LONG-RANGE PROGRAM AND RESEARCH NEEDS IN AGING AND RELATED FIELDS

HEARINGS

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

NINETIETH CONGRESS

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LONG-RANGE PROGRAM AND RESEARCH NEEDS IN AGING AND RELATED FIELDS

TUESDAY, DECEMBER 5, 1967

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

The special committee met at 10 a.m., pursuant to call, in room 4230, Senate Office Building, Senator Harrison A. Williams, Jr., chairman, presiding.

Present: Senators Williams, Yarborough, Young, and Miller.

Committee staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; J. William Norman, professional staff member; Patricia G. Slinkard, chief clerk; and Audrey Nickens, assistant clerk.

The CHAIRMAN. Our Special Committee on the Aging hearing will now come to order.

I see that our first panel of witnesses is available. In the legal practice and in the trial practice we have what we call pretrial hearings. I was thinking that this is somewhat analogous to a pretrial hearing. We hope what we learn here today and tomorrow will be the pretrial for any consideration of the necessity for a White House conference on the problems of the aging which will be our national trial on whether we are going to meet not only the problems but the potential opportunities of older people.

I have a statement that I would like unanimous consent to include in the record.

Senator, without dissent can I include my statement in the record?

Senator MILLER. Yes.

OPENING STATEMENT BY SENATOR HARRISON A. WILLIAMS, JR., CHAIRMAN, SPECIAL COMMITTEE ON AGING

The CHAIRMAN. The Senate Special Committee on Aging is taking testimony today and tomorrow on long-range program and research needs in aging and related fields.

We are fortunate to have distinguished witnesses—a convocation of experts—who can offer the best possible information and guidance on momentous changes that are likely to occur as the number of elderly and early retired individuals of this Nation continues to increase.

The projections are impressive: Today's 19 million Americans of age 65 or over will be almost 20 million by 1970, 21.2 million 5 years after, and 25 million by 1985.

Or to express it another way, in the quarter century between 1960 and 1985 the older population will increase by almost 50 percent.

Population projections give us much to think about, but they go only so far. What is needed now is systematic brainstorming about the kind of treatment our Nation will give to our elders within the next 20 to 25 years. Only if we think in such terms can we hope to make the preparations and commitments needed to provide not only security in later years, but also satisfaction.

We should be asking questions about the effectiveness of pioneering programs passed during the sixties to improve the lot of the elderly. The Older Americans Act, for example, listed 10 far-reaching objectives. How far along are we toward those goals? I am glad that our first panel of witnesses, as well as others later on, will help us to discuss that question.

The second panel will discuss the major question facing our aged population: What can be done, in the face of the rising cost of living, to make future retirement income more adequate than it now is?

Even with new social security increases now in view, it should be obvious that anything we do this year is a mere holding action. For some time now it has been quite clear that fundamental decisions have to be made about the future financing of social security. We should learn more, too, about the future role of private pensions and new forms of employment for the elderly. Our panel can give us a good beginning for a much-needed dialog on that subject.

The third panel today will discuss social services needed by present and future generations of older Americans. To date, it seems to me, little has been done to develop a satisfactory distribution of such services among the Federal agencies that now attempt to deliver them. A recent reorganization within the Department of Health, Education, and Welfare is intended to improve the situation. Here, again, we need an exchange of ideas.

For some time the Committee on Aging has been concerned about the unique problems faced by older members of minority groups. Our first panel tomorrow will discuss the "double jeopardy" encountered by Americans who are Negro and elderly. The vicious circle that begins with meager education and continues with low pay and possible exclusion from social security coverage does not end when many in our Negro population reach age 65. Instead, that vicious circle becomes more vicious.

The committee is also concerned about the effectiveness of present programs in reaching and serving older Mexican Americans. I am happy to announce that Senator Ralph Yarborough has agreed to conduct a study of the present situation on behalf of the committee. Inquiries are already underway, too, about the problems faced by the elderly of another minority group, the American Indian.

Housing and Environment

Our fifth panel will testify tomorrow on future housing and environmental needs. As one who has worked for passage of housing programs for the elderly, I must reluctantly conclude that our progress seems to be too little and too slow. In fact, our Subcommittee on Housing recently heard a witness say that we are actually losing ground in urban areas. What will the future bring if we cannot keep up with present demands? And what new forms of shelter should we devise

when we recognize that the aged population of the future will include many more so-called young elderly between ages 60 to 70 and the very old elderly, or those between ages 85 to 100 and beyond?

The final panel will launch a committee study of current and future research related to aging. As things stand now research originates from a bewildering number of Federal sources. An information sheet prepared for this hearing shows that 18 departments or agencies are now involved, including the Federal Aviation Agency, the Department of Agriculture, and the Atomic Energy Commission.

And yet, despite the number of agencies involved, the committee has heard from experts who say that much more research is needed, but only if it is well selected and well coordinated. I'll look forward to the recommendations to be given by our witnesses.

Two major subjects—health of the elderly and the institution of retirement—will not be considered during this hearing. The Subcommittee on Health of the Elderly, under the direction of Senator George Smathers, is conducting a broad survey study on costs and availability of health services to older Americans. The Subcommittee on Retirement and the Individual, with Senator Walter Mondale as chairman, has begun an extensive study of the present and future dimensions and nature of retirement. The work of the two subcommittees will be carefully considered as the full committee conducts its study of long-range needs. I am sure, too, that the testimony we are about to receive will suggest topics for intensive study in other subcommittees.

But, although individual problems should receive careful attention, it is the purpose of this hearing to develop an overview, a context in which other subjects can be considered.

Leaders in the field of aging have told me within recent months that such an overview is vitally needed. We need a checklist of work that must be done, and that checklist will undoubtedly be far more formidable than most Americans now imagine.

On that point, I would like to take an excerpt from one of the many letters I have received in response to inquiries made in preparation for this hearing.

The author is a member of an Institute for Research in Social Science at the University of North Carolina. He describes the "quiet crisis" facing so many older Americans who live on inadequate incomes in poor housing, and adds:

> Today, when the very existence of our social order is being threatened by non-elderly activists who see no constructive alternative means of making their desperate plights known, the plight of the elderly poor appears less urgent. It can wait; it must wait. The elderly are not threatening our social order; we are only threatening theirs. If we do not decide to deal with their problems in a sensitive and significant way, our social order will not be overthrown; it will merely be a little less worth saving.

We cannot ignore a crisis because it is quiet. We must, even at a time of conflict and danger, continue our planning and work for all segments of our social order.

Proposed White House Conference on Aging

For this reason, I have introduced a resolution calling for a White House Conference on Aging in 1970. I am confident that the testimony to be taken at this hearing will clearly show that such a Conference

is very much needed, and I am equally confident that the Committee on Aging and its subcommittees can help bring to light matters that should be examined in depth by the conferees.

I just want to say a word of thanks to Mrs. Geneva Mathiasen from the National Council on the Aging. She was really the genesis of this particular hearing of the Special Aging Committee. Unfortunately she could not be here today, but she is well represented.

Senator Miller, do you have any comment?

STATEMENT BY SENATOR JACK MILLER

Senator MILLER. I think the chairman has well covered the approach that we are going to be taking during these 2 days of hearings. I merely want to subscribe to what I am sure all members of the committee feel are a most important 2 days of hearing. Needless to say, in the last few years, commencing with a White House Conference on Aging and then followed by the appointment of a Presidental Commission and action of the Congress enacting the Older Americans Act of 1965, I think that Congress has been very progressive in looking into the future, in trying to ascertain the types of programs that should be assisted by the Federal Government in making life more decent and meaningful for the aged.

I look forward to the excellent panel of witnesses that we have before us in gaining some guidance along these lines. I believe the committee's actions have been outstanding. I am pleased to note that you are continuing with the long-range planning which is so necessary to meet the problem of the ever-increasing group of American citizens under our jurisdiction.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Miller.

Senator Young of Ohio, it is nice to have you with us.

Senator YOUNG. Thank you, Mr. Chairman.

The CHAIRMAN. Any comments?

Senator YOUNG. At the outset I have no comments, thank you, but I am listening and learning with all my colleagues.

The CHAIRMAN. Thank you very much. Senator Yarborough has a statement and we also have other statements from committee members.

We are honored to have Senator Yarborough. I mentioned the bilingual work you did with the education bill and how you agreed to carry your concern further to problems of the elderly Mexican Americans before you came in.

STATEMENT OF SENATOR RALPH YARBOROUGH

Senator YARBOROUGH. Thank you very much, Chairman Williams. Mr. Chairman, in this opening statement you announced that I would agree to conduct on behalf of the committee a study of the effectiveness of Federal programs in reaching and serving Mexican Americans. Your decision to request such a study is, to my mind, timely and significant. Within recent months, the unique problems of Mexican Americans and other Spanish-speaking people of this Nation have been the subject of keen concern to many Americans who had not

previously been knowledgeable about such problems or even aware of them. In my own State the Spanish-speaking people make up nearly 15 percent of the population, and that is in a State of 10,700,000.

Your work on behalf of migratory farmworkers has helped increase interest in the plight of the Spanish-speaking people of the country. The bilingual education bill in New York City, in which both Senator Kennedy of New York and Senator Javits participated, 20 percent of the students were from Spanish-speaking homes where only Spanish is spoken.

The efforts of the Office of Economic Opportunity have also awakened the conscience of the Nation to our Spanish-speaking citizens. I am pleased to say that the extensive hearings and discussion over S. 428, the bilingual education bill, have forcefully reminded all Americans that equality of opportunity is still a distant goal to the 3,465,000 Mexican Americans of our Southwestern States.

I am proud of the role I have played in advancing the bilingual education bill, and I most assuredly believe that the road to equality for Mexican Americans must necessarily begin with a heavy commitment to youth through better educational opportunity.

I want to commend the distinguished chairman of this committee not only for his work with aging but for his work with the Migratory Labor Subcommittee for improving the plight of the Spanish-speaking Mexican Americans. He has held hearings in our State, he has been to Starr County, Rio Grande City, he has held hearings there and also at Edinburg on the border of Mexico.

He has been out to see the homes and the plight of some of these people where the family earnings are not over $300 per year and the national poverty level is $2,000. He has been out to the area on the Rio Grande River; he knows the plight of our Spanish-speaking people from Brownsville, Tex., to San Diego, Calif., the lowest income group of people in the Nation.

Even though we surely have an obligation to the children of our Nation, we also have a deep responsibility to our elders. In the Older American Act of 1965 and elsewhere, Congress has declared that the United States is pledged to help aged and aging Americans lead decent and secure lives. We have much yet to do before we can say that we are even close to that goal, but we must keep trying.

Surely we must pay special attention to the unique problems faced by our minority groups. They stand in need of the greatest help, the greatest understanding. In the case of the Mexican Americans, they also appear to stand isolated from the services and programs meant to be of help to the elderly, especially the low-income elderly.

A study of relocating the dispossessed elderly in the Rosa Verde section of San Antonio, for example, showed that much public housing attractive to the "Anglo" population there had very little appeal for the Spanish-speaking elders who want to hold on to a way of life they understand.

The same study showed that lifetimes of inadequate income reach bitter fruition in old age. I will read for a moment from the report:

> Even among those who worked, many receive neither Social Security nor private pensions. Company and government pensions are unobtainable for all but a few. Many of the elderly worked for individuals rather than companies, and thus, hardly ever received Social Security coverage. Since they were unskilled, they have not been employed at jobs which furnish pensions.

Mr. Chairman, it is apparent that there are no easy solutions to such problems, but I think that even semisolutions will not be found unless sustained, sympathetic efforts are made to find them. I welcome this opportunity to conduct one such effort, and I wish to commend you once again, for the work you are doing on behalf of young and old who, until recent years, had been ignored in their poverty and their hopelessness.

You have peculiar qualifications, Mr. Chairman, on this committee insofar as the Spanish-speaking are concerned, because in your work as chairman of the Migratory Labor subcommittee with the hearings you held in Florida, California, and Texas and other places, you have a great body of knowledge applied all to the Spanish people there.

The CHAIRMAN. I just want to thank Senator Yarborough for the kind references to my work here. I will say, though, in legislative activity, the proof is in the accomplishment, and you are right on the threshold of voting into law your effort to bring bilingual educational opportunity to those whose language is not our language.

So you are on the threshold of accomplishment. We in this committee are on the threshold of hope. We have a long way to go.

Senator YARBOROUGH. I have seen you work on the Migratory Labor Subcommittee when the vast forces against you were too great for you to accomplish much more than hearings, Senator Williams. I have seen you successfully write into law most of the things you proposed. I have no doubt that this is going to be a committee of accomplishment as well as a committee of hope. Unless you have politics of hope, I don't think you will have much government of accomplishment.

The CHAIRMAN. I would now like to include for the record the statements of several other members of the committee.

STATEMENT BY SENATOR WALTER F. MONDALE

Senator MONDALE. Mr. Chairman, I have just a few remarks to make as this hearing begins.

You have noted in your opening statement that the Subcommittee on Retirement and the Individual has begun a study of retirement as an institution, present and future.

As chairman of that subcommittee, I have been impressed by the vast amount of time and thought that has been given by eminent authorities on aging to the problems and promise of retirement. Their knowledge and insights have already convinced me that we are now in the midst of a retirement revolution involving significant and far-reaching changes in our economy, our attitudes toward work and leisure, and our concepts of what can be done in a lifetime.

The subcommittee, by inviting the experts in the field to discuss their thoughts and research findings in a national forum, has helped to increase both public interest and understanding of the vital, and as yet unresolved, questions related to retirement.

I believe that the full committee, by turning its attention to long-range program and research needs related to aging, will do much to increase national understanding of the other far-reaching questions that are arising now, and will arise with greater frequency, as our population of elderly and young retired individuals continues to grow.

I am sure that the Subcommittee on Retirement will receive much information that will be helpful as it continues its inquiry, and I look forward to the findings and recommendations of the committee.

STATEMENT OF SENATOR FRANK E. MOSS

Senator Moss. Mr. Chairman, the problems of the elderly cover every aspect of this many-faceted subject and I am sure that the information gathered at this convocation will be of real assistance to the committee.

As chairman of the Subcommittee on Housing of the Senate Special Committee on Aging, I am especially interested in the views of the invited witnesses on housing and other forms of shelter for the elderly. In July of this year, the Subcommittee on Housing held a hearing on the rent supplement program, receiving testimony from officials of the Department of Housing and Urban Development, and other non-Federal experts in the field of housing.

During the hearing I made the following comment to the Honorable Philip N. Brownstein, Assistant Secretary for Mortgage Credit and Federal Housing Commissioner of HUD:

> . . . You referred to a very large backlog of need shown by the 1960 census; about 30 per cent of the elderly households, most of whom cannot afford to improve their housing in the private market. Since that time, we have made commitments for about 200,000 units. . . . Now, at the same time, our elderly population, and presumably the need, has been growing. So my question is about the magnitude of our total effort. Are we making inroads on the total problem? Are we holding our own? Or are we losing ground in trying to make good housing available for all of our elderly?
>
> Mr. BROWNSTEIN. Certainly the facilities that we have, Mr. Chairman, are not adequate to cover the need. I believe, however, it is significant that we are making inroads by virtue of the creation of new programs, and the ability to better cope with the problems of housing our elderly. . . .

I welcome the opportunity to hear additional comments from leaders in the field of housing for the elderly at this week's hearings.

I might add that I was pleased to be a cosponsor of Senate Joint Resolution 117, introduced by Senator Williams of New Jersey, and others, to provide for another White House Conference on Aging to be held in 1970. The results of the first White House Conference on Aging were significant, and the findings of that Conference pointed the way for constructive action. The chairman of the Special Committee on Aging, in introducing this resolution, pointed out the need for continuing attention to the field of housing for the elderly. He said:

> As for housing, I sometimes think that—even with the heartening progress we have made in recent years—the needs of our elderly are growing greater, not diminishing.

Mr. Chairman, I agree with this estimate of the situation wholeheartedly.

Again, may I say that I look forward to this hearing and the prospect of new insights and new goals in the field of housing for the elderly.

STATEMENT OF SENATOR JENNINGS RANDOLPH

Senator RANDOLPH. Mr. Chairman, it is a privilege to participate in the hearing on "Long-Range Program and Research Needs in Aging and Related Fields." My commendation and appreciation are ex-

tended to you for undertaking this vital endeavor, as a continuation of the committee work to seek information and answers to the future needs of our elderly citizens. While discussion of the economic needs of the elderly will be pursued throughout these hearings, two of our witnesses, Dr. Juanita Kreps and Dr. Leon Keyserling, will concentrate upon this subject. As chairman of the Subcommittee on Employment and Retirement Incomes, I will be particularly interested in their thoughts on future income needs of the elderly.

Our subcommittee studies and hearings have revealed many problems relating to adequate incomes for the elderly. But these endeavors have also uncovered vital information on our Nation's opportunities to provide more bountifully for its citizens in their later years. In the future, more workers will have qualified for social security benefits. Average benefits will rise, due to extension of coverage, the rising wage base, and opportunities to gain more quarters of coverage.

We will continue perfecting techniques for providing employment opportunities for the elderly who wish to work either part time or full time. Further, we are making progress in discouraging arbitrary age discrimination in employment. The private pension movement is characterized by a significant growth trend, particularly in the smaller businesses where it had previously been almost nonexistent. Additionally, a long period of sustained prosperity has made it possible for more persons to save for retirement than may have been possible in previous eras of a lower level of economic growth.

Thus, while it is not unreasonable to anticipate continuing improvement of elderly incomes, there is still much that our committee and the Congress can and should be doing to improve the economic status and living conditions of our Nation's senior citizens—both those who are now in that category and those who will be in years to come. I am confident that the contributions of our witnesses during these 2 days will be helpful in working toward that end.

STATEMENT BY SENATOR GEORGE SMATHERS

Senator SMATHERS. The chairman of our Committee on Aging is to be commended on calling these hearings to obtain an overall view of problems and opportunities of older Americans at this particular point in our Nation's history. With the assistance of the excellent witnesses who are appearing before us, the Committee on Aging should be able to plan its future activities much more wisely than if we had not had the benefit of these hearings.

As the chairman has stated, the Subcommittee on Health of the Elderly has launched a series of hearings on "Costs and Delivery of Health Services to Older Americans." Our first two hearings in this series have shown that while medicare has been of tremendous assistance in financing adequate medical services for the elderly, it has not solved all their medical care problems. They face serious medical problems resulting from shortages of medical personnel in various specialties, rising medical charges and costs, and unavailability of needed medical services when and where they are needed. One of the witnesses at our first hearing in this series, Dr. George James of New York City,

summed up very well the situation in which we now find ourselves when he said:

> We are only on the threshold of an attack upon the complex problems on medical care for the aged. Medicare and Medicaid are largely aimed at the removal of financial barriers to care—there are many high fences still to be removed. There are many aspects of medical care, including attention to the high quality, to which they have not even gotten close.

As a result of the hearings our Health Subcommittee is conducting, we hope to uncover a number of specific areas regarding the health of the elderly to which we can direct our special attention throughout 1968 with the hope of making worthwhile contributions in finding and recommending solutions to problems facing our Nation regarding the health of its older citizens.

Our studies have clearly shown that the health of older Americans is inextricably interwoven with their success or lack of success in the other aspects of their lives, such as income maintenance, opportunities for worthwhile activities, recreation, housing, and long-term care facilities.

While these survey hearings of the Committee on Aging will not directly emphasize health problems of senior citizens, I anticipate that they will make a significant indirect contribution to the solution of health problems by pointing the way toward more effective action in these related areas. In view of the quality of our witnesses, there can be little doubt that much helpful testimony will be elicited to guide our committee and the Nation generally toward new and better approaches to the problems and opportunities of our older compatriots.

The CHAIRMAN. The committee staff has prepared a fact sheet on the subject to be considered by the first panel, and I submit it now for the hearing record:

Fact Sheet for Panel One

A. CHARACTERISTIC OF THE ELDERLY TODAY

On numbers.—The older population is comprised of 19 million separate individuals whose most commonly shared characteristic is that they have passed their 65th birthday. It is a changing group; in the course of a year, there is a net increase of 300,000 but 1.4 million or 7% are newcomers to the age group.

On age.—Most older people are under 75; half are under 73; a third are under 70. More than a million are 85 and over.

On life expectancy.—At birth—70 years, 67 for men but 7 years longer or 74 for women. At age 65—15 years; men can expect another 13 years but women can expect another 16 years.

On sex.—Most older people are women, 11 million; men are 8 million. For all those 65+, there are 130 women per 100 men; for 85+, more than 160 women per 100 men.

On marital status.—Most men are husbands; most women are widows. Of married men, more than 40% have under-65 wives.

On education.—Half never got to high school. Some 3 million or 17% are illiterate or functionally illiterate.

On living arrangements.—90% of the men and 80% of the women head up their own households, including some who live alone or have taken nonrelatives into their homes.

On aggregate income.—$40 to $45 billion a year. Almost half from retirement and welfare programs, almost a third from employment, and about a fifth from investments and contributions.

On personal income.—Older people have less than half the income of the younger. In 1966, median income of older families was $3,645; median income of older

persons living alone or with nonrelatives was $1,443. About 30% of older people live below the poverty line; another 10% are on the border. Many aged poor are poor primarily because of age!

On expenditures.—Like most low-income groups, the aged spend proportionately more of their incomes on food, shelter, fuel, and medical care. Aged do not necessarily need so much less, they just can't afford it. (From report by H. B. Brotman, Chief of Reports and Analysis, Administration on Aging.)

B. PROJECTIONS OF FUTURE GROWTH

CENSUS BUREAU PROJECTIONS OF POPULATION OF UNITED STATES

[In thousands]

	1966	1970	1975	1980	1985	1990
Age 55 through 64.....	17,261	18,491	19,831	21,032	21,236	20,028
Age 65 and over.....	18,457	19,585	21,159	23,153	24,977	27,005

The CHAIRMAN. Now, while Mrs. Mathiasen could not be with us, we are honored with the presence of Mr. Milton Shapp, Mr. Jack Ossofsky, and Dr. Robert Morris. Now, why don't you fellows just explain for the record exactly what your position in life is in this context?

Panel 1: Present and Future Status of the Aged and Aging in the United States*

STATEMENTS OF MILTON SHARP, CHAIRMAN OF PUBLIC POLICY, NCOA; JACK OSSOFSKY, DIRECTOR OF NCOA, ECONOMIC OPPORTUNITY PROJECT; AND ROBERT MORRIS, D.S.W., PROFESSOR OF SOCIAL PLANNING, FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE, BRANDEIS UNIVERSITY, AND IMMEDIATE PAST PRESIDENT, GERONTOLOGICAL SOCIETY

Mr. OSSOFSKY. Senator, my name is Jack Ossofsky. I am the association's director and also the director of the council's contract under the Office of Economic Opportunity called Project FIND.

With us here this morning is Mr. Milton Shapp, who has just been named the chairman of the council's public policy committee.

Dr. MORRIS. I am Robert Morris, immediate past president of the Gerontological Society of America, which is a scientific association of individuals and includes scientists and investigators and pathological personnel in the field of social welfare. I hold rather an honorary position which I have just left from Brandeis University.

The CHAIRMAN. You have left that position?

Dr. MORRIS. I was president of the Gerontological Society.

The CHAIRMAN. You are still at Brandeis?

Dr. MORRIS. I am still at Brandeis; yes.

Mr. OSSOFSKY. On behalf of the council, Mr. Chairman, we would like Mr. Shapp to present our basic testimony and then, if time permits, I will talk about our early findings and some of the limitations in the communities that might be of some help to the committee and supports the general trend of the testimony that Mr. Shapp will present.

*Additional information concerning this subject appears in app. 1, p. 219.

STATEMENT OF MR. SHAPP

The CHAIRMAN. Your name is familiar, Mr. Shapp.

Mr. SHAPP. I come from your neighboring State of Pennsylvania and I was a Democratic candidate for Governor in Pennsylvania last year.

Senator, I am very happy to be here to talk about this. It is obvious that it is the intent of Congress that the older people of this country have a life consistent with their needs and past services. In 1950, the Congress called the first national conference on aging, for the purpose of giving "major impetus to the development of policies, programs, and services which will create an environment in which middle-aged and older people can realize their maximum potential as normal, healthy, secure, useful members of American society."

The introduction to the Older Americans Act of 1965, in its declaration of objectives, speaks of the duty to "assist our older people to secure equal opportunity to the full and free enjoyment" of 10 objectives. Four of these are:

1. An adequate income in retirement, in accordance with the American standard of living.

2. The best possible physical and mental health which science can make available, without regard to economic status.

3. Suitable housing * * * designed and located with reference to special needs and available at costs which older citizens can afford.

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

These and the other six objectives are noble statements of purpose. The big question we must ask is: What have we done to implement them?

Of course, we have done a great deal, as the members of this committee are well aware, for much of it stems from legislation which they have formulated. We are not unmindful of advances in social security, including medicare; in housing for the elderly, including rent supplements; in programs under the Older Americans Act; and in the beginnings of a program for the elderly poor under the Economic Opportunity Act.

Yet it would be pleasant to dwell at some length on these advances, and we could all go home basking in a sense of achievement. But many thousands of older people—who are still without jobs or enough other income, without decent housing or adequate medical care, without glasses, teeth, or hearing aids, and worried about fuel for the winter or frustrated for lack of an outlet for creative energy—would not go to bed tonight with any brighter prospects than they had last night.

So it is this situation which we now urge this committee to consider. Heretofore, we have tackled the job piecemeal, and to do so was perhaps wise and even necessary to get a program started. The time has now come to establish some national standards and goals for the elderly in certain crucial areas—(1) to measure the need, (2) to define ways of meeting the need, (3) to estimate the cost, and (4) to establish target dates.

Similar methods have brought results in war efforts, in space exploration, in public highway construction, and—to an extent—in

public education. We can do no less with regard to human goals for the older people of the Nation.

Last year, the staff of the National Council on the Aging undertook an assessment of progress in the field of aging since 1950, as background material for our annual meeting, which was on the subject of "Developing Public Policy." In many respects, this was a rewarding experience, but it was a sobering one also. We were forced to conclude that, in spite of all our efforts, life in these United States has not changed much in the past 20 years for the great mass of older people.

In many areas, programs for the elderly have not kept pace with increases in the older population. Larger benefits for the many people on social security have not kept pace with the cost of living.

Our assessment of progress was by no means an exhaustive study. It was an exploration, based on readily available Government data, on material in the NCOA library files, and on the knowledge and experience of the members of our own staff, and it was undertaken in addition to their already considerable duties.

A summary of the report is available to this committee. It did, we believe, point the way to a much more complete study which, taken together with certain minimum standards as national goals, would provide a basis for a national policy for all older people—as distinguished from isolated demonstration programs which at best benefit only a few.

I should like to give a few examples of specific goals. First of all, it is important to remember that, when we consider growth of goods and services in relation to growth of need, we are dealing today with more than 6 million more people over 65 than we were in 1950.

Furthermore, we must take into account, in the long-range plans we are proposing, the greater proportional increases in the upper age brackets—the "old old" as distinguished from the "young old." In 1950, there were slightly more than 12 million people over 65. By 1980, there will be more than 9 million over 75. This is about three-quarters of the number over 65, 30 years earlier. In the over-75 group, the need for many services is more acute.

I would like to add one other statistic that relates to Pennsylvania. By 1970, 13 percent of the population in our State will be over 65 years of age, which makes it about 30 percent of the national average, and, with the exception of Florida, I believe the highest percentage of older citizens.

The elimination of poverty in old age must have first priority as a national goal. It is now estimated that some 5 to 7 million people over 65 in this country live in poverty. Forty percent of the women living alone or with nonrelatives are poor.

Nonwhite families are almost three times as likely to be poor as are the white aged of the same family status. The average age of death among Eskimos and Indians is about 43 years, because of poverty and neglect, and I hope we do not adopt neglect as the means of solving the problems of our elderly.

The social security amendments recommended this year by the President would increase the minimum annual benefit to $840 per year for an individual and $1,260 per year for a couple. The 15-percent increase would mean that the average social security benefit would still be slightly below the poverty level. Thus does the Government

fight a war on poverty on the one hand and propose legislation bound to perpetuate poverty on the other?

When considering income, it is important to realize that about a third of all income of people over 65 comes from earnings; yet labor-force participation has shown a steady decline for males and only a slight increase for females. This trend is expected to continue to 1980.

Social security provides the basic source of income for the greatest number, but the benefits of workers who have retired since 1954—who constitute about nine-tenths of all beneficiaries—had in 1965 hardly kept pace with the level of prices and left the recipients little better off in terms of purchasing power.

For example, a person who retired in 1954 with benefits of $100 per month was in 1965 receiving about $115 per month. However, about $117 was required in 1965 to buy the same amount of goods and services as he was able to buy for $100 in 1954.

"Modest but Adequate" Budget

In placing a price tag on the abolition of poverty among the elderly we recommend that the dollar amounts be arrived at in terms of the amount of consumer items the money would buy. We call attention here to previous NCOA testimony regarding the low level of purchasing power in the "modest but adequate" budget for the elderly, as formulated by the Bureau of Labor Statistics, if the budget is interpreted in terms of clothing, food, recreation, and carfare, rather than in dollars.

A basic need for most elderly persons is housing—appropriate, safe, well designed, and at a price they can afford. It is easy to note progress in the provision of housing. In 1950, housing for the elderly did not exist, except for institutions. By the end of 1965, 310,000 units of special housing for older people had been built. During 1966, 186,495 new units were committed for construction under Federal housing programs, including the Department of Agriculture's housing program for rural areas, and applications awaiting approval numbered 274,497.

If all these were approved, one might calculate that, by the end of 1968, there would be a total of almost 771,000 units of housing for the elderly.

To gauge the effectiveness of this progress in meeting the need, it is necessary to investigate such estimates of need as have been made. In 1950, it was estimated that 8.4 percent of all persons over 65 lived in dilapidated housing. In 1960, it was estimated that 19 percent of the units occupied by elderly persons were dilapidated.

It should also be noted that, between 1950 and 1965, the number of households headed by a person 65 or over increased from 6 million to nearly 11 million.

A study of social security beneficiaries made by Cornell University in 1960 revealed that 45 percent of those over 65—or more than 5 million—were living in housing inappropriate to their needs, because of poor quality of the dwelling units or unsuitability of living arrangements. Nearly 3 million older people were living in dilapidated, de-

teriorating housing, hazardous to health and contributing to social breakdown.

The same study projected a need for nearly 4½ million dwelling units to overcome the acute shortage of appropriate housing.

Thus it can be seen that the 310,000 units built by the end of 1965 did not go as far toward meeting actual need as their number might lead us to believe.

It is astounding, I believe, that, in the next 34 years, the United States must build more new housing than exists today in the entire country, according to a recent estimate made by Urban America. We tend to concentrate our own and the public's attention on those beautiful high-rise apartment buildings, which house perhaps 200 elderly people in a given community, or the retirement villages, with swimming pools and golf courses, which may accommodate several thousand.

But, for every individual living in such housing, there are at least three living in squalor, in unsafe buildings, in back bedrooms in rooming houses, in urban ghettos, in big outmoded houses in small towns, or isolated in rural areas. In one city which is thought to have done one of the best jobs of housing for the elderly in the country, a new building with 250 units was recently opened; there is a current waiting list of 2,500 eligible applicants.

Impact of Real Estate Taxes

Since so many people over 65 are homeowners, attention must be drawn to another inflationary trend, in the form of local and State real estate taxes. This committee may want to look into the effects on the income of older people of the total tax burden, including various State and local taxes, which vary so widely from place to place.

I think in this regard we should consider the possibility of national tax deferment or tax-abatement plans so that the older people who are living on fixed income or pension will not be forced to keep up with the Joneses who may have four or five children, in meeting the needs, let's say, of education when total local taxes are so closely related to real estate evaluation.

The Chairman. That is a local matter?

Mr. Shapp. It is local but it is a very serious national thing because a substantial percentage of social security benefits goes back in local taxes to the communities and it has a very serious effect.

The Chairman. You are talking about property tax?

Mr. Shapp. Yes. I mean there is nothing you can do here except consider some kind of a national deferment or abatement. Some of the States are getting into this now. In other words, either a deferment or abatement plan whereby, if there is any increase in local taxes in order to support the needs of a local community, these people on fixed income are not forced to pay an ever-increasing percentage of their funds to meet the local taxes and therefore sink down lower into the poverty level. This is a very serious problem.

Senator Miller. May I ask a question on that point? We are talking about losing a fixed income regardless of their age level?

Mr. Shapp. No; I am talking here primarily of older citizens over 65.

Senator MILLER. Why would that not be equally applicable to husband and wife and three or four children who are on a fixed income also?

Mr. SHAPP. I am referring here to "fixed income," which I define as the income from social security or retirement benefits of a pension plan.

Senator MILLER. Why would you confine it to that, because if we are looking at the social consequences from a financial squeeze, it seems to me that a young married couple with three or four children who were being squeezed because of increased property taxes against a fixed income, say a fixed salary, are going to have just as severe social consequences, maybe even worse, than the older couple who are living on a pension.

Mr. SHAPP. I think there are two reasons why I stress the older-person approach here. One is that the older people have no chance of getting any other income; they are completely locked in, their pension or social security funds are the only sources of revenue they have, whereas a younger person, even though working at a fixed salary, has the opportunity of getting an increase in salary, and has the opportunity of changing jobs or things of this sort.

Senator MILLER. There is a difference there, Mr. Shapp, but during the time when the younger person has to wait to get that increase, I suggest the social consequences would be just as severe.

Mr. SHAPP. I don't deny that anybody who faces a tax increase has a problem.

The CHAIRMAN. It seems to me, following Senator Miller's idea, that a younger person is in a better position to exert initiative to improve his income situation. If he were getting this particular tax benefit, he might just as well stay where he is rather than drive ahead and improve his position within his company. A lot of people, you know, take two jobs just to make sure the kids get to college.

Senator MILLER. Well, my only response to that would be—we are talking now about an extra $50, $100, $150 for property tax. I have seen this happen right in my own hometown in the case of some very close older friends who were on a fixed pension and they have no opportunity to earn more, and this has been a severe impact.

