Al's plight was like many of our seniors who live alone with no one to take care of them, but luckier than some because someone was concerned enough to miss him, which probably saved his life.

For a discussion of the rent subsidy program in the Los Angeles area, we refer you to the housing section in United Way's "Planning for the Aging," which presents the plight and correctional steps to remedy same. One must remember, however, that this report does not take into account a 33 percent rise in the cost of living. PPS has not had a client under this program yet, therefore, we cannot speak from our own experience as to its ability to meet this need. However, over and over again, we have dealt with seniors in the same plight as Al S., and, thus, we agree in principle with correctional steps submitted by United Way, region V, and feel that the plight is at least the same or probably worse 3 years after this publication.

More of the seniors' limited income must be freed from inflation ridden rents and utilities to enable the senior to secure a proper diet and ancillary physical care (eye, ear, foot, dental) which will aid in keeping them out of hospitals and off welfare roles longer.

III. Single, living in a retirement home (board and care facility) :	Per month
A. Medical (same as at home) costs.....	\$45
B. Room and board (sharing room with one other person).....	300
Laundry (mandatory at facility).....	10
	<hr/>
Total food, shelter, and health expenses.....	355

Comments: At this point, expenses exceed social security income by \$191 per month, and the average income needed to maintain an intermediate level of existence by \$75; but the pensioner breaks just about even.

The facility requires that the senior pay for room, board, and laundry; therefore, there is nothing left for any extras whatsoever—not to mention any type of health care.

It is in the board and care situation that we first approach the almost certain possibility that the senior residing there will also be on welfare, to some degree or another. SSI (supplemental security income) with Medi-Cal is the usual form of welfare. Anyone with assets under \$1,500 in total and an income of less than \$235 per month qualifies for SSI "gold checks." But, more importantly, the senior also qualifies for Medi-Cal.

Let's look at Medi-Cal coverage more closely. Basically, Medi-Cal gives the same coverage as medicare with the following differences: (1) There is no deductible; (2) Medi-Cal provides for dental and eye care, and podiatry when prescribed by a physician; (3) It will cover false teeth and glasses, but only every 5 years or so. However, this does not cover replacement of these items if misplaced or damaged; nor does it cover adjustments if they are needed more frequently; (4) Medi-Cal pays for prescriptions and pharmaceuticals (but only those it deems necessary), but it will not cover vitamins even if prescribed by a physician unless that physician is willing to show written proof of life endangerment without the vitamins.

These limitations and/or exclusions of eye, ear, dental, and podiatry care, along with vitamin supplements to a senior's diet, could mean that the senior will be placed in a more expensive convalescent facility earlier than necessary if preventative medicine could have been practiced, thereby becoming an even greater burden on the taxpayer.

One example of the SSI-Medi-Cal situation in our files is Lammie S. Mrs. S., a widow, receives \$93.60 per month from social security and a "gold check" in the amount of \$161.40 per month, for a total of \$255 per month (this amount includes the \$20 per month allowed her for personal care by SSI). Mrs. S.'s monthly bill at the facility is \$308 per month. The \$255-per-month rate is for an independent living situation; the \$308 rate is for residing in a certified board and care

facility. Therefore, the basic board and care charge should be \$283 per month with the balance for Lammie's personal use each month (\$25).

Lammie received a set of false teeth under Medi-Cal within the last 5 years, so when this set was lost she could not have them replaced under Medi-Cal. Needless to say, this affected her ability to eat and she was getting progressively weaker. She also did not want to leave her room because of the way she looked without her teeth. She has zilch in additional assets, and, therefore, could not pay for a new set with her personal savings. Prevailing upon Medi-Cal did no good, so, as her legal guardian, we did not want to see her placed in the hospital, much less in her present state of depression, we prevailed upon one of the private corporations to include her as one of the recipients of Christmas baskets. Therefore, it is through the good auspices of an American corporation and its employees—not through the government Medi-Cal administration—that Lammie has new teeth today and is able to take in the proper nourishment needed to maintain her health. One wonders what would have happened to Lammie if she had had to wait for Medi-Cal's 5-year limitation to run out.

The senior who has a pension plus social security usually can pay for their room and board with a little left over for their personal use. However, most pensioners avail themselves of welfare in the form of Medi-Cal under the "co-pay" option which states that a person must pay for the first x amount of dollars, depending on their income, then Medi-Cal will pay the rest. This is the case for two of our clients—Miss Alice H., retired Los Angeles schoolteacher, and Mrs. Marjorie D., retired Los Angeles DWP employee and widow of a late Los Angeles city councilman.

Miss H. resides in a certified board and care facility. Her income from teachers' retirement is approximately \$320 per month, thus she cannot be placed on SSI because her income is over the maximum of \$303 per month allowed. She has no other assets whatsoever. Alice is very alert mentally and probably could handle her own affairs if her eyesight were better and she was able to get around with more alacrity. She is considered legally blind, but not totally blind; therefore, she does not qualify for ATB benefits. Due to Parkinson's disease complicated by arthritis, she finds walking difficult and must have regular podiatry care to remain ambulatory. She also has false teeth, secured prior to Medi-Cal. Hopefully, she will not need her glasses replaced before 2 years as this would not be covered by Medi-Cal. Luckily, so to speak, she needed surgery on her feet or her podiatry care coverage under same would be questionable. If she is allowed the maximum of \$303 per month on SSI-Medi-Cal and her income is \$17 per month over this amount, one wonders what formula was used to make her co-pay liability under a MNO (medically needy only) classification is approximately \$90 per month. In other words, she must pay for the first \$90 of care per month before Medi-Cal will pay anything for her podiatry care, eyeglass adjustments, or pharmaceuticals, not to mention doctor visits, et cetera. She also pays \$6.70 per month for medicare part B coverage with its attending deductible of \$60 annually. When her income is adjusted for medicare payments, she is only \$5 per month over the maximum for SSI-Medi-Cal.

Mrs. D. is in the same position with her DWP pension income of approximately \$395 per month (including \$10 per month annuity) after her Blue Cross and dental coverage is deducted from her pension. However, her \$90 per month co-pay liability is justified under the above formula. The only time she would have to use Medi-Cal is if she was admitted to the hospital for her heart or lung conditions, or for her psoriasis.

However, both of these ladies needed someone to fight for coverage of preventative care. Without this care, Alice H. in particular, would probably be in a nursing home because she would no longer be ambulatory. As you will see, her pension would then be totally inadequate and she would be on straight Medi-Cal welfare.

IV. Single, living in a skilled nursing home :	<i>Per month</i>
A. Medical (same as at home)-----	\$45
B. Basic board and care charge (at \$30 per day in a 4-bed ward) private patient rate-----	900
1. Laundry-----	10
2. Supplies (i.e., sheepskin to prevent bed sores)-----	5
3. Vitamins (per doctor's prescription)-----	5
4. Additional pharmaceuticals (increase of need usually)-----	20
Total food, shelter, and health expenses-----	985

Comments: Obviously, very few, if any, of our seniors can afford this type of care for any length of time before their meager assets are completely depleted, not to mention the impossibility if social security is their sole income.

The \$25 per month personal care allowance is used up for laundry, vitamins, supplies, et cetera, leaving in fact, nothing for personal items, clothing, et cetera, as these are not covered under Medi-Cal.

Professionally placed PPS clients have a low average cost of \$23.50 per day, or approximately \$750 per month, for qualified nursing home care. To find qualified nursing homes which provide adequate care within this range takes a professional devoted to the conservation of both the person and their estate, and many hours of reviewing these facilities to assure that our seniors receive proper care in each case.

Therefore, PPS finds the "Factual Analysis" (April 1975) prepared by the California Association of Health Facilities to be, through our experience, the minimum base of \$23.56 per day to be totally within actuality today in the Los Angeles area due to the rise in the cost of living of 27 percent on all items from March 1973 to March 1975. (See table I.)

An example of the rate of estate depreciation due to inadequate social security income in a skilled nursing home is Mary H. Mary was admitted to an acute facility on an emergency basis with almost \$17,000 on her person in cash; therefore, PPS was called in by the facility. Her sole source of income is social security in the amount of \$93.80 per month. Her average monthly outgo is \$990 per month. Thus, her estate depreciates by \$896.20 per month. Therefore, we can project that after conservatorship and legal costs have been paid, Miss H. will be placed on Medi-Cal within 15 months after placement in a skilled nursing home because of incontinency resulting from her emergency admission to the hospital for acute malnutrition.

Mary H. was better off than most of our seniors who average an estate of \$5,000 after outstanding bills have been paid. Even if we assume that the senior receives \$164 per month (the average social security income) with the total outgo average of \$990 per month for skilled nursing care, their estate would depreciate by \$826 per month. This rate of depreciation would place the senior on the welfare rolls under Medi-Cal within 6 months with average estate liquid assets above, from our experience in the past. (This does not include payment of legal fees or payment for our professional services rendered in a fiduciary capacity and personal attendant care (TLC) rendered by our caseworkers.)

The preceding sample cases from our files point up the need for protective care and supportive care (TLC) by many of our seniors. A professional in this area can lessen a senior's estate depreciation by approximately \$150 per month for skilled nursing care. Through our caseworker visitations one can remedy inadequate care if it exists and speak for our clients in this regard.

Protective services also prevent our gravely disabled seniors from having their meager social security checks ripped off from their mail boxes before they can remove them from same, or from their person before they can cash them by unscrupulous persons. The reported incidents of social security ripoffs in the Los Angeles area average 3,300 to 3,500 annually, according to Mr. James Miller, chief of the check squad in the Los Angeles area for the Secret Service Department of the Federal Government. This is prevented by simply becoming representative payee for our seniors.

Further, protective services prevent the continuing subjection of our seniors to all kinds of other devious schemes to relieve them of their meager income. The time and care spent in reviewing all bills submitted creditors assures that only legitimate charges will be paid and, if applicable, that the senior will receive the full reimbursement to which they are entitled under medicare and/or companion health insurances. This is often most confusing to our seniors, not to mention a humiliating experience for many of them, in their own minds, at least. We have found that many of our seniors would rather eat dogfood than take "charity" by applying for legitimate welfare aid to which they are entitled. Thus, there is a point when this rugged, individualistic attitude becomes detrimental to the health of our seniors. Thus we have found that the longer a senior can maintain the belief that they are independent (charity being viewed as dependent), the better off they are physically, as most physicians know only too well. A "down" mental attitude can put anyone, regardless of age, in a state of poor health and/or complicate a preexisting physical condition. Therefore, the prevention of or protection from such an attitude through TLC can keep our seniors off welfare rolls longer and, in effect, conserve the person, besides conserving their assets.

This is what PPS is all about. This is the purpose of this report for your consideration of the inadequacy of the present social security benefits and SSI income for our seniors in the Los Angeles area based on our experience and Bureau of Labor Statistics' cost-of-living indexes, along with the United Way report of 1973 and California Nursing Home Association budget for 1975-76.

ITEM 5. STATEMENT OF MARIE B. SORENSEN, FLORENCE-FIRESTONE SENIOR COMMUNITY

HEALTH EDUCATION FOR SENIOR CITIZENS PROJECT

I would like to take this opportunity to appeal for the renewal of a project in which I had the opportunity of serving as a community representative: The health education for senior citizens project.

Funded by the California State Office on Aging from 1969 to 1972, the project, under the direction of the former Los Angeles County Department of Public Health, had the objectives of:

(1) Providing senior citizens with the latest information on how to practice sound preventive health practices.

(2) Enabling the elderly to discover what services were available and how to use them most effectively.

(3) Serving as a feed-back mechanism between the elderly consumer and the providers of health services in regard to the quality and/or quantity of health services that should be provided.

As time went on, it became increasingly apparent to all who were closely associated with the project that one of its greatest contributions was the sense of individual worth each of us experienced. In a society where, more often than not, the elderly are commonly regarded as expendable, an opportunity to help our fellow elders can once again give life full meaning.

I, for one, do not feel that I can serve as a volunteer. This project gave us a chance to earn a wage without it affecting our regular income from social security.

For all these reasons, I would hope that you would find a way to refinance this most worthwhile project.

ITEM 6. STATEMENT OF MRS. IRENE HANKINS, PASADENA SENIOR CENTER

If you lived in Pasadena, as I do, and you were a senior citizen, as I am, you would be one of 25,000 persons over 65. Most of us are managing on limited fixed incomes. Nearly 5,000 of us live at or below the poverty level, and more than 4,000 of us live alone.

I am one of the more fortunate. I have reasonably good health, I still drive my car, and, although I live alone, I have family nearby. I participate in church activities, am active in the AARP, play shuffleboard in the recreation department program, and am vice president of the Pasadena Senior Center Membership Organization, and am also on its board of directors.

At the center we have a group, nearly a year old now, called focus on aging. This advocacy group has grown steadily in members and strength, as we realize that we must take some responsibility for improving our situation. We study legislation, appear at hearings, attend community meetings, and write to our legislators.

I represent this group and the members of the center, many of whom are involved today in the senior health fair at the Pasadena City College, which is an important event for all of us.

Our needs in Pasadena are probably not much different from those in other areas. But each of us feels the economic pinch in one way or another.

Most basic is the high cost of food, which has a lot to do with health. When we have to spend a disproportionate amount of our income on food, it's hard to squeeze out enough for prescriptions, eyeglasses, hearing aids, et cetera. You don't have to be at the poverty level to worry about such problems. Many of us need medication, but are not eligible for Medi-Cal. Then we have to cut the food budget. And that's often not good for our health.

We have an excellent consumer education course at the center which is help-

ing some of us, but only about 60 people are attending. As the center program expands we will try to reach more people with this and other kinds of counseling.

There is a real low-cost housing shortage in Pasadena. There are very few choices for an old poor person. For those of us who own our own homes, there is some property tax relief. But utility bills have almost doubled. These have to be paid. So where do we cut down? Food and health care. Most of us aren't eligible for food stamps. The nutrition sites feed only a small percentage of our elderly—meals on wheels, even fewer. Our center director is looking into the possibility of obtaining food stamps for our daily lunch program and starting a food co-op. These could be helpful to some of us, but again will probably reach a small proportion of those who need help.

Our center has a minibus which transports about 600 seniors to medical appointments, market, bank, et cetera. We could use 10 such minibuses. There's something kind of nice about being able to call for the minibus to go to an appointment. They are so pleasant about it and it gives us a feeling of independence. It's especially helpful for those of us who don't drive and can't ride the public bus. There is no charge for the minibus, but if we can afford it, we contribute to the gasoline fund. The city takes care of the maintenance.

The one fear we all have is a possible long illness and that we will be a burden on our children or grandchildren. And many of us are alone. We want to be independent as long as possible, but often can't afford to be. If we could be sure of adequate health care, we would be mentally healthier. Many of us would be willing to work at least part time to earn a little extra money. But you probably know how hard it is for even young people to get jobs. We will be having an employment placement program in Pasadena for seniors beginning in July, which may help some.

But many of us can't work, and we need a reasonable basic income more than anything else. Most of us know how to spend wisely. We've lived through the depression of the 1930's, so we really don't ask for much.

Pasadena has a new human services department with a citizen advisory committee. There are a few agencies besides the senior center which offer services to the elderly. The community is working toward cooperation in planning and delivering these services, but no plan is yet in effect. And too many people have never heard of some of the programs. The center is planning an outreach satellite program with title III funds, if approved by the county board of supervisors. We seniors will need to become more involved in our own behalf to see that more of our needs can be met. This is why I am here today, to help you see what it is like, being a senior citizen in Pasadena.

ITEM 7. STATEMENT OF SHIRLEY CURTIN, ADMINISTRATOR OF SENIOR PROGRAMS, PASADENA COMMUNITY SERVICES COMMISSION, INC.

The issues I bring before this committee are indeed timely this month of May—which President Ford has proclaimed "Older Americans' Month"—what better time to focus attention on the plight of the elderly.

The problems facing senior citizens in Pasadena today are many fold, but no different than those facing any other segment of our Nation's population: transportation, nutrition, housing, health, income maintenance—except that they may be more severe due to mandatory retirement. As one writer phrased it, the retiree goes from being a "person to a non-person." In addition, this abrupt severance from roles of friendship caused by mandatory retirement brings with it a sharp reduction in income, often one-third or one-half of the level of the work income. So sharp is this drop that it carries many older people to the poverty level. They are the instantly poor. The income of most older persons tends to be of a fixed character in the form of pensions, annuities, social security, or supplemental security income. This fact, in the face of rampant inflation, contributes to the marginal economic position of a great many of the aging people. Social security and Medicare have helped erase the scars of the depression years when two-thirds of the elderly population was dependent upon welfare. But social security and supplemental security income, as well as medicare programs, must be expanded to offer decent and adequate standards of living and health to all aging persons—even to those who have means but face the specter of ever dwindling savings and the persistent pressures of inflation on their fixed incomes. We must further liberalize the right to earn supplemental income

and not be deprived of social security benefits. In order to protect those thousands of aging who need health protection the most, premiums and contributory stipulations as prerequisites to receiving health benefits must be eased.

Many of our elderly, due to their fixed incomes, are forced to live in low-rent housing in deteriorated, high-crime neighborhoods. Where transportation is non-existent, where they must walk blocks, and blocks in order to do their shopping, or get to a bus stop—making them easy prey to muggings and robberies. In Pasadena, take the case of Minnie Levine, age 72—mugged three times. The latest attack was the worst; she was pushed to the ground, kicked and beaten about the face and chest. In addition to the money stolen, she almost lost an eye, suffered traumatic shock, and heavy medical expenses. Then there is Mrs. Francisca Avalos, 75 years of age, nearly blind. In March of this year she was attacked as she was on her way to the market to cash her SSI check and do her shopping. Her check was stolen. Along with contusions and bruises about the head and face, her left leg was broken. As a result of this beating she is now deaf in her left ear. Again, costly medical expenses, and a 6-month wait for replacement of the SSI check which was immediately reported stolen to the SSA.

Mrs. Morgan, age 87, a resident of Wright Manor, a subsidized senior citizens apartment complex, was assaulted in her building at 9:30 a.m. in the elevator. Her wrist was badly cut when her assailant tried to pull off her wrist watch.

Mrs. Theo Sheppard, three-time victim of muggings, now lays near death in a hospital. The previous mugging left her crippled, to walk the rest of her life with a cane and steel plate in her head. Months of staying in her apartment for fear of going outside.