I suggest that with a younger married coupled with three or four children, they are going to be squeezed because they are on a fixed salary and are not going to be interested in staying put for an extra $50 or $100. I just cannot believe that would happen.

I do see that there is a difference in the opportunity. If we are really going to do a job, the problem of increasing property taxes, squeezing people who are on fixed incomes or whose incomes are not rising with comparative acceleration, it seems to me we are going to get down to the fundamental problem of inflation and that the best thing the Congress could do is to just put a stop to inflation and then not have to have all these problems.

Thank you.

Mr. SHAPP. I would like to comment on one thing and then go on. I think there is a tax-deferment plan in either Oregon or Rhode Island where if an elderly couple owns their own home, and they are living in that home and have had ownership for several years, arrangements are made so that if there are any increases in local real estate taxes, the

State pays these to the local community when the local community needs that money.

Then when the owners of the home pass on and the property goes into their estate, the taxes are then deducted from the estate, so that in essence nobody is giving anything; the State is merely loaning this money to the local community and is repaid from the estate.

I believe there is a problem here in difference in philosophy between us that relates to what I call taxation without relationship. Today there is no relationship, for example, between the value of an education and the value of real estate. There may have been some relationship in years gone by when there was primarily a land-based economy in this country, but today there is no relationship.

Yet we find these older citizens who are being forced to pay, because of owning real estate, taxes to support education of children, whereas the people that you mentioned before who are younger and have children are paying taxes to support their own children. There is a matter of relationship here that I think is quite important.

My main purpose in mentioning this is this. I think this is one of the severest drains on the aging people in the form of erosion of their social security and pension because of the needs of our local communities to raise taxes. I think it is something that this committee could investigate and I think that is what we are really after here, so that it should be investigated.

EFFECTS OF INFLATION DISCUSSED

Senator MILLER. I think you should point this out to the committee, but I get back to this proposition: Would not these problems pretty well not even arise if the Congress would operate in such a way that we would not have inflation? In other words, could you not just say that the first thing we ought to do is put a stop to inflation, and then, failing to do that, "Here are some things we can do"?

Mr. SHAPP. I would be very glad to take the time of this committee if you wanted, Senator, to give my views on inflation, because I think what Congress is doing today is creating inflation by cutting back on the services to develop resources, people and transportation.

Unless we make programs to develop transportation, resources, and people available we are not going to have future yield, and this is what creates inflation.

The CHAIRMAN. Does this suggest that our inefficiency in these areas creates higher costs?

Mr. SHAPP. Yes, absolutely.

The CHAIRMAN. And greater efficiency would reduce costs?

Mr. SHAPP. Well, let's take the field of housing, for example, and I am sure this is one of the things that could be gone into with your committee. When you get into the field of housing, you tend to look upon this fact that we have to replace all our housing in 34 years as a burden. It is not; it is a boon to our economy.

Think of all the millions of people who could be kept busy working, building our housing, the better lives that people will lead. But economically it will reduce the cost of crime, it will reduce the cost of maintaining order in our cities, it will increase purchasing power of the people, it will create more jobs, so it makes a better society.

I submit that the way to cut inflation is to make investments in things of this sort that have future yield rather than constantly pouring our money into the programs to pay the costs of our failure to make these investments.

The CHAIRMAN. Sitting for an hour bumper to bumper on the Schuylkill Expressway is an economic loss, isn't it?

Mr. SHAPP. Absolutely. The only ones who gain from that are the gasoline companies, who get extra gallons per mile.

Senator MILLER. Well, may I say that we could discuss this a long time. I certainly don't want to cause this to get off on a very interesting subject but away from the essence of your remarks.

The only point I would like to suggest is that maybe we could agree on this one proposition: That the best thing we could do as far as these problems of these older Americans are concerned is to put a stop to inflation, and then, failing to put a stop to inflation, the next best thing we can do is to work on some of these problems such as that tax-relief matter, which I personally think has a lot of merit, and some of these other activities that would enable these older Americans to roll with the punch of inflation.

Mr. SHAPP. I will agree with that, Senator. I think, though, that some of the things we are doing create the very inflation that we are trying to avoid, but I don't think that is within purview of this committee.

The CHAIRMAN. We may be overlapping on the responsibility of another committee of Congress, but it is very interesting dialog.

Mr. SHAPP. Well, in late 1967, it has become quite evident that adequate housing alone is not enough. Certain health and social services are needed, by persons living both in specially designed housing units and in other types of housing, to help them to continue independent living and self-direction and to prevent isolation and loneliness.

Chief among these services are casework and counseling with personal and family problems. In 1950, national statistics on casework with older people were not being collected, but it is speculated that less than one-half of 1 percent of all persons receiving casework assistance were in the older age group, although the percentage may have been higher in some of the Jewish agencies.

By 1960, about 5 percent of the problems brought to a group of 279 family-service agencies were related to old age. By 1964, between 20 and 25 percent of all cases served by 45 Jewish family-service agencies involved problems of older people. These figures represent a growing recognition on the part of a few social agencies of the need for counseling services for older people.

There are no estimates of the amount of service available in relation to the need, but experience indicates that, in most communities, skilled casework and counseling service for the elderly is inadequate or nonexistent.

It is evident, however, that the need for casework and counseling services is beginning to be recognized more widely in multipurpose senior centers, in housing developments for older people, in retirement communities, in church programs, in homes for the aged, and in recreation department sponsored programs for the elderly.

Three years ago, the National Council on the Aging began to receive numerous requests for guidance in establishing meals-on-wheels pro-

grams. The council had some doubts about the advisability of such programs and so undertook a study of five of the best of them, for the purpose of establishing guidelines. At that time, only 22 such programs in the entire country could be located.

One of the fastest growing programs for older people is the multipurpose senior center. In 1950, only a few, scattered, so-called Golden Age clubs had been organized. Today, the exact number of these clubs is not known, but they run into the thousands. Out of these social clubs has grown the senior center movement, with a broadly based program of recreation, informal education, and community service.

It is estimated that the number of senior centers is now close to 900. Assuming that each of these 900 centers has about 500 members, there are some 450,000 elderly persons participating in them, or about 2½ percent of the 19 million people over 65.

Mr. Chairman, it is not our purpose here to pursue this point further. We only wish to emphasize that we often speak of certain social and health services for the elderly when, in fact, they do not really exist, except in a very few instances. This is not, of course, to imply that all older people need social services. But there are few of us who, if we lived long enough, would not be glad to have available certain services—such as home-delivered meals, homemaker services, visiting nurses, and other aids in the home—that would prolong our period of independent living.

We trust we have given, in these brief remarks, some indication of the distance we have yet to go if we are to attain the noble goals of adequate income, suitable housing, and dignity in retirement set forth by the Congress, as noted at the outset of this statement.

However, the facts and figures we have outlined should not discourage us from making realistic plans to reach these goals. Such plans can be based only on projected estimates of needs and costs. To determine these is in itself a monumental task, which we hope this committee will undertake.

White House Conference on Aging

Senator Williams, you recently proposed legislation to provide for a national conference on aging in 1970. The National Council on the Aging supports this legislation, though we see some advantages in having such a conference in a year different from that in which the White House Conference on Children and Youth is to be held. Perhaps we could be ready for a council on aging toward the end of 1969.

We suggest that the aim of a national conference on aging might be to establish national goals for the benefit of all elderly people and to make recommendations for public policy to realize these goals, and that studies and smaller meetings preceding the national conference might be directed toward that end.

In making these proposals, we are encouraged by the remarks of President Johnson in accepting the National Council on the Aging's Ollie A. Randall Award last year. The President closed his statement with these words:

> Give me the blueprints of your present hopes—built as high above where we are now as you built them above where we were 16 years ago. For we are only just starting.

Mr. Chairman, I note in the press release that has been issued this morning that your committee is calling for a systematic brainstorming about the kind of care our Nation will give to our elders in the next 20 to 25 years. I certainly hope that we are going to move forward very rapidly on this track. Thank you for this opportunity.

The CHAIRMAN. That was a magnificent statement. We are more than grateful and it gives us the whole spectrum of opportunity to meet the needs of older people.

I would like to have a statement from you, on Senate bill S. 276, which would establish an older Americans' community service program.[1] A letter to Senator Kennedy of Massachusetts would be helpful indeed, I would think. He is chairman of the Special Subcommittee on Aging, Committee on Labor and Public Welfare. The subcommittee conducted a hearing on S. 276 in September.

We would like to see older people serving less-advantaged older people, those who have talents and who have full facility. And that comes to your last point, social service.

Mr. SHAPP. Well, these older people will serve older people if given the opportunity. My wife works in several organizations and works directly in these recreation centers and discussion groups and dance groups and art classes and so on. You find invariably that as the people enter these centers they become enthused with what is going on, they become part of it, and before long there is somebody who taught art in school, or dancing, or music, in school 20, 30, 40 years ago who now takes this thing up and starts teaching the same type of work to the other older people.

The CHAIRMAN. Before you leave the building, Mr. Shapp, would you drop down in this building to G–225—that is the Committee on Aging office—and see some of the art work older people have done and have sent to us for display. It is magnificent.

Have you ever been to a Golden Age gathering?

Mr. SHAPP. Yes; often. I spoke to many of them last year.

The CHAIRMAN. It really is a revelation in what older people can do for each other.

Mr. SHAPP. Well, it is a matter of getting them together, really. They create their own interests, and once you get them together and give them the opportunity to participate in some kind of an activity, this is all that is required because most of them will want to continue themselves.

Senator YOUNG. May I tell you, sir, that I admired your statement very much indeed and it is difficult for me to understand how you did not receive enough votes in Pennsylvania.

The CHAIRMAN. Senator Miller.

Senator MILLER. Thank you, Mr. Chairman.

Mr. Shapp, I want to compliment you on your fine statement which I believe does set forth some of the problem areas very well. I would like to ask you a few questions which might refine your comments, make them a little more detailed in their implications.

First, let me ask you this. On page 7 you state that in 1950 it was estimated that 8.4 percent of all persons over 65 lived in the dilapidated housing.

[1] Community service opportunities for the elderly is discussed on pp. 34–38.

May I ask who did that estimating?

Mr. SHAPP. This is from the Government, sir.

Senator MILLER. Sir?

Mr. OSSOFSKY. This was a Government study, sir. I believe it was done by one of the divisions of Health, Education, and Welfare.

Senator MILLER. The staff advises it was the Bureau of the Census that made this estimate. This was made back around, I suppose, 1951 or 1952. You say it was based on the figure. Who did the basing? Who made the estimate?

Mr. SHAPP. What I would do, Senator, is get the report and furnish that information to you.

Senator MILLER. Could you do that, give us the source both for 1950 and 1960?

Mr. SHAPP. Yes.

Senator MILLER. Now, a second thing is in several parts of your statement you used the word "need." I am wondering if we are on the same wavelength, that I suggest to you that need means need which perhaps means relative need as between a retired person who is enjoying a relative affluent life and a person in the poverty sector.

There is really no need in the first case and there is need in the second. Don't you thing that we ought to begin refining our Federal programs so that, instead of an across-the-board approach, we really tackle the need area?

Mr. SHAPP. I agree with what you said about the definition of the word "need" because every person feels he needs more anyway no matter what his standard of living may be. I agree further that the greatest need is to take care of those who are at the bottom of the barrel rather than those who are enjoying a higher status of life.

I think, though, specifically, most of the answers to the question that you are raising are contained in the report that my associate Mr. Ossofsky has to present which is the report of our initial studies by the Council on Aging.

Senator MILLER. I will refer to his report.

Mr. OSSOFSKY. Might I suggest, if I may interject, Senator, while the need is great among the poorest, there are areas of need, there are middle-age groups and even in some instances the higher income groups that do require attention at the national level.

I might just cite as one example as one thing we find the need for protective services and home-aid services. It is true some people can afford to pay for the service; the problem is that the service does not exist.

We have provided substantial benefits under the medicare program, yet in numerous counties throughout the country, there simply is not the facility yet to provide that service. So, while it is true that a priority of our attention has to be devoted to the poorest, there are areas of need, however, that affect all of the elderly and that it would be a disservice to those sectors of the community that perhaps could pay for the service if something was not done to stimulate the development of the service, itself.

Senator MILLER. I think your point is very well taken but really it is directed at establishing the resources to provide these services rather than directing a specific Federal program at an individual to enable

him to procure these services. You can't procure the services no matter how affluent he is if the sources of the service are not available.

What you are suggesting is that there is a Federal problem, there is a Federal area of interest to help provide the resources. Then those who cannot procure those resources by their own means will be assisted in doing so, those who have the money to obtain those services won't have to have any help on that.

But both sides, both the low income and the high income, both the affluent and the poverty areas, will have the services available to them.

Mr. OSSOFSKY. I would agree with that.

Mr. SHAPP. I would add in some cases programs do exist but these people don't know they exist so our whole project fund, for example, is based upon making certain that as many people as possible who are eligible for some of the programs that exist are made aware that there are benefits available to them.

Senator MILLER. I might just say as an interlude that Senator Mondale's subcommittee of this committee of which I am a member is directing its attention to making the retirement years more meaningful and that would apply across the board.

Mr. SHAPP. Yes.

Senator MILLER. That is really not what I was getting at in my original question, though, Mr. Shapp.

Now there is another thing. Your statement is somewhat critical of the social security program and the way it has been lagging behind. I must say I thoroughly agree with you.

Don't you think that it would be an improvement if the Congress did for our social security pensioners what we did for our civil service retirees in 1962 and then again with an improvement in 1965 which provides for an automatic cost-of-living increase in pensions to meet the increases in the cost of living?

Mr. SHAPP. Well, I would think that there are two things involved, one of which you just mentioned. The other is to have an adequate base to start with and then to move this base up. I think the base today is inadequate to meet the needs.

Senator MILLER. I want to get to that in a moment.

Mr. SHAPP. Then move on an automatic basis.

Senator MILLER. Yes, so that there is not a timelag between Congresses when Congress may see fit to increase social security pensions, there is not that timelag during which the pensions are going down and the social security pensioners are hurt by the increased cost of living. The automatic increase would minimize that timelag.

Mr. SHAPP. Well, not only that, but I think it would relieve a lot of pressures on Congress for a constant reexamination of whether or not it is adequate.

Senator MILLER. I might point out that we did a little research on this subject not long ago and found that between 1958 and 1965 when the 7-percent increase went into effect, the increase in the cost of living cost this one segment of older Americans, the social security pensioners, a billion and a half dollars loss in purchasing power and that since 1965 up to now it has cost about another $2 billion.

So the problem is to minimize that lag. You think that assuming you have a reasonable base, then the automatic increase is something we ought to try to obtain.

Mr. SHAPP. I am not so certain that the cost-of-living index itself is the proper one. I think this has to be broadened a bit because as people get older some of their needs change. Instead of buying the same type or quality of food, let's say, in the same packages, they are forced to buy smaller packages that cost them more.

Relatively they are paying more than the cost-of-living index would show. I think that there are other standards that have to be considered by this committee in its investigation of this problem. One of them would be tying it perhaps to GNP or working out a formula involving cost of GNP and other factors.

Senator MILLER. I would agree with you. I think all the members of the Joint Economic Committee would agree with you that the Consumer Price Index is anything but perfect, but until we have a better tool that should be the one we ought to look to.

Until we can develop a better one, where else are you going to go?

Mr. SHAPP. Well, I would be concerned with tying it to something we know is not adequate and then say: "Let's leave it alone for awhile." You may tie it to the cost of living and then find it is not adequate and then Congress is satisfied to leave it at that base.

Senator MILLER. May I allay your fears on that point? The Joint Economic Committee is constantly reviewing with the Government ways and means of improving the CPI to make it more meaningful. I might say that not only are we doing it, I am satisfied that the Bureau of Labor Statistics is doing it, too. If you look at the market basket of goods and services over the years, you will notice a substantial change today over what it was 10 years ago.

The point, I guess, is that we do want to have some means of triggering off automatic increases without this lag.

Mr. SHAPP. Yes.

Senator MILLER. Now, one other question. Speaking of this base, there is no question but what the base is horribly inadequate if that is all that the basic minimum social security income is going to be as far as the resources of the recipient are concerned.

However, there are many people who, under the social security system, have contributed very little to this. Don't you think, as a matter of social equity, that if we are going to provide an adequate base we ought to go to the general fund of the Treasury to do this rather than to the social security trust fund, because the general fund of the Treasury receives its tax money by and large according to relative ability to pay, whereas the social security tax is a very regressive tax system.

Now, it is a question of where we are going to get the money. Don't you think that we ought to go to the source where the revenue comes in according to relative ability to pay?

Mr. SHAPP. I agree with you completely.

Senator MILLER. Thank you, Mr. Chairman. I have no further questions.

Senator YARBOROUGH. The staff just advised me that they need six more Senators over on the floor for a quorum.

The CHAIRMAN. We will recess.
(Whereupon, a brief recess was taken.)
The CHAIRMAN. We will reconvene.

STATEMENT OF DR. MORRIS

The CHAIRMAN. Dr. Morris, you came to us from Brandeis University; you journeyed down from Boston.

Dr. MORRIS. Yes, no snow this time.

The CHAIRMAN. On the shuttle this morning?

Dr. MORRIS. Yes, came down this morning at the crack of dawn.

The CHAIRMAN. Well, you certainly dignify our hearings as Brandeis University dignifies education and carries one of the great names in American history. We are happy to hear your statement.

Dr. MORRIS. I am here speaking not only as a member of the faculty of the university but as a representative of the Gerontological Society of America, to which I alluded earlier in the introductions. I have left with the staff, for distribution, a written statement of testimony. Rather than reading it, I would like the privilege of speaking orally to project the main thrust of the prepared remarks.

If this committee, under your forward-looking leadership, is going to take a look ahead to the next 25 years, as indicated in your opening remarks, it is important to glance at what the situation is likely to be 25 or 30 years from now, if nothing is done now.

Only by taking such a look is it possible to estimate the kind of action now which should be taken in order to head off a deterioration in the future.

It is not just a matter of numbers of people over 65. The fact of the matter is that two-thirds of persons over 65 are going to be over 75 and that proportion may well increase. It is in that sector of the older population where special needs accumulate. Even more significant, If you use 65, as a baseline, half the population in the year 2000 is going to be single; that is, they will be widowed, they will never have married, or they will have been divorced.

Of even greater significance is the likelihood that, by the year 2000, and perhaps before, most adults may well anticipate 20 years of work-free adult life; in other words, they will not be required to punch any timeclock. This will result from the continuous decline in the retirement age and the slow creeping up of life expectancy. We then will be talking about a fifth of the human lifespan.

We are going to find that, having made this time available to the American society, we have given fewer opportunities and fewer choices for people to make use of those 20 years of adult life.

There has been some mention made, in the earlier testimony, about prices and cost of living. It is worth noting that, even with the very small and creeping inflation we have had, the elderly of the year 2000 are going to have much more income but they will be worse off than they are today simply because it is quite likely that the prices will double, or by 100-percent increase, by the year 2000.

Finally, it is worth noting that by the year 2000 the aged population is going to be a quite different kind of population than we are accustomed to thinking about today.

Earlier testimony suggests that we are, today, talking about people who have very great needs, who need a helping hand. The people we are talking about 25 or 30 years from now will be primarily the younger members in this room. They will have much better education and are going to reach retirement with a great many more skills than most of us in this room have today. If we have that situation in fact the contradictions in our present situation cannot be overemphasized.

I don't want to repeat the testimony given by Mr. Shapp but contradictions in our present situation persist in spite of the fact that the Congress of the United States, the American society, has been very generous to older people. There have been large appropriations, there has been a very extensive social security program which, with all of its deficiencies, has allocated large sums of money.

The CHAIRMAN. In this regard, how do we compare with other countries?

Dr. MORRIS. We are not quite as good as some of the Western European countries which spend a larger proportion of their gross national product on social security benefits, but we don't do badly considering our size and the size of our population.

We are not way out front, however.

If we look at the situation 25 years from now and look at the present contradictions and the present concerns that Mr. Shapp has outlined so very well, we are bound to ask ourselves, aren't we going to continue to fall behind and what is it we must do dealing with so large a segment of the American population?

It is to this issue I would like to address myself primarily. We are going to fall behind unless three things occur in the fairly near future. One is to start in motion those steps which will assure that older persons remain in the mainstream of American life rather than being shunted out at the age of retirement, whether it is 60, 62, or 65.

There is no way of avoiding a deteriorating situation for people who are outside of the American mainstream of life. How can they be kept within the mainstream of American life?

Secondly, we need to find some ways of extending some promising experiments to large numbers of people.

Finally we ought to seek some ways of increasing the choices that are open to people as they age, choices about the ways in which they can use their time and their remaining years of life, the fifth of their lifetime we are speaking of.

There are some suggestions I would like to share with the committee for what value they may have. They are based upon fragmented "mosaic bits" of research that have been conducted by members of the Gerontological Society over the years. No one of them represents a breakthrough, but the accumulation is significant.

It is also important to note that these suggestions do not address themselves primarily to the poorest sector, the most needy necessitous sector of the aged. These ideas do not rely exclusively upon public intervention although they do rely upon public initiative in order to carry them out.

The first suggestion is that we consider for the future a new "mix" in American industry between work and nonwork, that we build the

increase in opportunities for older persons around the place of work as well as around the home and the neighborhood.

With the increase in our technical productive capacity we will have the opportunity, in many of our major industries, to make available an hour a week or so of a regular workweek for younger persons to engage in certain kinds of community services as a part of their employment. As these workers get older and older this amount of time might be increased.

This has a number of advantages and it is important for two primary reasons. It engages both labor and our major industries in the major life experience of just growing old gracefully; and secondly, it gives large numbers of persons the varied kinds of experiences which are necessary if they are going to use their terminal years in life constructively and creatively.

Much of the research that has been done in recent years makes clear that what people do when they are 60, 65, 70, 75 years depends on the varied experiences they have had in their middle years.

This may sound like a "far out" idea but executives in industry now have this opportunity in action. What I am suggesting is that the opportunity which is made available by most industries to their executive staff be extended quite normally to the rest of the work force.

Adjusting the Work-Retirement Cycle

The second suggestion has to do with the possibility of restructuring and rephasing the work-retirement cycle. We have gotten accustomed to an all or nothing approach. You work full time until you retire, then you go immediately, 100 percent in 24 hours, to doing nothing.

At best the opportunities we give our old are to be grandparents or to have fun. The all-or-nothing approach does not serve the situation in the future. It is quite likely that the kind of "stretching out" of the work-retirement cycle is quite within the capability of American industry and it might take some such form as this: at the age 50 or 55, employees might begin to cut back the number of hours per week they work in a systematic fashion and then retire by stages to working 75 percent, 50 percent, 25 percent, of the time over a 15–20 year span, perhaps up to the age of 75 depending upon the desires and wishes of the employees and on the capacity of a particular industry to absorb this kind of phasing.

This too may seem like a fairly "far out" idea but note the fact that in the past 30 years we have increased by 700 percent the amount of vacation time that is paid for industrial workers. In 1945 about 4 percent of the work force used to have a paid vacation of a month or more and since the war that proportion has increased to 30 percent.

The Chairman. That is in a month?

Dr. Morris. A month or more paid vacation.

The Chairman. Excluding Members of Congress.

Dr. Morris. And members of university faculties; yes, sir.

It is not even too fantastic to consider something in the form of sabbatical leave in which more than a month leave from a job might be earned after a given number of years' employment.

Many firms now provide for something like this for their executive and supervisory staffs after 15 or 20 years of employment.

The main aim of this "stretching out" is to make a fuller use of the varieties of skill resources that are imbedded in the population 50 to 70 or 75 rather than assuming that such persons become drags and are no asset whatever to the American society.

A third suggestion is that labor and industry together might well cooperate to create certain kinds of spin-off corporations which are run by and managed by older workers and retired persons.

There has been much evidence and testimony given over the past years to the effect that older persons have many marketable skills and talents. These range from very fine hobbies—some of them are really quite artistic—to organizing ability.

Most people play up their hobbies in private but many individuals in their upper years might be interested in capitalizing on these special skills that they have, but capitalizing them in a way which makes them a part of the American productive system.

One of the scarcest commodities in the United States is a good handmade object, yet they are very much desired. I am sure that we would find, by some type of spinoff arrangement, that marketing and designing could bring a great flow of handmade produce into our stores and also give the people that create them a sense of achievement and participation.

The CHAIRMAN. This is being done but in such a limited, limited scale that it reaches very few members.

Dr. MORRIS. Exactly.

I would like to carry this even further if I may. Some of us have been thinking about other opportunities than just making birdcages or painting pictures. Two of the widest human interests are taking pictures and fishing. I am not at all sure that there would not be some advantage in having such a spinoff corporation organize a series of photography schools or fishing schools across the country by which younger people might learn the fine art of Izaak Walton and in which older people might be the instructors.

I will have a word to say how necessary it is to bring this off but I am only suggesting, now, the things that we ought to be considering for the future.

Another kind of development is more conventional in its form and that is the possibility of expanding community service opportunities for people in their upper years. We know there have been many small-scale experiments. The big problem is how to escalate this into a large-scale set of opportunities for a large number of persons. For this we need to have some kind of organizational mechanism to link the individual, where he is in his community, to these kinds of services.

I would like to differ if I may with Mr. Shapp on the suggestion, if I understood him correctly, that the Senior Service Corps be designed primarily to give services to older people. The community services which I have in mind are usable by all kinds and ages of people.

The CHAIRMAN. I think that was my suggestion and he agreed with that.

Dr. MORRIS. May I give an example?

The CHAIRMAN. I only gave part of the dimension.

Dr. MORRIS. I am glad to hear that.

I always come back to one very touching example of the potential for using these kinds of skills for the benefit of everyone rather than just for the elderly.

In Boston a few years ago, in the midst of a large urban renewal program, it was suddenly discovered that a rundown part of the city had a number of very historical buildings but no one knew where they were.

HISTORIC BUILDING INVENTORY

There was no inventory, no funds to establish an inventory of these buildings, where they were located and what their assets might be. The Civic Clearing House, a voluntary organization in Boston, had the imagination to assemble 12 persons, only one of whom had gotten within throwing distance of a university, and with a small amount of training got them to inventory and survey an entire neighborhood.

They did so fine a job that their report became the official document on the preservation of public buildings in this deteriorating part of the city of Boston.

One last suggestion that I would like to leave. Thus far I have been speaking primarily about the fairly capable, able, active older person. We know from evidence that there are going to be a certain proportion of older persons who are going to be less active, who are more enfeebled and handicapped.

There has been a great deal of discussion about the varieties of services that these people require. We have made very substantial strides in the direction of providing money by which older persons presumably can buy certain services.

The best example is in the health field where we have assumed that if we simply provide for more medical care that somehow enfeeblement and physical impairment will disappear. What we are lacking is any kind of counterbalancing resources which is going to pick up when medicine reaches the end of its possible achievement.

For this, I think, we need two things in every community in America. We need to have some kind of organization, association—it could even be a business corporation to perform two functions for older persons.

One is to provide the home-maintenance chores for those who have homes and the second is to provide home health aides to help them to stay in their own homes.

The CHAIRMAN. Home what?

Dr. MORRIS. Home health aides, the kind of physical care for people who are a little too feeble to provide all of the care for themselves.

We might think that if people have money they could pay for the maintenance that you get in a home health program. Any suburb realizes that the shortest labor in America is manpower for just these two tasks: to take physical care of a person who is enfeebled.

The CHAIRMAN. You mentioned the genesis might come from business and industry.

Dr. MORRIS. I think that there are a number of roads that have to be experimented with.

The CHAIRMAN. Maybe there could be a partnership with the unions, too.

Dr. MORRIS. The community service that I spoke about earlier might become a nucleus for doing some of this. It might take the

form of a spinoff corporation with fees charged those who can pay and subsidies for those who can't.

I don't think we should throw out entirely the possibility of using some of our social agencies for this purpose. We need experiments in the service field, among the nonprofit agencies, as well as in industry.

Our departments of public welfare, for example, are now providing financial assistance for a small proportion of persons who are physically able to work but are unskilled. They could develop a really communitywide program of home maintenance and home health care.

They might engage in that kind of training which would funnel certain kinds of people with limited skills into these tasks, but it will never take place unless these tasks are given a certain amount of dignity.

They are not going to be given that dignity if they are hired one by one; but dignity can be built up if such service workers are sent out on jobs as anyone else is. There are experiments of this kind that could be expanded.

None of this is new; such ideas have been advanced from time to time. They are going to require some kind of agreement about a national policy, to give the direction for action, and that national policy I think is going to have to be backed up with certain kinds of incentives. I don't think that social agencies or business or labor is able to take this initiative by themselves. Without such national policy and incentive, small-scale experiments are unlikely to become widespread.

Mechanism for Small Experiments

Perhaps what we need is some mechanism by which the costs of the small-scale experiments we now have could be established. We need to have a certain amount of research carried on to see what it would take to try to stretch out our retirement or to rephase and remix our paid work and our community service work around industry.

The tests can be run, the research can be conducted, and on the basis of this, we will know whether the idea is wild or whether some corporations which are now experimenting on this road are being quite hardheaded about the future of America.

The funds for incentives of this kind, I think, can be provided by action of the Federal Congress. I think they will be picked up by many voluntary groups and by industry and labor as well.

This is the burden of my testimony, Mr. Chairman.

The Chairman. Well, it has been eloquent indeed. Your prepared statement will be included right after your oral testimony. We will study your statement carefully and it will be most helpful.[1]

The Chairman. How many students are there at Brandeis?

Dr. Morris. About 2,400 all told.

The Chairman. This is a coeducational institution?

Dr. Morris. It is coeducational. I should note, although small, it is not a liberal arts college, which is the way we began, but we offer about 18 programs which lead to a Ph. D. in various fields of specialization ranging from biochemistry and physics in the space age to social planning and administration and philosophy.

[1] See p. 30 for Dr. Morris' full statement.

The CHAIRMAN. Young people increasingly are becoming in a sense constitutional lawyers and they certainly understand the first amendment and the freedom to assemble. The word given to their assembly is "demonstration." Why don't you have your students at Brandeis demonstrate for you some of the things that you are talking about?

Dr. MORRIS. Well, Senator Williams, surprisingly a lot of them do. It is one of the peculiar aspects of our press, I suppose, that the more violent demonstrations get most of the headlines. Let me give you two examples of what is being carried out by small groups of students on their own initiative, and believe me, there is no faculty that got them off on this road.

Last year I was approached by a group of students who said: "You know, we have been doing some work in mental hospitals on a voluntary basis. We think that there is a problem about older people; we hear about homes for the elderly and nursing homes. What can we do?"

I suggested to them and they found their own way to one rather large home for the aged in the Boston area, and for 2 years now there have been groups of 15 or 20 students—these are sophomores and juniors and seniors in the undergraduate program—who spend their own money and go out every Sunday to this home for the aged and help feed older people who are so paralyzed that they cannot feed themselves; talk to them, help move them around.

Those who are able to get around, they engage in discussion. They do it weekly come snow, rain, or what-have-you. This is on their own initiative and no one is paying them and no one is telling them what they ought to do.

In a quite similar fashion there is a larger group of students at Brandeis who are working with the schools in the city of Waltham. Although Waltham is the center of the electronics industry, it also has a large proportion of persons who have limited opportunities and limited means. In an attempt to give certain kinds of incentives that would break down the barriers between the least advantaged and the more advantaged, a group of students are every week spending time helping tutor youngsters in the grade schools and in the high schools.

This again is something that comes as a result of initiative of students; they thought it was a good idea.

The CHAIRMAN. I saw an example of this at Princeton University. Some of the young people there broke down a fence around the president's home and this was sensational news all across the country, if not the world. I know what the kids were doing in addition to breaking down the president's fence, exactly that; that 200 of them were engaged in tutoring kids who were falling behind in the city of Trenton and then spending their summers at a camp helping the students.

Dr. MORRIS. It might be a nice idea for younger people to visit even the most disadvantaged older persons who end up in our large institutions. There could be a kind of visiting arrangement where the stereotypes of old age perhaps could be broken down, and in time we would find that fewer older people end up in institutions.

The CHAIRMAN. The young can help the old and the old can help the young. We want to find ways to achieve this productive result.

I would like to talk with you for a longer time but I think we better move along.

Dr. MORRIS. Thank you for the opportunity of speaking.

(The statement of Robert Morris follows:)

COMPLETE STATEMENT BY ROBERT MORRIS, PAST PRESIDENT, GERONTOLOGICAL SOCIETY, AND PROFESSOR OF SOCIAL PLANNING, BRANDEIS UNIVERSITY

A discussion of the future for the elderly in the United States is undertaken against a background of substantial uncertainty—uncertainty about the trend in population and the economy, uncertainty about the direction which technological innovation will take, of uncertainty about the value which a future society will place upon its older citizens.

In the recent past, the U.S., through its Congress, its executive departments, and many voluntary organizations *has* taken formal action to ease the condition of the elderly. A massive financial investment, in the form of the Social Security Program, has been made. Nevertheless, a widespread feeling persists that more and more *should* be done. Why? Does this mean that people are never satisfied with what is done *for* them? Or does it mean that our efforts have somehow missed the central dilemma facing older persons? Whatever the explanation, there seems to be widespread preference on the part of those less than old to make some money payment and then hope that the older segment of the population will somehow "go away" and not be obtrusive. Being old is considered a state to be deferred as long as possible, to be avoided. Age is associated with illness, with limited income, with scrimping and scraping, and with the hazard of serious disability.

Alongside of this rather bleak picture must be placed the growing tendency to idealize a period of early retirement, which is associated with a lengthening life span. For those in the middle years there is a growing tendency to anticipate a period of retirement when "everyone will be able to do exactly what he wants to" without punching a timeclock or having to struggle in the merry-go-round of competitive employment.

The contradictions between the grim and the idealized picture outlines the boundaries of a public dilemma. It would be foolhardy to suggest that there are any quite clear or simple answers. If we try to anticipate the next 30 years, it is useful to try to anticipate a few facts which may prevail at that time.

SOME ESTIMATES ABOUT THE YEAR 2000

Reliable prediction about the next 35 years is quite impossible because too little is known about the conditions which will shape the future. However, if present trends continue at a relatively even pace, and barring major catastrophes, the following guesses are not wholly unreasonable:

1. The U.S. population will be approximately 310 million of whom 30 million will be over the age of 65. Approximately two thirds of this total, or 20 million persons will be over the age of 75. It is this latter group, over 75, which consumes health, hospital and nursing services most heavily; the group in which older persons are least able to care for themselves.

2. At least 16 million of all persons over 65 will be single persons, having never married, being widowed or divorced. Three million will lack extensive family ties and the deep and intensive family relationships upon which we are accustomed to rely in periods of illness or disability. (Over 10% will be divorced or never married.)

3. The average life expectancy for adults who reach age 65 will not be much higher than it is today, but even at expectancy is over 13 years. Women who are longer lived can expect to live at least to 80 as an average.

4. The ratio of surviving males to females is expected to drop much further, from 76.9 in 1965 to 73 in the year 2000. More than ever the problems of age will be dominated by the special needs of aged women.

5. Our technical achievements in the production of goods may reduce the average age for retirement to 60 years. There are already some hundreds of thousands of persons who retire from their major careers before the age of 60. This once happened because of illness, now it is due to the generosity of industrial retirement plans for executive personnel and national generosity for members of the Armed Forces and uniformed civil servants.

6. A combination of the last two estimates means that, for the average American, between 15–20 years of human life—(and more likely 20 than 15 years)—one-fourth of man's time on earth—becomes "free time" detached from goods producing labor. Twenty years of time, for the average human being, who must decide what he shall do with his life, rather than having a brief span at the end of a working career to ask "what *have* I done with my life?"

7. The price level will be 50% higher than it is today, given a non-inflationary cycle and the recent rate of "creeping inflation." By one conservative estimate (Froomkin) a worker who retires at a full salary which places him in the middle of the income distribution scale (2–3 quintile) will drop to the poverty group in 15 years (to the 5th quintile). Individuals who accumulate their economic reserve through insurance and Social Security during the next 30 years, at current price levels, will be faced with a substantial gap between income and prices by the year 2000.[1]

8. The rapid tempo of social and economic and technical change in America will probably continue and ever increase. This will isolate the aged more than ever. The American population will be more mobile than ever before. It will be necessary for most adults to consider one or more changes in jobs and careers throughout their adult lives. Families will move more frequently than they do today.

Even now, on the average, 20% of the urban population changes housing each year, but only half as many persons over 65 move. Constant family moving at this rate leaves the aged behind: It becomes more and more difficult for neighborhoods and families to maintain and sustain the social and physical well-being of older persons who live, more and more among strangers.

9. The average aged in 30 years will be much more like the average middle aged or youthful adult today. Most will have had a high school education and almost half will have had some college education. They will be native born, reared in a growing, mobile and expectant society and will have many advanced skills. This contrasts with the present aged, who, as a group are weighted by immigrant origin, have a grade school education or less, who were reared in a slower and more frugal world, and who are less skilled.

The golden age center of today will hardly satisfy the college educated oldster of the year 2000. Neither will present income nor a lifetime of inactivity.

SOME PRESENT DAY CONTRADICTIONS IN PROGRAM

Such imperfect data about the future has been anticipated, in a small way, in the present. The Congress has appropriated large sums of money for the support of health, income maintenance, mental health and housing programs. The main thrust of these programs has been to provide some minimum floor of income security for retired persons. What has gone wrong? Why has not the provision of funds proven enough?

It may be helpful to consider certain contradictions which have been recently become evident—contradictions between the expressed purposes of such programs and their consequences. A few are listed by way of illustration.

1. State and local governments, with federal assistance, are supporting some 2 million older persons on public assistance—2 million elderly whose income from Social Security and from private insurance is not sufficient to meet minimum survival needs. The purpose of public assistance is to permit older persons to live with minimum security and to live their remaining years in minimum decency. Unfortunately, there have been two quite different consequences:

(a) older persons on assistance have a significantly higher risk of ending up in a commercial nursing home than do those not on assistance. In one study of several hundred discharged general hospital patients the proportion of public assistance recipients who ended up in nursing homes was over twice that of persons not on assistance.[2] Ten percent of all aged are in public assistance but this 10% accounts for 30% of FHA assisted nursing home beds. Fifty one percent of nursing home residents have incomes under $3,000. With the best will in the world on the part of many nursing home operators, no one can claim that living one's final years in a commercial nursing home is a decent or humane end to life. Patients with extensive nursing needs may require institutional attention, but this does not answer the question why those on assistance end up in such institutions more frequently than others.

[1] This is a result of 2 forces: rising prices; and the increase in the earnings of those who continue to work due to increases in productivity.

[2] Location 9 months after discharge:

[In percent]

	On public assistance	Not on public assistance
At home	44	71
In nursing home	49	23

(b) The standards of old age assistance in most states make it impossible for older persons to maintain a telephone or to purchase clothing suitable for any socializing, or to pay for transportation in order to meet with friends and colleagues. Above all, levels of assistance do not permit the payment of rentals in decent housing suitable to the health condition and the more feeble state of many older persons. While we want older persons, even those on old age assistance, to maintain their social contacts and to remain a part of their communities, we make this impossible by withdrawing all means of keeping up communication. The absence of a national minimum standard is a major contributing factor.

2. The nation has launched a massive community mental health program to provide mental health services in the community and to reduce the 100 year long tendency to place mildly or seriously disoriented persons in large state hospitals. This program was begun to benefit young people, but the proportion of older persons remaining in hospitals has risen rather than declined. The state hospital is still the receiving ground for older persons who break up under the pressures of trying to cope with the conditions in late life with limited resources.

Where state hospitals have moved aggressively to reduce their size, the tendency has been to transfer older persons from the state hospital to commercial nursing homes. It can be doubted whether fate in a small, understaffed commercial nursing home is much better than care in the state hospital; and it can be doubted whether the community mental health program intended to define the nursing home as community living.

3. It has long been an aim of American communities that all of its responsible members be housed in safety and decency. The achievement rate of federal programs is about 10%. The result of major federal programs has been to greatly increase the supply and middle and high income housing which has little meaning for the large proportion of older persons.

The HUD low rent housing program reports 271,000 units built for or occupied by the aged; the Senior Citizens Loan Program (202) has completed or planned 30,000 units. HUD estimates that 2.8 million units are required to assure adequate housing for the aged now living in substandard housing, or ten times the housing produced.

Along with other low income populations, the elderly suffer by the failure of American communities to willingly construct housing, available at low cost rental, in volume at all commensurate with the built up demand. The alternative of permitting the elderly to find private housing with their own incomes is frustrated by the inadequacy of income assured at least half of the elderly.

4. Perhaps the most single serious contradiction in American society lies in the fact that a combination of technical affluence and medical science has combined to give to the American people that most tangible form of wealth—increased years of life. However, that same society has withheld from the elderly a position, a role, a place in this new society. We believe that each individual should have the opportunity for realizing his own potential throughout his life span. With few exceptions, we have made it possible for older persons to view the last 15 years of life (to become perhaps 20 or more years of life by the year 2000) as available for "having fun" or "grand-parenting."

Grandparenting and having fun are not to be despised and many older persons prefer such careers, but should they be the only ones for one-fifth of one's life? They have, of course, been a few small scale exceptions. Persons with extensive education and professional education are more likely to find a useful place in their communities throughout their entire lifetime. There have been a few private programs to engage or attract the attention of the elderly, such as the Foster Grandparents Program of OEO, and some of the voluntary community service programs conducted in major cities.

The contradiction between our aim and the realization is most poignant when this information is placed side by side with other evidence about our urban communities. We are everywhere confronted by a gross shortage of manpower for conducting certain kinds of work necessary to make the modern city an enjoyable place in which to live. This includes manpower for the designing of urban development, for urban beautification, for the spread of information about political issues, for information to travellers, for the maintenance of our health and social services. This is, in part, a budgetary matter but even more it seems to be a question of manpower utilization. If we look at the total population of the U.S., our present arrangements seem to guarantee absolute shortages for many occupations to which the dilemmas of employers give testimony. At the same

time, we guarantee that large segments of our human resources are relegated to dis-use—the elderly and the poorly educated.

5. The final contradiction is seen in the tendency for the elderly to isolate themselves in our urban communities. We do not believe in segregation by race or age or religion, but the most visible tendency among the elderly has been the rapid emergence of isolating housing communities occupied primarily by older persons. These are seen in the sometimes successful, sometimes failing, retirement cities, and in the tendency for the elderly to cluster in apartment houses of central sections of the city. The continued growth of homogeneous suburbs, dominated by young families of approximately similar income levels, accelerates this tendency. It is not so much a contradiction that the elderly live close to each other but that, once they do, the claim of communication with younger persons seems to be broken.

A LOOK AHEAD FOR THE NEXT 30 YEARS

It should be possible to put together some of our information about the expected state of affairs 30 years hence and the contradictions in our present programs to reshape a course of action for the future. I wish it were possible to say with certainty that the findings of the social sciences give strong, clear guides. Unfortunately, scientific study of the social phenomena accompanying the aging process is relatively recent and relatively unsupported. Nonetheless, some guide lines can be discerned.

New roles for the elderly

The most significant problem for the future will be the evolution of new roles for older adults—roles which have some reasonable connection with the mainstream of American society. If anything is clear from the present evidence, it is that the generation of the elderly in the year 2000 will bear little resemblance to the generation of the elderly we know today. They will be almost entirely native-born; they will have at least twice the number of years of education; they will have grown up in a world accustomed to continuous change; and they will have been employed in a service rather than a heavy industry society.

No one can say with confidence whether this population of older persons will grow into a hedonistic, pleasure-seeking minority seeking to crowd its pleasures into the terminal years of life, or whether it will be a population seeking to maintain its connections with the major activities of their times. It is a matter of preference, and policy preference at that, whether the elderly should be encouraged to become one of the major sub-groups of American society with their own values and own forms of organization, or whether they should remain a part of the American world. If we prefer the latter rather than the former, it becomes a clear necessity to consider what opportunities shall be made available for the elderly during the last quarter of their life.

This is not to suggest that a set of rules must be organized for the elderly in any compulsory sense, but what variety of roles and variety of options can be kept open to older people from which they may choose for themselves? The following represents some possible alternatives which do not now exist in any mass form available to the large mass of older persons. They represent alternatives which, could be added to the present alternatives of grand-parenting and "having fun."

A. If current trends toward automation and increased productivity with reduced manpower continues, is it not possible to consider a new mixture and work and non-work activity for all adults? Or better yet—a new mix between producing things and producing services. We still operate on a set of premises inherited from the past that everyone is educated in his youth, works full time 100% in his adult years, and retires to 100% inactivity in his terminal years.

In a small way this has begun to break down as increasing numbers of adults in their middle years seek to shift careers with appropriate re-training or education in their late 40's or 50's. But this is still only a small token of what lies ahead.

MIXTURE BETWEEN WORK AND NON-WORK

The creation of a new mixture between work and non-work (between producing goods and producing services,) can grow out of our dominant corporate and economic system. Using place of employment as a base, is it possible to visualize expanded use of our labor force so that every reduction in the hours of work necessary to produce goods is accompanied by an increase in time al-

located for some type of community-related service? The balance between the two would vary throughout the adult years. For young workers, it may represent only an hour or two a week in which younger employees learn of other activities necessary for the health of their communities, but only indirectly associated with the production of physical goods. For older workers this type of activity may represent several hours or even several days of the working week.

Part of this mixture might well be supported within the payroll structure of major corporations. This is now the case when it comes to business executives who customarily devote several hours a week in community services on "company time." It remains a question of administrative and economic analysis to ascertain the degree to which this can be extended to the entire work force in major industries.

But this new mixture is not exclusively a matter of money. It is a matter of locating an appropriate base around which adults can organize their community interests. This used to take place in the neighborhood of residence. But, working men and women now spend a great deal more time near and about their place of employment than they do in their neighborhood. The constant moving of the American population further undercuts the capacity of the neighborhood to provide a rallying point for these activities.

Place of employment is a major center around which adult men and women organize their friendship networks. It is this network which is torn apart by the shift from 100% work to 100% retirement.

Using place of employment as a point of departure makes it possible for adult workers to diversify their roles and activities in their middle years and thus acquire experience which they can use in retirement. This experience around the place of employment becomes the foundation for transition to retirement roles in the later years.

Experimentation with this mixture of work and non-work activity can take other forms. It may take the form of longer vacation periods, phased to increase as age increases. It can take the form of a phased retirement program to replace the present 100% retirement at 65 or 62. Some industries may, at the option of both employer and employee, choose to work three-quarters time at age 50, and reduce this to half-time at age 55 or 60, and reduce this to quarter-time at 65.

Or workers at all levels, and not only business executives, may be given the opportunity for something equivalent to a sabbatical leave of several months after a given number of years of employment. This leave can be used for cultural enrichment or for preparation for a shift in career or for any kind of personal improvement selected by the individual.

If automation and increased productivity push unemployment up to 5%, each worker could earn a year's leave after 20 years of work; if we have 10% unemployment, the leave could be earned every 10 years. Such an end could be supported by any combination of financial benefits accumulated during the period of work.

That this is possible is suggested by the dramatic 700% increase, between 1952–1962, in the number of American workers receiving 4 or more weeks of paid vacation each year. (4% in 1952, 27% in 1962.)

None of these suggestions is entirely new or original and all of them have been tried on a small scale in some countries and in some industries.[1] To generate widespread application of these experiments requires three steps: (a) a more exacting study of the costs and benefits of these small scale experiments; (b) an analysis of the administrative, production and technical as well as financial requirements for any specific set of alternatives; and (c) a public policy which will encourage or introduce incentives for industry to experiment much more widely with such alternatives. To some extent, these alternatives may emerge from the normal collective bargaining processes between labor and management. They may be encouraged by time-limited tax benefits or the allocation of demonstration-support in order to permit testing.

Community Service Roles

B. The expansion of community service roles in retirement. American communities could easily expand the opportunity for community service activity

[1] Edwin Shelley, President of E. F. Shelley and Company has already advanced such ideas.

on the part of retired persons along lines already introduced by the Office of Economic Opportunity and by various non-profit and voluntary associations in local communities. What is needed, however, is an expansion of these opportunities on a mass basis. Most of these experiments have reached a very small number of persons who would *normally* gravitate to such activities anyway. They reach the individuals with the highest education, the highest incomes, and the greatest involvement in the same community services during their earlier years. What is needed is the expansion of such opportunities for persons who have seldom, if ever, engaged in such activity and who have less education. To make this wide-spread expansion possible, several things are necessary:

1. Local organizations need to be created which make the development of such roles their major function. This has been tried in some cities already (the Community Service Society in New York and the Civic Clearing House in Boston). A state-wide community service corps, such as that in Massachusetts, might serve the same purpose *provided* it assumes the responsibility in an accountable fashion for focusing on special problems of older persons.

2. Some experience in these community service activities is essential for those who have not normally engaged in them during their adult years. Whether we talk about improving the quality of political campaigns through more information or the increase of voluntary service in our hospitals for retarded children, the same principle holds true: no institution is going to welcome unskilled volunteer or paid manpower. The skill and experience has to be acquired somewhere.

Experience can be acquired around places of employment or residence, during the middle adult years. If this is not done early, the experience will have to be acquired in the late years, and opportunity for getting such experience is not realistically open to older persons today.

Many associations of citizens and of employees are now engaged in a certain amount of community service activity, but most of it is still in the 18th century charitable basket-giving stage. It is necessary to help these groups move into the modern era of community services.

3. Some funds must be provided to handle the minimum administrative organization to permit a linking-up of older persons to the places of action. At the same time, some civic roles will require the expenditure of money as payment to the retired person, perhaps to assure a feeling that the job is worthwhile; certainly to make it possible for the aged with low incomes (the majority today) to take part in social activity, clothing, transportation, money for lunch, and the like are necessary prerequisites which are simply unavailable to a large proportion of retired persons.

C. New opportunity for earning. It is possible to find a new link between retirement and a role in the economic society. Some studies of small business in the space age suggest that the service economy of the future will be more congenial for the development of small professional business and service enterprises than was the large-scale industrial era of the past.

One can visualize some modest examples. Many adults develop quite serious hobbies. Hand crafted objects are in high demand and short supply. It should be possible to find ways in which those who have the desire, could capitalize on this interest financially.

Large employers might, with groups of employees, create independent profit-making or non-profit corporations which could be spun-off and run by older and then retired workers. These spin off corporations could conduct market analyses, develop design guides for improving the marketability of hobby products, and actually handle the distribution through commercial channels. This encouragement of the hand-crafted article along with mass production is quite consistent with the massive increase in do-it-yourself activities in suburban America.[1]

This development need not be limited to the making of birdhouses and small oddments. Is it too fantastic to consider that the large number of retiring adults who have a serious interest in photography as a hobby might join forces in creating a chain of photography stores throughout the country which concentrate on teaching the fine points of photography to neophytes? Or perhaps a

[1] Mrs. Lotte Jacobs, a world famous photographer of mature years first suggested the origin of this idea.

certain number of fishing enthusiasts might like to establish a chain of fishing stations across the country for teaching the fine points of the art to young people.

The crux of any such development lies in the creation of a corporate or association framework for the activity. This might well be developed in a partnership between employees nearing retirement and certain major employers.

D. Another course of development may influence the nature of our health and welfare service network. The mobility in society, the unstable nature of most neighborhoods, and the continued increase in survival of lone or single persons make it necessary to choose whether older persons shall continue their isolation from the rest of their communities or shall become more integrated into them. One approach to integration rather than segregation is to encourage the development of a dense network of appropriate neighborhood community services. Experimental steps in this direction have been taken by the Office of Economic Opportunity through its multi-purpose service centers in deprived areas. However, the elderly represent all economic strata and are located in small concentrations in all parts of the city. The fact that the elderly are also somewhat handicapped in the ease of mobility argues for the creation of some new devices whereby essential services can either be purchased from private income or be provided by a community service, provided the services are available where the elderly live. A major requirement today will be for two types of services:

a. Assistance in home maintenance in a period when skilled labor will be more and more difficult to find for small jobs; and

b. The provision of a variety of home helps for semiskilled nursing, physical care, shopping and the like as the physical handicaps of age increase.

Sufficient income is not the only answer. The tendency in our economy makes it difficult for the well to-do in their middle years to purchase such services. The elderly, with reduced income are not going to be in a very good competitive position.

An alternative approach is to encourage the development of non-profit associations or profit making corporations with subsidy to provide both the home helps and the home maintenance services in metropolitan areas, and penetrating into every neighborhood.

Such service entities can serve two purposes. They can enable older persons to maintain whatever has been their normal residence for longer than they would otherwise. More significantly, it would permit some assurance of decent physical care as illness becomes more and more a part of the older person's life.

The major thrust of our present medical care program has been for the active treatment phase in hospital or in the doctor's office. What has been starved and underdeveloped has been the provision of care when the period of active medical treatment is concluded. For older persons, a continuity of disability or slow convalescence is an inevitable accompaniment of age.

The health needs of the elderly are not going to be met by more and more massive investments in active medical care. What is required is some corrrective balance of attention to the kind of physical care required when the physician's active treatment ends. It is this balance which has been so lacking in the past and which will become increasing essential in the future.

Other developments can be anitcipated, although time is too limited to develop them. With the additional years of life, the numbers of persons in their 80's, 90's, and 100's is likely to increase. For this group, some form of institutional provision becomes increasingly necessary and the nature of institutional life should be dramatically improved.

Similarly, the anticipated continuous increase in the price level suggests that there will always be a gap between income and cost for older persons. However, the better educated and highly skilled population of the future is not likely to settle for the minimal standards today.

A good deal more attention needs to be given through research and experimentation to the proper balance between income and service provision. There are some needs of the elderly which can be best met by increasing the income of the elderly alone. In this category might fall the selection of physician, the arrangements for travel for social interaction, the purchase of clothing and the provision of recreation. At the same time, it is clear that some items in the Space Age of the future will be too costly for private purchase and must be made available on a community service basis something in the nature of public utilities. In this category fall the housing subsidies and the community home helps already mentioned. The location of balance between income of the individual and community provision is yet

to be struck. What seems clear, is that the balance sheet of the community's future will depend upon some equitable relationship between income for the individual and income for community services. Both will become normal part of the national and the community budgeting so that neither is considered a wasteful drain upon the economy.

A better link between the scientific and policy making groups.—None of these lines of development are sufficiently precise nor clarified. Provision will have to be made for a much more significant investment in research and demonstration around these important gerontological issues. Unfortunately, investment for research and demonstration, has been of little value unless ways are found to connect the results with the processes of program and policy development.

Major support for research on policy issues must be tied to a new communication between the scientific community and the policy-making community. Small, imperfect steps have been made in the executive departments and the National Institutes of Health and Mental Health. However, their staff and time has been so preoccupied with the administration of the minutiae of grants procedure that there has not been adequate opportunity for responsible executive department analysis of research results for the program development.

An additional line of communication directly from the research and scientific community to the policy-making committees of the Congress could be valuable. It could take the form of one or more Policy Research Centers to which Congressional committees could turn for scientific data to supplement their own staff work. Dual lines of communication may stimulate a competition in ideas for the benefit of a future America.

(The chairman addressed the following questions to Dr. Morris in a letter written after the hearings:)

1. In your discussion of manpower shortages in the helping services (p. 11, prepared statement), you say: "If we look at the total population of the U.S., our present arrangements seem to guarantee absolute shortages for many occupations to which the dilemmas of employers give testimony."

May we have some additional discussion of this point?

2. I am very interested in your suggestion that the place of employment become a base for allotting time for community service. Have you any examples of favorable response from industry for such activity? What incentives could be offered to industry to cooperate in such ventures?

3. On page 17 you mentioned that the President of E. F. Shelley and Company has advanced new ideas on work and non-work periods during work careers. May we have additional details?

4. Your discussion of earning opportunities from hobby or other leisure activity leads me to ask for additional commentary from you on how industries could be encouraged to develop the "spin-off corporations" you mentioned. Are any such projects now under way?

5. I would like additional discussion of your statement that an additional line of communication could be established directly from the research and scientific community to the policy-making committees of Congress.

(The following reply was received:)

DECEMBER 12, 1967.

DEAR SENATOR WILLIAMS: I want to answer, at least briefly, the questions attached to your letter of December 7th concerning the details of the testimony at the Special Committee on Aging.

1. This item refers to the fact that in many of the human services activities—provision of health, educational, and social services especially—there have been persistent manpower shortages. These shortages are sometimes budgetary, but not entirely; most such organizations have funded and budgeted positions held vacant because manpower cannot be recruited. At the same time, the traditional staffing patterns tend in the direction of professionalization, and organizations have found it difficult to restructure their tasks to bring in more diversified types of manpower.

Paralleling these developments is the widely publicized difficulty encountered by older persons in finding new employment even when they want it; and the difficulty in utilizing the talents of minority groups with limited educational equipment.

We can add to this the tendency in our national policy to increase the amount of required education and to lower the optional retirement age. The upshot is that our manpower situation would be tight even if we found ways of using the present unemployed.

2. Some industries, such as the Polaroid Corporation, now allow some time during the work week in which employees may elect to take certain courses. Such courses may or may not be connected with job improvement; some of them are concerned only with self-improvement. These courses are part of the work week. It is some such principle which can be transferred.

I believe a similar prototype situation exists where job stewards are given work to handle certain labor relations problems. During World War II, it was customary for such arrangements to expand and to include some employee time to health and welfare needs and the organization of recreational programs for morale building purposes. Similarly, many industries now allow their employees time around the Christmas season to organize some "basket giving." Then, a number of firms including, I believe, the Bell Telephone Corporation do encourage organizations of employees to engage in quasi-philanthropic activities after working hours. However, the running of the employees' organization itself is sometimes considered a reasonable allocation of work time.

These are small scale examples which might be elaborated. For the immediate future, I believe that the best incentives can be offered in several stages: (1) some types of demonstration support, specifically for labor and industrial use; (2) when there have been a few effective demonstrations, the possibility of tax incentives might be considered. Perhaps the calculated cost of such activities might be considered for some tax deductibility or exemption.

3. The reference to E. F. Shelley Company was first picked up in a chapter by Mr. Edwin Shelley entitled "Earned Educational Leave," which appeared in the volume *Technology, Manpower and Retirement Policy*, edited by Dr. Juanita Kreps and published by the World Publishing Company in 1966.

4. I am not familiar with any spin-off corporation actually in being. However, many corporations do tend to encourage groups of employees to pursue hobby interests on a private basis; and so do many labor unions. It is a question of jointly setting up a mechanism by which this kind of hobby interest could be supported with a marketing and design capability. I suspect this would have to take the form of either fringe benefits or a small risk capital investment on the part of industry and the employees in order to get it going .

It is known that certain handcraft stimulating organizations have performed this function on a non-profit basis. The New Hampshire Handcraft Society in this country and, in Italy, the State Association for the Promotion of Sardinian Handcraft each earn a substantial part of their costs by serving this middle-man marketing function. Some subsidy has been necessary, from tax sources in these illustrations. Perhaps a subsidy might come from industry and/or labor with some tax deductibility provision.

5. On the line of communication between policy making committees and the scientific community, I have in mind the possibility that major committees of Congress would have access to research and development centers such as those now provided to some of the executive departments. The Institute of Defense Analysis for the Defense Department, the Rand Corporation, and the newly proposed R & D Center for the Department of Housing and Urban Development constitute one set of models. Perhaps these are sufficient for Congressional needs but I wonder whether additional lines of communication would sharpen up national policy making. Perhaps a major Senate committee, such as that in Aging, might experiment with continuing association with one or more gerontological research centers in order to test out how far such an established center can be useful to the work of Congressional committees. On an experimental basis, I am sure that some such centers could be drawn upon, with only reimbursement of out of pocket expenses.

In the interests of brevity, I will stop but will be glad to amplify any of the foregoing if that would be useful.

With best wishes for the important work of the Committee.

Sincerely,

ROBERT MORRIS,
Professor of Social Planning.

(Dr. Morris also replied to the following letter from Senator Moss:)

DECEMBER 14, 1967.

DEAR DR. MORRIS: Unfortunately I could not be present at the very helpful hearings conducted by Senator Williams on December 5 and 6. I regret missing the opportunity to discuss matters of considerable interest to me in my dual capacity as Chairman of the Subcommittee on Housing and the Subcommittee on Long-Term Care, Special Committee on Aging.

After reviewing the transcript, I have decided that I would like to put the following questions to you:

"I am very interested in your statement that the achievement rate of federal programs in housing is about 10 per cent. Is this a reference to the housing needs of all age groups, or only those past age 65? I would appreciate additional discussion of this point.

"Do you believe that the rent supplement program, if funded on a far greater scale than it now is, could help reduce the need for federally-supported, specially designed housing for the elderly?"

If you can reply before December 30, I will ask to have your comments reprinted in the hearing record. If not, I will refer to them during future subcommittee studies. With thanks for your interest and best wishes for a happy holiday season.

Sincerely,

FRANK E. MOSS, *Chairman,*
Subcommittees on Long-Term Care
and Housing for the Elderly.

DECEMBER 28, 1967.

DEAR SENATOR MOSS: I am very happy to acknowledge your inquiry of December 14th concerning testimony I was privileged to give before the meeting of the Senate Committee on Aging, December 5th.

My comment on the 10% achievement rate of federal programs in housing did, indeed, refer only to the housing needs of the elderly. This figure is based upon reports from the Department of Housing and Urban Development which indicate that approximately 300,000 units have either been built specifically for the aged under various federally assisted programs, or are occupied by the elderly in general housing programs under federally assisted low cost housing programs. At the same time, estimates derived from the census indicate there are nearly three million persons over sixty-five occupying grossly deficient or substandard housing in the United States. Since we have had federally aided housing programs for many years, and since low cost public housing has been a matter of public policy for many years, it can hardly be claimed this reduction in the volume of unsatisfactory housing for the aged is at all commendable or successful. These data do not indicate that, as far as housing goes, the aged have been the only groups especially deprived. As a matter of fact, most communities in America have been reluctant to extend programs of true low cost housing development, with or without federal support, and it has been this reluctance which has produced the suffering on the parts of some millions of older persons as well as those of younger ages.

The rent supplement program is a most imaginative innovation and deserves much wider development than has occurred hitherto. The success of the program, of course, depends upon the existence of a decent supply of housing suitable for the elderly, although it is assumed to be available today at rentals beyond that within the reach of many older persons. This situation certainly exists in many urban areas and perhaps in a few rural areas. The rent supplement program would give the elderly a much more fair access to this supply than now exists. I doubt, however, whether adequate studies have been made to ascertain whether this supply of housing now available is in fact suitable for the elderly or is in locations where they can take prime advantage of it. The rent supplement program would give a realistic opportunity to the elderly and a true test of the situation. I would hope that there would be an extension of support for the rent supplement program by the Congress; and, what is more important, an active campaign to persuade local political jurisdictions to take advantage of the rent supplement program. It is an unfortunate fact that the extension of this program has been resisted in a few communities. I doubt whether the resistance is directed primarily against the elderly, but rather against minority groups due to ethnic

and racial difference. However, a breakthrough for the elderly, which should arouse less opposition, would be an important way of extending this principle so that decent housing for all can be assured.

I would like to express my interest in your letter and to extend my very good wishes to you and your Sub-committee on Long-Term Care and Housing for the Elderly for successful progress in your important endeavors.

Sincerely,

ROBERT MORRIS,
Professor of Social Planning.

The CHAIRMAN. We have others to hear before we go vote.
Do you have a little time?

STATEMENT BY MR. OSSOFSKY

Mr. OSSOFSKY. I would like to submit for the record the statement describing some of the preliminary needs of the elderly that have so far been disclosed by Project FIND. I will not take the time of the committee to go into the history of the project. I think you, sir, and members of the committee are well aware of the fact that this is one of several activities that we are contracted to perform by the Office of Economic Opportunity. The project itself is operating in 12 different communities around the country and its basic purpose seeks to interview people, to learn about their needs, to make referrals to existing public and voluntary agencies, and to help those who need the agency's help to get the services that are available to them.

Each project seeks to set up local community-based organizations of the elderly as well and also develop some specific programs that will remain in the community when the demonstration phase of the program has ended. The 12 projects have just been operating for a few months now and interviewing is progressing at different rates in each community. It will therefore still be some time before we have the results of these efforts fully recorded and documented.

Our purpose in this project on behalf of OEO is to present to OEO a detailed report of our findings and their implications for legislative and administrative action. We have, however, by now interviewed some 20,000 older people in communities involved in the project. This represents almost 10 percent of the estimated total number of older persons on the project's target areas.

While we have only preliminary reports from these projects, even these reports help bring to our attention what the community aides are finding as they knock on doors and talk to the elderly. We welcome this opportunity to present some of our examples and some of our initial responses and actions to those examples to the committee.

The first comment that seems to be in order, Senator Williams, is that our confidence in the concept of the project has been confirmed. Locating and talking with the elderly, particularly in our case, the elderly who are poor, determining problem areas and doing something about the problems has shown itself to be of considerable importance to the individual and communities. In community after community, people were uncovered who lived isolated, in unbelievable poverty, in illness, in filth, in inadequate housing; people who are too frail, too unaware, too cut off from the mainstream of the community to make use of existing services, and I might say live in communities where there are no services, where nothing exists to help them.

Project FIND has sought to close the gaps between the person in need and the agency set up to help, and to stir the consciousness of the community where the help does not exist.

In Hammond, Ind., in the project's first week of operation, an aide located a 105-year-old woman. The team captain looked at the address and remarked that she had worked many times in that area. She tried to visualize the house but she could not understand how the lady could have been so invisible. This woman received $72 public assistance from which she paid $55 for rent, leaving her $17 to pay laundry, medicine, and any other incidental expenses. Her basement was often filled with water, she needed help with shopping, dressing, bathing, et cetera. She wanted to get into a home but did not know how to go about it. Within a few weeks the project had arranged for her acceptance into a comfortable home for the aged that seems comfortable and meets her needs and she seems to be happy.

In Pontiac, Mich., 27 percent of the first 413 older people interviewed were found to require referral to other agencies for specific help; 10 percent of those interviewed were referred to the county public welfare agencies for assistance to which they seemed entitled. Of the 41 referred, 31 were already receiving benefits or services to which they proved to be eligible. Another 31 were found who were thought to be eligible to receive food stamps, 24 of them are now receiving those stamps.

In Lake County, Ind., 19 percent of the first 1,100 interviewed required referral to one or more agencies for financial assistance and other services.

In Santa Cruz County, Calif., 11 percent of the first 663 older persons interviewed were referred right away to other public or voluntary agencies for services or benefits to which they were entitled.

Senator, you might be particularly interested in some of our experiences in Santa Cruz County because it brings together both the problems of the elderly as well as the problems of migrant and farmworkers.

Just a few weeks ago I visited that particular project operating in Santa Cruz County in Watsonville and Santa Cruz. I met an older Mexican-American farmworker, age 74, who had spent 9 hours a day working stooped in the fields doing backbreaking labor picking vegetables. Last year he managed to earn $600. He worked in order to be able to eat. He simply did not know that he and his wife could have received social security benefits. Because he was contacted by the project he will not only receive social security checks from here on in but will be able to get 1-year retroactive benefits. However, based on his past earnings, he probably could have received those benefits for most of the past 9 years. That income is now lost to him and his family.

The CHAIRMAN. How old is he?

Mr. OSSOFSKY. He is now 74 years of age. He could have earned $600 and still collected social security for the last 2 years.

At that project it was pointed out to us that the Social Security Administration had come to the Antipoverty Agency with some 2,000 records of social security payments made in the area on behalf of rural and farmworkers whose records could not be traced by the Social Security Administration in Washington. There is an error in a name, there is an error in a social security number. This means not

only that these people's records will not be accurate but more important that their social security payments will not be accurate and their benefits, when they do ultimately reach the older years, will be less than they were entitled to.

The project brought to our attention the specific and real problems in the areas of social security payments being made accurately and related to their earnings. We think that there is going to come from that project very significant data that relates to the needs of the older farm and migrant worker.