Mrs. Maria Guitierrez, age 75, on her way to 7 a.m. mass was mugged. The fact that all she had was \$1 in the church envelope, so angered the teenage mugger that he threw her to the ground and kicked her. She suffered bruises, abrasions, and a dislocated shoulder.

These seniors all live in Pasadena—City of Roses. A city lacking adequate transportation, a city with a growing crime rate for mugging of the elderly, the helpless. California Senator James Q. Wedworth has introduced S.B. 1037—which makes it a separate crime outside the jurisdiction of juvenile courts to snatch a purse. Young hoodlums prey upon the elderly and the helpless persons, such as the handicapped who cannot move easily, knowing they can act in almost complete safety. The welfare and institution code prevents courts from acting even in cases of flagrant violence if the offender is a juvenile, which, in 99 percent of the cases, he is. Senator Wedworth's bill adds a section to the penal code, defining purse snatching as a crime. The bill closes the door on probation, parole, or to other release prior to serving the prison or jail sentence. S.B. 1037 mandates criminal courts "act positively" in prosecuting those involved in violent crimes. This is a step in the right direction. But we must go further. More and adequate housing and transportation must be provided seniors. They must not be relegated by the CRA's of our big cities to the high-crime areas, the deteriorated flop-house hotels, so that new shopping centers can be built. They deserve better than this.

Since the elderly in most cases do not have adequate transportation at hand, they are forced to shop at "mamma/pappa stores," or liquor stores, where prices are much higher than the supermarket that you and I are able to go to for our groceries. Therefore, their already limited food dollars do not go as far as they could, if transportation were available. This affects their nutrition and their health. The effect on their health is two fold: first, because of the high cost of food there is no money available for medical care; second, their diet suffers, causing poor health and need for medical attention. It is a vicious cycle.

Inflation is chipping away at the dignity and pride of our elderly. Can you imagine how hard it was for a participant of my title VII nutrition program to tell me she considered herself a thief? She relayed to me that in order to get by on her small income, she "stole" from the nutrition site—extra slices of bread, tea bags, sugar, salt, crackers, and toilet paper. Finding she had been staying away from the site, I recently visited her to find what the problem was; she then confessed why she had been staying away.

Health problems confront the elderly. The lack of moneys for proper medical attention. The lack of doctors in California who accept State Medi-Cal stickers; the choice of buying food or prescriptions: inability to purchase special food as prescribed by physicians on their fixed incomes. No money for a taxi to get to the medical center.

Unscrupulous HMO's. Fast talking, high-pressure salesmen who talk the unsuspecting senior into signing up with an HMO, and surrendering their Medi-Cal card. Many times promises of free transportation to the facility. When they need the care, they find there is no free transportation, and the facility is located in a remote area where they may have to take two or three buses to get to it. The salesman leads them to believe he is connected with the State or the county and they are intimidated into signing up. When they discover, and they do, that the HMO is not what is was purported to be, and if they are successful in canceling, many are not, they go 90 days without care, unless they are able to travel to El Monte each month to pick up an emergency Medi-Cal card, till they again are on the computer.

As a title VII nutrition director, I would like to tell you how inflation has hit these programs designed to aid our elderly. Increases in social security have caused personnel fringe costs to climb. Food costs have climbed; as a result, many programs can no longer serve the number of meals they contracted to serve; i.e., contracted for 350, with inflation, now only able to serve 300. In one month during 1974 the cost of paper and plastic ware jumped 13 percent. Utility bills have gone up at the sites—almost double over 1974. Gasoline costs have gone sky high, and the President is preparing to pass a bill which will raise it even higher. Volunteers who drive their own cars for the projects are extremely scarce. Gas was 35¢ a gallon when the title VII programs were initially funded, now it is 60¢ a gallon. As the costs climb, the projects get no additional moneys to cover inflation; they are forced to cut back on services to seniors. They received not a penny more in the second funding cycle than they did the first, but are expected to serve the same number of meals and provide the same amount of supportive services. In addition, many title VII grantees are community action agencies, which have SOS programs. These SOS programs provide the supportive services to the nutrition programs. Currently the SOS programs are operating under a continuing resolution. President Ford says there is no need for them—they duplicate other services. Should they be discontinued, the title VII programs and our elderly will suffer severely. Also, the EFMS programs, currently known as community food and nutrition programs, sits waiting for a decision from Washington as to whether they will continue. These programs supplement the title VII projects and provide daily nutritionally balanced meals to our elderly.

I could go on and on with the problems; I don't have the answers. But I cannot understand why our elderly sit and wait. Wait for the Nation to help them out of their plight. When it takes such a short time to release moneys for the refugees, to bring up submarines from the ocean floor, how easy it is to sell wheat to Russia, to pour milk down the drain, to kill and bury cattle. Our elderly need our help now; we have much to give them, and they have much to give us—they are a valuable resource that we are throwing away.

The issues contained in this statement are ones which I perceive to be critical ones, and have been created by our society. Let me suggest that our society has made an overture—a gesture toward the achievement of the "good life" for older Americans, but let me remind you that we have only scratched the surface of what needs to be done.





Appendix 2

AGREEMENT BETWEEN THE LOS ANGELES COUNTY AREA AGENCY ON AGING AND THE SOCIAL SECURITY ADMINISTRATION OFFICES IN LOS ANGELES SUB- MITTED BY MATT WOODS*

It is agreed that:

A. Information and referral to older persons in Los Angeles County:

1. The Social Security Administration in Los Angeles County will: (a) The Social Security Administration and its facilities located in Los Angeles County will cooperate fully with the Area Agency on Aging; (b) The manager in each of the parent offices listed will be the liaison person with the Area Agency; (c) Social Security Administration agrees to help individuals sent to them by the area agency for the purpose of information and referral; and (d) The Social Security Administration will use its current data on resources available for referral and all other sources at its disposal.

2. The Area Agency on Aging will: (a) The Area Agency on Aging will cooperate fully with the Social Security Administration and its facilities in the Los Angeles County area; (b) The Area Agency on Aging will use the Social Security Administration and its facilities as a focal point to refer older persons in Los Angeles County; (c) The Area Agency on Aging will work with the District Manager as the liaison person; and (d) The Area Agency on Aging will provide a comprehensive data resource bank that will be made available to Social Security Administration.

B. Projected objective: To provide older persons in Los Angeles County a better system or procedure to obtain competent assistance for any need.

The parties hereto have executed this Memorandum of Understanding as of June 5, 1974.

DOUGLAS CARTER,
EDWARD H. RODRIQUEZ,
*Area Directors, District Office Operations,
Social Security Administration.*

ROBERT G. MEDINA,
*Director, Los Angeles County
Department of Senior Citizens Affairs.*

*See statement, p. 1280.

Appendix 3

STATEMENTS SUBMITTED BY THE STAFF, ETHEL PERCY ANDRUS GERONTOLOGY CENTER, LOS ANGELES¹

TRAINING FOR SERVICES TO SENIOR CITIZENS²

NATIONAL PICTURE

One of the most effective means of meeting the urgent needs of the ever-growing population of aged in America would be to create a large cadre of personnel trained and committed to the field of aging. The section on training at the 1971 White House Conference on Aging resolved that innovative and creative programs must be developed to train individuals to work in occupations serving older persons and to train individuals for professional and research careers in the field of aging.

This means that there needs to be two levels of training in aging: (1) training to study the biological, psychological, and social processes of aging and, (2) training to develop skills to deal with the social problems resulting from these processes. The extent of the need and the range of the types of training required suggests the desirability of a national policy on training and manpower development in aging. At the White House Conference, delegates made recommendations to provide guidelines for such a national policy. Among these guidelines were the recommendations (1) that the level of funding of training programs be substantially increased at State and local as well as Federal levels, (2) that multidisciplinary research and training centers with relationships to service delivery systems be created in various regions of the country, (3) that special inducements for recruitment of trainees be provided, and (4) that curriculums in aging and a national data bank on aging be developed. It was also recommended that surveys be conducted to determine specific manpower needs and job opportunities. This would insure that newly trained personnel could appropriately fill the available positions. Concurrent with this issue was the recommendation to create additional service delivery systems with new positions for trained personnel.

The White House Conference on Aging, although it served to more clearly identify the need for gerontological training and the means for meeting the need for trained personnel, was not successful in immediately implementing recommendations for additional training. In fact, a year after the 1971 conference, all Federal training funds were cut. The result was that the few training programs in aging suffered a major setback. At the present time it appears that some Federal training funds are being released, but the level of funding is much reduced from the 1971 level, and by no means are the recommendations for increased levels of funding over the 1971 level being realized. This unfortunate circumstance places a new onus on State and local governments to meet the urgent need for trained personnel in the field of aging.

Several attempts have been made to survey the amount and type of training in gerontology that has been undertaken in the United States (Birren, Gribbin, and Woodruff, 1971). Briefly, these surveys have indicated that three Federal agencies (the Administration on Aging, the National Institute of Child Health and Human Development, and the National Institute of Mental Health) support the bulk of graduate level training and research at the Ph. D. and masters levels. Programs exist in the biological, psychological, and social sciences and encompass a

¹ Submitted for the hearing record by Paul A. Kerschner, Ph. D., associate director for community programs.

² Authors: Diana S. Woodruff, research associate, and James E. Birren, director, Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.

wide range of academic disciplines. Surveys of the courses offered in gerontology suggest that most of the training occurs at the graduate level, although there is clearly a need to incorporate information about aging in courses offered at undergraduate and high school levels. Short-term courses are another mode of providing training in aging. Such courses appear to be ideal for familiarizing professionals already working in the field with the problems of aging. They also offer potential for recruiting new personnel. The Federal Government supported 95 such courses in the 1967-68 academic year, reaching 7,000 participants. Due to the success of these courses, their number is probably growing, but more recent statistics are not available. Thus, while surveys indicate that a number of institutions are actively engaged in gerontological training, it is also clear that these programs reach only a very small proportion of all the individuals providing services to the elderly. This means that a great majority of those serving the aged have received no gerontological training whatsoever.

LOS ANGELES PICTURE AND RESOURCES

The metropolitan area of Los Angeles in many respects represents a microcosm of the United States. Many of the issues and problems which have been identified on a national level are relevant to Los Angeles as well. With respect to the elderly, however, the need for trained personnel in Los Angeles is especially pressing and probably greater than in the country as a whole. The percentage of aged in the Los Angeles population (10.01 percent) is slightly larger than in the Nation as a whole (9.87 percent). The climate and environment of Los Angeles is especially attractive to people of retirement age. Those older people who retire to Los Angeles add to the population of those older individuals who are already growing old in Los Angeles. The number of older people moving into California can be expected to increase in the future as the population as a whole becomes richer and more mobile. While Los Angeles has a large number of training facilities and programs of training in aging, they have not as yet been able to supply enough trained personnel to serve the large population of aged in Los Angeles.

In spite of the lack of trained service personnel in Los Angeles, there are few localities in the United States (and indeed in the world) which offer such an abundance and diversity of academic institutions and service facilities as does the Los Angeles area. Many of these facilities have undertaken or have expressed an interest in undertaking training in aging. Added to this wealth of present resources and resource potential is the fact that located in the city of Los Angeles is one of the world's foremost gerontological research and training centers, the Ethel Percy Andrus Gerontology Center on the campus of the University of Southern California.

It is beyond the scope of this presentation to describe all of the extensive training activities of the Andrus Gerontology Center, but a partial list of the U.S.C. programs is included at the end of this statement. A major thrust of this center has been to train researchers and educators in the field of aging at the masters and doctorate levels. Short-term training of professionals working with the aged is another area in which the center is actively involved. In 1975 professional degree programs at the masters level will be offered in the newly created Leonard Davis School of Gerontology. Development of an undergraduate major in gerontology is also anticipated. A program to train volunteers (and especially elderly volunteers) to serve the aged is currently underway. Curriculum development and postdoctoral training are additional facets of the multilevel, multidisciplinary training and research program offered at the Andrus center.

Given the extensive degree of activity in gerontological training at the Andrus center, other universities and colleges in the Los Angeles area have collaborated with U.S.C. in sponsoring programs in aging. There appears to be an increasing level of awareness and interest in gerontology on the various public and private campuses in Los Angeles. U.C.L.A. extension and the Andrus center cosponsored a weekend course on the biology of aging attended by over 300 students in the spring of 1973. Another cosponsored course on the psychobiology of aging is planned for October 1974. The U.C.L.A. extension is also offering a course on the psychology of aging in the spring of 1974.

Other than at U.S.C., training in gerontology at universities and colleges in the Los Angeles area has been limited to one or two course offerings per campus or to the inclusion of some content on aging within selected courses. At Pepperdine University, the department of sociology offers several courses on aging in society, each enrolling 25-30 students per semester. The sociology departments at Occidental College and at Loyola University also include course offerings in

gerontology. At U.C.L.A. a course offering in aging is listed in the psychology department. A new course in the psychology of aging will be offered for the first time this spring at Fuller Seminary in Pasadena. California State University at Los Angeles has training opportunities in gerontology in a number of departments including psychology, home economics, speech, health and safety, nursing, and health sciences. Several masters theses on aging have been completed at this university in the department of education. Other activity at the State university level includes courses on aging in the department of psychology and sociology and units on aging in health science and home economics at California State University at Northridge and a course on the sociology of aging at California State University at Dominguez Hills. Training in long-term care administration is available at California State University at Northridge in the department of health sciences where there is a newly established major in long-term care administration. Plans to offer a masters degree in this specialty are also underway.

Training in long-term care has been the special project of the Western Center for Continuing Education in Administration of Health Care Facilities at the U.C.L.A. extension. Program activity in the 1972-73 academic year included sponsorship of 24 courses attended by over 1,200 individuals in 9 States. The major aim of this training is to improve patient care in long-term care facilities. Nursing home administrators are the main target group for which these courses are intended.

The major thrust of programs in aging at the community college level appears to be directed to the aged themselves. Within these courses there is sometimes inclusion of academic content on aging. Community colleges identified in the Los Angeles area as reporting some activity in aging in a statewide survey of 92 community colleges were Canada College, Glendale College, Pasadena City College, Santa Monica College, and West Valley College (Carlson, 1972). Results of this study indicated that 26 percent of the community colleges in California currently offered classes or courses for or about the aged. Thirty-two percent had classes in the planning stage. Eight percent had discontinued one or more classes. Except for a few colleges in which a great deal of planning and effort in programs on aging was identified, most colleges seemed to be operating on a hit-or-miss basis. Thus, at the community college level, which offers a great training potential for those individuals who actually serve the elderly on a day-to-day basis (e.g., nurses' aides, home health aides, occupational and physical therapy assistants, community aides, recreation aides, service workers and aides), there appears to be an unfortunate lack of activity in actual training about aging. Content on aging is included in some courses in Los Angeles community colleges, but there is a paucity or complete absence of training opportunities for paraprofessionals in the field of aging. Some interest in gerontological training is being expressed at El Camino College, Los Angeles Valley College, East Los Angeles College and West Los Angeles College. A Los Angeles County Community College Committee on Aging has been established. Perhaps this committee will provide the impetus for the creation of training opportunities in Los Angeles.

One program trains nonprofessional persons who work with the elderly is sponsored by the Los Angeles County Department of Parks and Recreation. Leadership training for senior citizens is offered at various parks in the Los Angeles area for individuals working as leaders in senior centers. While the Los Angeles Department of Senior Citizens Affairs has a number of educational opportunities for the aged, training about aging has not been a part of their course material.

Thus, the Los Angeles picture and resources for training in aging is both exciting and depressing. At some levels, gerontology is receiving more attention in Los Angeles than possibly anywhere in the world. In actually meeting the need for trained service personnel, Los Angeles lags behind other parts of the country in innovative training programs.

PROBLEMS IN THE CITY OF LOS ANGELES

To adequately meet the needs of the aged population in Los Angeles, an active program of training in aging must be effective at multiple levels. It appears that training opportunities in Los Angeles have been provided at the graduate level and to some degree at the undergraduate level but there seems to be a startling lack of activity at the community college level. Thus, while researchers, educators, and professionals are being trained to fill positions of leadership in the

field of gerontology in Los Angeles and across the country, those individuals who would actually serve the elderly on a day-to-day basis are not being trained. This means that a large majority of persons serving the elderly have received no formal training in gerontology and that they have not been sensitized to the unique problems of the aged.

Very few individuals are aware of the career opportunities and rewards in the field of aging. There is not enough public awareness of the issues and prospects in gerontology. Little information on aging is included as a part of elementary and high school curricula or at the undergraduate level since career decisions frequently begin at these times, gerontology fails to recruit individuals for careers in aging.

Because Los Angeles is a large metropolitan area, one great problem is that of communication. Although there may be a fairly large number of individuals in the city working in the field of aging, it is difficult to identify these individuals and bring them together to avoid overlap and duplication of activity.

REPRESENTATIVE ACTIVITIES OF THE ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA

GRADUATE DEGREE PROGRAMS

In the 7 years of the center's existence, 54 degrees have been granted at the masters and Ph. D. levels. Doctorate programs are offered through the center in the areas of biology, physical education, psychology, public administration, social work, sociology, and urban planning. A masters program exists in the area of architecture.

GRADUATE COURSES

OFFERED ON A REGULAR BASIS DURING THE ACADEMIC YEAR

Anthropology: Seminar on the Age Factor.

Architecture: Theories of Aging; Design Research.

Biology: Theories of Aging; Seminar on the Biology of Aging.

Psychology: Theories of Aging; Psychology of Adult Differentiation and Aging; Seminar on the Psychobiology of Development and Aging; Seminar on Aging.

Social Work: Social Adaptations in Aging.

Sociology: Theories of Aging; Seminar in Aging; Age Groups and Generational Analysis.

Urban Planning: Building Technology, Housing, and Community Development.

Physical Education: Seminar on Exercise for the Aged; Physiology of Exercise and Aging.

UNDERGRADUATE PROGRAMS

Human Development Semester: Complete semester program including courses on the biology, psychology, sociology, and social problems and crises of aging; 150 students total (25 students per semester).

Introduction to Issues in Gerontology: Semester course offered for credit in the biology, psychology, and sociology departments; 350 students total (50-60 students per semester).

SUMMER INSTITUTE

Series of courses offered for credit at the graduate level and taught by U.S.C. faculty and visiting faculty from across the United States and abroad (300-550 students per year). Sample list of courses: Concepts and Issues in Gerontology; Community Mental Health and Aging—An Overview; Biology of Aging; Environmental Influences on Behavior; Sociology of Adult Life and Aging; Social Psychological Aspects of Dying and Death; Psychology of Adult Differentiation and Aging; Aging and the Family; Behavior, Brain Function and Aging; Current Issues in the Study of Leisure and Aging; Ethnicity and Aging; Social Work Practice and the Older Adult; Psychiatric Aspects of Aging; Integrating Geriatric Concepts into the Nursing Curriculum; Social Work Practice and the Older Adult; Milieu Intervention with the Older Adult.

CONTINUING EDUCATION

THIS PROGRAM INCLUDES COURSES, INSTITUTES, AND WORKSHOPS

A large number of short-term courses have been offered to train service providers for the elderly in the general area of ethnicity, nursing, nutrition, religion, education, long-term care, and leisure and recreation (200-300 participants attend each institute).

Sample list of institutes: The Role of Education in Serving the Needs of the Older Adult; The Black Elderly in Long-Term Care Settings; A Psychiatrist Looks at the World of the Elderly; Together Again—A Conference on Stroke Resocialization; Psychology of Aging—Implications for Nursing; Interfaith Conference on Aging; Ethnicity, Mental Health, and Aging; The Doctor and the Dying Patient; Research in Mental Health: Utilization for the Aged; Services to the Mexican-American Senior Citizen—Satisfying or Frustrating? The RN and the Aged Patient.

NUMBERS AND NEEDS: THE CHANGING POPULATION STRUCTURE OF LOS ANGELES¹

INTRODUCTION: POPULATION TRENDS AND HUMAN SERVICE NEEDS

The explosive growth in the population of the city of Los Angeles is a reflection of sweeping changes in contemporary America. Between the years 1930 and 1970, the population of the city more than doubled, the actual growth being over 122 percent in just 40 years' time.

What is often overlooked in this dramatic story of the city's expansion, however, is that not all age groups within the population have grown at the same rate. As large as the total growth has been, for example, the older population has grown at an even faster rate.

In 1930 there were only 77,500 citizens of Los Angeles over the age of 65; by 1970 this number had jumped to over 283,000. By the year 2000 it is expected that this number will climb to over 413,000. While the city as a whole grew by 122 percent between 1930 and 1970, the percentage of the older population was growing twice as fast (265 percent) in the same period.

Both the young (under age 20) and the work force population (ages 20-64) evidenced substantial growth and change during this period. Neither group, however, demonstrated as dramatic increases as did the over-65 age group.

The focus of this Los Angeles City Conference on Children, Youth, and Senior Citizens is the examination of a number of problems relevant to social policy, such as housing, transportation, income, recreation, safety, medical services, and many more. For each of these different issue areas, position papers identify the specific issues and the potential solutions.

An important question relevant to all of these specific policy issues is the size and growth of the population groups under study. The planning for varieties of social services in many areas of human need must be undertaken in the context of the nature and scope of population trends.

The purpose of this report is to provide a general background on the changing population structure of American society, with particular reference to the city of Los Angeles. The report includes a sequence of graphs which displays the population growth of the city of Los Angeles and of the United States as a whole, over the years 1930 to 1970.

Each graph gives the population trend data for three age groups: the young (under age 20), the work force (ages 20-64), and the old (age 65-plus). The information graphed for each age group is given as a percentage of the total population, so that the relative changes among the groups can be directly com-

¹ Authors: Neal E. Cutler, research associate and lab chief, Social Policy Laboratory, Andrus Gerontology Center, University of Southern California, Los Angeles, Calif.; Vern L. Bengtson, preceptor in sociology and lab chief, Social Organization and Behavior Laboratory, Andrus Gerontology Center; James J. Dowd, senior research assistant, Andrus Gerontology Center.

pared. The actual percentage data as well as the basic population data are given in tabular form in tables I and II following the graphs.

The basic trend information is for 1930 through 1970 in 10-year increments, each point in time representing a national census year. In addition, we have obtained population projections representing the years 2000, 2020, and 2050 for the United States. Population projections for Los Angeles are available only through the year 2000. For purposes of illustration, consequently, we have added the Nation projections for the years 2020 and 2050 to the graphical presentations of the city data. In this way one can see how past growth compares with future expectations.

The population data in this report are intended to be quite general and descriptive. It is our hope that participants in many phases of the Los Angeles City Conference on Children, Youth, and Senior Citizens will find the information useful in discussion and planning sessions.

BASIC AGE GROUP TRENDS: LOS ANGELES CITY AND THE UNITED STATES

Figure I and figure II graphically present the population trends for 1930 to 1970 (with projections to 2050) for the three age groups: the young, the work force, and the old for the city of Los Angeles and for the whole United States. Some differences between the L.A. data and the U.S. data can be noted, such as the fact that across the 1930-70 period the city has had an older population than the Nation in terms of (a) a larger proportion of older persons, and (b) a smaller proportion of younger persons.

While these and perhaps other differences between the city and the Nation can be identified, the more important observations about the population structures and trends given in the graphical and percentage information concern the similarity between them, and what this similar pattern tells us about changing population trends.

We believe that four basic observations emerge from these population data which are especially important for consideration in the discussions of the Los Angeles City Conference on Children, Youth, and Senior Citizens:

(1) Relative to the total population, the proportion of senior citizens (aged 65 and older) has been steadily increasing. By the year 2000 the proportion of older persons will have doubled compared to 1930: 5.4 percent to 10.9 percent for the United States, and 6.3 percent to 12.4 percent for Los Angeles.

(2) Over the same period, the relative proportion of the young in the population has been decreasing. This is true across the Nation as well as in the city, with the major exception of the "baby boom" period of the 1950's. The trend lines for the young population in the two graphs show the same dramatic increase in 1960, representing the increase in births during the 1950's. This "baby boom" group is still counted among the young in the 1970 census. Except for this period, however, the young population does not exhibit the growth as is seen for the older population.

(3) The population projections for the future years 2000 to 2050 are made using a birth-rate assumption of 2.11 births per couple. This birth rate is what demographers refer to as the replacement birth rate, also known as zero population growth. Zero population growth is, in fact, the actual rate characteristic of the United States in the early 1970's and it is expected to continue into the foreseeable future.

Given this assumption of a birth rate of 2.11, the population projections indicate an even more dramatic increase in the proportion of older persons in the population in the future than has been the case for the years 1930 to 1970. As the graphs for both the United States and the city of Los Angeles demonstrate, the increase in the size of the older population in the years 1970 to 2050 is even more sharp than in previous years. The growth in the older population in the future will be something like the past, but even more so.

(4) The trend in the work force population also becomes interesting as we compare the past with the future. The trend in this segment of the population between the years 1930 and 1970 has been downward. This is a particularly important phenomenon since, in general, it is the work force segment of the population which produces the income and other resources to support the non-working younger and older segments of the population. It is for this reason that the entire picture, 1930 to 2050, becomes important. As the graphs demonstrate, the decrease in the proportion of the work force population is only a temporary

decline, and in the future years this group can be expected to increase its proportion of the total population, as the baby boom children attain work force age.

This relationship between the work force population group and the young and old groups can be displayed in another way. Demographers have developed a standard statistic called the dependency ratio. This measure is simply the proportion of people in the typically non-working-age strata as a ratio of those who are working. In a word, the ratio represents the proportion of the population which is economically dependent on the work force population.

This dependency ratio can be used to summarize changes in the population trends displayed in the previous graphs. Specifically, we present three dependency ratios: (a) the young dependency ratio is the young population as a proportion of the work force population; (b) the old dependency ratio is the older age group as a proportion of the work force; and (c) the total dependency ratio is a sum of the first two as a proportion of the work force.

Demographers recognize, of course, that not every senior citizen is really dependent, just as it is not the case that every individual who is of work force age is actually working and economically independent. Nonetheless, when used to describe the whole population, such as that of Los Angeles or of the United States, the dependency ratio is a valid way to summarize the changing relationships among large population groups. In the context of the needs and resources for a variety of social services, the dependency ratio can be used to provide some guidelines as to the nature of changes in the needs and future prospects for the resources.

Figure III, therefore, displays the three dependency ratios for the city of Los Angeles population data already presented in figures I and II and tables I and II. The dependency ratio trend lines for the United States are strikingly similar and are not reproduced here. For the older population, the dependency ratio trend line shows a general linear increase from 1930 through 2050. The most striking characteristic of the dependency ratio of the young population is the period effect brought about by the baby boom of the 1950's. In response to this increase in births, the dependency of the young on the work force population group increased dramatically. As figure III shows quite clearly, however, the dependency ratios based on the population projections for 1970 to 2050 show just as dramatic a decline in the young dependency ratio.

CONCLUSION : IMPLICATIONS FOR SOCIAL POLICY

Members of the Los Angeles City Conference on Children, Youth, and Senior Citizens will hopefully find this set of population data useful in the many facets of the issues of the conference. Therefore, in this background report we shall draw only general implications for social policy and leave the more specific policy conclusions to other specialists. These general conclusions are four in number.

First, these population facts clearly suggest that the structure of social services in our city will be different in the future than they are today. As the size and proportion of the different population groups change, the variety and scope of services will change. Thus a first conclusion is that social planners must pay close attention to demographic indicators of population and population trends.

Second, the population data for Los Angeles and as mirrored in the United States as a whole indicate a steadily growing older population, as compared to a younger population whose dramatic growth in recent years may be seen to be the result of a specific baby boom of the 1950's. Therefore, although our thinking and planning in recent years has been responsive to this dramatic but temporary increase in the young population, the data indicate that our community will have to reinvest its resources in the older population.

Third, although these data indicate that the proportion of youth and children in Los Angeles is decreasing, the numbers of young people will continue to increase each year. So too, will the service needs of youth and children continue to increase. Planners must not assume that there will be diminished needs for services to the young, merely because they represent a smaller percentage of the population than they did in 1950 or 1960.

Fourth, changes in the proportional relationship among the various age groups indicate that the work force age group will be increasing in size and proportion. Therefore, in terms of past problems in which increasing demands have been made on a somewhat reduced work force, the future appears to be substantially different from recent experience; in short, we may expect population trends in

the future to produce a brighter picture in regard to the development and delivery of social services.

The young and the old are alike in many ways, both in terms of their dependencies and in terms of the resource they represent. Population figures such as reviewed in this brief report point to the challenge and the opportunity afforded by these groups in the city of Los Angeles.

Figure One

POPULATION OF THE UNITED STATES, 1930 - 2050: PERCENT OF THE YOUNG, THE OLD, AND THE WORK FORCE

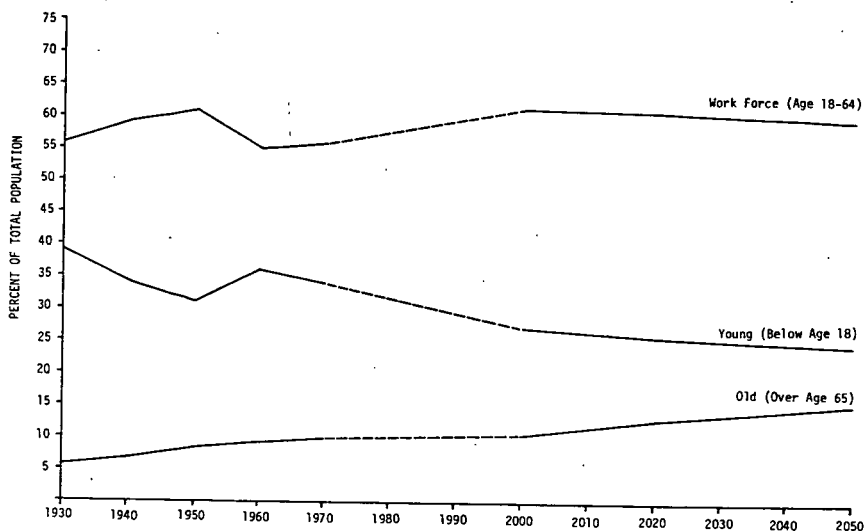


Figure Two

POPULATION OF THE CITY OF LOS ANGELES, 1930 - 2050: PERCENTAGE IN THREE AGE GROUPS

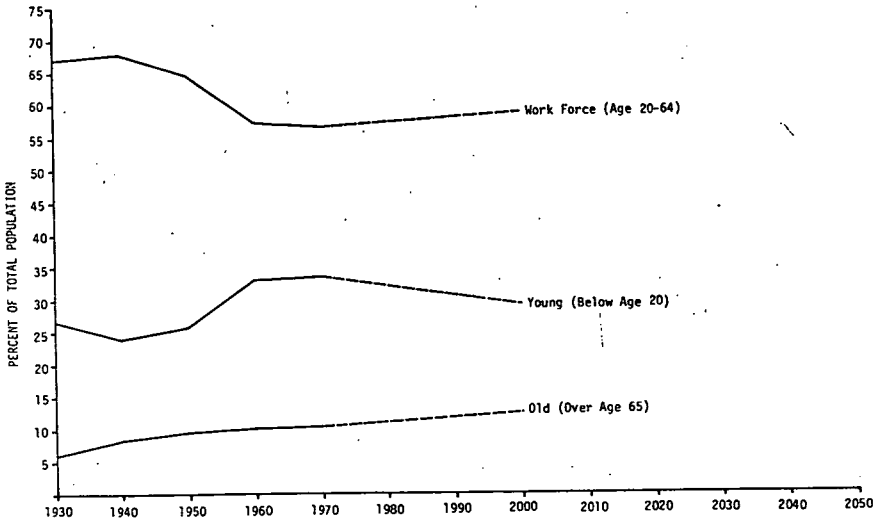


Figure Three

DEPENDENCY RATIOS, CITY OF LOS ANGELES, 1930 - 2050

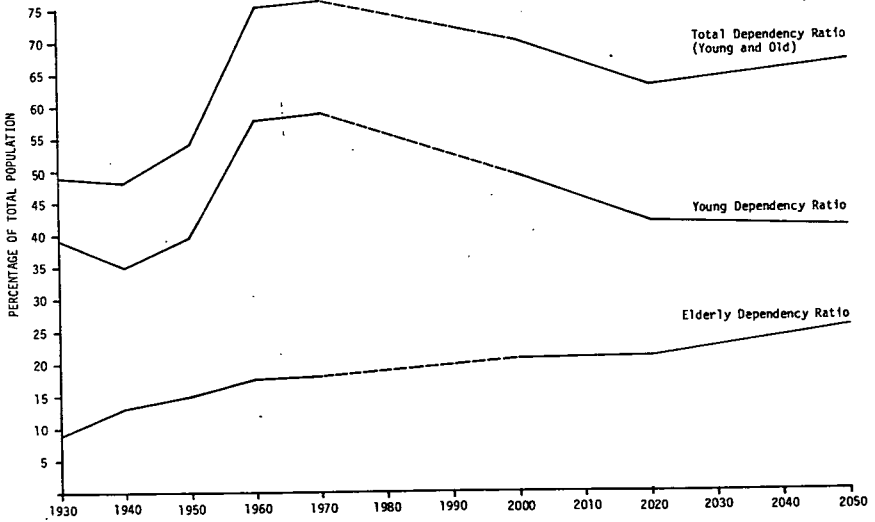


TABLE I
POPULATION PERCENTAGES FOR LOS ANGELES AND FOR THE UNITED STATES, 1930-2050

	1930	1940	1950	1960	1970	2000	2020	2050
<u>UNITED STATES</u>								
Young (under 18)	38.8	34.4	31.1	35.8	34.3	27.4	25.6	24.7
Work Force (18-64)	55.8	58.7	60.8	55.0	55.9	61.7	61.3	59.9
Old (65+)	5.4	6.9	8.1	9.2	9.9	10.9	13.1	15.4
<u>LOS ANGELES</u>								
Young (under 20)	26.5	23.8	25.6	33.0	33.4	28.9	NA	NA
Work Force (20-64)	67.2	67.7	64.8	57.0	56.5	58.7	NA	NA
Old (65+)	6.3	8.5	9.6	10.0	10.1	12.4	NA	NA

NOTE: In the published census data for the United States, the boundary between Young and Work Force is under 18 years of age vs. 18-64, whereas for the Los Angeles data the division is made at under 20 and 20-64. "NA" indicates "not available."

SOURCES: United States data: (1930-1940) U.S. Bureau of the Census, U.S. Census of Population: 1940. Characteristics of the Population, Table 8, p. 26.
(1950-1970), U.S. Bureau of the Census, Statistical Abstract of the United States: 1972, Table 37, p. 32.
(2000) (based on Series E projections) Herman B. Brotman, "Projections of the Population to the Year 2000," Statistical Memo #25, Department of Health, Education, and Welfare, Administration on Aging, June 1973, p. 3.
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TABLE II

BASIC CENSUS DATA FOR LOS ANGELES AND FOR THE UNITED STATES, 1930-2050
(number given in thousands)

	1930	1940	1950	1960	1970	2000	2020	2050
<u>UNITED STATES</u>								
Young (under 18)	47609	45306	47079	64202	69644	72429	78767	79166
Work Force (18-64)	68533	77344	91953	98560	113502	163159	188374	191633
Old (65+)	6633	9019	12294	16560	20065	28842	40261	49295
TOTAL	122775	131669	151326	179323	203212	264430	307402	320094
<u>LOS ANGELES</u>								
Young (under 20)	328	358	504	801	941	965	NA	NA
Work Force (20-64)	832	1019	1276	1386	1592	1956	NA	NA
Old (65+)	78	128	190	243	283	413	NA	NA
TOTAL	1238	1505	1970	2430	2816	3334	NA	NA

NOTE: See Table I for Sources of data.

LONG-TERM CARE AND THE AGED¹

NATIONAL PICTURE

Meaningful statistics on long-term care are hard to come by. If we want to know the complete story, we will have to look at skilled nursing care facilities. This includes nursing homes, convalescent homes, hospitals and facilities, rest homes, extended care facilities, intermediate care facilities, residential care retirement homes, homes for the aged, and board and care homes. It should also include those living in their own homes or rented apartments who are actually receiving or are in need of long-term care. All of these various facilities or arrangements deal to some extent with long-term care. We are dealing with a broad umbrella term.

In the United States, we have approximately 23,000 skilled nursing facilities, intermediate care facilities, and other related facilities providing care for approximately 1,100,000 residents. In California, we have approximately 5,000 such facilities (21 percent) and we provide care for approximately 137,000 residents (12 percent). Of these California totals, approximately one-half, or 50 percent, are in the Los Angeles area.

Because so much of the national total and long-term care expertise is in the Los Angeles area, our influence on the national scene is most significant.