Just a month before I visited the project I was informed that three older farmworkers died in the field, people in their upper seventies who had kept working, were not receiving other benefits. The likelihood is they simply did not know they were entitled to benefits. The question haunts us that perhaps if these people had been reached earlier with help and information, an awareness of information, perhaps these three workers might be alive today.

Many other and even more tragic examples of this sort have come to light. We believe that from these experiences as suggested by the Subcommittee on Federal, State, and Community Services, chaired by Senator Edward M. Kennedy, in its October 1966 report, "Needs for Services Revealed by Operation Medicare Alert:"

> There is now a need for a project having as its principal objectives: (1) searching out seniors who, being isolated and hidden from public view, are likely to be ignored and neglected by society; (2) ascertaining their needs to guide community planners and public and private charities in efforts to plan and launch programs to meet the needs of the elderly; and (3) advising such individuals of existing services and facilities to meet their needs.

We believe our experiences confirm this and it goes back to the basic testimony presented here by Mr. Shapp. We are doing this project in 12 different communities. The long life of these particular projects is most questionable at this moment, they are dependent after all on OEO's funding and on evaluation of projects as such. What is needed, however, and we believe is confirmed by our experiences until now is not doing these programs just on a piecemeal demonstration basis, they have proved their value by building this kind of a program into the total fabric of the services to the elderly in every community of the country. We found the need for this in urban and rural communities in every part of the country.

Significant Community Roles

One other impression that we think bears on the work of this committee in the past and that is that our experiences show that many older people want to and can work in significant community roles. Our projects have created employment opportunities for some 350 persons, most of them in the upper age groups, almost all of them in the poverty group. Characteristically three to five times as many people have applied for each job available.

In Muskogee, Okla., 130 older people applied for the 28 aide jobs; in St. Petersburg, Fla., 154 applied for 35 jobs; in Warren, Pa., 103 applied for 21 jobs, and so on down the line. The ages of those employed go to over 80 in New York, to 77 in Pennsylvania, 71 in Indiana, et cetera. The average age of the Michigan project staff is 67.

These are tough jobs, often meeting people under the most trying conditions, but these elderly people want to work, in the main because they need the money and want to feel useful again and they are doing their jobs well. In addition, many of the people interviewed have expressed a desire for work and in some communities, including the one in Phillipsburg, N.J., the projects have established employment services to bring together those older people who want to work together with sources of employment in their communities. We believe that these experiences bear out the value of the Senior Citizens Community Service Corps program as you, Senator Williams, have been championing for many years.

Of course, the fact that our program is working in poverty areas emphasizes once again that a new look needs to be taken at the level of benefits being paid by Social Security and public assistance. In Lincoln County, W. Va., a 76-year-old woman who had reared 10 children, as well as two of her grandchildren, was reported living on $44 a month Social Security. She said:

> I pay $15 a month for rent, plus the gas, electricity and insurance. After I pay these bills I have about $4 a month left to buy food and clothes.

She was not receiving public assistance, nor food stamps which she felt she couldn't afford. Her two granddaughters who live with her while going to high school did some work to supplement the family income. The aide who visited her wrote:

> Her badly tumbled-down shack that she lived in was clean and neat, but very inconvenient. She had a rough floor, covered with linoleum. She had no bathroom, no furnace, and I'm sure she has been chilled to the bone many cold days.

When asked what she needed most she said:

> I need money more than any other thing.

She also expressed interest in seeing some old friends because she "hardly ever" gets to go any place. The aide who interviewed this woman, who is representative of many others found in every community we have contacted, wrote:

> As you see, this was a lonely old widowed mother who had given her best to our generation. Sometimes I wonder if we give much to them in return.

Senator, I might mention to you that we are approaching the holiday of Hanukkah, the Jewish festival. Part of the tradition of that holiday is that when the Jews returned to the Temple they found enough oil to light their lamps for 1 day. The miracle of the holiday is that the oil burned for 8 days. I think we see that strange miracle repeated before our eyes in the way many of our senior citizens live—somehow they manage to do with 1 month's income what should be adequate for a half week or a week's income by stretching it to last them for a whole month. It is not, however, a miracle that anyone would want to create a festival about.

In St. Petersburg, Fla., our project reports that for the first 740 people interviewed in three census tracts, over 10 percent required followup and referral for one and often more services. In this community, 72 percent of those interviewed are 75 years of age or older, three out of five are women, many of these are widows, a majority of those located lived alone, and only 30 live with a spouse. More than two

out of every five, or 44 percent, have incomes of less than $1,500, and three out of every five have less than $2,000 a year or less.

Inadequate income is, of course, not just an isolated problem. From it grow many of the other problems of the elderly. The St. Petersburg project reported it this way:

> It is our experience that the lower the income of the respondent, the more needs he has related to medical care, dental care, housing, et cetera.

The findings so far in Phillipsburg, N.J., are similar. The average age of the first 541 persons interviewed is 69. In general, they are either a married couple or a widowed woman. Most own their own home but have only a single source of income, social security benefits.

Primary Problem: Low Income

In this project, as in all the others, the primary problem reported is lack of income. Here, as in several of the other projects where many of the elderly own their own homes acquired over the years, the lack of income creates difficulty in maintaining the home and, says the project director, "They see their homes deteriorate under them."

A project to employ the elderly and others to repair, refurbish, and maintain the dilapidated and deteriorating homes of the elderly could go a long way toward helping many of the elderly to live in more adequate housing—their own. Several Federal programs exist which could be used for this purpose, but they are little known to the elderly and are not implemented on a major national scale.

Inadequate income is related, too, to physical disability and to hundreds of cases of older people not getting eyeglasses, hearing aids, dentures, or other prosthetic devices. Two cases from the New Jersey file illustrate this point.

An aide traveling down a county road came across a ramshackled, apparently abandoned cabin. Noticing some movement near the house he discovered a man with only one leg living there. The man spoke English with great difficulty, but gradually the aide pieced his story together. The man was a former miner who had been injured in a mine accident long ago. He lived on a very small disability payment and could never afford an artificial leg. As a matter of fact, he could little afford anything else. He had had very little contact with any other human being for many months. For years he has been walking with a makeshift peg leg arrangement, a sort of leather boot with a stout stick reaching the ground. As a result of this chance contact, I say "almost contact" because any place there appears to be life the community aides knock on the door and find the person, arrangements are now being made to get the man the needed artificial limb as well as other things he needs.

Another aide located an older couple, he is 92, she is 85, both suffer poor vision and the man also is partially deaf. The cost of glasses and the hearing aid is far beyond their financial means, and they have just done without them somehow. Because of the man's hearing problem, local neighbors think he is senile, but the aide found him "spirited and lively of mind." The project is seeking to find a way to get them the medical devices they need.

This instance highlights for us not only a byproduct of poverty as it affects health, functioning of the person, and even the attitude toward an older person; that is, readily identifying him as senile when, in fact, he has difficulty hearing and, as a result, shys away from conversation, but, more important, it underscores the fact that in spite of the passage of medicare much still needs to be done on behalf of health care and coverage for the elderly.

In the area of health care, too, no other question comes to us as often as need for home aide and home health care services which are not available even where people can buy these benefits as a result of having medicare.

In Mr. Shapp's testimony we spent a considerable period of time talking about the tax problem and what it represents for older people, and I won't go back over that section of our testimony here only to underscore that this, too, is a recurring problem that makes older people terribly insecure in the homes they live in which are deteriorating.

In the urban areas, for example, like in New York City, in the heart of the central city, our project there located another aspect of the housing problem that needs examination by this committee, we feel. While interviewing older people living in a number of hotels just off Times Square they learned that several hundred older residents in these hotels, many of them who had lived there 20 and more years, some of them old theater people who loved the Times Square area, were threatened with sudden and unexpected evictions because the properties were sold and new office buildings were to rise on these sites. People were absolutely in disarray and depression.

The project rallied the residents and raised public protest and brought the matter before the officials of New York City. The evictions were delayed, attempts are being made to relocate the elderly in suitable housing. Moving assistance, both financial and human services, are being provided for these tenants.

As renewal projects grow in our central cities, often using Federal as well as State funds or tax abatements to encourage new housing, as well as office buildings, special care needs to be taken to protect the rights of tenants in the housing being destroyed. We will give this matter further study, but urge consideration by this committee of the special needs of older people who reside in great numbers in these single occupancy dwellings and for whom moving and adjusting to a new neighborhood can present serious financial, social, and health hazards. They need protection.

I might add, Senator, that 2 days after moving out of one of these hotels, before the project director had become aware of the problem and done something to change the condition, 2 days later one of the old men died of a coronary. Now we have no guarantees that he would have lived forever if he had stayed in his previous housing, but there is little doubt that the shock of moving into a new residence at his age was a contributing factor to his death.

Ignored in Census Count

Inadvertently, by the way, the project found that in that area several thousand older people had not been recorded in the 1960 census because it was assumed that the residences were for transients when, in

fact, they included great numbers of permanent, older residents. If this is found true in other areas, we have more older people than the records indicate.

Three other areas of need which keep coming to our attention are transportation for the elderly, escort services, and friendly visiting services. In both urban and rural areas the elderly report difficulty getting around in part because of the often high cost of transportation, but often, too, in rural areas, because of the unavailability of public transportation. With advancing age and declining resources, many of those who previously drove cars stop doing so. Our projects find one of their most valuable services are driving people to doctors, shopping, to surplus commodities depots, et cetera. While inadequate transportation is a problem facing all age groups, it tends to complete the isolation of the elderly.

Related to this matter is the value shown for escort services. In addition to the hundreds of referrals made by the projects, dozens, perhaps hundreds, of other services are rendered by the aides which could fall into the category of escort services. They accompany the elderly when referred to other agencies, they keep them company on the way, and while waiting for a service or at clinics, and they serve as advocates for the person too timid to demand what is rightly his. Friendly visiting services performed by the aides includes more tangible services than bringing a link to the outside world. For example, one aide helped an 86-year-old woman, too ill to get out of her house, to secure bids for new floor covering for which the welfare department had given permission over a year ago. Aides visit with, shop for, write letters for those needing such services, and the numbers in such need are countless.

The CHAIRMAN. As a governmental matter is the Federal Government involved in this? In what agency would that program fall?

Mr. OSSOFSKY. We mention this matter not because it is new or unknown but because our experience leads us to believe that there are here many employment opportunities for older people who could be trained. We think that this kind of thing first of all fills the need for the training and employment by various Government agencies. It could involve the Department of Labor, it could involve the Administration on Aging, it is certainly a kind of service that the Office of Economic Opportunity could be performing to a greater degree than it is.

The CHAIRMAN. But these home service programs you speak of, where would they logically be placed?

Mr. OSSOFSKY. Well, I think that varies from community to community. In some areas they could well be placed in family service agencies.

The CHAIRMAN. No; I mean if the Federal Government becomes involved in the sources for these programs.

Mr. OSSOFSKY. Well, I think one could very well be the Administration on Aging. I think it would be logical for the Department of Labor to be involved in getting the funds for training and employment of people in local programs, making such funds available. We see this as a kind of example of the kinds of things that could be done under the Senior Citizens Community Service Corps where the local project

could be developed and implemented which I think varies from place to place. I think at this point the responsibility for this in the Federal Government has not been clearly identified, I think it could be in one of several possible places.

One other area of problem which we keep encountering is the problem of loneliness and friendlessness, and several projects have therefore gone into the area of development of senior centers and Golden Age Clubs. This is going on in Phillipsburg, N.J. In Oakland, Mich., and Washington, D.C., projects have all set up new clubs and centers for the elderly, operated, in most cases, by the elderly themselves.

While our project is still in the early stages, we simply wanted to share with the committee some of the feel of what we are locating and finding in these communities. We don't have the impression that what we are discovering here is particularly new, but we think that it is being brought forward in a very dramatic and vigorous way in a concerted national research program and an action program. We hope to be able to present sharpened and documented statistics for this committee and, of course, for the Office of Economic Opportunity in the near future.

We know, however, that not everyone likes having problems exposed and that there are those who would prefer that these needy persons and urgent matters be left unfound. We believe, however, that this committee has, by its past history, evidenced a sincere desire to make the life of our older citizens more secure, healthier, and happier, and we assure you of the desire of all those connected with this project to assist you in these tasks.

We urge upon you the example of an older woman employed as a community aide in Pennsylvania. At an isolated farmhouse she found herself greeted by a shotgun-wielding lady who condemned her, the visit, and its purpose. Irish up, the aide sided with the woman and casually extracted the data for the report. As time elapsed, she was invited by the repentant housewife to have a cup of coffee in the family's special china, and when she left was kissed goodby. A short time later this same woman encountered a timber rattlesnake on a farm road leading to one of her respondents. Shaken, but determined to get the job done, she got around the rattling obstruction, conducted the interview, and got her questionnaire completed.

With staffs of older people like this lady, you can see why we are confident that our job will get done. We will be privileged to report to you further on our progress.

The CHAIRMAN. Well, that is a very meaningful statement of the particulars and the work that you are doing, and as I understand it the National Council on Aging is working in sort of a contract capacity with OEO.

Mr. OSSOFSKY. That is correct. Most of the staffs on the projects are operated by local community action agencies with whom we have subcontracted. The Council itself, however, has staff that OEO pays for working in each of the OEO regions now as well as the central staff providing supported services and working with OEO related to older people.

As you know, Senator, the Project FIND has been written in from an amendment from the Senate to the Economic Opportunity Act of

1967. A similar provision appears in the House version of the bill which is now before the conference committee.

We are hopeful that this national emphasis program will come out of the conference committee and will become a national emphasis program within OEO. We continue, however, to be very much concerned about the budget problem that OEO as an institution faces and funds will be provided by OEO for this national emphasis program in view of their other problems.

We may find ourselves here again, Senator, facing a very good piece of legislation and an improved legislation on the books only to discover by the time it has gone through authorization and the Bureau of the Budget that very little money remains to put into effect what the Congress itself has mandated and indicated an interest to implement. We think that this kind of project needs to be done not only by OEO but by public and voluntary agencies of various kinds.

We believe, however, that funds for such a national program could very well become part of a national program for the elderly and we would hope that your committee in examining its future work would give consideration to the proper funding, implementation, and location for this kind of a program.

The CHAIRMAN. We are willing certainly on this committee, but of course we have to go to the legislative committees. It is a somewhat laborious business to go through the various committees, including the Appropriations Committee.

Mr. OSSOFSKY. Part of the problem, it seems to me, is convincing other legislators perhaps of the fact we are not making complete use even of existing Federal dollars for programs that have already been enacted because some of them are not reaching the people in greatest need. Certainly this is true of the older people who are isolated and too frail or unaware of what is available in their own communities; the food stamp programs and the commodities program is just one example—appropriateness of some of the food, for example, the difficulty of going down to the center to pick up the food where transportation is a problem.

While we think some of these things have administrative implications, the important thing is that the program exists but is not being fully utilized and it might be important to invest some more money to see to it that previously invested money is properly put to use.

The CHAIRMAN. Thank you very much, not only for your statement but for your on-going cooperation with our committee.

Mr. OSSOFSKY. Thank you very much, Senator.

The CHAIRMAN. We applaud you for your work.

Mr. OSSOFSKY. Thank you.

(Complete statement of Mr. Ossofsky follows:)

(A preliminary report presented to the Senate Special Committee on Aging, December 5, 1967, by Jack Ossofsky, Project Director:)

NEEDS OF THE ELDERLY BEING DISCLOSED BY PROJECT FIND, A PROJECT FUNDED BY THE OFFICE OF ECONOMIC OPPORTUNITY, THROUGH THE NATIONAL COUNCIL ON THE AGING

The National Council on the Aging is currently administering a national contract funded by the Office of Economic Opportunity. Under this contract, the Council provides technical assistance to OEO and its network of national, regional,

state and local agencies to assist in the development or expansion of programs to meet the needs of the older poor; it provides training to increase awareness of those needs and to strengthen the capability of OEO agencies to better serve this segment of the poor; it develops materials that provide guidance to program administrators, and it conducts several demonstration programs to show how innovative planning and action can increase employment of and services to the older poor.

Of the $1,250,000 provided the Council to carry out these functions, more than half, or $700,000, was provided for the implementation of Project FIND on a demonstration basis. The Council developed the basic model upon which the project is based, worked with OEO staff in developing guidelines for this demonstration, solicited participants, and, together with OEO, selected the sites for the local demonstration projects. In June of this year, the Council negotiated subcontracts with the twelve agencies that are implementing the projects in target areas of their communities.

The project is being conducted by local Anti-Poverty Agencies in one or more areas in the following communities: New York City, New York; Phillipsburg, New Jersey; Washington, D.C.; Warren and Forest Counties, Pennsylvania; Alexandria, Louisiana; Hammond, Indiana; Milan, Missouri and a surrounding nine county area; Oakland County, Michigan; Santa Cruz County, California; Muskogee, Oklahoma; Huntington, West Virginia, and St. Petersburg, Florida.

As members of this Committee may recall from previous testimony, Project FIND aims, first of all, to find the Friendless, Isolated, Needy and Disabled older persons in the community; it seeks to interview them to learn about their needs; it makes referrals to existing public and voluntary agencies helping those being referred to make use of existing resources, and it documents needs for which there are no readily available services and answers in the community. Each project seeks to set up local community-based organizations of the elderly to enhance self-help services. The project also seeks to develop proposals for follow-up projects so that they will leave behind a stronger program for the older poor than they found in each community.

These projects have only been functioning for a few months and interviewing is progressing at different rates in each community. It will, therefore, be some time yet before we will have the results of these efforts fully recorded and documented. One of the purposes of this project is to provide OEO with a detailed report of our findings and their implications for legislative and administrative action. We have, however, by now interviewed some 20,000 people in the communities involved in the project. This represents almost ten percent of the estimated total number of older persons in the project's target areas. We have only preliminary reports from the local projects, however, even these early reports bring to our attention what the community aides are finding as they knock on doors and talk to the elderly. We welcome the opportunity to share with you a few examples of what we are encountering and some impressions we have gotten from the project's first few months of work.

Project Concept Justified

The first comment that seems in order is that our confidence in the concept of the project has been confirmed. Locating and talking with the elderly, particularly in our case, the elderly who are poor, determining problem areas and doing something about the problems, has shown itself to be of considerable importance to the individual and communities. In community after community, people were uncovered who lived isolated, in unbelievable poverty, in illness, in filth, in inadequate housing; people who are too frail, too unaware, too cut-off from the mainstream of the community to make use of existing services, or to ask for the help to which they are entitled. While in many communities there are services that can be brought to bear to improve the lives of the elderly, in many instances services are inadequate or too far away, too inaccessible to the elderly. Project FIND has sought to close the gaps between the person in need and the agency set up to help, and to stir the consciousness of the community where the help does not exist.

In Hammond, Indiana, in the project's first week of operation, an aide located a 105 year old woman. The team captain looked at the address and remarked that she had worked many times in that area, she tried to visualize the house, but she could not understand how the lady could have been so invisible. This

woman received $72 public assistance from which she paid $55 for rent. After paying for her laundry and medicines the only money left was for food. Her basement was often filled with water, she needed help with shopping, dressing, bathing, etc. She wanted to get into a home but did not know how to go about it. Within a few weeks the project had arranged for her acceptance into a comfortable home for the aged.

In Pontiac, Michigan, 27% of the first 413 older people interviewed were found to require referral to other agencies for specific help; 10% of those interviewed were referred to the county public welfare agencies for assistance to which they seemed entitled. Of the 41 referred, 31 were already receiving benefits or services to which they proved to be eligible. Another 31 were found who were thought to be eligible to receive food stamps, 24 of them are now receiving those stamps.

In Lake County, Indiana, 19% of the first 1,100 interviewed required referral to one or more agencies for financial assistance and other services.

In Santa Cruz County, California, 11% of the first 663 older persons interviewed were referred right away to other public or voluntary agencies for services or benefits to which they were entitled.

Just a few weeks ago I visited that particular project and met an older Mexican-American farm worker, age 74, who had spent nine hours a day working stooped in the fields, doing back-breaking labor picking vegetables. Last year he managed to earn $600. He worked to be able to eat. He did not know that he and his wife could have received Social Security benefits. Because he was contacted by the project he will not only receive his Social Security checks from now on, but will be able to get one year of retroactive benefits. Based on his past earnings, he probably could have received those benefits for most of the past nine years. That income is now lost to him.

Our aides were told that last month, three older farm workers died in the fields while working. We are now investigating those cases. The question haunts us, if they had been reached earlier with help and information, and perhaps an awareness of benefits due them, would they be alive today?

Many other and even more tragic examples of this sort have already come to light. As suggested by the Subcommittee on Federal, State, and Community Services, chaired by Senator Edward M. Kennedy, in its October 1966 report, "Needs for Services Revealed by Operation Medicare Alert", "There is now a need for a project having as its principal objectives: (1) searching out seniors who, being isolated and hidden from public view, are likely to be ignored and neglected by society; (2) ascertaining their needs to guide community planners and public and private charities in efforts to plan and launch programs to meet the needs of the elderly; (3) advising such individuals of existing services and facilities to meet their needs."

We believe that the few months of operation of the project confirms the need for a Project FIND in every community, urban and rural. Our projects are presently funded only through March of next year and we do not yet know what the future of OEO's funding, and therefore the project's fate, will be. In several cases the local communities have located so many people who were not being served by existing agencies, that they are beginning to look for ways of making the projects permanent. It seems to us that this initial experiment already indicates that a permanent network of such programs to seek out and serve the elderly poor should become a nationally funded priority program.

The amendments to the Economic Opportunity Act now in conference create a national emphasis program based on Project FIND. These amendments offer an important step in this direction. The extent to which this program is funded through OEO or other means will determine whether the hope embodied in the legislation can become a fact. We believe it should, but knowing of OEO's limited funds, we despair of adequate funding for this program.

Another early impression from our experiences with the project is that many older people want to and can work in significant and often difficult community service roles. Our projects have created employment opportunities for some 350 persons, most of them old and living on low incomes. Characteristically, three to five times as many people applied for each job available. In Muskogee, Oklahoma, 130 older people applied for the 28 aide jobs; in St. Petersburg, Florida, 154 applied for 35 jobs; in Warren, Pennsylvania, 103 applied for 21 jobs, and so on down the line. The ages of those employed go to over 80 in New York, to 77 in Pennsylvania, 71 in Indiana, etc. The average age of the Michigan project staff is 67.

These are tough jobs, often meeting people under the most trying conditions, but these elderly people want to work, in the main, because they need the money and want to feel useful again, and they are doing their jobs well. In addition, many of the people interviewed have expressed a desire for work and some have been helped to find such work. Many of our projects have also enjoyed the services of volunteers, including older volunteers. We believe that these experiences bear out the value of the Senior Citizens Community Service Corps program which Senator Williams, the Chairman of this Committee, has been championing for many years.

Low Benefit Levels

Of course, the fact that this project is working in areas in which there are a large number of the older poor, has brought forth again the primary need for a new look at the level of benefits being paid by Social Security and Public Assistance. In Lincoln County, West Virginia, a 76 year old woman who had reared ten children, as well as two of her grandchildren, was reported living on $44 a month Social Security. She said, "I pay $15 a month for rent, plus the gas, electricity and insurance. After I pay these bills I have about $4 a month left to buy food and clothes." She was not receiving public assistance, nor food stamps which she felt she couldn't afford. Her two granddaughters, who live with her while going to high school, did some work to supplement the family income. The aide who visited her wrote, "Her badly tumbled-down shack that she lived in was clean and neat, but very inconvenient. She had a rough floor, covered with linoleum. She had no bathroom, no furnace, and I'm sure she has been chilled to the bone many cold days."

When asked what she needed most she said, "I need money more than any other thing." She also expressed interest in seeing some old friends because she "hardly ever" gets to go anyplace. The aide who interviewed this woman, who is representative of many others found in every community we have contacted, wrote, "As you see, this was a lonely old widowed mother who had given her best to our generation. Sometimes I wonder if we give much to them in return."

The St. Petersburg, Florida, project reports that for the first 740 people interviewed in three census tracts, over ten percent required follow-up and referral for one and often more services. In this community, 72% of those interviewed are 75 years of age or older, three out of five are women, many of these are widows; a majority of those located live alone, and only thirty live with a spouse. More than two out of every five, or 44%, have incomes of less than $1,500, and three out of every five have less than $2,000.

Inadequate income is, of course, not just an isolated problem. From it grow many of the other problems of the elderly. The St. Petersburg project reported it this way, "It is our experience that the lower the income of the respondent, the more needs he has related to medical care, dental care, housing, etc."

The findings so far in Phillipsburg, New Jersey, are similar. The average age of the first 541 persons interviewed is 69. In general, they are either a married couple or a widowed woman. Most own their own home but have only a single source of income, Social Security benefits.

In this project, as in all the others, the primary problem reported is lack of income. Here, as in several of the other projects where many of the elderly own their own homes acquired over the years, the lack of income creates difficulty in maintaining the home and, says the project director, "they see their homes deteriorate under them."

A project to employ the elderly and others to repair, refurbish and maintain the dilapidated and deteriorating homes of the elderly, could go a long way toward helping many of the elderly to live in more adequate housing— their own. Several federal programs exist which could be used for this purpose, but they are little known to the elderly and are not implemented on a major national scale.

Inadequate income is related, too, to physical disability and to hundreds of cases of older people not getting eyeglasses, hearing aids, dentures or other prosthetic devices. Two cases from the New Jersey file illustrate this point.

An aide traveling down a county road came across a ramshackled, apparently abandoned cabin. Noticing some movement near the house he discovered a man with only one leg living there. The man spoke English with great difficulty, but gradually the aide pieced his story together. The man was a former miner who had been injured in a mine accident long ago. He lived on a very small

disability payment and could never afford an artificial leg. For years he has been walking with a makeshift peg leg arrangement, a sort of leather boot with a stout stick reaching the ground. As a result of this chance contact, arrangements are now being made to get the man the needed artificial limb, as well as other things he needs.

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This instance highlights not only a by-product of poverty as it affects health, functioning of the person, and even the attitude toward an older person—that is, readily identifying him as senile when, in fact, he has difficulty hearing and, as a result, shys away from conversation, but, more important, it underscores the fact that in spite of the passage of medical much still needs to be done on behalf of health care and coverage for the elderly.

In mentioning problems of housing earlier, we referred to some of the dilapidated housing in which many of those interviewed live, and the need for repair services. One other recurring problem mentioned to us by the elderly is the pressure they feel from real estate taxes on their homes. We feel that this is an area that requires further examination and study.

Another aspect of housing that has come sharply to our attention from the New York City project is one which is typical in central city areas where urban renewal is about to take place. Our New York project, while interviewing older people living in a number of hotels just off Times Square, learned that several hundred older residents in these hotels (many of whom had lived there twenty and more years) were threatened with sudden, unexpected evictions because the properties had been sold and new office buildings were to rise on these sites.

The project rallied the residents, organized public protests, and brought the matter sharply before the officials of New York City. As a result of the project's help, the evictions were delayed, attempts are being made to relocate the elderly in suitable housing, and moving expenses and other assistance is being provided these tenants. As renewal projects grow in our central cities, often using federal as well as state funds or tax abatements to encourage new housing, as well as office buildings, special care needs to be taken to protect the rights of tenants in the housing being destroyed. We will be giving this matter further study, but urge consideration by this Committee of the special needs of older people who reside in great numbers in these single occupancy dwellings, and for whom moving and adjusting to a new neighborhood can present serious financial, social and health hazards. They need protection.

Inadvertently, the project found that in that area several thousand older people had not been recorded in the 1960 census because it was assumed that the residences were for transients when, in fact, they included great numbers of permanent, older residents. If this is found true in other areas, we have more older people than the records indicate.

Transportation Escort Needs

Three other areas of need which keep coming to our attention are transportation for the elderly, escort services, and friendly visiting services. In both urban and rural areas the elderly report difficulty getting around in part because of the often high cost of transportation, but often too, in rural areas, because of the unavailability of public transportation. With advancing age and declining resources, many of those who previously drove cars stop doing so. Our projects find one of their most valuable services are driving people to doctors, shopping, to surplus commodities depots, etc. While inadequate transportation is a problem facing all age groups, it tends to complete the isolation of the elderly.

Related to this matter is the value shown for escort services. In addition to the hundreds of referrals made by the projects, dozens, perhaps hundreds, of other services are rendered by the aides which could fall into the category of escort services. They accompany the elderly when referred to other agencies, they keep them company on the way, and while waiting for a service or at clinics, and they serve as advocates for the person too timid to demand what is rightly his. Friendly visiting services performed by the aides includes more tangible

services than bringing a link to the outside world. For example, one aide helped an 86 year old woman, too ill to get out of her house, to secure bids for new floor covering for which the Welfare Department had given permission over a year ago. Aides visit with, shop for, write letters for those needing such services, and the numbers in such need are countless.

We mention this matter not because it is new or unknown to the Committee as a generally useful service for isolated or frail elderly persons, but because our experience leads us to believe that here again are employment opportunities which can be adequately filled by the elderly as well as by other age groups. And these are not "make work programs"—they are valuable, needed services.

Problems of loneliness and friendlessness keep being reported, and several of the projects have started senior centers in their communities. This committee has long supported efforts to spread senior centers and to make them more than just recreation programs, important as these are. We believe that this is another area in which our programs will contribute some new insights. In Washington, D.C., in Oakland, Michigan, and in Phillipsburg, New Jersey, the projects have all set up new clubs and centers for the elderly, operated, in most cases, by the elderly themselves.

Our project is still in its early stages. We expect its findings will be sharpened and its future reports documented with more statistics, as well as examples of trends. We know that not everyone likes having problems exposed and that there are those who would prefer that these needy persons and urgent matters be left unfound. We believe, however, that this committee has, by its past history, evidenced a sincere desire to make the life of our older citizens more secure, healthier and happier, and we assure you of the desire of all those connected with this project to assist you in these tasks. We urge upon you the example of an older woman employed as a community aide in Pennsylvania. At an isolated farm house she found herself greeted by a shotgun-wielding lady who condemned her, the visit and its purpose. Irish up, the aide sided with the woman and casually extracted the data for the report. As time elapsed she was invited by the repentent housewife to have a cup of coffee in the family's special china, and when she left was kissed goodby. A short time later this same woman encountered a timber rattlesnake on a farm road leading to one of her respondents. Shaken, but determined to get the job done, she got around the rattling obstruction, conducted the interview and got her questionnaire completed.

With staffs of older people like this lady you can see why we are confident that our job will get done. We will be privileged to report to you further on our progress.

The CHAIRMAN. The committee staff has prepared a fact sheet on the subject to be considered by the second panel, and I submit it now for the hearing record:

Fact Sheet for Panel Two

A. TODAY: AGGREGATE INCOME $40 TO $45 BILLION

1. Earnings: almost one-third (even though only 1 in 5 of older persons are in the labor market and these 65+ workers tend to concentrate in part-time and low-paid jobs, employment is the biggest single source of income).
2. Social Security: thirty per cent.
3. Railroad Retirement and Civil Service: six per cent.
4. Private Pension Plans: three per cent.
5. Veterans Benefits: four per cent.
6. Public Assistance: five per cent.
7. Return on Invested Assets: fifteen per cent.
8. Miscellaneous (including contributions from relatives): five per cent.

B. FUTURE SOURCES OF RETIREMENT INCOME

The Social Security Administration has advised the Committee that comprehensive projections in this area are available in a study, "The Future Economic Circumstances of the Aged: A Simulation Projection, 1980," the information for which was collected by James H. Schulz, Ph.D., while he was serving as a consultant with S.S.A. Major points of his paper, which appeared in the Spring 1967 issue of "Yale Economic Essays," follow:

1. Although existing pension systems can be expected by 1980 to have produced a sizable shift upward in the distribution of pension incomes for older Americans, there will still be a large percentage of older Americans in 1980 with "very low" pension incomes, and there will be little or no improvement *relative* to the rising incomes of younger age groups in the U.S. population.
2. Not as much improvement in the incomes of *single* aged individuals can be expected as in the incomes of *married* aged individuals, due to the current poor pension protection provided widowed individuals by both public and private pension systems.
3. The elderly in 1980 can be expected to have accumulated substantially greater total assets than were possessed by this age group in 1962, but a large proportion of these assets can be expected to be in the form of home equities.
4. Social Security benefits will continue to be a very important part of total pension incomes, but they will not be large enough to eliminate poverty among older individuals in the future.
5. Growth of private pension coverage and increased size of benefits offers much potential for providing adequate retirement incomes in the future, but this potential can be realized only if significant changes are made in present U.S. pension systems.

Panel 2: Future Income Needs of the Elderly*

STATEMENTS BY JUANITA KREPS, PH. D., PROFESSOR OF ECONOMICS, DUKE UNIVERSITY; AND LEON KEYSERLING, PH. D., CONSULTING ECONOMIST AND ATTORNEY; PRESIDENT, CONFERENCE ON ECONOMIC PROGRESS

The CHAIRMAN. We are honored next to have Dr. Juanita Kreps, who comes to us from the Economics Department of Duke University, and Leon Keyserling, who is not unknown to congressional committees.

You feel at home here, don't you, Leon?

Dr. KEYSERLING. Yes, indeed.

The CHAIRMAN. Dr. Kreps, I don't know whether you are familiar with our committee procedures. Have you testified here before this committee?

Dr. KREPS. Only before a subcommittee.

The CHAIRMAN. Do ladies come first in this business, Mr. Keyserling?

Dr. KEYSERLING. So be it. It is certainly agreeable to me.

Dr. KREPS. I can be very brief, if that will help, and then save perhaps more time for Dr. Keyserling.

STATEMENT OF DR. KREPS

Dr. KREPS. This committee has long been concerned with the low incomes of retirees; it is therefore not necessary to document the aged's poor financial status.

It is perhaps well to concentrate in these few minutes on the economic factors which cause retirement income to be so much lower than earnings. In particular, my comments will deal with the impact of economic growth on the relative income position of retirees.