It is generally agreed by many experts that the Nation is behind the Los Angeles area in standards of facilities, licensing for administrators and the level of care given. Most States do not have building requirements, inspection procedures nor administrator licensing requirements as demanding as California.

It is generally recognized by most of the professionals, as well as by the public, that levels of care are not what they should be. Many of the dramatic exposés across the country have been substantiated. Notwithstanding, the facilities, professionals, educators, and government agencies involved in the Los Angeles scene are showing more evidence of concern and progress than other areas of the Nation.

Why is the national scene considered inadequate? Many say that government standards are not uniformly high enough, that medicaid (Medi-Cal) reimburse-

¹ Authors: Arthur N. Schwartz, Ph. D., University of Southern California, and Rev. John Steinhaus, California Lutheran Homes.

ment programs are so inadequate that proper care cannot be given and that administrator licensing programs are moving too slowly to upgrade professional management. Many say that there is too much influence by profit-making interests in a health care service field and that society just doesn't care enough about its elderly population. Many doubt that there is adequate public awareness of the need for better long-term care for the thousands who need and deserve it so much.

The national scene of long-term care is not what it should be and can be improved if influential Los Angeles area will be a strong advocate for improvement. We have the facilities and the people who can lead the way. If we care enough, we can do even better.

LOS ANGELES PICTURE

The Los Angeles picture, with respect to long-term care of the aged, does have some characteristics in common with the national scene. Here, as nationally, the major areas of concern have to do with the overall quality of care (and concomitantly, quality of life) for the residents, the increasing demand for professionalizing the staff, the need for clearer and more specific articulation of standards and guidelines and concern with cost factors and adequate reimbursement patterns. Obviously, these issues are interwoven.

The interest of the city of Los Angeles in the careers and conduct of long-term care facilities within the city is a natural and appropriate interest. These facilities utilize city services (power, fire, police, etc.), draw on the city's work force pool for their employees, and constitute the city's response to those older citizens who require long-term care. The anomaly here, however, is that standard setting and monitoring is largely done at the State and county levels and, except for so-called private residents, reimbursements (Medi-Cal) are derived from the State. State monitoring and reimbursement should not discourage or minimize the city government's concern with long-term care of its elderly.

The most recent count indicates that we have approximately 40,000 nursing home beds in Los Angeles County. Approximately 50 percent of these are located within the city. There are about 200 to 250 nursing homes in the city of Los Angeles, including so-called "L" facilities and intermediate care categories. In addition to these, there are 327 adult residential establishments (16 or more persons in residence), 827 family adult residences (6 or fewer persons), and 179 residential facilities of 7-15 persons. There is also more than a suspicion that a significant number of elderly, not now in some kind of congregate living or long-term care, could very well use the stimulation and support of a good long-term care facility. For example, of the 27,178 persons (1970 census) living in the MacArthur Park area (roughly postal zone 90057), some 7,670 are over 60 years of age. Of these, 4,100 live alone, and at least 1 in every 4 lives in poverty. Other such pockets of high-density elderly, of course, exist in other areas of the city.

LOS ANGELES RESOURCES

Los Angeles City resources, especially with regard to those which can and should impinge upon the long-term care enterprise, are worth noting. Foremost among these stands the Los Angeles County Department of Senior Citizens. With a growing number of local community-based volunteer committees, it represents a large number of senior citizens as well as agency persons who work together to improve the lives of seniors within their locales. Although the affiliated committee on aging is organizationally related to the county, a large number of the constituent member committees function within the city. Additionally, the R.S.V.P. program not only utilizes the services of senior citizens, but has generated and maintains an outreach program to identify and establish contact with lost elderly (e.g., the housebound, bedridden, those living alone, etc.). The city can also draw upon the Visiting Nurses' Association, meals-on-wheels, home aide, and foster grandparent programs. The city school system has an extremely active and effective adult education program. The city is also served by the department of social services and the human resources department. Los Angeles, city and county, is unique in that the county contracts with the State to provide monitoring for long-term care facilities (nursing homes) on the local level.

PROBLEMS IN THE CITY OF LOS ANGELES

In spite of all its resources, special problems relating to long-term care in Los Angeles exist as the result of historical factors. Problems arise as a function of the overlapping of State, county, and city jurisdictions. This is seen, for example, in the substandard or marginal long-term care facilities that exist in the city. This

would include facilities which provide adequate or sometimes even visible psychosocial components of living and care. These remain within the purview of county or State and continue to be virtually ignored by the city. The responsibility for eliminating substandard or marginal facilities, or the effort to up-grade the same, is left to others.

The startlingly high rate of staff turnover (about 400 percent turnover, statewide) represents another enormous impediment to quality of care of elderly residents.

Another manifestation of the basic long-term care problem is lack of information about long-term care programs available to the various communities and to many professionals within those communities. At the same time, many professional and volunteer services are not readily available to long-term care, and often such services as are available remain an unknown quantity to both staff and residents of the facilities. That is, special services and/or consulting (e.g., educational programs for elderly residents, training for staff, etc.) for facilities are not called upon or appropriately utilized by long-term care facilities.

When it comes to the general population of elderly, the role of the city is fairly clear cut with respect to the relevant issues. When it comes to the long-term care of the old, however, the role of the city, for some of the reasons already cited, is much less clear. That problem surfaces when, for example, an individual calls a city office regarding long-term care (a nursing home or board and care). Whether it be a complaint or for information, such inquiries must often be referred to a county office.

POLICY ISSUES AND ALTERNATIVES

Several important policy issues for the city regarding long-term care of the elderly become apparent, along with a number of alternatives, which may be feasible alone or in combinations.

Issue 1: The city should be concerned with and take responsibility for the quality of long-term care and life of its elderly.

Alternative A: The city should establish effective liaison with the county or State surveyor on a consultant basis, by means of a long-term care (LTC) department or commission.

Alternative B: The city should train and put into the field a corps of LTC specialists who will be consultants to and advocates for owners, administrators and residents of long-term care facilities.

Alternative C: The city should add to the staff of appropriate departments (e.g., recreation and parks) activities specialists with a background in gerontology who can provide special stimulation, education, training, and expertise to LTC staffs in upgrading and developing individual programs.

Alternative D: The city should provide an ombudsman to serve the consumer interested in long-term care.

Issue 2: The city should concern itself with the problem of untrained staff in LTC facilities and the high rate of staff turnover.

Alternative A: The city should work with the State in devising a system of incentive reimbursement for care of the elderly where exceptional care and programs for residents is evidenced.

Alternative B: Given the desperate need for and costliness of in-service programs, the city should add special training for long-term care staff to its educational programs. This can be done in facilities provided by the city, or preferably, within the facilities themselves.

Alternative C: The city should encourage the community college system, trade schools, and other institutions of higher learning to develop practical and relevant courses in the long-term care of the old and make these readily available to the staffs of LTC facilities by providing some tuition funding.

Issue 3: The city can play a major role in eliminating the barriers between long-term care facility and community.

Alternative A: The city must mount an educational or discovery program which will encourage agencies and programs such as the department of senior citizens affairs, R.S.V.P., foster grandparent, etc., to reach into nursing homes and board and care establishments on a systematic, regular, and continuing basis.

Alternative B: The city should facilitate conferences and meetings between city and county agencies dealing with LTC facilities, professional groups (e.g., medical, social work, etc.), LTC administrators and directors, and between LTC non-professionals and volunteers.

Alternative C: The city should prepare (on a continuing up-dating basis) a newsheet or resource bulletin of services available to long-term care facilities

and residents (who, what, where, when, how, how much) which would be regularly sent to such facilities. Also, the city should prepare a descriptive listing of long-term care facilities available by locale to the public.

Alternative D: The city should train a cadre of persons to be effective consultants to long-term care facilities, especially in the area of service to elderly residents.

MENTAL HEALTH AND THE AGED¹

NATIONAL PICTURE

Although persons over 65 years constitute only 10 percent of the U.S. population, they represent more than 20 percent of admissions to mental hospitals and occupy approximately one-third of all mental hospital beds.

(1) The resident population of State and county mental hospitals shows a steady increase with age. There are 4 per 1,000 population aged 45-54; 7 per 1,000 aged 65-74; and 10 per 1,000 aged 75 and over who live in State and county mental hospitals.

(2) It is estimated that 3 million persons (about 15 percent) over age 65 living in the community suffer from moderate to severe psychiatric impairment. Of these, two-thirds function adequately with community or family supports and one-third are as sick as the population in mental hospitals.

(3) In 1970, 3.6 percent of men and 4.5 percent of women age 65 and over were institutionalized. Of the over 65, 120,000 are in mental hospitals and 370,000 are in nursing homes with mental illness.

(4) Many aged patients are diagnosed as suffering from organic brain syndrome (OBS) and patients given this diagnosis usually receive little or no treatment and are considered to have a poor prognosis with hospitalization until death. Patients diagnosed as suffering from functional disorders usually receive some form of treatment and have a much better prognosis. In the United States, 80 percent of the resident mental hospital population are diagnosed OBS and 8.5 percent are diagnosed with functional disorders. This is in stark contrast to the United Kingdom where 43 percent are diagnosed OBS and 46 percent are diagnosed with functional disorders.

(5) While persons age 65 and over constitute a disproportionately high proportion of inpatients, there are relatively few who are psychiatric outpatients. The over 65 form 2 percent of the outpatient clinic population, 2.6 percent of the day-care population, and 4 percent of the community health center population. In most cases, the service rendered involves diagnosis, not treatment.

(6) Among the aged, and particularly those over age 75 years, physical and mental illnesses tend to go together. Eighty to ninety percent of geriatric mentally ill patients also have physical ailments severe enough to interfere with functioning.

(7) By 1975, it is estimated that of the 2 million people aged 65 and over who need psychiatric services, only 15 percent to 20 percent will receive needed services, 80 percent to 85 percent will not.

LOS ANGELES PICTURE

Statistics from the Los Angeles City Mental Health Department show that there are 276,577 persons age 60-plus in the city of Los Angeles. The over 60 population makes up 16 percent of the total city population. Nearly 55,000 of these people, roughly 20 percent, are considered to be living in poverty. The greatest number of aged in the city of Los Angeles live in the Westlake area.

The Department of Public Health, Bureau of Health Facilities and Certification for the State of California, indicates that there are 84 nursing homes, 12 "L" facilities, and 304 residential care homes in the city of Los Angeles. There is no figure stating how many of the residents in these facilities are aged. Neither are there figures to show which residents of State and county hospitals are from the city of Los Angeles. Table I shows the admissions of Los Angeles City residents to Los Angeles County Mental Health Services for outpatient and rehabilitation services during a one year period. The Los Angeles figure is a little higher than the national figure (2.7 percent versus 2.0 percent).

¹ Authors: Lissy F. Jarvik, Ph. D., Veterans' Administration Hospital, and Irene Mortenson Burnside, Ph. D., University of Southern California.

ADMISSIONS OF LOS ANGELES CITY RESIDENTS TO LOS ANGELES COUNTY MENTAL HEALTH SERVICES (JULY 1970-JUNE 1971)

Age	Outpatient services		Rehabilitation services	
	Number	Percent	Number	Percent
1-11.....	303	2.4	1	0.1
12-17.....	1,406	11.5	48	4.2
18-24.....	2,460	19.2	156	18.7
25-44.....	5,938	46.4	479	42.2
45-64.....	2,277	17.8	428	37.7
Over 65.....	349	2.7	22	1.9

Source: Los Angeles County Department of Mental Health Services, Mental Health Service, Evaluation and Research October 1972.

This table also shows the drastic increase in mental health rehabilitation services in the 45-64 age group for the city of Los Angeles.

In Los Angeles, aged patients in nursing homes who become disturbed or unmanageable are generally sent to an available acute psychiatric unit. Violent behavior is a common cause for such transfers.

Some mentally ill aged persons in the community are seen by psychiatric emergency teams (PET). Few aged use the community mental health centers.

In California there are intermediary care facilities which are between nursing homes and State hospitals in the level of care provided. These facilities are called "L" facilities and are locked. The aged who are wanderers or dangerous are confined in "L" facilities. Private patients who cannot be handled in a nursing home and whose family cannot bear the stigma associated with a State hospital also go to "L" facilities. "L" facilities can and do have patients below the age of 60.

PROBLEMS IN THE CITY OF LOS ANGELES

The problems of mental health in general and in the city of Los Angeles in particular are many. Among the aged, some problems of mental health are the result of the accumulation of the years. Others reflect the problems of the city and society at large but seem to be magnified in their impact on this older population. Some of the general problems of mental health among the aged are presented below as well as those problems particularly relevant to the city of Los Angeles.

IN GENERAL

(1) Mental health is often subsumed under the general category of health (see Westlake report, 1971 and "Planning for the Aging"). In fact, specific mention is made of mental health in the overview on health in the "Planning for the Aging" report. The post-White House conference report delineated mental health in the aged separately from physical health. Los Angeles reports have not followed suit.

(2) There tends to be long-term institutionalization for mental illness when the individual is 65 years and older. Among the reasons for this are: (a) associated physical illness; (b) once admitted, the old tend to be ignored; (c) age automatically given poor prognosis; (d) lack of early diagnosis and lack of medical sophistication in diagnosis; (e) aged suspicious of psychiatry; (f) lack of outreach programs; (g) unrecognized depressions.

(3) A variety of environmental stresses may act as precipitating factors for mental illness in older persons, particularly in those aged with some underlying organic brain syndrome (OBS). Persons with a mild degree of OBS who function adequately may be shifted into hopelessness, helplessness, and severe mental impairment by many stresses including the following: physical illness, relocation, disruption of family equilibrium, and loss of significant persons. Prompt intervention often leads to remission and return to previous level of functioning, lack of intervention, to chronicity.

(4) Intrapsychic stress factors may particularly predispose the aged toward psychiatric illness. In the later years, individuals must modify their self-concepts due to (a) declining physical and mental prowess; (b) declining financial resources; (c) declining social resources; (d) inability to live up to work ethic with loss of respect, status and prestige; (e) increasing dependency; (f) being left out of mainstream of life in a rapidly changing world.

(5) Social factors encourage the sense of isolation and feelings of loneliness and uselessness among the aged. Some of these are: (a) single occupancy housing in declining neighborhoods; (b) lack of transportation; (c) markedly reduced opportunities for gainful employment; (d) crime and violence; (e) services and skills unwanted; (f) age and sex stereotypes; (g) support structure, e.g., marriage leads to loss of income; (h) minorities within the aged minority.

IN LOS ANGELES

(1) High suicide rate among elderly white males (per Westlake report, 1971 and Los Angeles Times, 1973).

(2) Alcoholism (Westlake report, 1971).

(3) Loneliness and alienation among the aged (per Fellers, 1974).

(4) Inadequacies in the quantity and quality of psychosocial care available for the aged in nursing homes, "L" facilities (per Schwartz, Burnside, 1974); in board and care homes (Watts Conference on Services to the Black Elderly, 1973).

POLICY ISSUES AND ALTERNATIVES

Different alternatives may suit different individuals. All should include, wherever appropriate, multilingual and multiethnic staffing as well as expertise for the blind, deaf, and asphasic. All should offer opportunities, wherever possible, to volunteers, high school and college students and particularly to senior citizens, paid and unpaid. Any reasonable program will be expensive and a heavy burden upon local resources, therefore, every advantage should be taken of all possible assistance available through Federal and State agencies in terms of funds and resources (e.g., funds under Older Americans Act, adult services title of the Social Security Act, and general revenue sharing). The need for mental health services is enormous and will have to be provided for separately from physical health needs.

Issue 1: The availability of comprehensive health services, including mental health services, should be increased for senior citizens of Los Angeles.

Alternative A: As part of multigenerational programs.

Alternative B: Through special senior center programs.

Alternative C: Through medical center programs.

Alternative D: Through community center programs.

Any alternative should provide, as recommended by the 1971 White House Conference on Aging: "Assessment of health; education to preserve health; appropriate preventive and outreach services; all physical, mental, social and supportive services necessary to maintain or restore health; rehabilitation; maintenance and long-term care when disability occurs." Mental health services should include psychotherapies, milieu therapies, and a variety of other approaches as well as drug therapy.

Issue 2: Senior citizens should be helped to live independently, if they so desire, by providing supportive community services.

Alternative A: Services can be brought to senior citizen's home (e.g. visiting nurse, homemaker, medical-psychiatric team, meals-on-wheels, etc.).

Alternative B: Senior citizens can be transported to service locations (by organized volunteers, paid individuals, group transport).

Alternative C: Services can be made available within an easily accessible community (consider age-integrated and age-segregated communities).

Alternative D: Services can be reached via "hotline".

Any alternative should include provisions for safety within the milieu (e.g. protection against home accidents) and protection against crimes of violence; provision for crisis intervention with special emphasis on effects of bereavement, fear of death, prevention of suicide and treatment of alcoholism and depression; facilities for day hospital stay, night hospital stay, and short-term stay (e.g. caretaker's vacation) as well as provisions for monitoring and ongoing evaluation of the effectiveness of programs.

Issue 3: Care facilities should be upgraded to insure a "life with dignity" and free of discrimination.

Alternative A: By surveillance of city inspectors.

Alternative B: By surveillance projects for high school, college students, and/or senior citizens.

Alternative C: By educating senior citizens to demand that specific standards of care are delivered.

Alternative D: By training.

Alternative E: By changing the attitudes of the public, professionals, and senior citizens toward the aged through educational programs on development and aging throughout the life span. This educational process should begin at the elementary school level.

Alternative F: By reconsidering what kinds of facilities are best equipped to handle geriatric psychopathology.

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RESOURCES IN LOS ANGELES

- Los Angeles County Department of Senior Citizens, 601 S. Kingsley Drive, Los Angeles, Calif. 90005.
- Information and Referral Service of Los Angeles County, 621 S. Virgil Avenue, Los Angeles, Calif. 90005.
- Social Security Administration, 227-1111.
- Employment—Offering or Wanting: Continuing Employment and Activity for the Retired; ask for Clorice Grandle, 387-8065.
- Legal Aid: National Senior Citizens Law Center, 483-3990.
- Housing, Churchman's Foundation, 3737 San Fernando Road, Glendale, Calif. 91204.
- Nutrition—Hot Meals, Hot Meal Service, Call: Program of Retired Citizens (administered by Child Care and Development Center); ask for Peggy Best, 383-0044.
- Education: Career and Continuing Education (Adult Education), Division of Los Angeles City Schools, 450 N. Grand Avenue, Los Angeles, Calif. 90012; ask for Marion Marshall, 687-4731 ext. 2731.
- Los Angeles Public Library, Service to Shut-ins, 5923 South Western Avenue, Los Angeles, Calif. 90047; Betty Gay, Director, 752-4167.
- Volunteer Programs: For information on the Retired Seniors Volunteer Program, Peace Corps, Vista, Score, or Foster Grandparents, call Action, 1333 Westwood Blvd., Los Angeles, Calif. 90024, 824-7742.
- Clubs and Organizations: Los Angeles County Department of Parks and Recreation, Senior Citizens Unity, 155 West Washington Blvd., Los Angeles, Calif. 90015, 749-6911 ext. 111.
- Senior Citizens Association of Los Angeles County, Inc., 427 West 5th Street, Los Angeles, Calif. 90013, 624-6467.
- American Association of Retired Persons (AARP) and National Retired Teachers Association (NRTA), 215 Long Beach Blvd., Long Beach, Calif. 90802, 432-5781.
- California League of Senior Citizens, 1031 South Grand Avenue, Los Angeles, Calif. 90015, 749-7686.
- International Senior Citizens Association, 11753 Wilshire Blvd., Los Angeles, Calif. 90025, 472-4704.
- National Council of Senior Citizens, care of Mr. James Carbray, 10766 Homeland Ave., Whittier, Calif. 90603, 943-0723.
- Los Angeles City Federation of Clubs, 3191 West 4th Street, Los Angeles, Calif. 90005; Senior Citizens Section—Tom Murphy, Supervisor, 380-3807.

TRANSPORTATION, LAND-USE PLANNING, AND THE AGED¹

NATIONAL PICTURE

Discussions of transportation often confuse the ends and the means. Transportation, simply defined, is a process of providing access between given locations. This access to needed goods and services is the end. The attainment of access, the means, does not necessarily require the transporting of people.

American cities have developed over the past 40 years around an automobile-dominated transportation system. Los Angeles provides a particularly vivid example of this freeway life style. The result has been a sprawling, low-density population development, where the shopping, recreation, employment, and service centers are functionally and spatially separated. The basic link between these centers and people's homes is the automobile. This system works, but it certainly is not the most efficient one. It is especially ineffective with regard to the needs and activity patterns of the old and dependent. Nationally, transportation problems for older people revolve around a combination of: (1) the individual's abilities and resources, (2) the geographic location, (3) the location of needed goods and services, and (4) the various travel modes which connect locations.

In more detail, this means that low income among the aged reduces the ability to own and operate an automobile. Nationally, only 54 percent of the older population own or operate their own automobiles compared to 83 percent among the general population. In Los Angeles the figures are comparable.

Public transportation systems, if available at all, often have been planned without consideration for the particular service access problems of older people. Mass transit services are oriented to journey-to-work trips. Not well served by these routes in many cases are shopping centers, hospitals, and service centers, which are centers of importance to the older population.

The design and service features of transportation modes pose added problems for the aged. As people grow older, many experience a reduction in driving and ambulatory skill. Fast-moving traffic on freeways and traffic congestion become serious threats to actual or perceived driving ability. Many older people who own automobiles tend to use them only during nonpeak traffic hours and not at night. Some may choose not to drive at all. Several States have imposed strict driver licensing standards which may disenfranchise drivers because of age alone. In California, these criteria are applied selectively, on an individual basis. Insurance companies similarly often impose substantial premiums, if not policy cancellations, on older people. Traffic lights and traffic flow become problems for older people given their diminished sensory acuity, slowness of response and declining physical strength. Public buses by virtue of their step-up-and-into design and their tight stop and go scheduling make it difficult for as many as 15 percent of the older population to use this means of transportation without assistance. Also, many older people are reluctant to make transfers or travel for more than 30 minutes. Finally transportation services must be thought of in terms as both convenience and suitability at the point of system access and at the point of destination. As an example living one block from a bus line may mean little if that bus would get the individual no closer than six blocks to the desired facility or service destination.

Overall about one-third of the elderly poor and one-fifth of the near poor have substantial transportation problems.

LOS ANGELES PICTURE

Transportation services in Los Angeles for the public transit-dependent population, that is, those without automobiles, is the focus of this section. This includes about 54 percent of the older population in Los Angeles. The availability and quality of these transit services are described here.

Southern California Rapid Transit District (SCRTD) is the major bus company providing service for the city of Los Angeles. Many smaller companies operate in neighboring incorporated areas that interface with SCRTD system. Only within the past few years has SCRTD received public revenue subsidization. Most operational expenses are obtained from fees. A reduced fare program is available for senior citizens permitting a 10-cent reduction in the basic fare. This bus company generally uses the standard 40 to 50 passenger vehicle characterized by narrow doors and step up design. Minibuses do operate in the central business

¹ Author: Robert Newcomer, University of Southern California.

district. These have smaller passenger capacity and they continue to feature similar boarding obstacles.

SCRTD buses are generally routed along major arterial streets and travel at headways varying from 30 to 60 minutes during nonpeak hours. Within those areas of Los Angeles which presently contain the highest density of older people, bus services are within walking distances of less than six blocks. However, in suburban areas, particularly the San Fernando Valley, walking distances frequently exceed 1 mile. Under the SCRTD proposed metropolitan rapid transit system, and the all-bus system alternative proposal, bus services would be modified to be within approximately one-half mile walking distance for up to 98.6 percent of the expected aged population.

Taxicab companies provide the other major component of Los Angeles public transit services. The Yellow Cab Company with over 600 cabs dominated this field, although there are many smaller operating companies. Recent developments in the city with respect to franchise laws and districts is expected to improve taxi service, while also permitting the operation of local area jitney services.

Cab fares on a per-mile basis in Los Angeles are among the highest in the Nation. The ratio for taxicabs to population is 0.4 cabs per 1,000 persons throughout the city. In poverty areas, this ratio climbs to as high as 9 per 1,000 in the Watts area. It appears that low-income areas make higher use of taxi services in spite of their high cost. On the other hand, the taxi service in the outlying areas of the city is generally absent.

Street furniture as an element in the pedestrian traffic network is generally absent in Los Angeles. Benches at bus stops are available at major transit stops, but most have no benches. Bus benches are provided by commercial advertising companies, not by the transit authority or the city. Shelters for protection from sun, rain, and wind are virtually never provided at bus stops.

Specialized bus services at present are limited to minibuses funded by Federal revenues through local organizations. These are used to transport special populations, such as the aged, for special purposes—to senior citizen centers, food services, etc. These services are expected to expand as nutrition programs develop throughout the city. Priority for these programs will go to poverty areas.

PROBLEMS IN THE CITY OF LOS ANGELES

The Los Angeles response to the transportation problems of older people has left many gaps in service quality.

Subsidized services, i.e., reduced fares on existing transit systems, has been shown to increase the number of riders somewhat, but it still leaves older people the task of relying on a service that may be poorly routed with respect to the desired trip starting point and/or destination. This policy also does not remove the design and service barriers imposed by the bus steps and quick stops. Further administrative policy which requires that a rider obtain a reduced fare card has created needless obstacles for the older consumer of the bus service. The SCRTD in the Los Angeles area has minimized this problem by now requiring only a medicare card for identification.

Ancillary services, i.e., demand scheduled minibuses, low-cost services, and volunteer drivers have been directed principally at low-income target populations in the model cities and community action program areas. For the most part, these services are designed to provide alternatives to the nonexistent or inconvenient mass transit service. Travel needs associated with health services have received the major attention under these programs. Recently, demand scheduled services have been expanded to a wider income range among older people under title III funds of the Older Americans Act and through transportation grants. Except in small communities, these services help but are pervasive enough to be available to all older people. Equally important these services continue to have their major concern for health-related travel demand.

The shortcomings of these systems, as in transportation planning generally, stems from a focus on transporting people, rather than on providing access. This is typified by statements such as "The bus system in town runs between the shopping centers but it does not go where it is needed—to the social agencies and health facilities." A transportation problem is created by choosing to access a poor location. In other words, site selection and land use planning can and do have important, and often overlooked, effects on transportation needs. Site selection criteria which are aimed at reducing access problems should be considered essential to transportation planning. Obviously it is not feasible to relocate

supermarkets or hospitals. It is possible to establish satellite service centers, storefront offices, and neighborhood clinics which are easily accessible by walking or existing transit services.

POLICY ISSUES AND ALTERNATIVES

Improving the quality of transportation services for older people requires consideration of at least the three major policy areas outlined here. The alternatives proposed need not be considered as mutually exclusive.

Issue 1: Older people ought to be assured access to shopping and convenience services.

Alternative A: Housing facilities for older people should be developed only in locations which are within walking distance to needed services, unless daily transportation services are easily available.

Alternative B: Shopping centers should operate scheduled minibus services to neighborhoods within their service area. These buses could be available to all area residents.

Alternative C: The city, or transit district, should operate scheduled minibus service in all neighborhoods of the city. These buses should be routed in relation to convenience shopping-trip destinations.

Alternative D: Taxicab or jitney services for older persons should be subsidized.

Issue 2: Older people ought to be assured access to citywide services and facilities.

Alternative A: Governmental services such as social security, human resources development, and public social services should have small neighborhood offices located within shopping centers which provide all services.

Alternative B: Modify, as appropriate, the existing fleet of SCRTD buses in order to remove the design barrier created by the high boarding steps.

Alternative C: Improve mass transit services for older people by nonpeak hour route adjustments in those areas which have a high density of older people, and in locations where trip destination may be inconveniently sited relative to existing bus lines.

Alternative D: Permit lane-controlled reduced freeway driving speeds during nonpeak hours on each area freeway. This ought to make older persons less fearful of freeway driving, while also being safer for them and for others.

Issue 3: Older people ought to be assured access to health-related facilities.

Alternative A: The city, or transit district, should provide an area specific demand scheduled minibus, or medi-cab service for health-related travel.

Alternative B: Existing taxicab services should be subsidized in order to provide health trip services for older people.

Alternative C: Provide neighborhood-based health clinics operated by area hospitals and located in or near shopping centers.

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LEISURE AND THE OLDER ADULT¹

NATIONAL PICTURE

There is no facet of human behavior which holds greater potential for abundant living than does the use of leisure. Yet there is perhaps no other facet which is less understood or more underrated.

Leisure has been defined as "a state of mind: a feeling of self-satisfaction and gratification . . . as long as man achieves this feeling, he achieves leisure" (de Grazia). Leisure must be considered as an individual feeling. The individual's ability to understand his alternatives determines his choices. Furthermore, his ability to develop alternatives and to make choices is extended by education and experience.

¹ Authors: Virginia Boyack, Cand., Ph. D., and Tillman Hall, Ph. D., University of Southern California.

People gradually expand the time they spend at leisure as they grow older (Riley and Foner, 1968). In our work-oriented society, there is considerable concern about what replaces work upon retirement. Can leisure roles supplant the work role? Can leisure endeavors provide the individual with the same type of self-respect, ego satisfaction, and identity which he or she enjoyed from former employment or home maintenance responsibilities? These are questions which must be studied and for which answers must be provided.

The elements of leisure, as stated by Max Kaplan are: (1) an antithesis to work as an economic function; (2) a pleasant expectation and recollection; (3) a minimum of involuntary social-role obligations; (4) a psychological perception of freedom; (5) a close relation to values of the culture, and the inclusion of an entire range from inconsequence and insignificance to weightiness and importance; and (6) often, but not necessary, an activity characterized by the element of play.

According to Havighurst, the use of time will constitute the meaning of the last phase of the individual's life—worthy or unworthy, pleasant or unpleasant. If the individual is fortunate, it (leisure) will lead to individual fulfillment and give meaning to live. de Beauvoir states, "It is the meaning that men attribute to their life . . . it is their entire system of values that define the meaning and the value of old age."

During the past few years, throughout the United States, billions of dollars have been spent on medicare, social security, nutrition, low-cost housing, and rehabilitation programs for older Americans. Under no circumstances could one find fault with these expenditures as they have been allocated, basically, for survival needs. In fact, such expenditures are a mere pittance of what should be spent in the provision of some options for meeting the health, financial, and housing needs of our older citizens. Very little attention, however, has been directed toward the provision of options for the older person's time.

In 1900 there were 3 million Americans aged 65 years of age and over, which comprised 4 percent of our population. Today, only 74 years later, we have approximately 21 million Americans aged 65 years and over, which constitutes 10 percent of the total population. To put it in another perspective, since 1900 our total U.S. population has grown 300 percent—our over-65 population has grown almost 700 percent. This is an accelerating trend which will experience even more rapid growth as medical researchers solve the problems of heart disease, cancer, and stroke.

With retirement coming for so many people at 65 years or thereabouts, we face a situation in which approximately one-sixth of the adult population will be nonproductive and within a few years futurologists tell us that we can look forward to an adult population in which one-fourth of the persons above the age of 20 years will be considered nonproductive. In absolute numbers, this means a society in which some 25 million people have no serious work to do and no significant role, if the current trend continues.

One day a man is 64 years of age—the next day he is 65 years *old!* Overnight he is too old to continue his work role. The problem created by enforced retirement will have to be resolved, and changes are occurring. The retirement age comes earlier in this era than ever before in history. The average retiree may have 14 years in retirement—14 years of nonwork time—40 additional hours each week.

Compulsory retirement; elongation of the expected life span; reduction of work opportunities; loss of social status and contacts because of withdrawal from jobs; difficult housing conditions; lessened financial wherewithal; and little preparation for fulfilling use of the increased leisure hours—all combine to produce a large population of potentially lonely, frustrated persons with a large number of uncommitted hours. The options they have developed for use of time may help either to provide important social and psychological adjustments or may condemn them to an extended period of "graveyard watching".

The Administration on Aging and the Department of Health, Education, and Welfare are encouraging State offices of aging and county and city governments to promote leisure and recreational programs for older adults. Considerable amounts of Federal moneys are available as "seeding funds" for initiating such programs. A few examples of federally funded programs are: green thumb, green light, foster grandparents, retired seniors volunteer program, and meals-on-wheels. In addition, private foundations, industry, religious and service organizations, and private citizens have been instrumental in planning and supporting worthwhile recreation programs for older adults. However, there are countless

numbers of older adults who exist in isolation uninvolved in anything that might add meaning to their lives.

The subject of leisure seems to be of small concern to most planners. The fact that society is moving in the direction of the leisure era and that there will be more leisure time for more people in the future, draws relatively little attention either from government or from the individual himself. Even the planners for the 1972 White House Conference on Aging did not consider leisure of significant import to devote more than a token consideration to the problems and needs of senior adults during their uncommitted time.

The number of retired individuals is increasing and with this increase is coming a startling demand upon leisure services.

LOS ANGELES PICTURE

The population of older adults 65 years of age and older in Los Angeles City is reported at 283,052, or 10.1 percent of the total population. This older population represents diverse ethnic, socioeconomic, educational, and cultural backgrounds. It is further reported that 51,597, or 19.1 percent of this older population, live at the poverty level (less than \$2,119 if alone, and less than \$2,662 if as a couple). Based upon national figures, approximately 5 percent of the older population are homebound and only 20 percent have any interference with their mobility (see DHEW publication No. (SRS) 72-20006). Los Angeles City's older population conforms to the stated national norms.

Los Angeles City has a large population of diversified ethnic groups. Of the total population of Los Angeles City, the ethnic distribution is reported as: Black, 17.3 percent; Mexican-American, 18.4 percent; mixed, non-Caucasian (other than Black or Mexican-American), 4 percent; and Caucasian, 60 percent.

There are particular areas in Los Angeles City which have been identified as pockets of high density of older residents. Those areas are: Hollywood-West Hollywood, Central Los Angeles, Wilshire District, South Central Los Angeles, East Los Angeles, Inglewood, West Adams, North Hollywood, Canoga Park, Van Nuys, Sunland, Venice, and San Pedro.

Los Angeles is unique not only in the diversity of its population but also in the nature of the diversity of the problems of older residents. We shall only direct the attention of this paper, however, to those problems relating to the leisure endeavors of the older adult residing within the city boundaries.

LOS ANGELES RESOURCES

Los Angeles City has the tremendous challenge of providing services which can encourage, teach, and guide our older citizens to more effective recreative endeavors. The city of Los Angeles is currently providing services which do meet some of the needs of particular groups of older adults.

(1) Los Angeles City Recreation and Parks Department:

(a) There are 16 full-time senior citizen centers operated by the Los Angeles City Recreation and Parks Department. They provide facilities, equipment, and leadership for recreation activities and leisure-time programs. These are open to all older adults on a daily scheduled basis, with an average daily attendance reported at approximately 5,000. In addition, there are 76 community recreation centers which provide some program options for older adults.

(b) The department also sponsors the Federation of Senior Citizen Clubs of Los Angeles City, which has 335 clubs representing a membership of 80,000 older adults over 55 years of age.

(c) The department maintains numerous public parks for the general population. This would include opportunity, facilities, and equipment which are available to the older adult as well. Such resources include locations for rest, relaxation, socializing, meditation, game-playing, and outdoor special events.

(d) The department has been awarded a grant for \$419,000 through the California State Office of Aging to fund a nutrition program at 13 different sites in Los Angeles City. This program will provide hot meals for 1,300 older adults, 5 days a week, for 12 months. The older participant will pay \$.60 per meal.

(e) The department sponsors the retired senior volunteer program for Los Angeles City, which is supported in part by a grant from Action, and in part by local organizations and agencies.

(f) The department sponsors several citywide events for older adults during the year such as picnics, talent shows, bridge tournaments, arts and crafts exhibits, and leadership seminars.

(2) Continuing education: Many courses of instruction and opportunities for learning during one's leisure time are available to older adults throughout the Los Angeles City area. Such programs are sponsored by: (1) Los Angeles City Unified School District, Division of Career and Continuing Education; (2) Los Angeles Community College District; (3) local universities and colleges; and (4) religious, service, and private organizations. An example of an outstanding program developed to reach the homebound is the tele-class program offered by the Los Angeles City Unified School District, Division of Career and Continuing Education.

(3) Other special services: Many other organizations, institutions, and agencies offer special services to the older adult such as leisure counseling, information referral, and programs of general and specific recreation and leisure interests. Religious centers are especially well situated to plan and implement programs of special interest to older adults. An example of a well-planned program is that offered through the Los Angeles City Library system, which provides onsite and outreach programs especially designed to meet the needs of older adults.