Income at retirement is likely to drop sharply. In addition, there is the equally pressing question of what happens to the retiree's income during the years of his retirement. This retirement span is now long

*Additional information concerning this subject appears in app. 2, p. 243.

enough to permit a significant worsening of the retiree's position relative to that of persons still at work. At age 65, a man's life expectancy is about 13 years and that of his wife, who is usually somewhat younger, almost 20 years. Therefore, with any lowering of retirement age or any increase in life expectancy, the retirement span will come to be a full two decades.

During these 20 years dramatic changes are likely to occur in the income positions of those persons who continue at work. If the rate of growth in incomes of persons at work is 4 percent annually, for example, their possible consumption levels would roughly double in the two decades. Meanwhile, the bulk of the retirees would continue to live on incomes that were fixed. To the extent that prices rose the aged's income position would be worsened even further.

Offsets to the relative decline in the income position of the elderly will be available only insofar as older people are able to continue working, at least on a part-time basis, and to the extent that retirement benefits grow in some rough accord with the overall growth of the economy. Arrangements for tying social security benefits to the cost of living, which have often been proposed, are an important safeguard in periods of inflation, but such action would still not meet the need to keep retirement incomes in line with income of persons still in the labor force.

The central question comes to be: To what extent, and through what mechanisms, are the retirees to share in the growth of real national output?

It is widely recognized and applauded that technological advance and capital accumulation produce rising incomes per capita and per employee over time. In the United States disposable real income per capita has risen at an average rate of about 1.9 percent per year during the postwar period. Not so widely recognized is the fact that under most systems of providing income for the aged there is a systematic tendency for the incomes of retired persons to lag far behind those of employed persons.

In the formal testimony submitted, I have drawn up a very simple model whose assumptions are spelled out in detail. In summary, the model indicates that a saving of that portion of the income designed to provide at retirement a consumption level equal to that then enjoyed—that is, the level of consumption enjoyed at the time the saving occurs—would in fact provide at the time of retirement some fraction (not the 100 percent anticipated) of the average consumption level of those still at work. This is easy to understand; saving occurs out of current income, whereas each succeeding year's earnings will be higher.

When one is saving with the aim of providing 100 percent of current consumption during his retirement years, the fraction of earnings that would be maintained at the time of retirement is dependent upon the rate of growth in real income. If the workers' incomes are rising at, let's say 2 percent annually (which is not very different from the actual case in recent years), the retiree would begin his retirement on an income that is only 60 percent of the average consumption of the employed person. He is thus far below the level he had planned on, even when he begins his retirement period.

Gap in Working Retirement Incomes

But this proportion of consumption is not maintained throughout the retirement period. The incomes of the workers continue to grow, while retirement income becomes a smaller and smaller fraction during the two decades of retirement. If the annual rate of real income growth per capita is 2 percent, retirement consumption will have fallen to 45 percent after 10 years, and to about one-third at the end of the 20-year period.

If incomes are rising at a faster rate of, say, 3 percent, the consumption level at the beginning of the retirement period would be 48 percent and at the midpoint only about one-third of what was initially conceived.

In order to show the changes in earnings in dollar amounts, estimates by age and occupation have been prepared. The figures indicate the incomes that will be available at the time of retirement for two occupational groups. These incomes will be several times the expected retirement income—in fact, retirement income will probably not be more than about one-third of the estimated incomes just prior to retirement.

A recent simulation projection of income in old age concludes that in 1980 about half the couples and more than three-fourths of the unmarried retirees will receive $3,000 or less in annual pension income, both public and private. Three-fourths of the couples will be receiving the pension incomes of $4,000 or less and only about one-eighth have pension incomes of more than $5,000. This is in contrast to the earnings at the point of retirement of some of the fairly low-income groups of $12,000 or more.

Finally, a very brief comment on the problem of reducing the gap between earnings and retirement benefits. Public policy in the United States has provided a floor of income during retirement, but there has never been any attempt to use social security benefits as a means of smoothing the humps and valleys of income in any broad life-range manner. The problem of poor fit between earnings and consumption needs persists and it is in fact accentuated by the rise in productivity and real earnings of persons who continue at work.

There is first the question of equity: whose growth is it? To whom does it properly belong? Reluctance to provide more generous public pensions for retirees reflects in part a failure to recognize the lengthening retirement period as a new life-stage and in part a belief that each family is in charge of his own financial destiny; hence private savings are expected to achieve whatever income beyond some minimal level is desired. But as I have attempted to point out, the accumulation of private savings in sufficient amounts to keep retirement incomes in step with earnings is extremely difficult.

Moreover, in the present scheme of income allocation which offers rewards primarily to those persons still at work there is the implicit assumption that the gains from economic growth are due altogether to the efforts of persons who are currently at work.

Such an assumption is unwarranted. Increases in the productivity of the employee may have very little to do with his own actions and initiative; they result, rather, from capital accumulation and ad-

vances in technology. The growth component of increases in income is largely gratuitous from the standpoint of the individual worker. Income gains from intraoccupational advance and from promotions into higher occupational ranks—which are due to knowledge and job experience—are the rewards of individual efforts.

The CHAIRMAN. Don't unions now have something to do with that?

Dr. KREPS. I mean individual in the nongovernmental sense.

One can argue, of course, that further increments are due to those persons who undergo extensive education. But these too can be rewarded and still leave an income differential which is attributable to growth.

In addition to the equity question, there is the question always of financing. If the incomes of retired persons are to be maintained at levels closer to those of persons who remain at work, how should the transfer be made? There are not very many alternatives. One, we can rely on individual savings. Two, we can rely on savings through private pension arrangements. Three, we can transfer income via some taxation-benefit scheme.

DIFFICULTIES OF SAVING

Most people agree that they should save more heavily for retirement; most people fail to do so. The private method has the advantage of allowing the family to do its own lifetime budgeting and saving for old age, and it has also the disadvantage of allowing it to do neither. Indeed, the widespread reliance on public and private pensions rests on the premise that people make no voluntary systematic provision for retirement income.

In order to provide future benefits commensurate with future incomes and further provide benefits which would rise through the retirement period, private pension schemes would have to exact much heavier contributions from employees and employers than they now require. Without such increased contributions, it will be difficult for companies unilaterally to raise benefits above the levels now being financed.

Social security benefits will obviously need to rise. Debate hinges on the questions of how fast this increase ought to be, and on the proper direction of tax policy. As to the extent of the increase in benefits, the wide gap between earnings and retirement income indicates the range within which some income "smoothing" might advantageously occur. But even if benefits are raised to the point where this gap is minimized, the improvement will be temporary unless public policy also deals with the relationship of earnings and benefits through the retirement period.

Until benefits are in some way tied to the growth in real income, the relative position of the retiree will lag behind that of the worker. Further increases in payroll taxes will, of course, be necessary if benefits are to be financed exclusively from this source. Raising the taxable base will help reduce the regressivity of this tax, but significant increase in the rate may raise again the question of whether we are not taxing heavily one low-income group to raise the incomes of another low-income group. Discussion of general-revenue financing for some portion of retirement benefits is surely long overdue.

Thank you.

The CHAIRMAN. A very thoughtful and helpful statement; we appreciate it.

My father long ago simplified the whole business of retirement by living by a principle of saving half. He always tried to get me to live by the same principle. That is not quite realistic, is it, any more?

Dr. KREPS. Do you do it?

The CHAIRMAN. I surely don't. If I can just keep my nose above water to pay the bills, I feel lucky. That was in the old days when he could save half.

Dr. KREPS. In the old days we perhaps had a different philosophy about saving; we were in general somewhere more concerned with individual thrift and saving. But saving is not necessarily a private goal nor a public blessing. Spending is not only a more popular notion; it is at times—an inflationary period is not one of them—in the public interest.

The CHAIRMAN. Well, that is the philosophy we live by, I think, is to spend our way to prosperity; is that right? Have we not been accused of that?

Dr. KEYSERLING. We have.

(The prepared statement of Dr. Kreps follows:)

THE IMPACT OF ECONOMIC GROWTH ON RETIREMENT INCOMES, BY JUANITA M. KREPS AND JOHN O. BLACKBURN, DUKE UNIVERSITY

I. INTRODUCTION: MONEY INCOMES OF THE AGED

The median income in the United States for all persons aged 65 and over is less than half that of those who have not yet reached 65. In 1966, families headed by a person over 65 had a median income of $3,645 or only 46 percent of the median ($7,922) for families with younger heads. For single persons the difference is even greater. The median income of aged individuals was 42 percent that of younger individuals: $1,443, compared with $3,443.

While incomes of both groups have been rising since 1960, those of older persons have not increased as much as those of persons under 65. The median income for families with heads under 65 has increased by $2,000, or 34 percent, in the last six years, but families with heads over 65 have seen an increase of only $750—26 percent. The income of the unrelated individual under 65 has risen almost $900 during this same period (an increase of 34 percent), while that of the older persons has gone up less than $400, or 37 percent. The slightly higher percentage for the elderly reflects a spectacular rise of 13 percent in 1961–62. Since 1962, the percentage increase in the income of elderly individuals has been 16 percent—about half the percentage increase for younger persons. These figures indicate not only that older Americans are living on less than half the money income of younger persons, but also that the income gap between the older and younger segments of our population has been widening over the past several years.[1]

Earnings constitute a significant source of income for the aged—nearly a third of the total—despite the low labor force participation rate of older men. Since so few persons in their seventies or eighties continue working, the bulk of the aged's earnings accrue to the younger elderly, those aged 65 through 69. Persons who are past the age of continuing to work even parttime suffer the further disadvantage of drawing pensions on the basis of earnings records that were lower because they occurred in an earlier less productive era. Thus, although Social Security and other public benefits constitute only about 36 percent of the aged's aggregate income, such pensions are likely to be the major (often the only) source of money income for the older aged, who are much more frequently in need.

[1] Herman B. Brotman, "Income of Families and Unrelated Individuals, 1966." Useful Fact No. 29, Administration on Aging, Department of Health, Education, and Welfare, September 1967.

In addition to the obvious problem of the income drop at retirement there is the equally pressing question: what happens to the retiree's income position during the years of his retirement? The retirement span is now long enough to permit a significant worsening of his income relative to that of persons still at work. At age 65, a man's life expectancy is about 13 years and that of his wife, who is probably slightly younger, is almost 20 years. If there is any lowering of retirement age or increase in life expectancy, the couple's nonworking period may extend to two full decades.

During these 20 years dramatic changes are likely to occur in the income position of those persons in the labor force. If the rate of growth in incomes of workers were four percent annually, their consumption levels could roughly double in two decades. Meanwhile, the bulk of the retirees would continue to live on incomes that were fixed. To the extent that prices rose, the aged's income position would be worsened even further.

Offsets to their relative decline in income would be available only insofar as older persons were able to continue working, at least on a parttime basis, or retirement benefits grew in some rough accord with the overall growth of the economy. Arrangement for tying the Social Security benefits to the cost of living, although an important safeguard in periods of inflation, would not meet the need to keep retirement incomes in line with the incomes of persons still at work. The central question comes to be, then; to what extent (and through what mechanisms) are older people to share in the growth in real national output?

II. ECONOMIC GROWTH AND RETIREMENT INCOMES: A HYPOTHETICAL CASE

It is widely recognized (and applauded) that technological advance and capital accumulation produce rising incomes per capita and per employee over time. In the United States disposable real income per capita has risen at an average rate of 1.9 percent per year during the 1946–1966 period. Not so widely recognized is the fact that under most systems of providing income for the aged, there will be a systematic tendency for incomes of retired persons to lag well behind those of employed persons.

A simple model illustrates the lag. Suppose that all income earners save systematically for their own retirements. Most specifically, assume that from any given year's income the recipient sets aside that fraction necessary to provide a retirement level of consumption equal to the level *of that year*. Note that the model does not specify the amount of savings necessary for retirement consumption at ⅓, ½, or ⅔ of working consumption; rather, it aims at matching working consumption dollar for dollar.

Suppose further, that each worker's income is rising at rate m per year. He will save a constant fraction of each year's income, the objective being to maintain that year's consumption level during retirement, and the assumption being that the current year's income will prevail throughout work-life. Upon retirement, he takes his savings (the cumulated sum plus interest of an annual contribution that has risen at rate m per year throughout worklife, since he has saved each year a constant share of income rising at rate m per year) and buys an annuity providing whatever annual income can be purchased for the remainder of his life.

But whereas he then has a fixed payment per year for as long as he lives, persons in the labor force continue to enjoy rising incomes at rate m per year. In such a model the retiree will always be consuming less than the worker (even when the worker saves at a rate sufficient, he thinks, to maintain his current level of consumption), since the retiree's savings were accumulated during an earlier period when earnings were lower than those of the present generation of workers.

The relation between the level of consumption of retirees and that of workers depends *ceteris paribus*, on the rate of income advance m. For some numerical examples, let us suppose that the average age of entry to the labor force is 20, retirement occurs at age 60, and death at age 80. On the average, therefore, people work 40 years and have 20 years of retirement. Further assume the relevant rate of interest to be 5 percent. Consumption at the beginning of the retirement period, as a proportion of the average consumption of workers, would then be 100 percent only if m were zero (table 1). If per capita income grows at 2 percent, however, the retirement consumption level is only 60 percent of that enjoyed by workers.

TABLE 1.—CONSUMPTION EXPENDITURES OF NEW RETIREES AS A PROPORTION OF CONSUMPTION EXPENDITURES OF WORKERS, AT VARIOUS RATES OF INCOME GROWTH

Rate of income growth (m)	Retirees' consumption (percent of workers' consumption)
0	100
.01	77
.02	60
.03	48
.04	35

But even this proportion of consumption is not maintained for retirees during their retirement period. Incomes of workers continue to grow, and retirement incomes become smaller fractions during the two decades of retirement. If the annual rate of income growth is 2 percent, retirement consumption halfway through the period has fallen to 45 percent of the workers' consumption level, and by the end of life the proportion is only one-third (table 2). If incomes are rising at a rate of 3 percent annually, the relative deterioration of retirement consumption occurs even faster. From a 48 percent level at the beginning of retirement, consumption falls to 36 percent after ten years and eventually to 27 percent of the workers' level.

TABLE 2.—RETIREE'S CONSUMPTION AFTER 5, 10, 15, AND 20 YEARS OF RETIREMENT, AS A PROPORTION OF WORKERS' CONSUMPTION (INCOME GROWTH RATES OF 0.02 AND 0.03)

Years in retirement	Retirees' consumption (percent of workers consumption)	
	0.02 rate of growth	0.03 rate of growth
0	60	48
5	52	41
10	45	36
15	39	31
20	33	27

Under these assumptions, then, an annual rate of saving aimed at providing retirement consumption equal to one hundred percent of current consumption during worklife would in fact provide only a fraction—perhaps one-half to two-thirds—of consumption during worklife, and this proportion at the beginning of the retirement period. During the course of the retirement years, the retiree's level of consumption falls further still, perhaps to as little as one-fourth of that enjoyed by persons still at work.

III. ECONOMIC GROWTH AND RETIREMENT INCOMES: SOME PROJECTIONS

The impact of the economic growth on earnings during the course of worklife has been examined elsewhere.[2] In summary, the effects of growth plus experience and job seniority, provide the after-tax income estimates shown in table 3.

TABLE 3.—ESTIMATED AVERAGE ANNUAL INCOMES THROUGH WORKLIFE, WITH ECONOMIC GROWTH COMPONENT INCLUDED FOR WORKERS AGED 25 AND UNDER IN 1960–61

Age	Self-employed	Professional	Clerical	Skilled	Semiskilled	Unskilled
Under 25	$4,528	$4,990	$4,459	$4,676	$4,602	$3,246
25 to 34	10,149	9,681	7,785	8,111	7,179	5,918
35 to 44	17,582	17,845	12,388	12,784	10,722	8,899
45 to 54	23,591	23,316	15,385	17,106	13,956	11,031
55 to 64	32,946	26,322	17,994	22,487	17,489	13,780

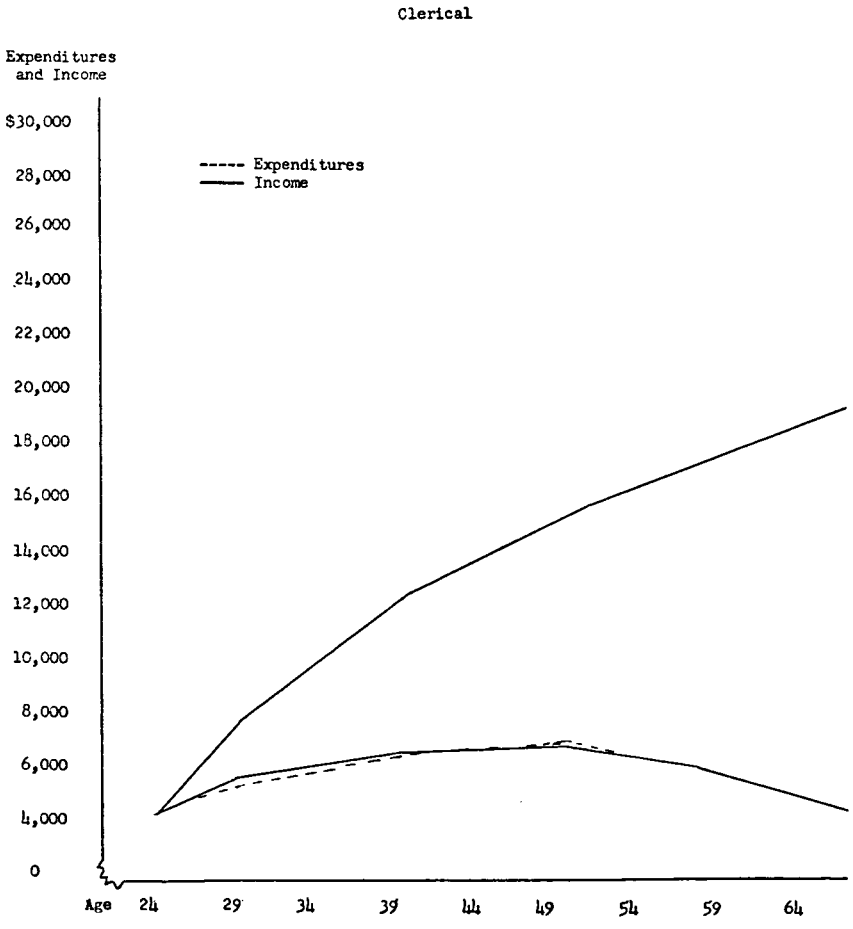
Source: Juanita M. Kreps and Donald E. Pursell, "Lifetime Earnings and Income in Old Age," Joint Economic Committee 1967.

[2] See Herman P. Miller, "Lifetime Income and Economic Growth," *American Economic Review* LV (September, 1965), pp. 842–843, and Juanita M. Kreps and Donald E. Pursell, "Lifetime Earnings and Income in Old Age," to be published during 1967 by the Joint Economic Committee, U.S. Congress, as part of its study entitled "Old Age Income Insurance."

Figures 1 and 2 illustrate the wide divergence between the 1959 income of an age cohort and the projected income of that cohort as it moves through worklife. Estimated incomes for these two occupational groups—clerical and unskilled workers—are of course much lower than incomes of some other workers, notably the professional and the self-employed. But even in the lower-paying occupations, incomes at the end of worklife may be expected to be three or more times their initial levels. At retirement, then, incomes for those who are fully employed are likely to be at their peak.

In contrast, retirement incomes will probably be not more than one-third the estimated incomes just prior to retirement. A recent simulation projection of incomes in old age [8] concludes that in 1980 about half the couples and more than four-fifths of the unmarried retirees will receive $3,000 or less in annual pension income, both public and private. Three-fourths of the couples will be receiving pension incomes of $4,000 or less, with only about one-eighth having pensions of more than $5,000. When the 1980 estimates are corrected for price change (assuming that the 1955–65 price rise of 1.6 percent yearly continues till 1980),

Fig. 1. Income and Expenditures by Occupation and Age for 1960–61 and Projected Worklife Income



Source: Kreps and Pursell, op. cit.

[8] James H. Schulz, "The Future Economic Circumstances of the Aged: A Simulation Projection," *Yale Economic Essays* 7 (Spring, 1967), pp. 145–217.

81 percent of the retired couples are expected to have a real pension income plus asset income of $4,000 or less; the comparable proportion for 1962 was 84 percent. Continuation of past rates of growth in pension benefits, or even some slight acceleration in rate,[4] will thus probably do little more than offset price rises.

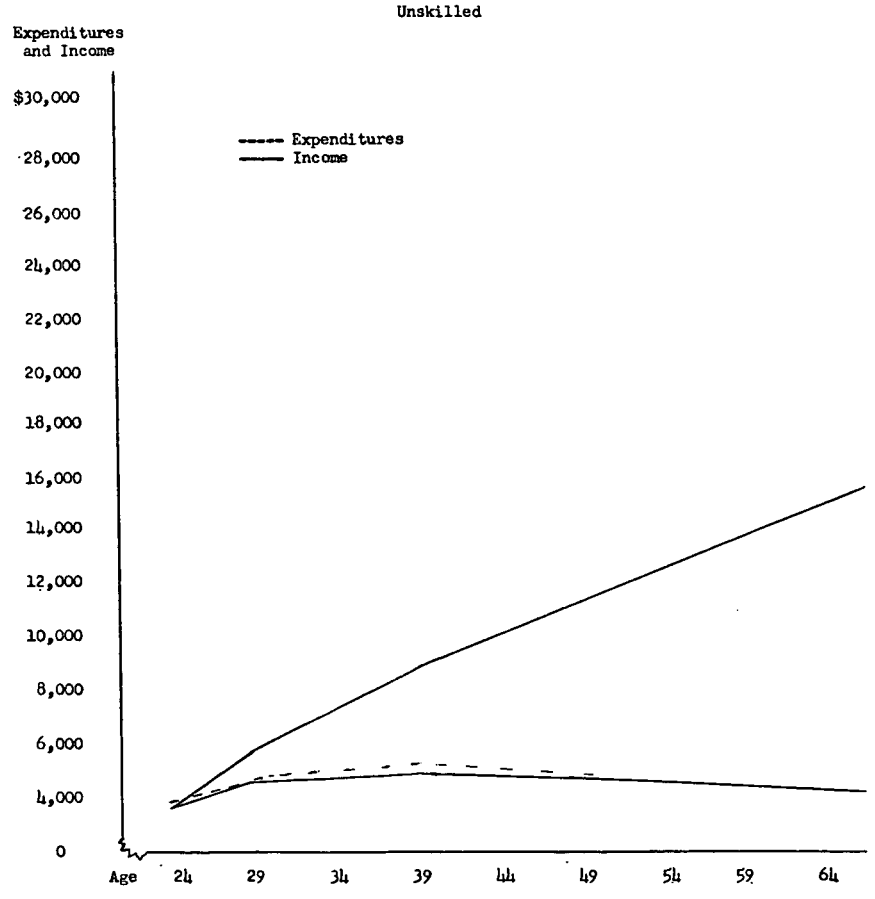
IV. REDUCING THE GAP BETWEEN EARNINGS AND BENEFITS

Public policy in the United States has provided for a floor of income during retirement, but there has not yet been an attempt to use Social Security benefits as a means of smoothing the humps and valleys of income in any broad, life-range manner. The problem of poor fit between earnings and consumption needs persists, and is in fact accentuated by the rise in productivity and real earnings of persons at work. A shortening of worklife relative to the total lifespan further aggravates the need for income-maintenance.

A. A Question of Equity: Whose Growth Is it?

Reluctance to provide more generous public pensions for retirees reflects in part a failure to recognize the lengthening retirement period as a new life-stage,

Fig. 2. Income and Expenditures by Occupation and Age for 1960-61 and Projected Worklife Income



Source: Kreps and Pursell, op. cit.

[4] In the study cited, Social Security benefits were assumed to increase by 4 percent annually between 1962 and 1980. Ibid., p. 211.

and in part a belief that each family is in charge of its own financial destiny. Hence, private savings are expected to achieve what-ever income smoothing, beyond certain minimum pensions, is desired.

But the accumulation of private savings in sufficient amounts to keep retirement incomes in step with earnings is extremely difficult, as the foregoing illustrations indicate. Moreover, there is in the present scheme of income allocation, which offers rewards primarily on the basis of productivity, the implicit assumption that the gains from economic growth are due altogether to the efforts of persons who are currently at work. Such an assumption is unwarranted. Increases in the productivity of the employed may have very little to do with their own actions and initiative; they result, rather, from capital accumulation and advances in technology. The growth component of increases in income is largely fortuitous from the standpoint of the individual worker.

Income gains from intra-occupational promotions and from advances into higher occupational categories, which are due to knowledge and job experience, are the rewards for individual effort. Further increments accrue to those persons who are willing to undergo extended education and training. The income differentials attributable to education, skill, and experience can, however, be maintained without also imputing to the current generation of workers that portion of output that derives from scientific and technological progress.

B. A Question of Financing: Public or Private?

Public pensions, which in the United States are financed by payroll taxes on the incomes of persons still at work, transfer income claims against the nation's total output from workers to retirees. It is important to note that the transfer is from workers in 1968 to retirees in 1968, and not from a man who works in 1968 to the same man when he retires in 1988. The retiree of 1988 will have an income claim against the 1988 output, financed by a tax on the worker of that year. Transfers of income claims thus reallocate the annual output between workers and nonworkers (including the young as well as the old).

If the incomes of retired persons are to be maintained at levels closer to those of economically active persons, whose earnings are always rising, how should the additional transfer be financed? There are few alternatives: one, individual savings; two, saving through private pension arrangements; and three, transfers via some taxation-benefit scheme.

Most people agree that they should save more heavily for retirement; most people fail to do so. The private method thus has the advantage of allowing a family to do its own lifetime budgeting and saving for old age; it has also the disadvantage of allowing it to do neither. Indeed, the widespread reliance on public and private pensions rests on the premise that most people make no voluntary systematic provisions for retirement income. And if people generally do not save enough for retirement incomes comparable to their current earnings, how can they be expected to save enough to match their even higher incomes of the future? The reasoning might well be (if the process were thoroughly understood): why depress present consumption levels in order to enjoy higher retirement consumption, when such saving will maintain such a small fraction of earnings?

Private pension arrangements face much the same difficulty, since they also require more saving now for more consumption during retirement. In order to provide future benefits commensurate with future incomes, and further, provide benefits which would rise through the retirement period, private pension schemes would have to exact much heavier contributions from employers and employees than they now require. Unless these larger contributions are made, employers will find it difficult unilaterally to raise pension benefits above the levels financed by past contributions.

Social Security benefits will obviously need to rise; debate hinges on the questions of how fast this increase should be, and on the proper direction of tax policy. As to the extent of the increase in benefits, the wide gap between earnings and retirement incomes indicates the range within which income "smoothing" might advantageously occur. But even if benefits are raised to the point where this gap is minimized, the improvement will be temporary unless public policy also deals with the relationship of earnings and benefits through time. Until benefits are in some way tied to the growth in real income, the relative position of the retiree will lag behind earnings.

Further increases in payroll taxes will of course be necessary if benefits are to be financed exclusively from this source. Raising the taxable base will help

to reduce the regressivity of the payroll tax, but significant increases in the rate may raise again the question of whether we are not taxing heavily one low-income group to raise the incomes of another. Discussion of general-revenue financing for some portion of retirement benefits is long overdue.

(Questions submitted by the chairman to Dr. Kreps subsequent to the hearing and her replies:)

1. There seems to be a tendency, in any discussion of the effects of inflation upon retirement income, to equate inflation with income growth enjoyed by participants in the labor force. Your paper touches upon this subject, but I would appreciate some additional commentary from you for our hearing record.

Answer. Price inflation and economic growth (in the incomes of the active members of the population) are two quite separate matters. Both independently contribute to the worsening of the income position of the retired relative to those still employed.

If price levels were stable through time so that those retirees on fixed money income suffered no loss of purchasing power through their retirement period, their incomes would still fall steadily behind the incomes of those employed. Persons working will in general continue to enjoy rising money and real incomes as a result of capital accumulation and technological advance. Therefore the *relative* income position of the retiree would steadily deteriorate in the manner suggested by Table 2 of the statement submitted.

When there is inflation, there is a further tendency for the retiree to suffer a loss in *absolute* real income during retirement, along with the deterioration of his position *relative* to those still employed. The inflationary impact is partially offset by periodic increases in Social Security benefits. But the time lag between the cost-of-living increase and the benefit increase may be significant.

In discussing the incomes of the aged it is important not to confuse the effects of inflation with the effects of rising real incomes for the employed. Policy measures to deal with the two influences are quite different.

2. Your comments on equity and future financing of public pensions are very helpful and incisive, especially the following (p. 15 of statement): "Until benefits are in some way tied to the growth in real income, the relative position of the retiree will lag behind earnings." What actions can be taken to tie benefits to income growth? What particular course of action, in your opinion, would be most effective?

Answer. As we have indicated, there is little hope of meeting this problem on a broad scale either through individual private saving or through private pension plans. The only broad solution would appear to be one which uses the taxation-benefit mechanism to apportion the gains from economic growth somewhat more evenly between the employed and the retired aged. This would necessitate growth related-increases in social security benefits, with partial financing of the increases from general tax revenues, and partial financing from expansions in the payroll tax base.

The CHAIRMAN. We welcome again to this committee of Congress Leon Keyserling, who has contributed so much in public service.

STATEMENT OF DR. KEYSERLING

Dr. KEYSERLING. Mr. Chairman and members of the committee, I first want to apologize for not having a prepared statement. I almost always do, but I was called out of the country on business at just about the time I got this invitation, and just got back Sunday night.

In some ways this may be an advantage, because I would like to begin by making a few remarks about some of the very recent interesting testimony.

As to the testimony of the immediately preceding witness, I will condemn it entirely by saying that I agree with it entirely, and will not spend any more time on it.

As to the testimony of some of the earlier witnesses, I think it indicates the current national tendency to look for an infinite variety of

picayune solutions without concentrating on the main ball and to try to get by on the cheap, which no great nation can do if it is going to deal with serious problems.

My whole thesis is that the only basic way to help the poor among the aged, and I will come to how many they are, is to increase the amount of money they receive. Now, this is in part tied in with problems of transportation, problems of taxation, problems of housing, problems of personal care. But, basically, they are poor because they don't have enough money not to be poor; they have to have more money not to be poor. Basically, there is only one way to get more money to them. The one way to get more money is to increase vastly, bringing into line not only with the cost-of-living changes but also into line with the increase in productivity and resources of the economy, the payments which they receive as a matter of right under Federal programs directed to enlarging the incomes of those who have too little. I refer mainly to the old-age insurance system and the pension system.

Of course, our senior citizens also need great improvements in many kinds of services supported by public funds. I heartily favor great expansion of these services. But most of all, the need is more income.

Let me say a few words about some other suggested alternatives, which indicate how far astray we are going. It is, of course, very appealing and beguiling to say that the 18 to 20 million senior citizens, who will soon become 20 million and then 25 million, should meet a substantial part of their income problem by enjoying employment opportunity.

Of course, I am against the current provisions of law which prevent pension receivers from receiving their full pensions if they get a job. I think this is wrong. I also am in favor of reasonable efforts to help the older people to do some productive work for pay, and some of that can be done. But we face a situation where, for reasons which I have not time to disclose, 60 percent of all the poverty in the United States is due to full-time unemployment, or part-time unemployment, or underutilization or inadequate pay when employed, among those who are not old.

The unemployment rate is far too high, and has been for 15 years. It is 10 to 15 percent among the young people leaving school and not finding work, who for the first time are turning their eager faces to the society of which they are a part and asking for the opportunity to be useful. The unemployment rate, as we all know, is 30 to 50 percent in some of our critical urban areas.

Priority: Full Employment

Taking this composite of factors, and also the advance of technology and automation, let us accept it as given that our first national priority is to try to restore and maintain a full employment environment for those who are now in the age groups normally employed. When we solve that problem, and we are not making enough efforts to solve it, then we can turn to the question of whether we should also try to incorporate among those seeking employment the bulk of those whom we now regard as our senior citizens.

I think, as a matter of prophecy, that we will probably come to the time when we will have to reduce somewhat the retirement age.

So these are reasons why I think that talking about solving in any large measure the inadequate income problem of the old people by getting them to work is chasing a pure futility.

The previous witness is correct that nothing much can be achieved toward the rescue of our senior citizens, through saving while employed. The average saving rate throughout the United States is now only about 7 percent, and that is far too high. It is far too high because far too much is saved against what is being spent to keep the wheels of industry fully in motion, and most economists would agree. But this 7-percent saving rate, viewing income distribution which cannot change very much in a short time is not spread equally among the people at large. The saving rate among the lower half of the population is very low. The saving rate among the lowest quarter or third of the population is negative. If the population as a whole saved more, the economy would be worse off, and those in need would be very much worse off. In final analysis, living standards are supported out of consumption, and not out of saving.

Looking at those now at work who will be the bulk of our senior citizens when they are old, most of them may be saving only about 2 percent a year. On a compound basis, it would take them about 35 to 40 years to save 1 year's income.

Now, need I say any more about the futility of talking about these people saving enough during their working years to have much of a shield when they get old, except through a public protective system?

Furthermore, many of those now of working age will not have 40 years to save. In addition to the 18 to 20 million who are old now, another 5 million will be old very soon; they don't have much time to save.

To come to my next main point, the reason why we are not doing more on behalf of our senior citizens is not really the need for more facts, the need for more research, nor is the main need to spawn, as I heard stated here today, a great proliferation of programs, community by community, to process a few hundred old people here and there in a dramatic way, to make a little gain here and there with another few hundred people.

This kind of thinking, which is the bane of the war against poverty, reminds me of a fellow standing on a beach and taking pride in the fact that he is making some of the pebbles skip across the water, and not realizing he has to cross the ocean. The basic way to bring the old people up to a decent standard of living, or even within hailing distance of it, is to enlarge their public payments under the existing systems, or to erect some still better system to do the same thing.

"What We Cannot Afford"

What really stands in the way of this is not lack of analysis of the problem, and is not really differences about remedies. It is rather the gospel of "what we cannot afford." It is the gospel that our economy doesn't have the means without sacrificing other more important objectives, or without running the danger of excessive inflation, or without

becoming unable to support our international burdens, or without doing injustice to others whom we want to help also—in short, that we cannot do more for those who need help most, because this would hurt our economy in other ways.