PROBLEMS IN THE CITY OF LOS ANGELES

The development of and participation in leisure-time endeavors has been identified as a major area of concern in meeting the needs of older adults. It is a concern which needs greater attention from all levels of community organizations. It is well documented that what the individual does with his time can very well determine that individual's maintenance of sound mental and physical health. According to Dr. Rusk, "We are now in a position of curing many diseases and to get people well, only to see many drop back into illness through the malignancy of idleness."

Though there are some very worthwhile programs in the Los Angeles City area, they relate to only a small segment of the entire population of older adults. Leadership must be provided for the development of programs which provide opportunities for the older adult to recognize his or her potentials and strengths, to develop "cope-ability," and to maintain sound mental and physical health. Specific problems in providing leisure-time options for older adults in Los Angeles City revolve around the need for the following:

1. Increased numbers of centers which provide not only more options for leisure-time endeavors, but also information and counseling about alternatives for role maintenance after retirement;
2. Provision of meaningful outreach programs planned for, and with, the homebound in an effort to assist them in the development of alternatives for living with enforced leisure;
3. Provision of easy access to transportation for those who wish to attend programs of educational and recreational value;
4. Adaptation of existing community leisure and recreation facilities to meet the unique needs of the older adult;
5. Coordination of existing community resources, human and physical, such as facilities, funds, staff, equipment, and the senior adult, so as to effectively and economically provide a leisure delivery service system based upon citywide cooperation;
6. Provision of qualified, well-trained staff to work at every level with the older adult in the determination of what is needed and who should provide it;
7. Increased availability of transportation for the older citizen. Public transportation is not readily available in the complex, widespread boundaries of the Los Angeles City area. Family members are often dispersed over a considerably extended geographic area. Leisure-time endeavors, more often than not, depend entirely upon the availability of transportation. All of the outstanding opportunities which are available may be of no import if one cannot get to that opportunity. The energy crisis makes it necessary for us to review our concepts about transportation and the delivery of leisure services to older citizens. There will have to be more consideration given to local neighborhood and community provision of leisure-time options, not only for the older adult, but also for every other age group.

POLICY ISSUES AND ALTERNATIVES

Issue 1: People need to become better prepared for the use of time upon retirement.

Alternative A: Offer more effective preretirement programs through educational institutions, business and industrial enterprises, and community organizations.

Alternative B: Develop public programs for television or radio distribution which will build an awareness of the need for planning for retirement.

Alternative C: Circulate information about retirement planning and programs of educational significance through all avenues of the media.

Issue 2: Opportunities need to be provided for children, young adults, and middle-aged individuals to develop leisure interests and skills with lifespan value.

Alternative A: Develop curriculums at all levels of education which will expose students to an understanding of human development and aging. Special attention should be devoted to the necessity of maintenance of sound mental and physical health throughout the lifespan.

Alternative B: Explore new approaches to motivating older adults.

Alternative C: Organize educational programs which are relevant in meeting the particular needs and interests of older adults.

Issue 3: Planners need to find out what the older adult really wants in the way of leisure-time options, which then can be provided by community agencies, institutions, and organizations.

Alternative A: Convene special information-gathering meetings in areas which have a large proportion of older population.

Alternative B: Conduct door-to-door surveys using volunteers as the data gatherers.

Alternative C: Suggest programs involving the neighborhood, using whatever facilities or sites which are frequented most regularly by older adults.

Issue 4: Community resources need to be identified, mobilized, and coordinated in meeting the leisure-time needs of old adults.

Alternative A: Initiate identification, mobilization, and coordination of resources at the local level through cooperative efforts of those agencies, institutions, and organizations which offer services to the older adult. (The initiative should be taken by the local recreation leadership.)

Alternative B: Identify a local agency, institution, or organization to be responsible for the identification, mobilization, and coordination of information and action.

Issue 5: Increase the quantity and quality of leisure-time options for older adults.

Alternative A: Provide, through public subsidy, a system of transportation readily available to older adults to centers of leisure-time programs and events.

Alternative B: Provide an outreach program for the delivery of leisure service to those of limited mobility.

Alternative C: Allow for client participation in program development, so as to meet the real needs of the older resident in a given community.

Alternative D: Adapt existing public and private recreation facilities to more effectively serve the needs of older adults, especially those with chronic or handicapped conditions.

Alternative E: Provide more opportunities for employment of older adults in leadership roles with recreation agencies.

Alternative F: Provide a method by which there is continuous exchange of resources and information between agencies, institutions, and organizations responsible for leisure-time services to older adults.

Issue 6: The energy crisis presents special problems for the older adults who wish to participate in special leisure endeavors. Specifically, transportation is an even more difficult problem.

Alternative A: Adapt more neighborhood facilities for use by older adults during nonscheduled hours (i.e., school facilities).

Alternative B: Use homes for special programs or adapt neighborhood facilities for more effective use by older persons.

Alternative C: Develop innovative programs which will be of more interest to the community's older residents.

Issue 7: The community needs to learn to effectively use the knowledge, skills, and experiences of older adults in planning and implementing leisure services for senior adults and for society in general.

Alternative A: Establish a "human resource bank" through which older adults may register their skills, knowledge, and experience for later reference in meet-

ing community leisure needs, either through employment opportunities or volunteer assistance.

Alternative B: Provide listings of business and/or community problems which could be resolved through the special expertise of retired individuals. Communication of such information could best be accomplished through all avenues of the media.

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Appendix 4

STATEMENTS FROM THE NATIONAL SENIOR CITIZENS LAW CENTER, LOS ANGELES, CALIF.

DEAR MR. ORIOL: With respect to the hearings chaired by Senator Tunney and held in Los Angeles on May 16, 1974, concerning cost-of-living problems of the elderly, you will recall that we agreed to submit written statements documenting and emphasizing the fact that cost-of-living increases have exacerbated legal problems of the elderly poor in the areas of health, social security, and housing for inclusion in the record as a statement by the National Senior Citizens Law Center.

I am now enclosing for your reference our statement in the area of health. Additional short statements in areas of social security and housing are currently being prepared and I will forward those along to you, hopefully within a few days, as soon as they are completed.

Yours very truly,

PETER M. HORSTMAN,
Staff Attorney.

[Enclosures]

THE EFFECT OF INCREASES IN THE COST OF LIVING ON HEALTH CARE FOR THE ELDERLY

(By Sally Hart Wilson)

The Consumer Price Index rose by 12.2 percent during the 1-year period from December 1973 to December 1974. It is axiomatic that such severe inflation affects most adversely those members of the population, such as the elderly, who are dependent on relatively small fixed incomes. In the area of health care—a vital need for the elderly—it might be supposed that the medicare program has ameliorated the effects of inflation on its elderly participants. A closer examination of the situation, however, indicates that this hope is unfounded. There are at least four ways in which inflation deprives the elderly of vitally needed health care.

First, the Consumer Price Index indicates that the price of medical care rose even faster than the average price increase between December 1973 and December 1974. Thus, all medical expenses which the elderly are forced to bear from their own limited resources will take a larger percent of those resources than they did in the preceding years. The major medical expenses which are not covered by medicare and must be paid for out of the income of the elderly are: eye examinations and eyeglasses, dental care, physical checkups, and drugs (on which the elderly, because of failing health, depend heavily). All of these items, so needed by the elderly, are considerably more expensive this year than last.

Second, because of the tremendous increase in the cost of all consumer items during the past year, the elderly will have less income remaining after the purchase of other necessities, such as food and housing, to spend on the items of medical care that are not covered under the medicare program. Thus, many elderly people will be required to do without certain of the items described above for lack of funds to pay for them. Because so many of these items not covered by medicare—eyeglasses, physical checkups, dental care—are really basic to preventive medical care, their deprivation can be expected to cause serious consequences to the elderly.

Third, the medicare program requires its participants to meet from their own funds a series of deductible and coinsurance payment requirements. For example, medicare part B beneficiaries are required to pay 20 percent of all covered doctors' bills out of their own pockets.

To the extent that the elderly, because of insufficient income, have been unable to pay their doctors this 20 percent copayment, physicians have been un-

willing to accept medicare beneficiaries as patients. Inflation, and its consequent increase in the percentage of a retired person's income required to meet such day-to-day needs as housing and food, will force more of the elderly to default on the 20 percent copayment requirement for physicians' services. Consequently, it can be predicted that many more physicians will refuse to accept medicare beneficiaries as patients, and it will be even more difficult than it has been in the past for the elderly to obtain the medical care that they need.

In addition, many of the elderly who are too proud to incur obligations that they cannot meet will decline to seek medical services for lack of funds to meet the 20 percent copayment. It should be kept in mind that there are also copayment requirements for hospitalization and nursing home care under part A which will produce the same problems described herein with respect to the 20 percent copayment under part B.

Fourth, it appears that the medicare part B compensation system malfunctions badly during times of inflation. Part B of the medicare program, which covers physicians' fees, ambulance services, physical therapy, home health services, et cetera, is supposed to compensate its participants for 80 percent of the "reasonable charges" for such services. "Reasonable charges" are determined by the fiscal intermediaries (insurance companies) that administer the medicare program according to a complicated formula which determines the lowest of the actual charge, the provider's customary charge for the service, and the "prevailing charge" for that service in the community. The figures for each of these charges are supplied by an incredible mass of data gathered by the insurance companies and kept in computerized form on their charge screens. The problem is that this data inevitably lags, to a greater or lesser extent, behind current charges being made by providers. In a time of galloping inflation, the charge screens used to determine the level by which medicare beneficiaries are compensated for part B claims would fall far below the 80 percent of a "reasonable charge" for which the law provides compensation. It is common for medicare beneficiaries to report that they seldom receive from medicare more than 50 percent of their doctors' bills. The remainder of the bill they are, of course, required to pay out of their own fixed incomes. This alleged underpayment of part B claims has reached scandalous proportions and defeats the intent of Congress in creating the part B program. Congress should investigate the situation and, if warranted, enact legislation to assure that compensation of the elderly is not inadvertently shrunk by the effect of inflation on the insurance companies' payment system.

SOCIAL SECURITY BENEFITS AND INFLATION

(By Anne Silverstein)

To the extent that social security benefits do not keep pace with the Consumer Price Index, hardship is created. One measure of how substantial this hardship is is the number of recipients who rely on their social security benefits for subsistence. Although social security benefits were not originally expected to be sole sources of retirement income, there is no doubt that they are for many, many people. The Social Security Administration's own Claims Manual states, in section 5000, that "[m]ost people who get an RSDI (retirement, survivor, or disability) check depend upon it for the necessities of life."

The automatic escalator provisions now in the law peg increases in benefits to changes in the Consumer Price Index, but, wholly aside from the timelag inherent in the mechanism, social security benefits have not kept pace with the Consumer Price Index since 1972. Even though the law now requires benefits to be raised with the pace of inflation, the ground lost between 1972 and 1975 will not be recovered.

A more serious problem with the mechanism is the timelag. The much heralded 8 percent increase in benefits effective for June of 1975 (which will not show up in benefit checks until the beginning of July 1975) only reflects changes in the Consumer Price Index between the first calendar quarter of 1974 and the first calendar quarter of 1975. Thus, not until the second 6 months of 1975 will beneficiaries get any increase, and that increase will reflect only a portion of the changes in the Consumer Price Index since the first quarter of 1974. The increase does not reflect continuing upward changes in the Consumer Price Index in 1975

at all. Such changes will not be accounted for until July of 1976. The combination of continuing substantial increases in the cost of living and the fact that many recipients have, as their sole source of income, their social security benefits adds up to the conclusion that the escalator mechanism does not give the retired population adequate protection against the effects of inflation.

Another problem with the cost-of-living mechanism is that it does not reflect differential increases in the cost of various essential goods and services. Although in 1974 increases in the cost of basic necessities such as food were pretty much the same as the general overall increase in the Consumer Price Index, this was not true in previous years and may not be true again. If the cost of food increases substantially more than the cost of other items, then an individual with a very low income is hurt much more than an individual with a higher income, since he must pay an ever higher percentage of his income for food.

INFLATION AND HOUSING FOR THE ELDERLY

(By Robert B. Gillan)

The effects of inflation on the cost of housing are pervasive. Tenants in public housing projects, because of the Brooke amendment, are guaranteed that they need pay no more than one-fourth of their disposable income for rent. However, actual rents charged by public housing authorities, and private landlords in the section 23 program, must go up because of increasing costs, particularly for utilities. Given the finite nature of the housing budgets available to southern California public housing authorities, the result is fewer units available for eligible individuals; and the existing ratio between available units and eligible elderly persons is appallingly low.

For elderly individuals living in private rental accommodations or in subsidized housing (which must increase rentals to accommodate increased costs despite interest reduction payments), the effects of inflation are more dramatic. Housing is a necessity of life which no one can do without. Therefore, it inexorably follows that rental increases take a larger proportionate share of the already inadequate income of the majority of the elderly. It is not uncommon in the southern California area for a low-income elderly person to be paying in excess of 50 percent of his or her disposable income for shelter. Remaining after that expenditure is nothing whatsoever for recreation or the most common amenities of life, including adequate clothing, and the rest of the budget must be allocated to nutrition and health.

The homeowner fares a bit better, but the same economic squeeze exists. Given the limited income of most elderly persons, based principally upon social security or SSI payments, the costs of homeownership, including maintenance, utilities, and taxes, are a major item in the budget. Every increase in those costs is, again, met with a corresponding decrease in the sums available for other needs.

Appendix 5

LETTERS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. LETTER AND ENCLOSURES FROM DON ROGERS,¹ SUPERVISOR, SENIOR CITIZEN CENTER, CULVER CITY, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY 15, 1975

DEAR SENATOR TUNNEY: Thank you for your letter of May 9, 1975, inviting me to submit a statement regarding the economic impact of the elderly with regard to housing, transportation, health, and food costs.

Since I was privileged to become a part in the planning and preparation for the hearing, I feel that these subjects should be well covered.

I would like, however, to submit for the record, a statement on my concept of what would best serve the needs of the elderly, and others as well, in the four mentioned areas—an effective multiservice center for services. Also enclosed are the results of a survey taken at the Culver City Senior Citizens Center on May 9, 1975, regarding food costs.

Thank you for the opportunity to share these facts and I look forward to the day when you can come to visit our center.

Yours very truly,

DON ROGERS.

[Enclosures]

AN EFFECTIVE MULTISERVICE CENTER

In this presentation, I would like to respond to how a multiservice center can help the economic problems of the elderly, and I refer specifically to the senior citizens center in Culver City, which is a multiservice center. In a report presented to the Western Gerontological Society in April 1975 by Sara Wagner, Ed. D., of the National Council on the Aging, Inc., she reported that a significantly greater number of very low income elderly utilized senior citizens centers than did the moderate or well-to-do elderly. A later Lou Harris poll also confirmed these findings.

The logic for this fact seems very simple: those who cannot afford to travel, go to theaters or otherwise entertain themselves, or for physical reasons are limited in their mobility, tend to go to a senior citizens center for their socialization, entertainment, and leisure activities.

The problems of the aged are very complex, and cannot be adequately discussed here. Let me just briefly discuss how the Culver City Senior Citizens Center has developed to meet the needs of the elderly and the rationale behind the development of such a program.

Given a fixed low income for most seniors, as reported in a publication by HEW called "New Facts About Older Americans," June 1973, and given a basic lack of mobility and a low tolerance for stress and anxiety, it seems only logical to develop a multiservice center for seniors, where they can come and have their needs met in one place. The services are developed and then a transportation system is developed to bring the seniors to the center and back home again, as well as assisting seniors who otherwise have no transportation to go to doctors' appointments, shopping, et cetera.

Let me now describe the services at the Culver City Senior Citizens Center. Our average attendance fluctuates between 1,500 to 1,700 seniors per week. The average age is about 76, with many in their 80's and 90's.

Recreation: The foundational unit of this multiservice center is a recreation center. Recreation is defined as "an emotional condition within an individual human being that flows from a feeling of well-being and self-satisfaction. It is characterized by feelings of mastery, achievement, exhilaration, acceptance, success, personal worth, and pleasure." The center is a bright, happy, comfortable

¹ See statement, p. 1277.

place to come and spend some time. "Hell is an eternity of holidays." Yet that is exactly what the elderly face. It is important that they feel good, comfortable, and accepted, and that they can do things that they enjoy. Such things as pool, bridge, bingo, reading, are available, as well as horseshoes and softball for those over 65. At present, we have a mixed softball team practicing who will take on all comers. We are also concerned about physical fitness for the elderly and encourage exercise and activities designed to help keep them physically fit. Many parties, dances, and other social activities are held to promote socialization. We even have our own senior citizen orchestra.

Education: In addition to all the recreation activities, we work closely with the adult education school in Culver City to provide at the center 14 different adult classes, including ceramics, arts and crafts, sewing, creative writing, drama, nutrition, education, singing, et cetera. Each class is designed to foster and develop self esteem, which is so vital in the elderly.

Information and referral: The elderly have many problems that go unmet simply because they do not know where to go to get help, or they do not have the mobility or stamina to fight through the redtape to get the problem solved. The information/referral service, staffed by a professional person with counseling skills, is designed to assist them in getting to the source of the problem, assisting them with that problem, and following up with them to see if their problem was, in fact, solved.

Housing referral: We have a retired businessman who operates a self-help senior referral service under the professional guidance of our staff which assists in locating vacant units, and trying to match them up with senior citizens who can no longer afford to live where they are because of the increases in rent. We were also instrumental in making a presentation to the city planning commission to point up the need for housing assistance in Culver City, and as a result, the city council voted to seek out with the county housing authority a total of 525 subsidized units over the next 3 years.

Job referral: We also have another retired businessman who assists seniors in finding jobs. Some seniors need to work for the income, and others because they feel they must be productive. In either case, we assist them in finding a job, which is many times very difficult for those over 65.

RSVP: For those who do not have to work for income but who want to continue to contribute to society, we have a retired senior volunteer program, which places seniors in various community agencies or programs to do volunteer work.

Nutrition program: We serve a hot meal 5 days a week through the title VII nutrition grant of the Older Americans Act. This way seniors can come to enjoy recreation or educational activities, look for housing or a job, or volunteer their time, and enjoy a hot nutritious meal for 60¢.

Social security: We have another retired person—a social worker—who has been trained by social security to provide information and assist with forms at the center. More about this will be presented at another time within this hearing.

Transportation: The seniors themselves felt the need for this service and, as a result of discussions, the seniors themselves raised enough money to buy a new 15-passenger van to assist the elderly who had no other means of transportation to get from one place to another. We have been working very closely with the Department of Transportation in Culver City to develop special fixed routes specifically to service the needs of seniors, in addition to the regular routes of the bus department. Shortly an additional van will be purchased to meet the needs of the handicapped as well as the elderly.

Health services: We have periodic health services available to the seniors such as free flu shots, provided by the county health department, free glaucoma checks, provided by the Lions Club, and special health information seminars. There is a county health office across the street from our center and at present we are negotiating with them to provide various health screening services for seniors. As you well know, medicare does not pay for any form of prevention, such as pap smears, blood pressure checks, et cetera.

Other services: We also provide other services such as free income tax assistance, free help in the California State property tax refund program for senior citizens, information about existing utility tax rebate in Culver City, and forms for both Culver City and Los Angeles utility tax assistance. We provide trips for seniors, at the actual cost of the trips, through volunteer help by other seniors. We also utilize a telecheck service to seniors who are sick or living alone where their well-being is checked upon each day to provide them with a feeling of security if anything should happen to them. Should any small repairs to their

house or appliances et cetera, be needed, volunteer senior citizens will do the job. This included such things as repairing a leaking faucet, replacing a broken window, hanging a screen door, et cetera.

Future programs: At present we are exploring the concept of a food co-op for senior citizens, and it appears that within 3 months this will be a reality. We are also actively investigating the paralegal services that might be available through a local law school, which would benefit seniors, as well as discount drugs.

Public forum: Twice a year we have a public forum where we invite government service agency representatives to hear seniors discussing their problems, with the hope of improving the system of delivery of the services. This has been most beneficial to all concerned.

It seems only logical when dealing with the elderly that you deal with the total person and all his needs. Given the low income of seniors, the need for personal care, the lack of mobility, the lack of ability to cope with stress and anxiety, the additional problem of nothing but time on their hands, a general lack of understanding or confusion about many things, and a fear of being taken advantage of, it seems only logical to develop an effective delivery system of services to the elderly, and in my opinion that system is to develop a multiservice center for the elderly. Develop a system that deals with all the problems of the elderly, staff it with well trained people that can earn the respect and confidence of the seniors, and then develop a system of transportation to get them to the center, and you will greatly resolve many of the problems of socialization and isolation, greatly contribute to the life satisfaction of the elderly, and promote successful aging, without degrading them by putting them on the welfare rolls. Title V of the Older Americans Act is for the multiservice centers—yet it remains unfunded.

RECOMMENDATIONS

I respectfully submit to you that the priorities of expenditures needs to be adjusted to develop multiservice centers, rather than "hit and miss" programs in title III, which resolve specific problems but are not coordinated as would be the case in a title V program. I have been told that more money is spent on the subsidy of peanuts than is spent in the total Older Americans Act. If that is true, I suggest again that priorities be changed to a more equitable situation. A strong multiservice center can provide an action component and provide a strong advocate roll to alleviate some of the problems of housing, transportation, health services, and food costs, and organize and coordinate existing programs to maximize the benefit to the elderly.

FOOD COST SURVEY AT CULVER CITY SENIOR CITIZENS CENTER

In a brief survey of those who attend the Culver City Senior Citizens Center, the following facts were found: There is a 34.8 percent increase in the cost of food today over a year ago; 73 percent have had to adjust their eating habits. They adjusted them in the following ways: Eating the same food, but less, 60 percent; choosing ground meat only, 37 percent; cutting out meat, for the most part, 20 percent; cutting down on fresh fruit, 34 percent; cutting out fresh fruit, 30 percent; eating only cereals and staples, 14 percent.

Only 5 percent knew that they were eligible for food stamps, yet no one said they purchased food stamps, even though this was an anonymous survey where they, themselves, filled out the survey forms—37 percent did not even know if they were eligible for food stamps; 24 percent ate once a week at our title VII nutrition program; 33 percent ate twice; 24 percent ate three times; 7 percent four times; 11 percent ate all five times; 86 percent felt that the nutrition program has helped stretch their food budget; 86 percent felt that if a food co-op were available, they would participate; 23 percent ate out only one time a month; 20 percent ate out twice a month; 18 percent ate out three times a month; 17 percent ate out four times; 23 percent ate out five or more times a month.

Interpretation of the results:

1. The increase in income is not keeping up with the rise in inflation, and as a result the elderly have less and less to live on.
2. The effect of inflation has caused most seniors to eat less food. In some cases that means cutting out meat and fresh fruits, and eating only staples.
3. Not one of those surveyed admitted buying food stamps, even though 5 percent knew they were eligible. Food stamps carry the connotation of welfare, and

as a result, seniors want nothing to do with them. Yet 86 percent would participate in a food co-op if one were available.

4. The nutrition program at the center definitely helped those who could least afford to buy food, even though there were no income restrictions for participation in the program.

Although this was not a scientific survey, with all the proper credentials of academia, the findings are significant and should be taken note of, perhaps in comparison with other similar studies. I would hope that something more than discussion would come out of these hearings and this information, and that as a result of these hearings and others like them that programs to service the needs of the elderly would result.

ITEM 2. LETTER FROM JACK E. GOULD, CHAIRMAN, WEST LOS ANGELES COMMITTEE ON AGING; TO SENATOR FRANK CHURCH, DATED MAY 5, 1975

DEAR SENATOR CHURCH: I understand that Senator John Tunney of your committee is holding a hearing on May 16 in Los Angeles on the effect of inflation on older Americans. Since all testimony cannot be given orally in the time available, I am submitting to you my own case history of the inflation effects of one of the better off (?) older Americans during the past year. I was an executive and administrative engineer who was forced to retire 4 years ago at age 65.

Since the last increase in social security benefits on July 1, 1974, I have experienced the following increases in cost of living. I might say, first, that my social security income is slightly less than 50 percent of my monthly income, the balance coming from a fixed pension of less than \$200 per month, and fixed interest on bonds (which have decreased in value by 25 to 33 percent due to the present high interest rates). I could be considered in the top 5- to 10-percent income range of the older Americans.

Housing (rent plus utility costs), \$48; transportation (auto insurance, gasoline and auto services), \$24; health (increases in supplementary health insurance, lesser amounts covered by medicare and higher charges by doctors, dentists, drugs, etc.), \$25; nutrition (estimate on food—in home and eating out), \$15; total, \$102 per month.

To reduce this increase of living costs 12 percent (clothing not included), I have found it necessary to drop out of all former technical and service organizations, minimize charitable contributions, and eliminate all other nonessential living costs. I have already consumed cash value of all my life insurance. How can the other 90 percent live?

Very truly yours,

JACK E. GOULD.

ITEM 3. LETTER FROM MRS. MELVIN ROLFSNESS, LOS ANGELES, CALIF.; TO SENATOR JOHN V. TUNNEY

HONORABLE SIR: My husband and I are in the middle income category and I'm writing this letter to ask you if you could do something about the spiraling rent increases.

My landlord has raised our rent twice within the past year—one last November and one the 1st of May of this year. He claims it's necessary due to upkeep and taxes, but as far as upkeep, he doesn't do a thing in that respect.

It would be appreciated if you could help pass some sort of legislation which would put a ceiling on rents for us middle-class income citizens.

Thanking you in advance for anything you may be able to do in this matter.

MRS. MELVIN ROLFSNESS.

ITEM 4. LETTER FROM NATHAN H. MATLIN,* WEST LOS ANGELES COMMUNITY COUNCIL FOR SENIOR CITIZENS, INC.; TO SENATOR JOHN V. TUNNEY, DATED MAY 11, 1975

DEAR SENATOR TUNNEY: The sharp impact of inflation has had a very serious effect upon the older citizens in our community. With the high cost of food,

* See statement, p. 1266.

health care, and increases in rent has caused many hardships on the older Americans, since their only income in most cases is social security. Many of our senior citizens are below the poverty level and need more income just to live a normal existence.

The rate of increase in social security has not kept up with the rate of inflation, therefore many of our people are undernourished and in poor health. Most of them are unable to afford medical help, and even more tragic, some are forced out of their homes on account of high taxes.

The billions of dollars we have invested in foreign countries: it seems to me we should start thinking about our very own at this time of life and stop giving our tax money away for foreign aid. We must have more money put into our social security fund to give these people a normal existence, since it was their labor that helped build this great country of ours, and they should not be the forgotten people.

The laws in the social security program should be changed, where older persons, presumably in good health and still able to earn a few extra dollars, should not have to be penalized and their moneys deducted from their social security.

Senator Tunney, I hope I have given you a clear picture of what the needs are in the way of social security increases, as well as a health program and our transportation problem.

Thank you for giving this serious problem your utmost attention.

Sincerely,

NATHAN H. MATLIN.

ITEM 5. LETTER FROM NANCY A. WILLIAMS, COMMUNITY SERVICES COORDINATOR, PUBLIC HEALTH SERVICES, VENTURA COUNTY, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY 13, 1975

DEAR SENATOR TUNNEY: This letter contains some observations and comments which I would like placed in the hearing record on the "Future Directions in Social Security" which will be held May 16 in Los Angeles.

Some things are fairly obvious, namely, that in an inflationary society, people living on fixed incomes are in serious jeopardy of losing their ability to provide adequately for themselves. If they are elderly, the problem is compounded. A rollback in prices would certainly go a long way to ease the situation; however, it is not very likely that this will occur. Therefore, new and innovative ways must be found to provide solutions to the economic crisis facing our older citizens.

I have been working in senior citizen programs now for 3 years. I have become well acquainted with some of the problems which seniors have and with the barriers which they encounter in the everyday struggle to survive. Many rules, regulations, laws, and what-have-you seem to create more problems than they prevent. This country seems many times to penalize people for being productive. I believe older people should be encouraged to seek employment so that their standard of living can be raised—or at least maintained. They should not have their benefits reduced, most especially their basic benefits under social security for which they paid taxes all their working life.

We should also consider another aspect of the situation. We tend to label people as a group within the general population. We call older persons senior citizens and rarely give thought to the fact that within that group are men and women who are individuals with a unique orientation to life. Big, broad programs usually do not take these factors into consideration during the planning stages. Any program which addresses itself to the economic plight of the aged should utilize a variety of approaches. For example, some economic disadvantaged seniors have been disadvantaged all of their lives. The very fact that they have survived to their seniority is a credit to their stamina and ability to cope. Their whole economic outlook is much different than the elderly persons who had an adequate standard of living all of their lives and now find themselves little more than paupers because inflation has eaten away their nest egg. Many times these people not only have economic problems, but emotional problems. A different set of solutions must be found for each kind of situation. Just handing out more money to people is not the answer in the long run, because it only provides temporary relief until the next spiral of inflation comes along.

What is needed, I believe, is more programs which deal with the concepts of living and survival. People need to be educated and encouraged to take preventive measures which will help them maintain themselves physically and mentally.

Because of the high cost of health care, many older people neglect their health until the problem becomes a serious one. The expense connected with a major illness is substantial. Someone has to pay the bill, if not the senior, then the taxpayer. Housing which has been neglected and allowed to deteriorate is also an expensive problem. Much of our economy is based on waste.

Here in Ventura County we have two programs which were specifically designed to help the elderly retain their self sufficiency. One program is the senior survival service. It provides information and referral but, even more importantly, it includes a community outreach component which offers assistance to seniors who have problems which regular public and/or private agencies do not seem able to resolve. One of the features of this program is the senior survival course which is given by senior tutors in classes held countywide. This service is provided in concert with one of the local community colleges and gives older persons a chance to learn how they can cut through governmental red tape and other barriers they encounter when they try to secure what is needed to survive.

The second program is the "nutritionmobile." This is a model project funded under title III of the Older Americans Act. This service provides a grocery shopping and delivery component, home delivered meals, and nutrition education. Housebound seniors living in a rural community can now call and place an order which will be delivered the next day by a friendly driver who is a welcome visitor to many lonely seniors along the route.

In closing, I would like to comment that obviously there is no easy solution to lifting the economic burden from the elderly. Exemptions, rebates, discounts, and reduced rates all help, but they are not enough. Some new way has to be found to protect people in retirement. Strong legislation is needed now to buffer the onslaught of inflation in the future.

Sincerely,

NANCY A. WILLIAMS.

ITEM 6. LETTER FROM SHEILA GODWIN, LOS ANGELES, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY 14, 1975

DEAR SENATOR TUNNEY: In a little more than a year, I have had three substantial rental hikes—two for \$10 and one for \$5. I am aware that we, in our complex, are paying a moderate rent at this time; however, one of the major purposes sited for these rapid raises is to maintain the property. This is a fallacy, since the property is barely maintained at all.

The landlord's stove broke down last year (mine is a furnished apartment) and he refused, flatly, to replace a \$50 part. As a result, I have never been able to use the one and only "bake" oven I have, since I am totally unwilling to invest my own money in someone else's property. Also, the landlord's refrigerator was in need of repair and that he, also, flatly refused to repair, stating that I would have to go out and purchase a new one. At the time this would have been impossible, monetarily, for me to do. Fortunately, the refrigerator was only temporarily affected. But this gives you an idea of the general attitude, and still the rent continues to climb, without our knowing when and where it will stop!

I certainly will appreciate your interest and assistance with this problem. Thank you for your time.

Sincerely,

SHEILA GODWIN.

ITEM 7. LETTER FROM MRS. ELLA KAHN, LOS ANGELES, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY, 14, 1975

HONORABLE SIR: I am writing this letter to ask if you could do something to stop the spiraling increases on our rent.

I am a 76-year-old widow, living on my social security *only* and having a tough time making ends meet.

I have been living in this apartment for 12 years and have had previous increases, but this time two within the past year were the limit—one last November and one this May. He blames it on upkeep and taxes but in the years I'm here, we never had a paint job and whenever anything goes wrong, like bells not ringing, faucets dripping, etc., he expects the tenant to have it fixed.

If you could do something, I sure would appreciate it as I can't afford to move and am truly up against it. Especially if you could help us senior citizens have low-cost housing as so many other large cities (and small ones, too) have in the United States.

Thanking you for anything you can do in these matters, I remain,
Sincerely,

MRS. ELLA KAHN.

P.S. I have been living in Los Angeles for 27 years.

ITEM 8. LETTER FROM MARJORIE BORCHARDT, PRESIDENT, INTERNATIONAL SENIOR CITIZENS ASSOCIATION, INC., LOS ANGELES, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY 19, 1975

DEAR SENATOR TUNNEY: The opportunity to express my views about "Future Directions in Social Security" is appreciated.

Cash payments alone are not sufficient. Attention should be given to the social services that make social security a reality for the aging, the blind, and the handicapped.

Study should be made of the programs in the Scandinavian countries and Holland. These programs are considered to be the best in the world. Also, study should be made of the programs of our neighbor to the north, Canada. Reference can be made to the proceedings of the Sixth International Senior Citizens Association Congress, October 6-10, 1974. The reports from Canada are very enlightening.

A recent breakthrough for the Canadian aging is reported in the *Voice*, the official publication of the United Senior Citizens of Ontario, Inc., Canada: "The budget presented by the Ontario Government recently came as good news to the seniors. The free prescription drug program for people 65 and over will prove to be a benefit to the population living on the border line and who do not qualify for the old age supplement." (The May issue of the *Voice*.)

Sincerely,

MARJORIE BORCHARDT.

ITEM 9. LETTER FROM MAI WHITESIDE, LOS ANGELES, CALIF.; TO SENATOR JOHN V. TUNNEY, DATED MAY 21, 1975

DEAR SENATOR: I regret that I could not attend the senior citizens conference held in Los Angeles recently. I had a lot to say.

I vote for young legislators, because it is the youth of today who must pay the cost of tomorrow's burdens, of which senior citizens will, no doubt, be of great magnitude. Also, I believe in youth; it is the beginning for maturity. Without it, we could never reach senior citizen status.

This year I will reach my 72d birthday. I started earning my living at the age of 16. Eventually I completed a total of 8 years of university work, gaining for myself a number of academic accredited degrees, including a doctorate. In the meantime, I married, reared a family of two children, during which time I was head of the house and sole supporter of my family, including a totally dependent husband, whose lingering illness developed into a hopeless incurable situation in our 15th year of marriage. He lived 26 more years.

During these "testing" years I did well to support my obligations, and there was not a chance of accumulating for the coming old age.

Moving to California in 1962, being 59 years of age and very tired, I opened a licensed guest home for the aged. For 12 years I grew more tired, with the responsibility of the aged on my hands, being a small operation, and costing exorbitantly to operate alone and having to hire everything done I could not do myself, I was not in possession of any capital gain at the end of 12 years.

In the last year of operation, I fell victim to rapists, robbers, and what ever. Out of fear, exhaustion, and sheer desperation, I closed the home October 1, 1973, having already reached my 70th birthday. I moved into a small apartment where I've been since, and now will be moving again June 2, 1975, in an effort to get into cheaper living situations.

I feel that I speak for a large segment of the senior citizens of today. During my rest period since October 1973, I have done a lot of volunteer work at the Culver City Senior Citizens Center. The volunteer work has been equal to work deserving stipend. It seems that, even though a senior citizen cannot live in 1975 on a 1973 budget of \$255 per month, they are expected to volunteer time, skills, services, and car expenses for the benefit of other seniors, while the director job is held by a person in their early 30's, who actually know very little about senior citizens, and possibly very little about people. The jobs are let by park boards and recreation, even though I understand that the specific jobs are funded by State/Federal grants.

This brings us down to part-time employment for seniors, or employment of any kind for seniors.

We are told by Social Security that after we reach 72 years of age, we may earn as much as we are capable without being penalized. This is very good, except: who hires 72-year-olds? Who hires 65-year-old seniors, for that matter?

So far I have not been able to find any supplemental employment for myself through the career opportunities and various agencies advertising for seniors. Oh, yes, I find them; also, I find the 50-year-old seniors, most of whom have productive partners, and two to three cars in the garage, are holding down these jobs.

Mr. Don Rogers, administrator of the Culver City Senior Citizens Center, Culver City, a membership of over 2000: Mr. Rogers proudly states he is an ordained minister, and feebly admits at his job at the senior citizen center, and suggested at your meeting, that a suicide hotline for seniors was needed. Rogers misses the point completely.

When seniors can feel secure of food, shelter, clothing, and medicine, they can make themselves feel secure in being wanted by others, thus the suicide hotline would be of no use.

A few generations back, young people took care of their elderly and there were family businesses where each could earn their keep. Consequently, the situation was much different to that of this automatic, computerized age in which we live today. Thus the system of how to handle situations nationally needs much research, thought, and consideration.