This gospel of what "we cannot afford" is at the center of most of our current national economic and social policies, and is an entirely wrong gospel, and there needs to be a profound change in the various assumptions underlying this gospel before we can move directly and forthrightly and vigorously forward taking care of these portions of our poor.

I will direct most of my remarks to this central thesis, because I think it is so important, and because I can probably contribute more in this way than by regaling the committee with the statistics that everybody knows, and because, as I say, until this fundamental matter is clarified, everything else becomes pretty much shadowboxing, becomes an identification of the need without determination to meet the need because we believe "we cannot afford" to meet it.

With the help of these charts, which I can go over very quickly, let me indicate some highlights of the problem. Despite the fact that I said I would not deal with the statistics of the problem of poverty among the old, I want to make some very brief references to it.

My chart 1 shows that, in 1964, about one-quarter of the poor were in consumer units headed by persons over the age 65.

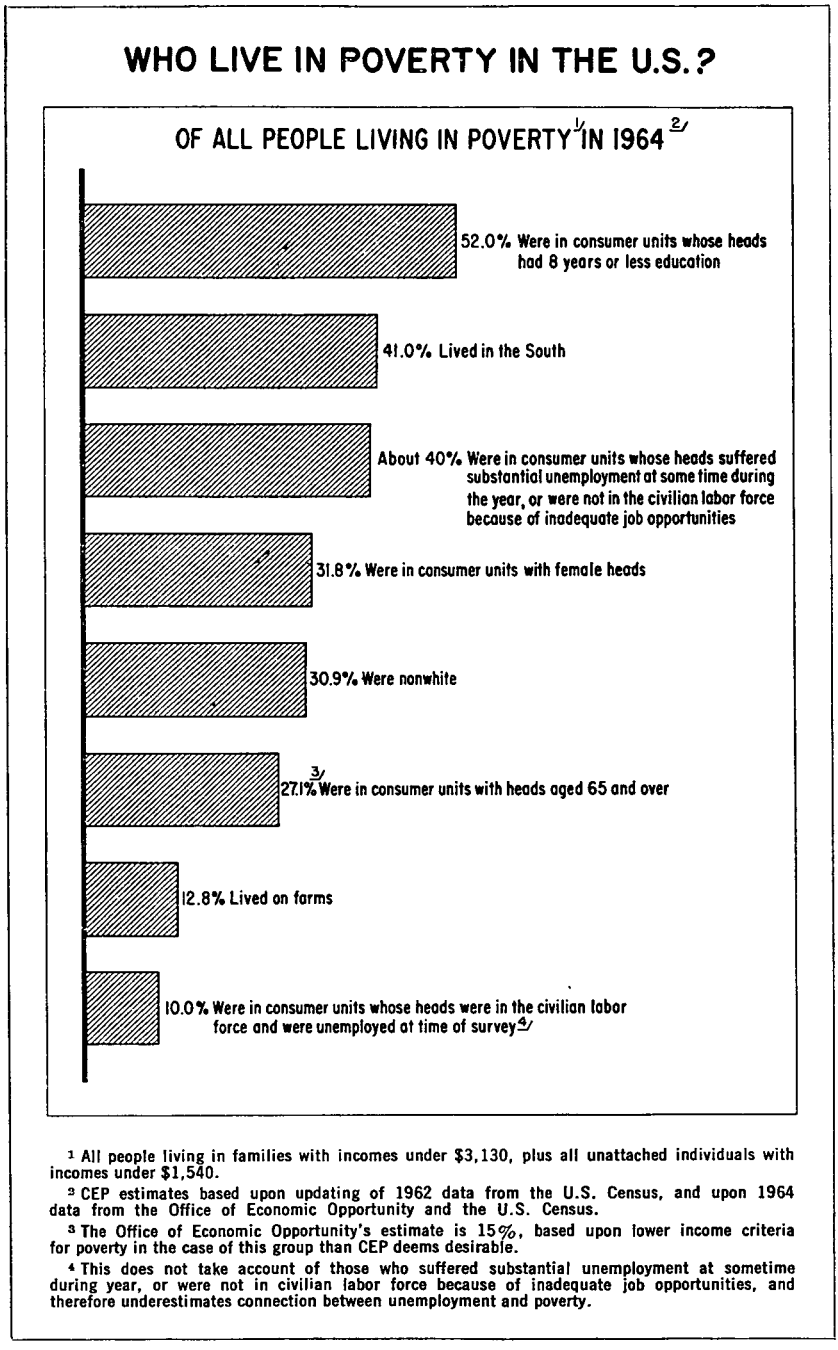
Now, although this chart does not come down through 1967, partly because I have not had the resources, and partly because it has not been done yet elsewhere, this really makes little difference because the changes in the cost of living since 1964 and the increase in the national per capita wealth since 1964 more than counteract the improved income payments to these people. So we face the basic fact that close to 25 percent of the poor, or close to one-quarter of them, are in family units headed by those over 65 years old.

It is an interesting commentary upon the strategy of our war against poverty that we did not begin that war with a forthright and vigorous program to deal with this sector of the poverty problem, and I do not consider it being dealt with by sporadic and scattered OEO projects hitting the outside of the outer rim of some of the problems of the old.

Coming to my chart 2, showing age as a factor in family poverty, which I did for one of my poverty studies, this one also has not been affected appreciably by developments over the intervening years. This chart shows the distribution of income levels among various age groups.

Without going into it in detail, it shows very clearly, in the upper left-hand bar, the enormously large concentration of the poor among those whom we call our senior citizens. I am not going to labor this, but it is very striking that, among multiple-person families headed by our senior citizens, about 47 percent have incomes under $3,000, whereas among those families whose heads are 35 to 44, less than 12 percent are under $3,000. There is an enormous disparity as to the concentration of poverty among those families headed by those who are very old and families headed by younger people.

CHART 1



[1] All people living in families with incomes under $3,130, plus all unattached individuals with incomes under $1,540.

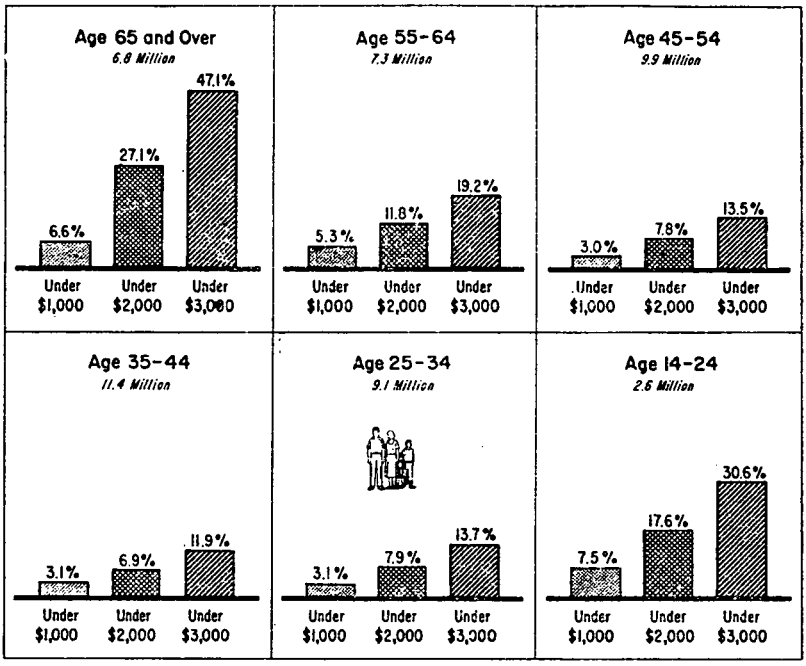
[2] CEP estimates based upon updating of 1962 data from the U.S. Census, and upon 1964 data from the Office of Economic Opportunity and the U.S. Census.

[3] The Office of Economic Opportunity's estimate is 15%, based upon lower income criteria for poverty in the case of this group than CEP deems desirable.

[4] This does not take account of those who suffered substantial unemployment at sometime during year, or were not in civilian labor force because of inadequate job opportunities, and therefore underestimates connection between unemployment and poverty.

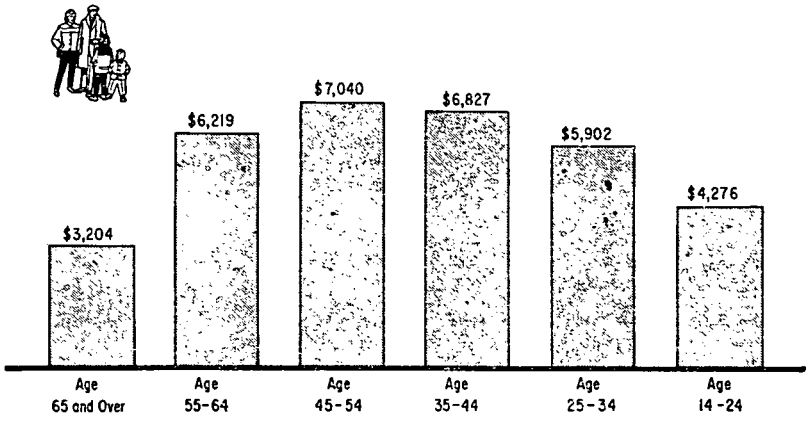
AGE AS A FACTOR IN POVERTY AMONG FAMILIES, 1962

All Families Grouped by Age of Family Head and Percent in Each Group Living in Poverty



MEDIAN ANNUAL MONEY INCOME OF FAMILIES

Grouped by Age of Family Heads



Data: Bureau of the Census.

CHART 2

Moving to my chart 3, it shows the same phenomenon among unattached individuals, except that it is even more striking. Among unattached individuals aged 65 and over, about 65 percent in poverty, whereas among those aged 25 to 34 it is only about 25 percent.

My chart 4 relates to the old-age insurance system and the pension system. This is the main source of the income of most of our senior citizens. Only a small fraction of them have any appreciable other sources of income. Here, I show poverty among OASDI beneficiaries aged 65 and over, and here again we see that even among those living under the beneficent administrations of the OASI system, which is the best system we have thus far devised to deal with the problem, one-half to two-thirds of them live in poverty.

Next, my chart 5. This shows that, among the recipients of public assistance aged 65 and over who do not receive OASI benefits—who are a decreasing number, but still run into the millions—virtually 100 percent of them, in the case of married couples, live in poverty. In other words, there are almost none of them touched by such programs who do not live in poverty. This is under the accepted poverty ceiling definition, which I will not bother to discuss at this stage, except to say that there is a growing recognition that it is too low, measured against the current wealth of the economy. A good illustration of this is what is called the moderate standard-of-living budget just put out by the Department of Labor.

I now come to the basic point as to what we can afford. Manifestly, the main thing standing in the way of our moving forthrightly toward much larger sums of money from Federal sources to the old, which means a demand upon the resources of the country, is the notion that our productive resources are now strained. Obviously, this thesis that our resources are now strained is entering into every phase of national economic policy. It is entering through the tax proposal increase, it is entering through the proposal to slash domestic programs, it is entering into our consideration of the balance-of-payments problem and the gold problem. The most charitable thing that can be said about this entire thesis is that it is about as demonstrably not true as any proposition of economics.

We now have in this country today 85-percent plant capacity in use, and everybody would recognize this as much too low. The optimum would be 92 to 95 percent. We have an official rate of unemployment of 4.2 percent, which is close to 6 percent when we take account of the full-time value of part-time unemployment and the concealed unemployment in the form of people who are not counted as unemployed only because they no longer look for jobs.

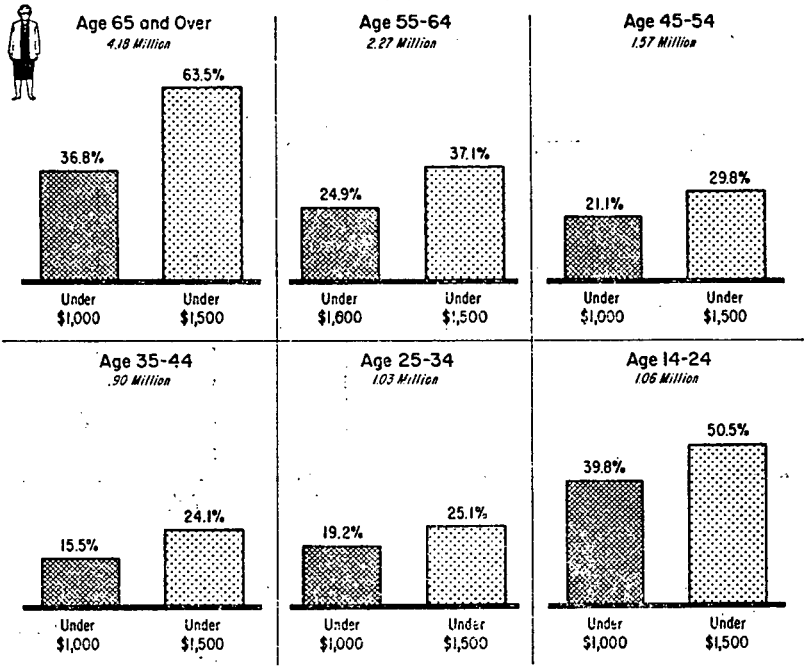
Taking those two factors alone, it would be very obvious that our resources are not overstrained. But there are other factors. Coming to my chart 6, if we look at the economic growth rate in real terms, we averaged about 2½ percent during the years between 1953 and 1960, and rose to about 5 percent during the years between 1960 and 1965, which was not too high. What has happened since the beginning of 1966?

As shown on this chart, from second quarter 1966 to second quarter 1967, the real economic growth rate was 2.4 percent, or less than half as high as we had averaged during the 4 or 5 preceding years. Al-

CHART 3

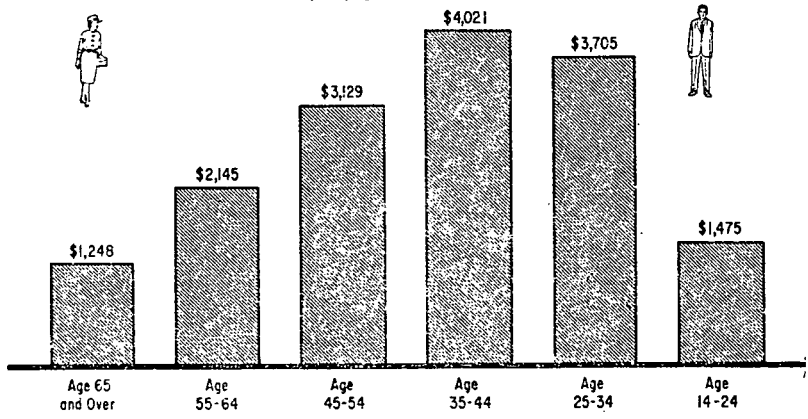
AGE AS A FACTOR IN POVERTY AMONG INDIVIDUALS,1962

All Unattached Individuals Grouped by Age, And Percent in Each Group Living in Poverty



MEDIAN ANNUAL MONEY INCOME OF UNATTACHED INDIVIDUALS

Grouped by Age of Unattached Individuals

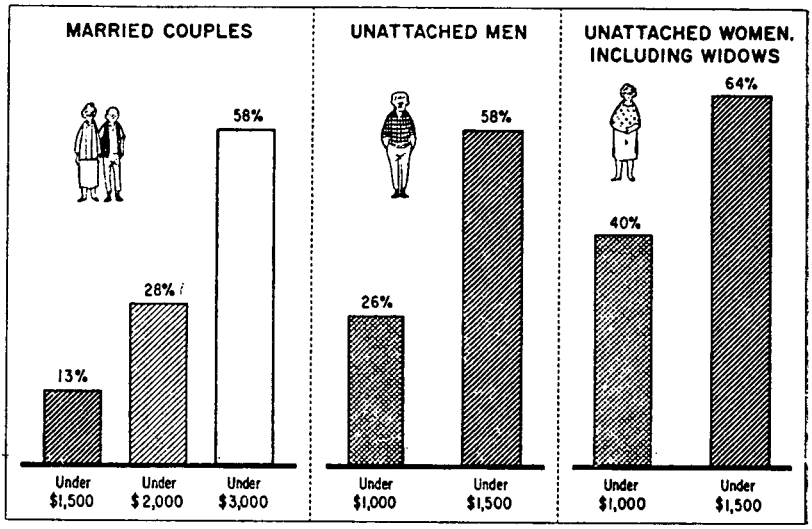


Data: Bureau of the Census.

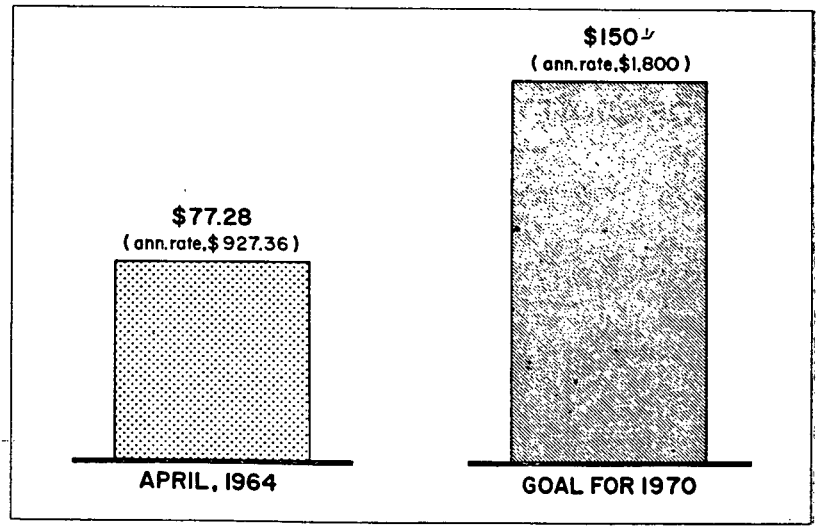
CHART 4

POVERTY AMONG OASDI BENEFICIARIES AGED 65 AND OVER, 1962

Percent of Indicated Money Incomes From All Sources



AVERAGE OASDI BENEFIT, RETIRED WORKER



1/ Benefits for wives and widows should be comparably increased, to lift married couples and unattached women out of poverty.

Data: Dept. of Health, Education, and Welfare. Projection, CEP.

though not shown on the chart, from third quarter 1966 to third quarter 1967, bringing us right down to where we are now, the real economic growth rate was 2.6 percent. From first quarter 1966 to third quarter 1967, the annual rate of real growth was 2.7 percent.

Even those forecasters who are most concerned about the problem of inflation arising from an overstrained economy, are not forecasting an economic growth rate in real terms of more than 3 to 4 percent over the next year or two.

So we are faced with a phenomenon unique in American history, and at least unique in my 35 years of experience in Washington. Confronted with tremendous international burdens, confronted with crying and unmet domestic needs, confronted with excessively idle resources, we are committed to a set of policies which have maintained us for more than a year and a half, and which are likely to maintain us as far ahead as we can see, in a period of virtual economic stagnation.

In other words, we are not doing now what we have done in every other period of total war, or large-scale though nontotal war such as we are certainly in now—$80 billion a year for defense is not peanuts—we are for the first time failing to call forth, both to meet our domestic needs and our international needs, what I have called the greatest nonsecret weapon of the American people, which is to utilize fully our economic resources, to accelerate the rate of economic growth, and to bring it to bear, for only real production can bear, in the final analysis, of the meeting of our domestic and international problems.

Consequently, I estimate that we are now running at an annual rate of national production at least $60 billion below the maximum production declared as a mandate of national policy under the Employment Act of 1946.

My chart 7 shows what we have forfeited since 1953 by an inadequate rate of economic growth. These forfeitures are statistical measurements of the differences between what we did and what we would have done if we had grown at the optimum rate consistent with the absorption from year to year of the annual increment in our labor force and our technology. They show that over those years, staggering though it may sound, we have lost about $745 billion of national production, measured in 1965 dollars, and forfeited about 35.5 million man-years of employment. This, of course, has translated itself into penalties to every sector of the economy. But as our economy works and as our social policies evolve, and as our national policies are articulated, when the performance is inadequate, those who have the least always suffer most and are shortchanged the most, while the impact upon those who are higher up is relatively slight indeed.

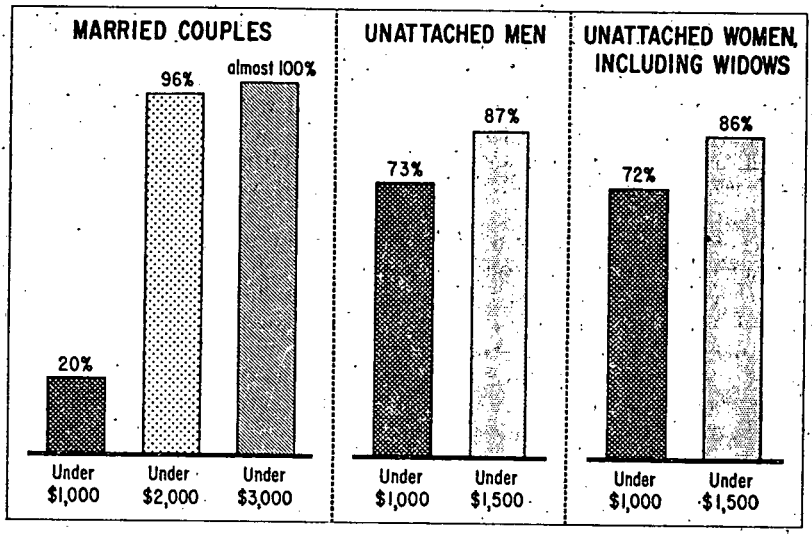
Now coming over to chart 8, I have said that, as against the 2½ percent growth rate to which we are now committed, we ought to be doing about 5. Now, where do I get that from?

In the first place, from 1961 to 1966, as shown by the bottom right-hand bar, the growth rate in productivity or output per man has averaged about 3.5 percent a year. This indeed is not out of line with what we did during earlier periods when our technology was lesser, when we were not suffering the repressive effects of high degree economic slack.

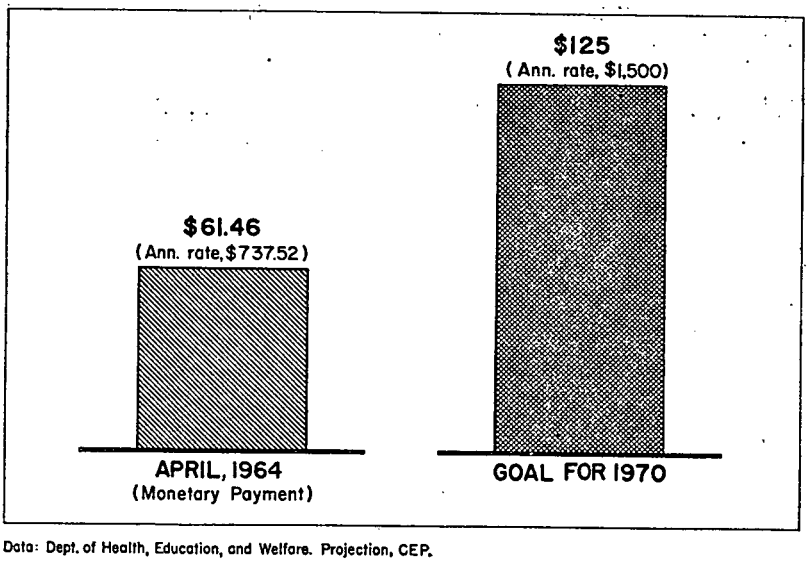
CHART 5

POVERTY AMONG RECIPIENTS OF PUBLIC ASSISTANCE, AGED 65 AND OVER, WHO DO NOT RECEIVE OASDI BENEFITS, 1962

Percent of Indicated Money Incomes From All Sources



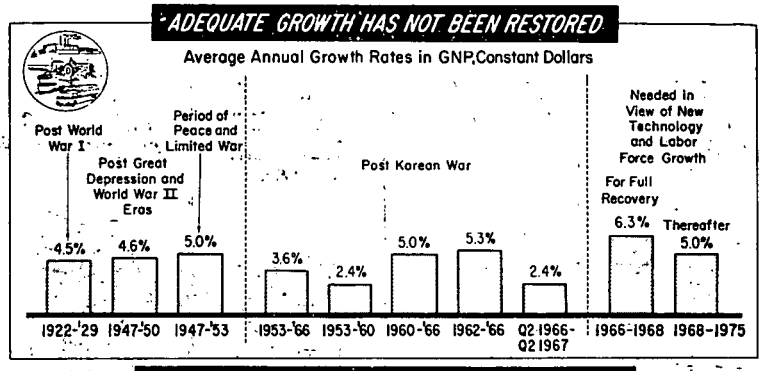
AVERAGE PUBLIC ASSISTANCE BENEFIT TO THE AGED

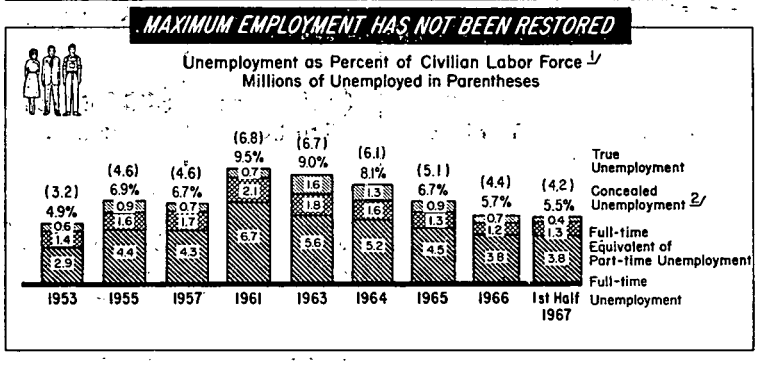


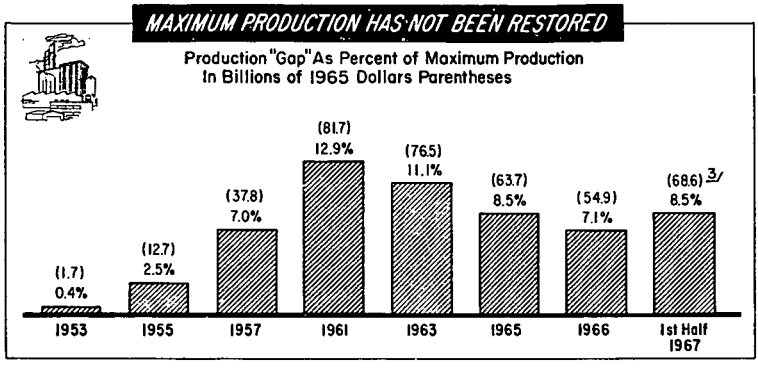
Data: Dept. of Health, Education, and Welfare. Projection, CEP.

CHART 6

BASIC U.S. ECONOMIC TRENDS, 1953-2ND Q 1967







1/ In deriving these percentages, the Civilian Labor Force is estimated as the officially reported Civilian Labor Force plus concealed unemployment. Full-time unemployment of 2.9% and true unemployment of 4.1 % would be consistent with maximum employment.

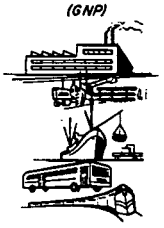
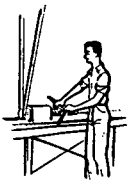
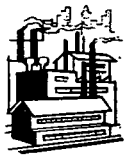
2/ Estimated as the difference between the officially reported Civilian Labor Force and its likely size under conditions of maximum employment.

3/ Seasonally adjusted annual rate.

CHART 7

LARGE NATIONAL ECONOMIC DEFICITS DURING PERIOD 1953-2Q 1967

Dollar Items in 1965 Dollars

TOTAL NATIONAL PRODUCTION (GNP)	MAN YEARS OF EMPLOYMENT	PRIVATE BUSINESS INVESTMENT (Incl. Net Foreign)	PRIVATE AND PUBLIC CONSUMPTION [1]
			
$745 Billion Too Low	35.5 Million Too Low	$141 Billion Too Low	$604 Billion Too Low

. . . THESE HAVE LED TO LARGE LOSSES TO ALL ECONOMIC GROUPS

AVERAGE FAMILY INCOME	FARM OPERATORS' NET INCOME	WAGES AND SALARIES	UNINCORPORATED BUSINESS AND PROFESSIONAL INCOME
			
$9,800 Too Low	$120 Billion Too Low	$517 Billion Too Low	$63 Billion Too Low

[1] Includes personal consumption expenditures plus government (Federal, state, and local) expenditures $552 and $52 billion, respectively)

If we take the simple additive process of adding to the 3.5, the growth of about 1½ percent annually in the civilian labor force, we come out with a figure of 5 percent. This means, very simply, that the economy has got to translate the growing productivity and the rising labor force into that amount of annual increase in national output. If it does not do so, it will be translated instead by the Frankenstein process into idle and wasted resources.

Now let's see what my chart 9 shows. I have been working recently upon "A 'Freedom Budget' for All Americans," and I was asked specifically by this committee to discuss it, in fact, it is really a projection of other studies which I have done when on the Council of Economic Advisers and for 14 years since then.

Now, what are these studies? Very simply, they make a budget for the American economy, not a budget primarily in terms of dollars, although it has to be measured in terms of dollars, but a budget in terms of productive resources. The first question is, what are we producing now?

Second, how much can we produce over the next 10 years?

Third, how should this production be allocated by national policies, insofar as national policies affect the allocation?

These national policies serve two purposes; First, to help accomplish what the economist calls economic equilibrium: in other words, a balance which will match production and consumption growth, so that the economy does not suffer from unused resources.

Secondly, national policies can help to achieve the allocation desirable in terms of our great national priorities. In other words, what part are we allocating to national defense, and to the space program? What part should we be allocating, if as a nation we are sincere in talking about a war against poverty, to all of those programs which bear upon poverty, including of course the treatment of the old people who constitute 25 percent of the poor and who incidentally would be making a contribution to the more adequate growth of the economy if they themselves had more purchasing power and higher standards of living?

In order to satisfy meticulous economists. I have made these projections on two bases, what I call a higher and a lower rate of growth. I have brought this freedom budget entirely up to date by translating the chart into fiscal 1968 dollars, which are the kind of dollars used in the President's fiscal 1968 budget, submitted in January 1967.

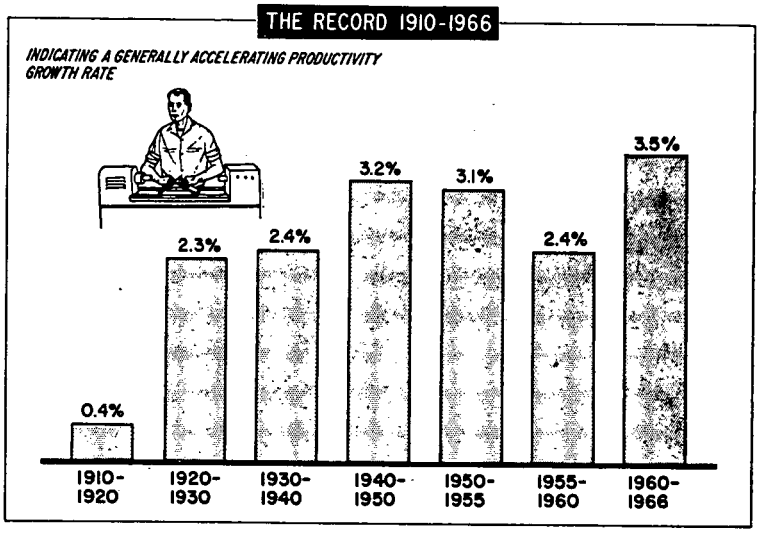
In fiscal 1968 dollars, we had in 1965 a gross national product of $735 billion. The right-hand bar shows where that would rise to by 1975 at the higher 5 and somewhat lower rates of growth.

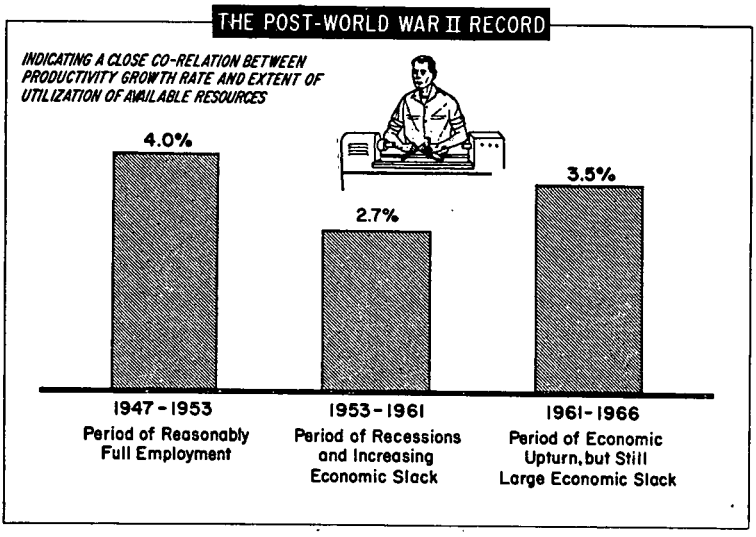
Without going into the figures, the second bar from the right shows the average annual difference between what our gross national product in real terms should be over the 10 years 1966–75 and what it was in 1965. That annual difference comes to about $260 billion—$260 billion, not $260 million. That does not mean that next year we should be $260 billion higher than this year, but it means that 10 years from 1965 we should be about $500 billion higher than in 1965, and therefore the average annual amount by which we should be higher comes to about $260 billion.

CHART 8

TRENDS IN PRODUCTIVITY FOR THE ENTIRE PRIVATE ECONOMY, 1910-1966

Average Annual Rate of Growth in Output per Man-hour for the Entire Private Economy





Source: Dept. of Labor estimates relating to man-hours worked (Establishment basis).