I could fill a king-sized book on this subject matter based on actual experience—living with the progressive, or sick aged, and working with them on a social level otherwise. As I see it in the present light, even though I am physically agile, mentally alert, and actually able to hold down a full-time job and have the appearance of a well groomed 55-year-old and many think I am in competitive age, I know the difference the passing of years make. To me, a senior citizen in the early 50's is just a young-fry who has much to learn. They certainly don't know it all; I didn't at 50 years, and neither do they. And I hope that at 72 there is still much for me to learn.

I feel that there needs to be an extension of the dividing line between who is old and who is not. Chronological birthdays are one thing—age is a condition. I've seen many people in their early 30's who were very senile; of course they had problems. And I've seen masses of people in their middle 60's through middle 70's who are still hitting the peak of productivity.

You probably do not realize that the bulk of jobs offered to people like me are babysitting and housekeeping. And you can't know how difficult that would be for me to chase after the ever-active young child, and how body-breaking housekeeping chores can be in most instances. Let's face it, today the young families who have a senior citizen in their family who is a good babysitter and adequate housekeeper always finds a slot for their own. They can work their own grandma for room, board, and love. That is the cheapest help in the world. It is when she can no longer keep up with the children and carry the grocery sacks that they get her a room some place, and let her eat or not eat, as the case may be.

Just hoping to give you some insight into situations which you may not have the opportunity to see from your vantage point. Thank you for listening to me.

Congratulations on your efforts to firm up some standards for the benefits of the aging, for it will grow with time. Our longevity seems to be extending. My grandmothers died off in their early 40's; my grandfathers died off in their early 60's. My own parents went at 82 and 86, respectively, and at the rate I am going, I'll be around for a long time—now headed for 100 and hoping to remain intact mentally, physically, and spiritually to the opposite end of birth.

God bless.

MAI WHITESIDE.

Appendix 6

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:

If there had been time for everyone to speak at the hearing on "Future Directions in Social Security," in Los Angeles, Calif., on May 16, 1975, I would have said:

The following replies were received:

MORRIS ADDIS, LOS ANGELES, CALIF.

The tax rebate and \$50 social security allowance has been received and is now resting smugly in my landlord's greasy hands.

His benefactor, the real estate lobby, has efficiently ripped us off, and the end is not in sight.

Please help us Senator Tunney; we believe in you.

Thank you very much.

ROSE BAIN, SANTA MONICA, CALIF.

There should be no limit on earnings of those on social security if they wish to supplement or add to their social security income. Basically it is my philosophy that there should be work for all who wish to work—with no restrictions as to age.

As a volunteer in Santa Monica Jewish Family Service and RSVP (a senior citizen program), I have been requested to answer the question of why capable and healthy seniors must restrict earnings if they receive social security. Many seniors do retire at 65 because of rules and regulations in places of employment. But many want to continue on part time to add purchasing power to keep up a decent standard of living in a serious inflationary period as at present: This is, of course, related to the availability of work—acknowledging the serious unemployment crisis. Since medicare or Medi-Cal do not provide for diagnostic services, it is important to establish, through neighborhood hospitals and clinics, preventive health care services on a regular basis—examinations for glaucoma, blood pressure tests, nutritional information, and general information re keeping well. Thus, this could reduce the need for emergency hospitalization and would be more economical. Eyeglasses and hearing aids should be provided under the medicare program.

ZORA C. BANKS, LOS ANGELES, CALIF.

I am a foster grandparent; we have been sponsored by the county of Los Angeles. We understand our project will fold up on June 30. The senior citizens need to work in order to feel a part of life and keep an interest in living. We need the money, that is true, but equally we need an interest in life.

The children are benefited and are helped with their mental problems (E.M.R. students).

We need our work and the children need us. We need to have our program re-funded.

RICHARD BIGGS, VENICE, CALIF.

One of the morning speakers spoke about the "right to work should be a right for everyone!" theory.

I am sympathetic with this doctrine, but we must not forget that *our* economy only functions with a surplus labor-force and even those working today must work for relatively low (at times extremely low) wages.

It is politically immature of us to raise the above doctrine without calling for and demanding that our Federal Government nationalize major portions of our industry and create multiple forms of socialization.

JARVIS P. BROWN, FULLERTON, CALIF.

I comend your efforts.

The three major concerns I would urge you consider :

1. Awareness of and prevention of the frustration that when SSA goes up, SSI/SSP goes down accordingly.
2. Encouragement of rehabilitation help for homes. The California Department of Social Services has provision for special shelter payment for clients, but there is no money available.
3. Enrichment of homemaker/chore services programs. These are effective, but under-funded.

LILLIAN CASH, SEPULVEDA, CALIF.

I am 75 years of age. I retired in 1969 at the age of 69 of my own free will. I feel that no one has much to offer and I could keep working should I not be compelled to retire.

My fixed income of \$255 a month at present covers subsidized rent of \$63. Food : necessitating eating out and covering only the important bare necessary marketing runs about \$125. Telephone, transportation (buses and cabs), and insurance (life, fire, and theft) total \$40.

With about \$25 left for personal accessories and recreation, it is quite alarming to try to start to cover the month. Inflation has deprived us of our many needs.

Senior citizens need more help financially. We are held down. If given the opportunity, 22 million senior citizens, the backbone of the United States, with our past experiences can get rid of inflation and straighten out many of the problems which have been misrepresented.

SISTER DIANE DONOGHUE, LOS ANGELES, CALIF.

Those on social security, SSI, and receiving other kinds of government assistance are faced with increasing inflation costs—managing on fixed incomes. We *need* the 8 percent increase. And we *don't* need the \$50 billion B-1 bomber. *Please* work for domestic social service programs and work against sophisticated military hardware that is being promoted at the expense of these important vital social security benefits.

DONALD D. EDWARDS, LONG BEACH, CALIF.

H.R. 580 needs rapid passage to insure equity for widows or widowers who wish, and should be privileged, to remarry but who are now forced to live indiscreetly as "common law" spouses. The right has been earned by the deceased spouse to continue his or her spouse's unkeep.

Congress must be prohibited from "raiding" the reserves to finance other governmental programs—if these funds went strictly to the aged, blind, and disabled, that might be OK.

Reopen the Prouty amendment to noninsured elderly over age 71 to assist those whose spouses or who themselves never qualified for the minimum monthly benefit. My mother, now 75, is down to her last \$2,000 of life savings with no income in the future. She feels that SSI won't meet enough of her medical and daily needs and doesn't want her sons to pay the State for her monthly support.

TASSIA FREED, LOS ANGELES, CALIF.

There should be no age limit or enforced retirement for those qualified and willing to work.

The argument is that the aged qualified workers would thereby take a job away from other younger workers. It is an acceptance of the idea that job scarcity is "normal."

In a nation as advanced as ours there should be sufficient jobs for all, irrespective of age, sex, or race, qualified to do the job and adequate training program opportunities available for all who wish such services.

The argument is that the mandatory increase to 8 percent of social security payments will cause further imbalance in the Federal budget. This country is well able to supply the needs of its inhabitants. We call for a cut in the already swollen military budget to take care of whatever needs the elderly require for their health and welfare requirements.

DR. ROBERT D. GORDON, LOS ANGELES, CALIF.

Failure to meet needs fully—when idle hands remain unemployed—is the height of absurdity.

The Ford administration treats money as if it were the last pot of water in the desert—and thinks it cannot spare the money to save the pot.

VERA HICKMAN, SOUTH GATE, CALIF.

Hearings are undoubtedly necessary but have proliferated unconscionably and opportunely at election time as witness *Publications List*.

Hearings will not feed, clothe, house, nor sustain the senior citizens of America. Suggestion: *Action*.

LEOLA G. HOLLOWAY, LOS ANGELES, CALIF.

These are some of problems of senior citizens: I would like to see something done for senior citizens when they are out-patients with fever, not quite sick enough to go to the hospital, live alone, and have to go to the doctor and wait a long time. Yet you are supposed to stay in bed. I had the flu—had it with a high fever and ear trouble. I had to wait a long time. I don't feel the doctor is the fault. I go to the doctor early and sometimes have to wait 3 hours or more. Then must pick up medicine. I hope some day they have some care given to senior citizens so when they are too sick, they can be taken care of in their home. When they are too sick to go to the doctor. A lot of time you do not need hospital care; when you have a fever, you do not feel like sitting in a doctor's office 2 to 3 hours. I had a bad throat and could hardly talk. I feel like something should be done. I had to take special medicine. I am not the only one that goes through these problems. I hope you will be able to do something about these problems.

IDA HONOROF, SHERMAN OAKS, CALIF.

It is of utmost importance that the Special Committee on Aging be made aware of the adverse effects that fluoridated water will have, especially on those people that do not receive adequate diets. The matter of fluoridation will be on the ballot on May 27 in Los Angeles and it is imperative that senior citizens, especially those on limited budgets, be made aware of the hazards of fluoridation so they can protect themselves.

The *Journal of American Medical Association* (September 18, 1943) correctly pointed out, in dealing with chronic fluorine intoxication: "Fluorides are general protoplasmic poisons, probably because of their capacity to modify the metabolism of cells by changing the permeability of the cell membrane and by inhibiting certain enzyme systems. The sources of fluorine intoxication are drinking water containing 1 ppm of fluorine, fluorine compounds used as insecticidal

sprays for fruit and vegetables. . . . The known effects of chronic fluorine intoxication are those of hypoplasia of the teeth and of bone sclerosis."

The *Journal of the American Dental Association* (October 1944) concurred: "We do know that the use of drinking water containing as little as 1.2 to 3.0 ppm of fluorine will cause such developmental disturbances in bones as osteosclerosis, spondylosis, and osteoperosis, as well as goiter. . . ."

These reports appeared 30 years ago—unfavorable evidence is no longer aired in the traditional manner in these journals:

If you are truly concerned with the health of our senior citizens, it is imperative that those people (especially) that are not receiving proper nourishment, be strongly advised of the danger of drinking fluoridated water, because fluoride robs the body of calcium, magnesium, phosphorus, and other important and vital minerals that are essential for a healthy body. The undernourished, underprivileged, and those in poor health, including our senior citizens, will be hurt most by water fluoridation.

CONSUELO D. JARILLO, WALNUT PARK, CALIF.

My name is Consuelo D. Jarillo. I am 64 years old and am working as a neighborhood worker. In my job I encounter so many cases such as starvation, ill health, and transportation. You have heard all of these complaints, so I will tell you what I would like to see Congress, and especially you, Senator, do. You are already in favor of national insurance—that's good.

What I would like you to think of is a bill to abolish taxpaying for senior citizens. After all, we have paid taxes all our lives—property taxes, personal taxes, and many other kinds of taxes. Why, then, can't we stop paying taxes at a certain age? When I was raising my family and working, many times my paycheck did not go far. I had to go without food so that my children could eat and have a place to live. I was sick half the time but I raised them, and I am still paying taxes.

I could tell you many stories, including the contemplation of suicide, because of the hard way living was. My many senior friends have gone through the same kind of sacrifices we had to go through to be where we are with no hope of any better life for us seniors. Please, Senator, help us all; we are in trouble. We need nutrition, transportation, medical insurance, etc., including traveling. Why not? We would like to travel too.

DICK R. LINCH, LOS ANGELES, CALIF.

The city of Glendale is known as an affluent community. What is not so generally known is that south Glendale has been identified by United Way as the No. 1 priority area for aid to the aged. The No. 1 target area of all Los Angeles County areas!

Those seniors might well be known as the "more" seniors. There are—more of them—more below the poverty level, more living alone, more needing transportation, more needing health services, and more needing at least one nutritious meal each day.

It would be redundant for me to tell you how those seniors are being affected by the downward plunge of the purchasing power of the dollar, and the skyward surge of the cost of living. You are fully aware of those data. I speak, rather, to their utter and complete dependence on others. They cannot help themselves.

When a person is younger, he can overcome financial adversities. If he loses his job, he knows he will someday get another. If his earning skills become worthless, he can retrain and enter other areas of employment. If calamity drains off his savings, through initiative and enterprise he can someday rebuild them. The future is never hopeless for him, if he just sticks it out and fights on. Even if he is totally wiped out, he knows he can make a comeback. Time is on his side.

But, what of the senior who can't work? can't borrow to get a new start? can't retrain into another discipline of earning? To whom does he turn?

The answer? He turns to you, and me, and all of us, and to his government. He has no other option.

I wish you godspeed in your efforts to help those who so sorely need you.

SISTER ROSEMARY MARKHAM, LOS ANGELES, CALIF.

If there is a shortage of funds in social security trust fund, then we certainly don't need a \$50 billion B-1 bomber budget item! Please commit yourself to working *against* the passage of this appropriation bill. Our defense budget must be *curtailed* and the military-industrial's influence be contained.

EMILY MARSH, LOS ANGELES, CALIF.

I wish dissolution of the stipulation of the limit on incomes of senior citizens in the social security system. It permits those with income from investments to collect social security no matter how high that income may be, while those who wish to earn a living and to be of use to the community at large are hampered and thrown off the labor market.

Many senior citizens have had great experience and academic backgrounds and are at a level of being capable of earning a much higher income than that permitted by social security.

Furthermore, why should an individual be deprived of collecting the trust fund to which he or she has contributed for many decades and live in poverty because of the prohibition of earning a living?

Also, why are retirements forced upon senior citizens when many great people have produced outstanding contributions at ages up to 93 and over. Much social security money could be saved if senior citizens were permitted to work and to produce while saving their self image instead of destroying themselves physically, mentally, and emotionally.

BETTY PATTERSON, VENICE, CALIF.

Your recommendation for partial decontrol of natural gas prices is not compatible with genuine concern for the economic plight of the aged or lower income groups in general. It isn't just the Republicans who are promoting big business. Socialism with the filter-down system.

The hearing seemed controlled and uninspired.

DAVID SEIDMAN, LOS ANGELES, CALIF.

My name is David Seidman. I am 69 years old and have lived in Los Angeles since 1946. I have been a community activist since the early thirties. (See profile *Time Magazine* September 9, 1974.)

Some years ago, when I was forced to retire as a worker in the garment industry, my income took a sharp drop. This meant giving up my car and when I gave up my car my community activity also took a sharp drop. Existing on social in-security rules out my owning a car. The richest luxury in my life today is a \$4 monthly bus pass.

The car helped me get around at night, which is when most community meetings take place. In addition, the car gave some security, which security is now lost because I must walk to and from the bus stop. More security is lost when I must wait at night long and potentially dangerous minutes for the bus to come along.

A few weeks ago, in a crowd situation, my pocket was picked in daylight; my wallet was stolen. Three months back two boys riding bikes went by quickly and spat in my face and called foul names. From this and like experiences of other senior citizens the Federal Government should provide free street safety insurance to seniors. This insurance should cover the mental and physical conditions that result from such molesting and other unforeseen costs as well as stolen property.

I am a member of: Fight Inflation Together; Fellowship for Social Justice; California Democratic Council; American Civil Liberties Union; Coalition for Economic Survival; and Campus Center for Senior Adults, LACC.

OPAL L. SMITH, SANTA MONICA, CALIF.

The quality of life for the senior citizen, retired on a limited income, deteriorates daily, especially for the older person who, prior to retirement and though living fairly modestly, was still able to enjoy some of the nicer things that add that touch of happiness and contentment to life. Things such as dining out on occasion at a nice restaurant; attending a play, concert, or movie; a treasured evening at the Hollywood Bowl—maybe just every other season—or some of the other entertainments offered in our area. These are the first to go! They are luxuries.

The enjoyment of hospitality in the home, companionship at his table, "breaking bread" with friends are desires inherent in our nature. "Come to dinner," whether an invitation is extended or received, have always been welcome words. This needed, even therapeutic, pleasantries of life cannot be afforded. That, too, must go.

The phone: Why not continue friendships with a telephone call? The phone bill renders conclusive proof that the budget cannot support this luxury either.

The senior citizen of today is a generation that walked—walked for fun, walked for sheer pleasure—and only sometimes because of the necessity. A walk in a gentle rain or on a summer evening—a solitary walk, or a pleasant stroll with a companion—this simple and thoroughly enjoyable pleasantries must be foregone, too. The risk of mugging, robbery, or worse is too great!

The car: Price of gasoline alone is prohibitive and that's only the beginning of the expense of operating a car. It's simply beyond the budget. So you turn to the bus, carrying groceries aboard and walking blocks to and from the bus stop.

Your horizon has narrowed to sheer basics:

Food: Can the dollars be stretched to the end of the month? Can you possibly manage nutritious meals as you turn away from item after item on the grocery shelves because of the spiraling prices?

Rent: Already disproportionate in comparison to income, you pray as you pay, that the landlord doesn't notify you of another rise.

Utilities: Don't turn up the heat, be chilled! Use the lowest watt bulb; if you like to read, huddle closer to the lamp.

ANN M. STEWART, COMPTON, CALIF.

In a few years from now I will be at the age to draw social security. It distresses one—the problems elderly must encounter trying to live today. I work with senior citizens and see the problems, coffee with flour in it for a meal, etc. I am conditioning myself to live on cornbread, grass, and a few vegetables. When my senior years are here, maybe I can survive.

I had a government insured loan on my home. Last year I was unemployed and got behind on my note. It took me 4 months to get the money to meet this obligation. I sent the money to the lender it was returned to me unopened. I pleaded with the Veterans' Administration but received no help. Time passed and conditions got increasingly worse because I was about to be evicted. I pleaded, before and after foreclosure, to the V.A. to let me repurchase the house. The answer was "no." Now the house is boarded up and is an "eye sore" to the community. I want my house back!! If this happens now, what have I to look forward to at age 65, unless I'm a Vietnamese.

HAZEL WALKER, BURBANK, CALIF.

If we can put men on the moon as we have, and designed nuclear warheads as we have, why can't we spend an equal effort and money to invent a substitute for crude oil? This affects the life and cost of living for necessities for seniors and all of our people.

I represent the senior population of Burbank (16,000-17,000) over 60 and, 1. health care, 2. housing, and 3. transportation, in that order, is the need.

JEAN C. WHALEN, PLAYA DEL REY, CALIF.

We all appreciate your efforts regarding rent control. My rent was increased on August 1, 1974, from \$156 to \$175, and on March 1, 1975, it was increased to \$190—a total increase of \$34 per month in less than 8 months.

There are 20 apartments and they have all been increased \$34 per month. The building is at least 16 years old. It is not kept up and the only improvement made in 2 years is that the railing was painted.

I strongly urge that rent control bill S. 123 be passed.