CHART 9

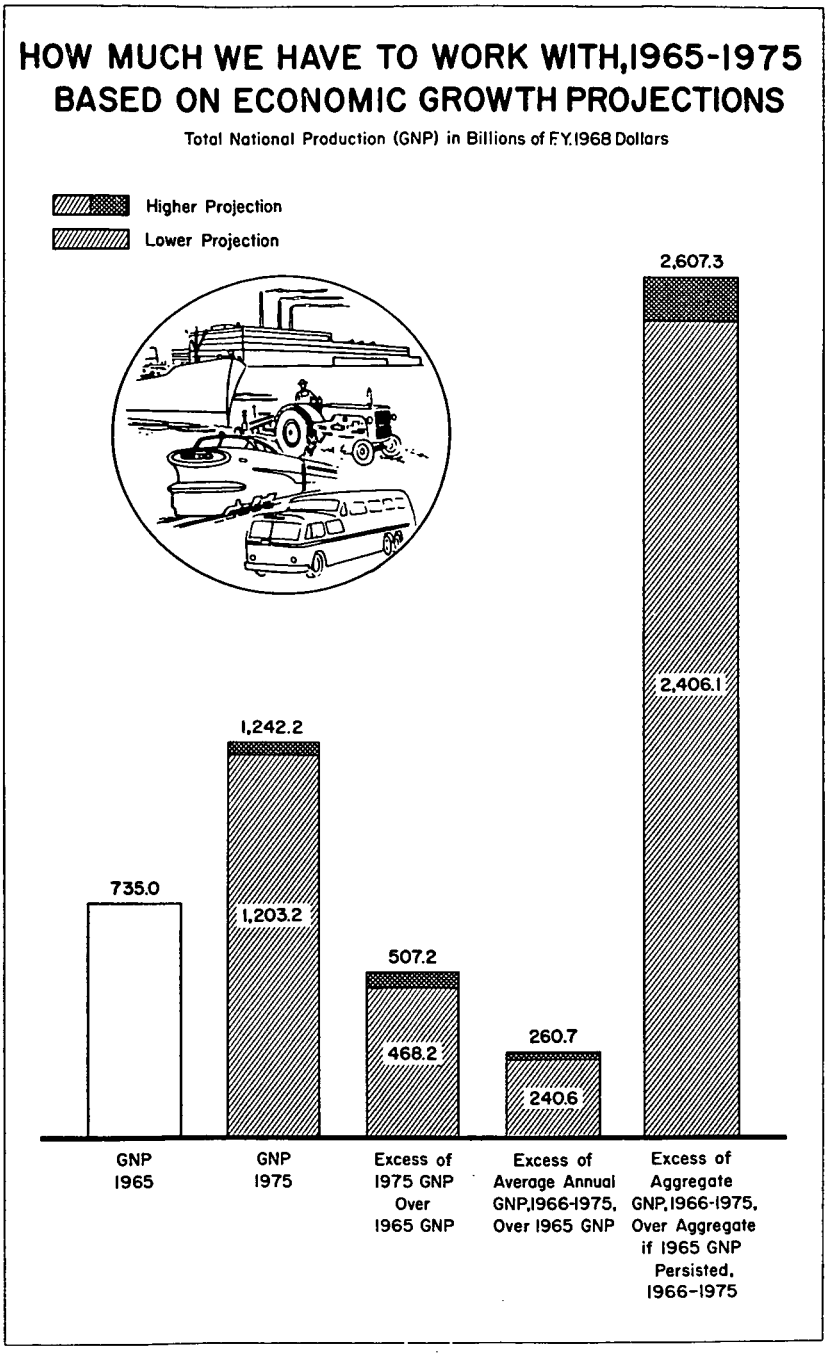
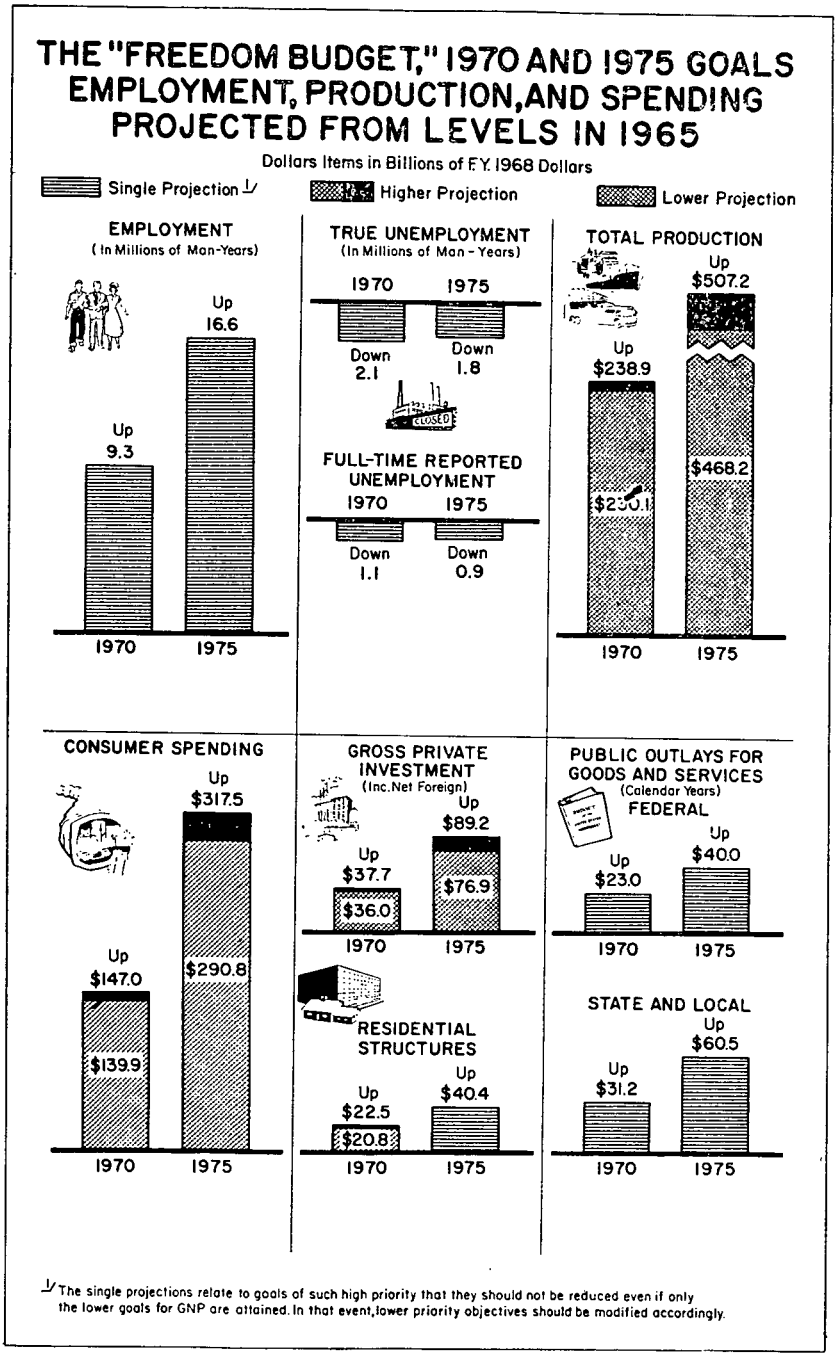

HOW MUCH WE HAVE TO WORK WITH, 1965-1975
BASED ON ECONOMIC GROWTH PROJECTIONS
Total National Production (GNP) in Billions of F.Y. 1968 Dollars
Higher Projection
Lower Projection
735.0
1,242.2
1,203.2
507.2
468.2
260.7
240.6
2,607.3
2,406.1
GNP 1965
GNP 1975
Excess of 1975 GNP Over 1965 GNP
Excess of Average Annual GNP, 1966-1975, Over 1965 GNP
Excess of Aggregate GNP, 1966-1975, Over Aggregate if 1965 GNP Persisted, 1966-1975

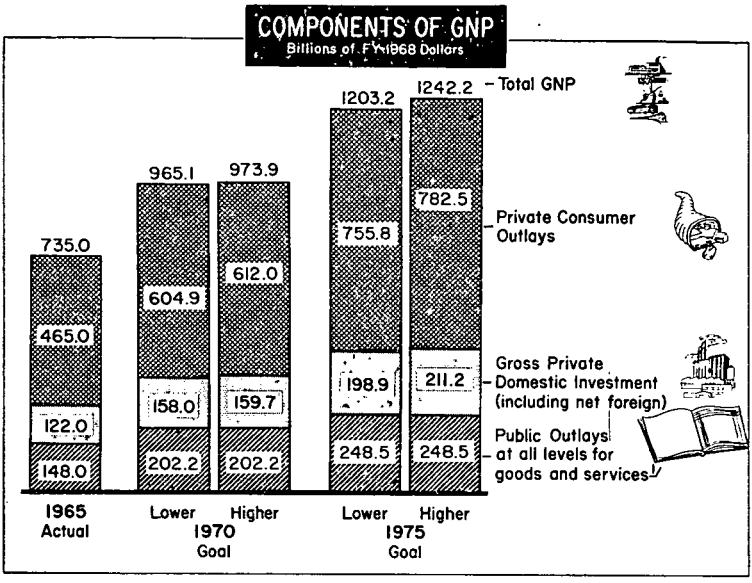
CHART 10

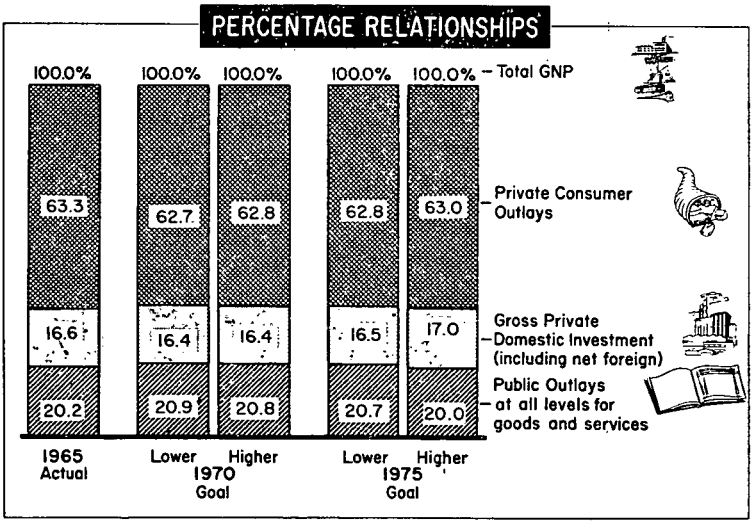


1/ The single projections relate to goals of such high priority that they should not be reduced even if only the lower goals for GNP are attained. In that event, lower priority objectives should be modified accordingly.

CHART 11

THE "FREEDOM BUDGET" MAINTAINS BALANCE OF PUBLIC AND PRIVATE RESPONSIBILITIES





1/ Public outlays are of such high priority that they are projected identically for the lower and higher GNP goals, with modifications of other goals accordingly.

The freedom budget calls this $260 billion "the economic growth dividend," and our great problem as a nation is what we are going to do about it, and do with it. It just does not make sense, in a nation which can have an economic growth dividend averaging over the next 10 years $240 billion—let's say some other economist might reduce it to $225 billion or $200 billion—it just does not make sense, under these circumstances, to argue that we do not have the room to make proper allocations through national policies to the great imperatives of our national needs.

My chart 10 sets forth the freedom budget goals in considerable detail.

In chart 11, I have broken down the freedom budget for economic growth, over the next 10 years, into its various main components, which are private consumption, private investment, and government outlays at all levels.

The interesting thing here is that my projections do not contemplate a vastly distorted American economy. They do not contemplate government taking over industry. They do not contemplate what would be considered socialization. Thus the chart shows that the percentage allocated to public outlays at all levels remains very nearly in the neighborhood of 20 percent over the years. This is another way of saying that, with the policies needed to stimulate adequate growth, a fairly constant level of public expenditures as a percentage of our total national product will meet these national needs. Of course, undertaking the programs which are now needed, from the viewpoint of national needs, is in itself the main element in stimulating and promoting this rate of economic growth.

Now coming over to chart 12, I have now equated this freedom budget for Americans with the income side of the picture.

What I have done here shows that, without robbing Peter to pay Paul, without estopping income gains at all levels, without grossly distorting the relationships between private investment opportunities and consumption in Government outlays, I show here that under this program as a whole how much we could reduce poverty in the United States over the next 10 years, and really show that its virtual abolition within a decade is not a pipedream, but very well within our resources.

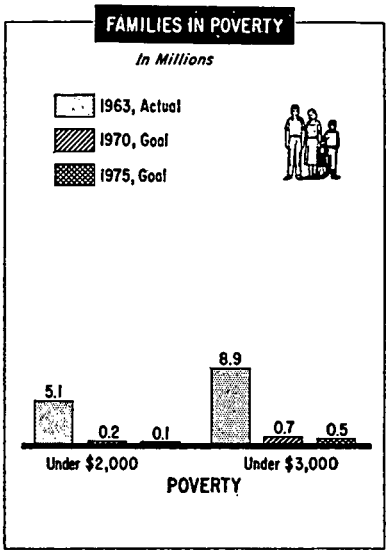
I will not go into the details; they may be looked at later. This is worked out, income group by income group, showing what impact the freedom budget would have upon income in the United States and the abolition of poverty as defined by current standards.

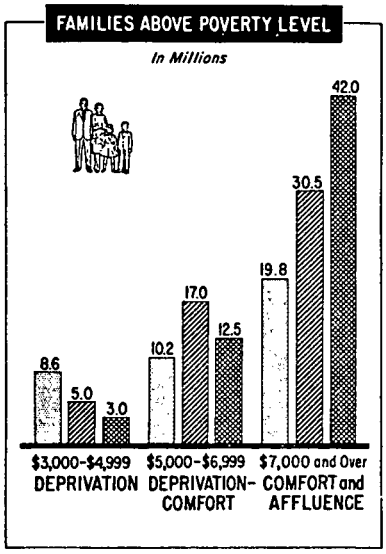
Coming to chart 13, as a part of this study, I examined the Federal budget in its relationship to the national economy. Because while the Federal budget is not all important, the Federal budget is the most important single instrument for executing our vital domestic priorities. It not only identifies what needs to be done; it has to carry part of the load, and it also provides a perspective and a demonstration of national responsibility which can help guide and lead and encourage others to fulfill their share.

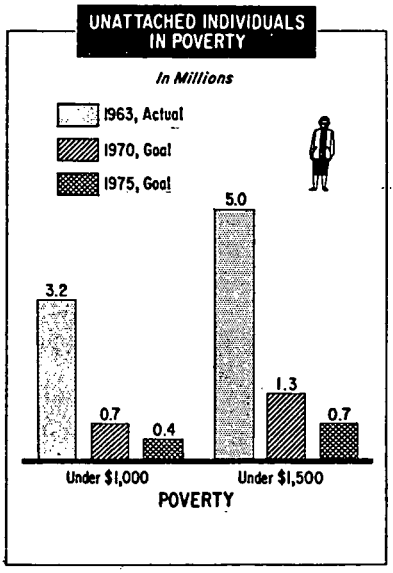
I would again state it as a dictum that, if the Federal budget falls down on its economic and social and moral responsibility, standing as it does in the eyes of the entire Nation, neither private enterprise nor State nor local governments or anyone else can be expected to do their

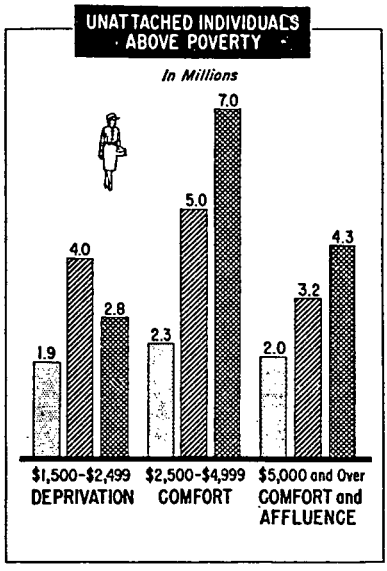
CHART 12

GOALS FOR REDUCTION OF POVERTY IN U.S. AND FOR OVERALL INCOME GAINS, 1970, '75 1/









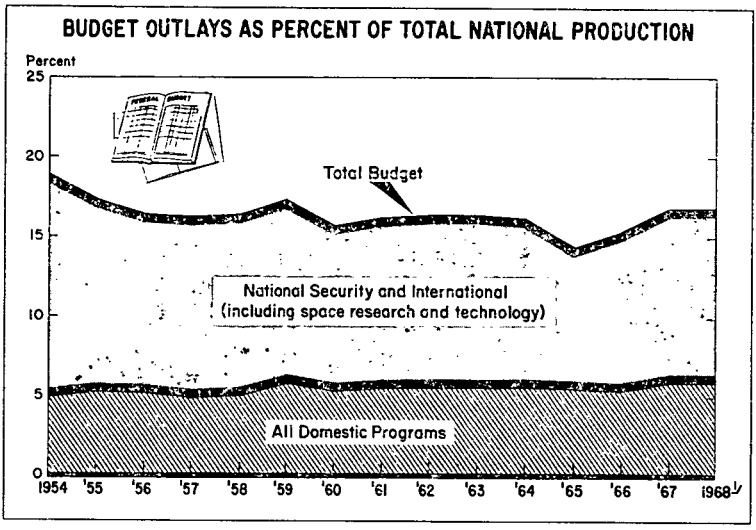
1/ Annual Money Income Before Taxes, in 1962 dollars.

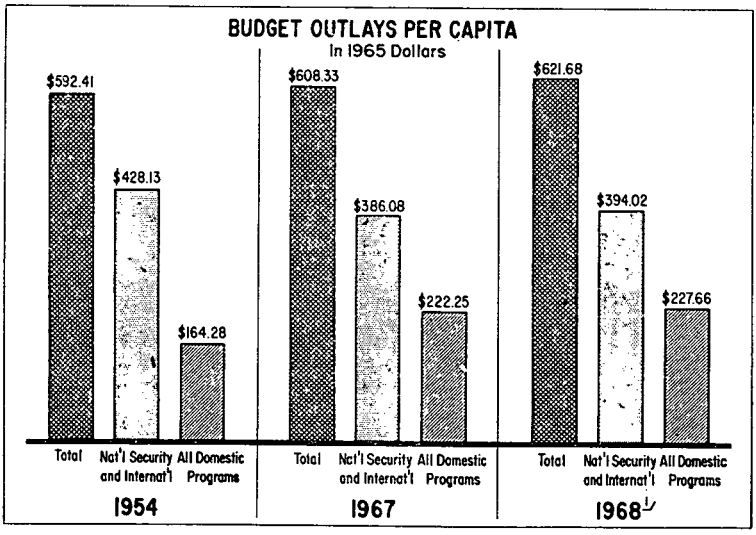
Data: 1963, Bureau of the Census. Projections, CEP.

CHART 13

FEDERAL BUDGET HAS SHRUNK RELATIVE TO SIZE OF ECONOMY AND NEEDS, 1954-'68

Fiscal Years





1/ Administration's proposed Budget as of January 1967; GNP estimated by Administration at $810.0 billion as derived from Budget Document.

part, because if the teacher falls down, if the leader falls down, if the primary guide falls down, and if it accompanies that falling down by a spurious rationalization of why it should fall down, then the whole people have been given a bad object lesson.

In this chart we see, without going into the details, that measured as a percentage of the national product, and despite our vastly invested defense outlays because one might expect with vastly increased defense outlays that the Federal budget as a share of GNP would rise, we see this: In 1954, the last fiscal year of the Eisenhower administration, the Federal budget was 18.65 percent of GNP. The fiscal 1958 budget is only 16.67 percent. Thus, despite the fact that in 1957 at the time of the launching of the first sputnik we began talking about our national priorities or a national purpose, the Federal budget, which is the main embodiment of that national purpose, has shrunk inexorably as a share of the national product, while we continue to scream about an overstrained budget.

What I have done next, as shown by chart 14, is to develop a model Federal budget as a part of a model "freedom budget." Let me just indicate what this chart does with respect to national defense. I don't engage in debates about national defense and about the Vietnam war, I don't know enough about it. I assume the given, and assuming the given, I have blended into my model Federal budget increases in national defense outlays which thus far, adjusted for changes in the price level, have been slightly higher than the actual developments and go a lot higher in the future. This is not because I am advocating that, but merely because I am demonstrating that, even with upward trends in the burden of national defense, our ability to produce goods and services leaves plenty over to do what we need to do.

In this chart I have broken down the Federal budget measured as a percent of gross national product, and the Federal budget on a per capita basis, among all of the national purposes expressed in the Federal budget, with primary accent upon the great priorities, upon housing, upon education, upon public welfare which includes in one form or another some aspects of social security.

The CHAIRMAN. Transportation on this chart?

Dr. KEYSERLING. Transportation is included in the totals. While the old-age insurance system is not supported out of the Federal budget, it does enter into my tableau of resource use; in other words, it uses resources by enabling old people to consume a certain amount, whether they are in the Federal budget or not.

Let me highlight the conclusions, without going into what is proposed for housing and education and all the other fields. Now, of course—and here is where so much of the discussion goes astray—you cannot make an ideal budget for any one sector. In other words, if you had only the housing problem, and you were asked what should we do about it, it would be nice if every American could have a nice house next year. As to old age, it would be nice if every old person from year to year could have an adequate standard of living each year. But the whole process of budgetmaking and especially national budgetmaking—which was the real intent of the employment after 1946—is to blend the various components into a workable relationship.

CHART 14

GOALS FOR A FEDERAL BUDGET GEARED TO ECONOMIC GROWTH AND PUBLIC NEEDS

1968, fiscal year; goals for 1970 and 1975, calendar years

All figures in fiscal 1968 dollars [1]

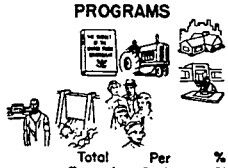
ALL FEDERAL OUTLAYS

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	135.033	673.54	16.67
1970	150.600	726.48	15.69
1975	172.900	772.57	14.11

NATIONAL DEFENSE, SPACE TECHNOLOGY, & ALL INTERNATIONAL

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	85.584	426.89	10.57
1970	87.000	419.68	9.06
1975	97.400	435.21	7.95

ALL DOMESTIC PROGRAMS



Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	49.449	246.65	6.10
1970	63.600	306.80	6.63
1975	75.500	337.36	6.16

ECONOMIC OPPORTUNITY PROGRAM

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	1.860	9.28	0.23
1970	3.300	15.92	0.34
1975	4.500	20.11	0.37

HOUSING AND COMMUNITY DEVELOPMENT

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	1.023	5.10	0.13
1970	3.700	17.85	0.39
1975	4.300	19.21	0.35

AGRICULTURE; AND NATURAL RESOURCES

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	6.691	33.38	0.82
1970	11.200	54.03	1.17
1975	13.400	59.88	1.10

EDUCATION

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	2.816	14.05	0.35
1970	7.600	36.66	0.79
1975	10.600	47.36	0.87

HEALTH SERVICES AND RESEARCH

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	4.767	23.78	0.59
1970	5.400	26.05	0.56
1975	7.900	35.30	0.64

PUBLIC ASSISTANCE; LABOR, MANPOWER, AND OTHER WELFARE SERVICES[3]

Year	Total Expend. (Bil. $)	Per Capita ($)	% of GNP (%)
1968[2]	4.677	23.33	0.57
1970	8.400	40.52	0.88
1975	10.700	47.81	0.87

1/ Dollars of the purchasing power assumed in the President's Fiscal 1968 Budget.

2/ Administration's Proposed Budget as of Jan. 24, 1967.

3/ Includes a Federal contribution in 1970 and 1975 of several billion dollars to the OASDHI to help increase benefit payments to the aged.

Now let me indicate merely what this model budget does with respect to the old-age insurance program. The assumption, without going into all the details, is that within a period of 5 years the average payments flowing to our senior citizens should be at least doubled, and I won't undertake now a defense of that because if they were doubled they would still leave them not above a really decent definition of the poverty-income ceiling, as we will have readjusted it by 5 years from now.

Then I estimate what money flows that would cost and then I blend that into the proposition that this additional income should be provided, not through increases in the payroll taxes, but through Federal contributions. This I believe is one of the most important economic improvements in social reform that can be made.

The regressive payroll taxes are hurtful to the whole economy, because they exact an excessive rate of saving at the wrong points in the economy. They redistribute the national income upward, which is undesirable, because not only is half of the payroll tax paid by the employee, saddled upon those groups, but a substantial portion—and I say this not critically but merely observationally—of the share of the payroll tax paid by the employer is really a vertiable sales tax that is passed on to the consumer. This is an undesirable form of taxation, and we have made a very bad choice in lifting it as much as we had recently, and we certainly should not lift it faster.

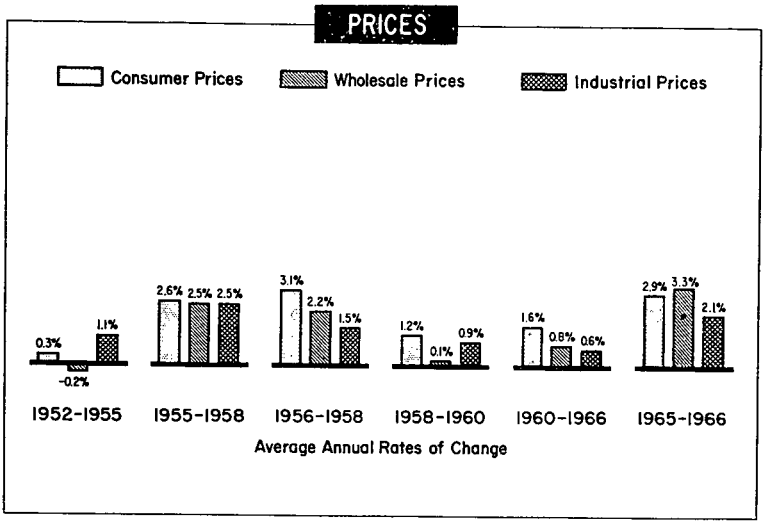
Now, how much of a Federal contribution would be required to meet the goals of doubling the old-age insurance receipts over a period of 5 years? We can get a rough measurement of that. Many economists have pointed out that, if we took the whole 30 to 34 million poor, and visualized the process of bringing them all above the poverty-income ceiling, the total increases in their incomes needed, in other words, which really come out of the productive resources of the country, would be only between $11 and $13 billion a year. That is for the whole 34 million.

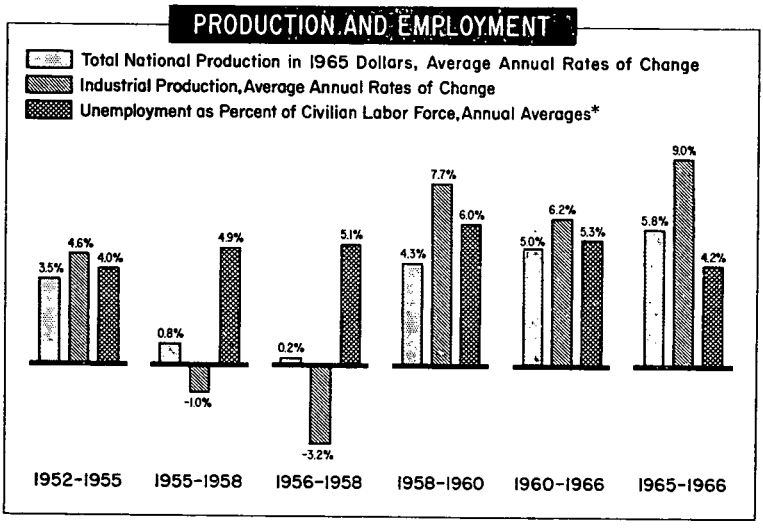
As a very rough rule of thumb, since the old people with their families or dependents constitute only about one-quarter of the total, and even allowing for the variances in income, and the fact that it may cost them a little less to live than others, one could set it as a rough rule of thumb that somewhere between $3 and $5 billion a year in the form of Federal contributions to supplement the payments under the old age insurance system would turn the trick. Compare this $3 to $5 billion a year with an economy which, over the next 10 years, will be producing about $260 billion more on an average annual basis than it did in 1965; compare this $3 to $5 billion a year with the rising interest rates which alone are now transferring annually about $15 billion out of the pockets of those lower down in the income scale who borrow to those higher in the income scale who lend. Let us compare this $3 to $5 billion a year with at least $10 to $12 billion of the $20 billion of tax reductions between 1962 and 1965 which went to supplement the after-tax incomes of people who did not need income supplementation on any basis of national priorities.

I will not labor the point that the problem of finding the resources, once we get our thinking straight, finding the resources to meet this challenge, and to meet all the interrelated challenge of our domestic

CHART 15

RELATIVE TRENDS IN ECONOMIC GROWTH UNEMPLOYMENT, & PRICES, 1952-1966





*These annual averages (as differentiated from the annual rates of change) are based on full-time officially reported unemployment measured against the officially reported Civilian Labor Force.

Source: Dept. of Labor, Dept. of Commerce, & Federal Reserve System.

priorities, is not really an economic problem at all. It is a legislative problem, it is a moral problem, it is a social problem, it is a problem for the national will. This has been said by others. Unfortunately, too many of them are prone to say it but not to translate it into their initiation of programmatic proposals.

Now, let's see what we have after this. Chart 15 is the final chart. It relates to the argument that proposals would be "inflationary." Well, there are enough answers to take an hour, but let me just run through them very briefly.

I don't know what kind of nation we are, when we first say that to help the unemployed and the poor would cause inflation, for even if it were true, what would we be saying? We would be saying that, if a family has an income of a thousand dollars a year, and through employment it gets up to $4,000, or in some other way gets up to $4,000, this will cause the general price level to rise 1 percent or half a percent a year faster than it would otherwise rise.

I challenge this whole thesis as to the causes of inflation. But suppose it were true? So what we are saying then to the unemployed and to the poor is: "You shall be the insurers, that Leon Keyserling should not have to pay one-half a percent a year more when he buys a new high-priced automobile or a fur coat for his wife if she were not supporting him, or another trip to Europe or to Miami or going into the stock market and bidding up speculative purchases. The proposition cannot be defended, even if it were true that it caused some increase in the price level, that those at the bottom shall be the insurers of everybody else against an inflation cause by programs which would immensely help those who need help much, at some price-cost to those higher up."

The CHAIRMAN. Would you pause at that point?

Dr. KEYSERLING. Yes.

The CHAIRMAN. I regret Senator Miller had to stay on the floor. It is his theory that the best answer to the financial problems of older people is to stop inflation.

Dr. KEYSERLING. You would not only have to stop inflation, you would have to roll the price level back where it was in 1935, and what would happen to our economy when we did that? I am not addressing this comment to Senator Miller, I am addressing it generally.

The CHAIRMAN. We get a lot of mail along that line, and editorials.

Dr. KEYSERLING. I am not addressing this answer to Senator Miller, but more generally, because there are many economists who are probably even in a better position to know than he is and who are therefore guilty of great derelictions.

I am always impressed by the people who shed crocodile tears about how inflation hurts the old and the poor most, and the unemployed most, and in the name of the battle against inflation resist the very programs which would lower the burdens upon the unemployed and the poor and the old.

We have heard the argument for 15 years that a rising interest rate fights inflation. I would like to know how. Everybody does not have to eat bread, and some should not. Everybody does not eat meat. But millions, particularly the needy, have to borrow money. Money is the most commonly used commodity of all. So how do you stop inflation by raising year by year unconsciously the cost of this precious commodity which the needy borrow? Then we tell the wage earner, whose cost-of-living increases go into his wage demands, that he should be moderate, when everything that he buys, from the automobile he buys to get to work, to the house he lives in, to consumers durables, are costing 50 to 75 percent more than they did 15 years ago insofar as interest costs are concerned. The recent tax policy is another example of feeding the fat and starving the lean. I cannot go into all of them.

Growth Not Inflationary

I come to the second point. The entire thesis, that a more adequate rate of economic growth, and a lower level of unemployment, is inflationary, is not supported by any empirical observation of the American economy. There is no more general proposition among economists and others, than that if you get unemployment lower you will have more inflation; if you get the economic growth rate higher, you will have more inflation. But there is not a single book, and I say this advisedly, there is hardly a book in the Congressional Library or in the Harvard University Library or in any big library which has subjected this thesis to an empirical observation as to what has actually happened in the laboratory of the great American economy, over any relevant period of time, except as I have undertaken this empirical observation.

In my chart 15, I go back to 1952, which is long enough because we have had big wars and little wars since then, inflation and recession, and deflation and stable price levels, we have had various varying levels of unemployment and economic growths. What this shows, in brief, is that we have had the highest rates of price inflation—consumer, wholesale, and retail—during the so-called years of economic stagnation punctured by recessions between 1953 and 1960. That is when we have had the highest rate of inflation, within the period since 1953. Economists were so surprised at this, because it violated their moral philosophy, unaccompanied by observation, that they called it a paradox. They said this is a paradox to have so much price inflation with unemployment of 6 or 7 percent and when the economic growth rate is 2½ percent.

Then we came to 1961. From 1961 to 1966, as you will all recall, we doubled the economic growth rate in real terms from 2½ to 5 percent a year. We reduced unemployment, not enough, but nonetheless reduced it on a full-time basis from 7 to 4 percent, and we had virtual price stability.

The Council of Economic Advisers properly went around the country saying, "Look, we have given you economic growth and price stability, the other fellows gave you economic stability and stagnation." But they didn't learn the lesson of the meaning of this.

Now, starting in the begininng of 1966, we have had a revival of inflation, but also since the beginning of 1966 we have had a revival

of economic stagnation, with the growth rate as I showed you falling from 5 percent a year to 2½ percent a year, and the revival of stagnation and the upward creep of unemployment which has started and will go much farther has been accompanied by an accelerated rate of inflation. As Mr. Justice Holmes said, "A page of history is worth a volume of logic." This is what happened. I can give you a theory as to why it happened.

If you take an automobile and drive it either 25 or 90 miles an hour, it will burn more gas per mile, in other words, it will be less efficient, than if you drive it 50 miles an hour at an optimum speed.

Our economy is exactly the same way. If it runs at a real growth rate of 2½ percent, which is comparable to the 25 miles an hour, or 9 percent in real terms as we did under the strain of World War II, we will have more inflation than if it runs at the optimum rate of 5 percent a year.

The reason for this is easy to understand, because we do not live any more in an economy where the prices are determined basically by supply and demand. Even during the great depression, the steel industry never lowered prices. What happens in the modern economy is this—I am merely observing not censuring—when they have an inadequate level of sales and are faced with the prospect or actuality of unused plant capacity and foresee the threat of absolute recession, they raise their prices to increase their return per unit in order to try to cover themselves against the inadequate volume and to cover themselves against the difficulty which they see ahead.

Now I studied every major industry in this country, and this is the way the process works.

Inflation in Medical Care

We have recently had inflation also in some few other areas. We have inflation in medical care. The inflation in medical care is not caused by an excessive rate of economic growth; the inflation in medical care is caused in part by the errors of some doctors; it is caused substantially by listening to people with false cures for inflation. We starve the medical facilities and doctors and nurses on a nationwide basis, so medical care is too high. The very people who are screaming about this being an aspect of inflation opposed all the programs which might have dealt with that type of inflation by providing an adequate supply of a national priority which the Nation needs.

Another aspect of inflation for a while was rising farm prices. This came because for many years we drove farmers off the farm and cut back on farm acreage. I protested again in the allegation that we had unbearable farm surpluses. So we got farm production capabilities below our real national needs, we forced people into the cities where they went on the relief rolls, because we didn't have a "freedom budget." We didn't reconcile our programs.

So much for the argument that we must stop the things that we most need to do to prevent inflation. It is the wrong cure, and it would be the wrong cure even if the economic thesis were not so wrong, because stopping the kind of inflation that we have had in the United States—

which has been really low by historic standards and low by international comparisons—is not as important as meeting the needs of 30 to 60 million of our people, depending on how we count them, who are poor or deprived, meeting the needs of our cities, transportation, housing, polluted waters and polluted air, and all the other problems which bespeak a nation not calling forth its full wealth to do the things it most needs to do.

Thank you very much for your attention. I have tried to relate this problem of what we should do about the old with where we are going to find the resources to do it, and to identify what I think is the real obstacle standing in the way. Therefore, I become a little discouraged.

I honor and respect every witness who has appeared before this committee. But really, when I hear people talking about a little experiment out in Pittsburgh to teach a few hundred people how to walk a little straighter or to play dominoes instead of cards, or to regain the mainstream of economic society—now I want the old people to be in the mainstream, in the sense of having an American standard of living. But in the mainstream, in many senses, they cannot be. An older person is different from a middle-aged person, he cannot be in the mainstream of working and going and doing the same as anybody else. Let's have them in the mainstream of enjoying the cornucopia that can provide for them the American basic standard of living, and let the philosophers worry later on as to what they are going to do with it.

The CHAIRMAN. We are grateful indeed, Mr. Keyserling. You have given us a lot to think about. I have followed you for many years with more than interest, in great agreement.

I would like to continue the discussion. I will make the observation that we have abundantly first fed the soul, now we have fed the mind, and I think perhaps a few of us would like to feed the body and return a little later. We have one problem as I understand it.

Mr. Beattie, what is your transportation situation?

Mr. BEATTIE. I am going back to Syracuse later today but I can testify after everyone has fed their bodies.

The CHAIRMAN. Shall we come back at a quarter after 2? I think that will be time enough.

(Whereupon, at 1:30 p.m. the committee was recessed, to reconvene at 2:15 p.m. the same day.)

AFTER RECESS

(The committee reconvened at 2:30 p.m., Senator Harrison A. Williams, Jr., chairman of the committee, presiding.)

The CHAIRMAN. The committee staff has prepared a fact sheet on the subject to be considered by the next panel, and I submit it now for the hearing record:

Fact Sheet for Panel Three

A. FEDERAL SOURCES OF PRESENT SERVICES FOR OLDER AMERICANS

1. Administration on Aging, Department of HEW:
   (*a*) Grants for community planning and services (Title III, Older Americans Act); for research and demonstration projects (Title IV) and for training projects (Title V).

(*b*) Serves as a clearinghouse for information related to problems of the aged and aging.

(*c*) Provides technical assistance and consultation to States and localities on programs for the aged and aging.

(*d*) Prepares and disseminates educational materials dealing with the welfare of older people.

(*e*) Gathers and publishes statistics in the field of aging.

(*f*) Coordinates aging activities of all Federal departments and agencies through the leading role it is assigned in President's Council on Aging.

(*g*) Renders services to elderly public assistance recipients authorized by welfare provisions of Social Security Act.

2. Social Security Administration, Department of HEW: Counsels Social Security beneficiaries and potential beneficiaries regarding resources available for providing needed services.

3. Social and Rehabilitation Service, Department of HEW; Provides rehabilitation services for older workers.

4. Office of Education, Department of HEW:

(*a*) Adult basic education (Title II–B of Economic Opportunity Act).

(*b*) Training under Manpower Development and Training Act (for Department of Labor on a contract basis).

(*c*) Library services, giving advice and counsel to adult services librarians in State and metropolitan public libraries.

(*d*) General adult education programs and activities.

5. Public Health Service, Department of HEW:

(*a*) Assists states and communities in the development, improvement, or expansion of effective health services for the aging and aged, particularly health protection services

(*b*) Develops and publicizes information on health protection and prevention of illness among aged and those approaching old age

(*c*) Grants for development of health maintenance activities for aged

(*d*) Services to improve the capabilities of physicians and nurses to deal with the health problems of the aged

(*e*) Services to enrich and improve medical education and continuing education regarding medical problems of elderly, with the objective of improving health services rendered this age group

6. Department of Labor:

(*a*) Counsels and assists older and retired workers in their efforts to obtain employment

(*b*) Makes research and demonstration grants to provide employment services to older and retired workers

(*c*) Counseling and training programs under Manpower Development and Training Act

(*d*) On-the-job training services

7. Department of Agriculture:

(*a*) Extension and home demonstration services to rural elderly

(*b*) Housing and home maintenance services

8. Office of Economic Opportunity:

(*a*) OPERATION FIND (home visits to the elderly to survey their needs, to apprise community agencies of their needs, and to guide them to community resources for meeting their needs)

(*b*) Through Community Action programs, provides referral and other services

(*c*) Health services to elderly rendered through neighborhood health centers

9. Department of Housing and Urban Development:

(*a*) Research and demonstrations on providing services needed by the elderly in public housing projects

(*b*) Grants to local public bodies and agencies to assist in financing specific projects for neighborhood facilities, one type of which is senior centers.

B. CURRENT CRITICISMS OF PRESENT POLICY ON SERVICES

1. Basic point: that present programs are based on insufficient research. Example—"Many action programs are steered by judgments based upon unconfirmed and often conflicting experiences. Relatively new or experimental efforts are guided by little more than dated axioms, trial-and-error and fashionable cant.

If older persons are to benefit from the results of biological, medical and social science research, we need a far better understanding of the cause-and-effect relations involved in efforts to develop and execute effective policies and programs."—From paper by Robert H. Binstock, Ph. D., Assistant Professor. The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts.

2. A major impediment to service programs for the elderly is the shortage of trained social workers and of those trained to render services to the elderly generally.

3. There is some complaint that excessive paperwork and report requirements reduce to a vanishing point the time social workers can spend visiting with and rendering services to older public assistance recipients, past recipients, and potental recipients.

4. Present welfare statutes prohibit favorable Federal matching for the purchase from private nonprofit organizations of nonmedical services by State and local welfare agencies. (A provision in the Senate-passed version of the Social Security Amendments of 1967 would permit such purchase, if agreed to in conference and signed by the President.)

The CHAIRMAN. John Edelman, president of the National Council of Senior Citizens.

You are flanked by other distinguished servants in our common cause trying to meet the needs and opportunities of the older people.

Do you want to introduce your friends and our friends, John?

Panel 3: Future Service Needs*

STATEMENTS BY WALTER M. BEATTIE, JR., DEAN OF THE SCHOOL OF SOCIAL WORK, SYRACUSE UNIVERSITY; HAROLD L. SHEPPARD, PH. D., STAFF SOCIAL SCIENTIST, W. E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH; AND JOHN W. EDELMAN, PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. EDELMAN. On my right is Harold Sheppard of the W. E. Upjohn Institute for Employment Research.

On my left is Professor Beattie of Syracuse University.

The CHAIRMAN. Dean Beattie, do you want to start the discussion?

STATEMENT OF DEAN BEATTIE

Mr. BEATTIE. Fine. I will be very happy to, Senator.

It is good to know, Mr. Chairman, that you recently introduced a joint resolution in the Senate to provide for the calling of a White House Conference on Aging by the President of the United States in January 1970. Your committee should be commended for its recognition that the aging population changes with each generation as does the society of which it is a part.

Although we must address ourselves to meeting the many needs and resolving the problems and unacceptable conditions facing older persons today, we must also begin to move ahead in meeting the needs of older persons 10, 20, and even 30 years in the future. The older person in the decades ahead will bring to the later stages of his life vastly difference experiences and backgrounds and will, indeed, be living in a world very unlike that of today.

However, the framework of this future world and the capacities of tomorrow's older persons to effectively relate to that world is, to

*Additional information concerning this subject appears in app. 3, p. 313.

a large degree, determined by the steps and decisions we take or fail to take today. As Daniel Bell stated in the summer 1967 issue of Daedalus, "The future is not an overarching leap into the distance; it begins in the present."

It is imperative, therefore, that we identify the central issues and directions of our day. These are the framework for social policy formulation, social planning and service provision, as well as for problem solving, as we move toward the future. In a sense, decisions and directions as to how we meet the needs of older persons today and tomorrow must be viewed within the context of the broader social, political, and economic framework of society.

At the same time, too often we fail to recognize the impact and significance of our aging population on the decisionmaking process. It is important, therefore, to underscore fundamental issues of society which must be resolved in the immediate decades ahead. It is essential that within any framework of fundamental issues, a perspective on their relationship to the lives and needs of older persons be included. It is important that we consider:

First. Effective and comprehensive urban design and planning which has as a central view the interdependence of the generations, their social goals and aspirations

Here I would like to depart from my formal text and emphasize that in my view most of the services available to older persons fix on the older person as if he were unrelated to his family and his community.

I think one of the central needs is to look at the aging generation within this general context. Here, the central issue is that of structuring physical and social environments to support the older person's capacity to function as an individual and as a member of society.

Here again I would say most of our urban design is quite irrelevant and quite unrelated to the needs of older persons as we know and understand these needs.

Second. The development of a view for the meaningful use of time which encompasses the entire life span

Economic productivity has become less and less an issue of national survival. We must now also move away from an economic interpretation of human worth to a broader view of man who is valued for his creative potentials and contributions to a variety of human and social endeavors.

Here I would say aging is caught in the 19th century view of economic man rather than the man and his functions in the 20th century.

Further, as economic productivity is less central to our social concern, an issue of increasing significance will be the development of new approaches to the distribution and consumption of goods and services. The role of older persons as consumers will be of central importance in the years ahead.

Third. The capacities and resources of educational institutions to assume new responsibilities for the development of new approaches in meeting the human and social service needs of the aging

The decades ahead will see our society comprised of an increasing proportion of the very young and the very old. These are the age-groups of society which require a broad range of helping services.

To respond to these increased demands for service, a full range of manpower at all levels of skill and competence will be essential.

Fourth. The development of a range of meaningful roles and contributions on the part of older persons to themselves, their families, communities and society

Time does not permit a full expansion of the above; however, this testimony is an attempt to point up specific implications of their importance as well as to delineate specific issues which will face older persons in the decades ahead and for which society must develop effective responses.

I would, therefore, like to share with you some of the essential characteristics of today's aging; possible future changes in these characteristics; and the implications for social policy, planning, and service provision as we move toward the year A.D. 2000.

Here I would like to note that most of the statistical base here is adapted from a paper of Mr. Herman Brotman, who is in this room, "A Profile of the Older American," [1] which was published within the past month.

To the best of our knowledge, there are somewhat more than 19 million persons over 65 years of age in the United States, with a net increase of about 300,000 each year. A conservative estimate of numbers by the year 2000 A.D. would be 30 million.

I think this is probably a gross understatement. Half of today's older persons are about 73 years of age or over, with the youngest of the 65 years born slightly after the turn of the century; half born before 1894; and, our centenarians born before the Civil War.

It is important that we look within the age structure of those 65 and over to note that almost two-thirds are under 75, about one-third are between 75 and 85, and 6 percent are 85 or older—the latter group representing more than 1 million persons. Women are disproportionate in their numbers, comprising 11 million of the 19 million 65 and older. It is my judgment that in the future more older persons will live longer as well as more younger persons will live into their later years. This, I believe, will occur due to—

1. A greater emphasis by the health and social services on the removal of hazards to those in their early years. There has been an increasing emphasis on maternal and child health, improved nutrition, auto safety and accident prevention, and removal of environmental hazards as well as greater control of environmental pollutants.

2. A reduction in the numbers disabled or killed by the so-called chronic diseases which have taken a high toll of those in their middle and early advanced years. Here, I refer specifically to broad national action taken against the killers and chronic disablers, cancer, heart, and stroke, through research and in the application of new technologies and knowledge. It is conceivable that some breakthroughs will occur.

3. The evolution of new concepts as to the goals of service by the health and social service professions. These are going beyond traditional treatment goals and are emphasizing the promotion of function and the prevention of disease or breakdown.

[1] See p. 219.

Much more could be identified; however, it is important that we look at the implications of these new directions. The aged in the decades ahead will increase in numbers, with many more living into their very advanced years; that is, 85 and older. There will be far more women than men, and there will be a much more universal phenomenon of two generations within the family beyond the ages of 65; in fact, we will have five-generation families, which, although not living under one roof, will increase the complexity of intergenerational roles and responsibilities.

This will require far greater attention than has heretofore been given to ways of maintaining family intergenerational relationships and living arrangements in a society which is and will continue to be highly mobile.

The critical questions raised by these foreseeable changes are those of urban design, living arrangements, and service organization and delivery. Today, urban design has been predicated upon a view of society which is middle class, white collar, business-professional, and middle aged. We have failed in urban design to recognize those needs which are common to the population regardless of age, and to differentiate the special requirements which are related to age.

Further, within the older population little attention has been given to the special concerns and conditions of ethnic and minority groups, particularly the Negro aged, for which many of our national social policies have little relevance or meaning. For our older persons, much in our new approaches to urban design are either irrelevant or inadequate. We must in the decade ahead give attention to:

Transportation

Again I would like to put in parenthesis that I don't believe you can approach social services without these frameworks in mind. Heretofore, we put pieces of service in communities without looking at the context in which people live and the relevance and meaning of these services to them.

I would put transportation as a high-priority issue. I have not seen any study of the older person in rural or urban America that does not point to this as a critical need. I think our transportation systems for the entire population are quite inadequate. For the elderly person they are often isolated due to the absence of or not having access to any type of transportation system. Transportation is a critical need which must be organized and provided to give him access to the basic services of the community—consumer needs, food, banking, legal, health, welfare, educational and recreational; as well as to support his need and right to participate in social life.

Living arrangements

Must take into account the full range of alternatives as essential to the older person and his family as well as the relation of supporting health, social, educational, and cultural opportunities and services which must be accessible regardless of the location of housing. To

date, we have failed to apply the findings of social research to policy determination and service provision in such areas as housing and certainly we could add many other areas as well.

For instance, with the increasing numbers and proportions of older women in our society, studies point to their preference of living nearby, but not with, an adult child, particularly, an older daughter. We have failed to use such findings in planning, and we find throughout our urban and metropolitan areas, particularly in suburbia, little which affords such intergenerational arrangements.

The Departments of Housing and Urban Development, and Health, Education, and Welfare should and could have more viable interdepartmental structures to assure working and planning together in order to achieve a full range of living alternatives and service arrangements. It would appear there are ways of developing administrative policy to assure an adequate range of living arrangements through such devices as FHA insurance and mortgages, which when provided to tract developers could carry the requirement that a percentage of the planned housing be developed to meet the special requirements of older persons according to their proportion of the local population.

It is shocking to note the failure of most of our urban developments in providing a range of housing to permit each of the generations their independence and yet assure a viable interdependence among them to support one another's needs.

Here I would say from my observations over the past 15 years that at the Federal level I have seen a lack of ability to put structures together around program goals for people, rather somehow people must coordinate and fit the Federal structure together to get resources that are intended to affect service provisions at the local level.

Several years ago when I was director of planning services to the elderly in St. Louis, I found that in order to plan I had to coordinate the Federal agencies because there was an absence of such structures. While HEW does move toward such coordination, it is the relationship of Commerce, Labor, HUD, many other areas that certainly have some relationship to what happens to the elderly person today in our society.

So, I would strongly urge your committee to assess ways in which there could be stronger structures across departmental lines.

Service organization and delivery must move beyond the concept of providing a specific service for a specific segment of the older population to a philosophy of "networks of alternatives" and the significance of the right of choice on the part of the older person as to a particular service.

This is essential if we are to recognize the vast individual differences within the older population and if we are to support this individuality by having the range of services available adapted to the unique requirements of the individual rather than our present situation of forcing the older individual to fit his needs to the limited services presently available.

For today's older persons we have failed to take into account as we address ourselves to service provision, the fact that within the 65-and-older population there are vast differences and predictable needs which are not the same for the 65–75 group; for the 75–85 group; and for the 85-and-older group.

While I believe it is dangerous to categorize the older population by chronological age, there are significant differences within these segments of older population which must be recognized and for which we must plan a range of alternative and meaningful services. For the future generations, not only will requirements change, but the differences within the aging population will be more pronounced as we have a higher proportion in their later years. Here I mean the 85-and-older group.

The concept of networks of alternatives among services recognizes the central importance to the older person of right of self-mastery over the environment and in areas of decisionmaking. Time does not permit the development of a model of service planning goals or specific service ranges.

However, a provisional working model is attached to this testimony in order that the committee may have one such approach.[1] It represents an attempt to identify conditions or situations of the older person which are unacceptable by the standards of society or in the view of the older person, and to define desirable goals to ameliorate or change such conditions.

Further, services are identified to underscore the specific activities which must be undertaken to achieve such goals and how such activities may be organized. To date, in the majority of our communities, few services are either available or accessible to older persons which address themselves to the changing needs and requirements of the older individual and which permit responsible choice and decisionmaking.

It is important in looking toward the future that we recognize that the educational backgrounds of older persons of tomorrow will be very different than those of today. The relationship of education to occupational roles and status, earning, social status, communications, understanding, tastes, pursuits, attitudes, and so forth, cannot be understated.

For today's older population one-half have not gone beyond elementary school, with 1 million of this group having not attended any school and an additional 2 million with less than 5 years of elementary school. On the other hand, 5 percent of today's 65-and-older population are college graduates. For tomorrow's aged, those between 25 and 64 years of age, one-half have completed high school with 11 percent college graduates.

It is evident that the next generation of the aged will bring more to his later years than a restricted occupational view of life through a broader educational background. At the same time, as the level of education will increase, it would appear that a national policy of lowering the age for retirement is evolving. It may be that 60 years of age will represent "normal" retirement within the decade.

The critical issue which must be raised is that of the meaningful use of time for those who will spend anywhere from one-fifth to one-third of their lifespan in retirement. Persons, in my judgment, will be better prepared for the uses of time if society provides opportunities beyond that of work and economic productivity. The concept of leisure is irrelevant if there is not the alternative option of work.

[1] See p. 313 for text.

Rather, I believe the central issue is how time and the significant talents and capacities of older persons may be related to providing a purposeful and satisfying existence for them, their families, and communities.

With expanded educational backgrounds, the attitudes of the older person of tomorrow will be significantly different than those of today who grew up in the mid- and late-Victorian era of the second half of the 19th and early 20th century.

New Roles for the Elderly

A critical issue which I believe this committee must address itself to is how social incentives may be developed in order that our social institutions and communities may develop significant roles and statuses for the older person beyond the traditional one of work for the male and being a wife and mother for the female.

While economic and family roles are important and economic security is critical, I believe we will find increasing numbers of older persons in the future with financial independence either through private pensions or governmental social insurance. The central issue will be whether or not we are able to develop other reward patterns, beyond the economic, to signify the worth and status of the older person and his real and potential contributions.

This leads to what I would underscore as one of the most critical aspects of meeting the present and future needs of older persons in our society—manpower. Despite reduced workweeks and days in the production industries, those in the helping services work longer and longer hours, even approaching the 7-day week.

The Chairman. What kind of services are you referring to?

Mr. Beattie. I am talking about the helping services, health, social services, education. I know I put in a 7-day week and I am supposed to be in the ivory tower and not in the real world.

I say very definitely that most of the persons employed to help, what I call helping services, health, welfare, education, are really caught. We talk about the reduced workweek and yet leisure for the professionals in the helping services is less and less.

I think part of this is our question of manpower shortages and our failures to appropriately organize and utilize manpower.

With the projected increases in the numbers of the young and old in our population—by 1975 it has been estimated that one-half of our population will be either under 18 or over 65—there will be an increased demand for health, educational, and social services as these are the high-risk populations most in need of services.

We will see increasing competition between the young and the old for service priorities and for the allocation of resources. We will also have, however, new opportunities to use for the helping services the talents of the young, the reservoir of untapped manpower among those in their middle years who are technologically displaced from the labor market, and the skills of those in the early stages of their later years.

The critical issue of priorities for the allocation of resources—fiscal and manpower—must come as national policy. To date, most professions, such as medicine, social work, and nursing have given low pri-

ority for preparing persons to serve the aging. There must be increased support to develop more viable educational research programs to prepare both the young and the older for careers and for volunteer services in this field. Further, moneys must be made available to train persons to evaluate and assess the adequacy and relevance of services for our aging population.

Here again I would underscore and say that we have been talking about the provision of pieces of services in communities with no measures of their effectiveness, no development of ways in which we can assure these are relevant and to have these translated to other communities based on such evaluations.

I would like to suggest the need for regional multidisciplinary centers for training, service, and research in aging. If those of us responsible for educational programs to prepare persons for services to the aging are to move ahead, we must have support for the development of such institutes or centers.

There has been an increase and appropriate emphasis on the funding of basic biomedical and behavioral research in aging. It is now important that we begin to make a massive effort of preparing persons to apply the findings of such research, where appropriate, to the broad areas of service. Closing the gap between research findings and the utilization of such findings is essential.

Further, most of the effort at the Federal level has been on funding, facilities, and demonstrations for service with far too little emphasis on developing manpower to deliver services to older persons and their families. Basic to any educational effort for developing service is the related need to prepare persons for evaluative research; that is, to develop measures as to the outcome of services—their effectiveness and their efficiency.

Inasmuch as we have no effective measures as to the appropriate ratios of various types of manpower—medical, social work, nursing, et cetera—to the population, it is useless to try to define the numbers of manpower needed or the existing manpower shortages. The shortages are so very great that it is no longer possible to apply traditional approaches to professional and allied manpower education.

Beyond this, the effects of an aging population on our total society and the specific needs of older persons has opened up whole new areas of service for which education and training is essential. The manpower needs of extended care and long-term care facilities, the full range of specialized housing, including public housing for the elderly, multiservice day centers, home care, and so forth, are such that we must address ourselves to the full continuum of educational resources and programs.

This would include the secondary school, 2-year community and junior colleges, baccalaureate, professional and doctoral degree programs, as well as continuing education. We must develop new definitions as to the appropriate manpower skills to be developed at each level of the educational continuum and develop new strategies for the better utilization of existing and new manpower.

At Syracuse University, the school of social work, which has a commitment to the full continuum of education for the helping services, has moved toward the establishment of an undergraduate divi-

sion in the human and social services as well as a division on continuing education and manpower development beyond the professional social work degree program. Further, we sponsor a multiservice agency in a highly deprived ghetto area which is located in public housing for the elderly. Its program is intergenerational in scope—serving the preschool child in a day care program and those in their very advanced years.

FAMILY SERVICE CENTER

We envision this agency, the family service center, as an essential educational laboratory to develop new approaches to serving the poor and elderly, and to develop skills in evaluative research to test the relevance of service provision and programs of training.

Here I would like to underscore that we take the persons from the neighborhood and develop them into ongoing staff members of the agency so that our students who are in training for professional roles can see the role of these persons in the relationship to their professional roles in the educational process.

It is essential in moving toward the needs of the aging in the decades ahead that organizational approaches be developed to assure a bridging of education, service provision, and practice and research. To date, our efforts have been sporadic and unrelated.

I believe my suggestion for the need for regional multidisciplinary centers for training, service and research in aging, university-based, with networks of relationships to planning and direct service bodies will do much toward developing:

(1) Responsible programs of service;

(2) Manpower for all levels of service and planning;

(3) Persons prepared for evaluative research to assess the appropriateness and the effectiveness of service; and

(4) Educators committed to the development of curriculums and the transmission of knowledge appropriate to serving older persons.

This is in keeping with recent developments in the medical care and health service fields, and I urge your committee to consider legislation to support such a program. Resources to support educational and research efforts for service have been minimal. With such resources, I am sure we will move rapidly ahead in addressing ourselves to the changing and increasing needs of our elderly population.

The CHAIRMAN. I am not sure that I fully comprehend your regional multidisciplinary centers as an administrative matter. How would this operate?

Mr. BEATTIE. I think what has occurred is that universities have become increasingly engaged in research which is basic, this is the development of biomedical and behavioral knowledge of aging or man in general, but we have very little relationship of professional schools and universities to services and to, what I would say, population laboratories of real people in real situations.

What I see in these regional centers is a way of bridging the service provision and the vast resources of the universities around the capacities to carry out research and for the need for training persons to do both.

So, many of our people in practice today are very fine on a one-to-one relationship with clients but I think one of the critical issues is what is happening to the population or broadly speaking in the whole direction we are moving in aging or in other areas.

Through such centers we can develop basic knowledge as to services, their adequacy, in terms of how much is needed. As I said, we have no measure; we have not developed measures that I know of any place in the United States around manpower. We talk about shortages but we don't know what is optimum. We don't know what one doctor can really do in terms of service or what one social worker should be doing.

I think beyond this we have not, as I see it, done very much in identifying critical issues of social policy. I think the nearest thing that I have seen is what Senator Mondale has suggested in the Mondale report in terms of the Council of Social Advisers much as we have economic advisers.

But it seems to me this has to come somewhat from the bottom up with some real measures of needs, services and ways of getting at the effectiveness of services. I think universities on a regional basis——

The CHAIRMAN. That is the key, getting the services that are needed. Syracuse University has a medical college; is that right?

Mr. BEATTIE. The State of New York is on the same campus. We have a medical school on the campus. We are a private university and the medical school is part of the State.

The CHAIRMAN. In the rural areas in upstate New York, the needs are so manifest you do not need any census taken for social workers to know what is lacking. It is doctors. Just in Syracuse University do you know how many students are enrolled there for medical training and how many applicants there are and then on the subtraction how many are turned away?

Mr. BEATTIE. No. I can't give you those. As I said, this is a separate administrative structure. We have 23,000 students at our total university. That is not including the medical school.

The CHAIRMAN. You know where the Adirondacks are; you are a New Yorker. I can tell you people who have no economic problem paying a doctor can't get a doctor. We need studies. We also right here and now know so many needs, needs that are not being met.

Mr. BEATTIE. What I am trying to get at, though, is that we put up pieces of service, we put up public housing for the elderly, without a conceptual framework of the alternatives and choices people should have so that they are not frozen in one situation.

We know many older persons who are stampeded into institutional care for the lack of alternatives. We have never really developed any effective measures or models of services that allow for a movement between different types of living arrangements to assure security and at the same time assure the right of self-mastery and decisionmaking. Most of our communities are very lacking in this respect.

In the health area, we have moved toward the concept of regional planning and regional centers but aging, as I see it, has very low priority in most of this planning. I have had the opportunity of working with the public health profession and the medical profession rather closely nationally and I have sensed there as well as in social work and

in other areas that aging has quite low priority as these professions see it and I don't think they understand the impact of aging on their services and their organizations.

I think we have to get at this if we are going to really move ahead in addressing ourselves to the changing needs of the aging; we have to get beyond just a piece of the service and say that there is much to be done to really construct regional designs to make sure that the entire population has some access to service and that they can partake of them.

The CHAIRMAN. Some of the best housing under the public housing program for older people that I have seen was put out on some wasteland beside a railroad track within walking distance of the railroad station, within walking distance of the bus stop. It is a high-rise. From the upper floors, you can see the entire shopping community of the city of Elizabeth.

Everybody thought it was wrong to put this elderly housing next to the railroad tracks. Do you know something? They love it. The older folks living there love it. They like the excitement of life, too. Part of it is, you know, the movement of people, the communication of people.

Mr. BEATTIE. I have also seen in St. Louis, and I see it now in Syracuse, public housing that is surrounded by one-way, six-lane highways. These people can't get across them. This is what I am talking about in urban design.

The CHAIRMAN. This is a common enemy, not only to elderly people.

Mr. BEATTIE. I have been keeping a checklist. I find that the elderly have the highest rate of pedestrian deaths, by far the highest in my area right now. I would be interested in what this means. I think again we are more concerned in moving cars than we are in giving them access to community services and research.

The CHAIRMAN. I agree with you.

Mr. BEATTIE. I would like to see that whatever happens in terms of model cities, demonstration cities, and so forth, that there is a strong component in there to see that what happens to the elderly person is considered and his needs in such designs.

The CHAIRMAN. I agree with that.

Let us continue with our panel.

Mr. Sheppard.

STATEMENT OF DR. SHEPPARD

Dr. SHEPPARD. Thank you, John.

Thank you, Senator.

First of all, I want to apologize for not having a prepared statement. Let us see how quickly I can run through some of my points.

The CHAIRMAN. Well, we welcome you home to the committee you once directed.

Dr. SHEPPARD. Thank you, Senator. It is good to be "home." We have come a long ways since we first started.

I could not help recalling some remark that Senator McNamara said once, apropos of what you were saying about elderly people wanting to live where the action is.

Years ago, we were looking into a place in Detroit where the Carmelite Order of Nuns had bought an old hotel right in the middle of

downtown Detroit. Someone else, however, was complaining that the elderly wanted to be out where the trees are and the birds are and the grass is. In other words, isolated in the elderly ghetto.

Senator McNamara blew his top. He said, "If I get that old, and can't work any more, I want to be down in that hotel right in the city of Detroit where I can walk around downtown, go to a movie, where there's a bar in the hotel and a cocktail hour for the elderly."

We are always stereotyping the elderly. That is one of the things I want to hit today in my remarks, especially with regard to the question of employment and work in the future.

I should say, first of all, that I am not taking an either-or position here with regard to work and aging. What I am trying to do is to contradict or fill out some of the stereotypes about aging and working, because right now I think they are affecting some of our problems today.

I like the quotation that Dean Beattie took from Daniel Bell of Columbia University, which in essence says the future begins in the present. That makes me think of the fact that because we are saving the lives of babies today, and have in the past, we have created an aging problem.

It is not that we take elderly people and make them live longer. It is that we have made it possible to reduce infant mortality, thus creating a problem of the elderly later on. It is the same as some other points that Dean Beattie made. The educational level of the younger people today is so high relative to the educational level of the elderly that this will have an impact by the year 2000 on the status of those people who are today 25 or 35 and in their forties.

I want to take certain kinds of facts I know about today and speculate with you about the implications for the future. That is the essence of my remarks today. It is that sort of thing I think we ought to be concentrating on.

What is it we know today that will have an impact tomorrow? Let me give you an example.

From the standpoint of having wage and salary earners as potential sources of financial and other support, there will be increasing numbers of aged persons whose children and other so-called younger relatives will themselves be of retirement age—I think again Dean Beattie referred to this—thus, with limited financial means under our present public policy and with certain kinds of problems all their own. Let me be very concrete.

You will find in 1960 there were 34 persons aged 80 and over for every 100 persons aged 60 to 64; 34 persons aged 80 and over for every 100 people aged 60 to 64. The projections indicate that by the year 2000 there won't be 34 of these very old, old people but 67 people for every 100 persons aged 60 to 64 when the new century rolls around.

The CHAIRMAN. Not if they smoke.

Dr. SHEPPARD. Even at the present rate of smoking.

What I am worried about is what might happen if we decrease those factors that cut down years of living. The figures I am giving are very conservative. I agree we should not be smoking. That is why I smoke a pipe. I understand they have a cure for lip cancer created by smoking pipes.

Let me put this another way. Older Americans, as long as our present public policy exists, either on retirement or eve of retirement, will be increasingly faced with the problem of preparing for and adjusting to not only their years of retirement but they will also be faced, at the very fast-growing rate, with the prospect of responsibility for even older relatives, given the dominant emphasis in our society on individual and family responsibility.

Apart from the need for new approaches to income maintenance for the very old, I also think there is another need, a growing need for a wider scope of other income sources including, yes, work for people in their sixties. This is one of the things I want to be a maverick about today and to contradict some things I have even said about retirement when I first got into this field. I think we are going to find changed attitudes among the elderly people of tomorrow.

Let me put it in the form of a question: Can we expect the under-65 generation of today to accept the same relationship to the labor force, the same economic and social status, which characterized the aged of the 1960's when those under-65 people become 65 or older? That is the critical thing.

The CHAIRMAN. The answer is "No."

Dr. SHEPPARD. The answer is "No," exactly. But what are we doing about it?

The CHAIRMAN. That is proven right here in the Congress of the United States.

Dr. SHEPPARD. A very good point.

The CHAIRMAN. Look at the numbers who serve well beyond 65.

Dr. SHEPPARD. That is right. Look at the numbers that want to serve. That is the critical point.

The CHAIRMAN. I am dispassionate on that particular point.

Dr. SHEPPARD. You really don't know what you are going to think when you are 65. That is why I change my mind as I go through time—I won't say as I grow older. I think in this context the ideas or concepts of rising expectations are very important, very pertinent to making intelligent speculations about the degree of acceptance, this part of the population or that part of the population, in the future.

With higher educational achievement—this is my main point—and health consciousness and the effective acceptance of a democratic ideology of equality, I doubt very strongly that the aged in the year 2000 will passively tolerate conditions resulting from the stereotypes and attitudes toward the aged that the young today themselves entertain toward the aged. They will not want to be treated in the year 2000 the way they treat the aged of today. That is the point.

The more we recognize that today the more we can start planning for the future. I think I could also add the political dimension here. These same features separating the aged of today and those of the future, coupled with an increased political participation as measured by registration and voting behavior, these can be expected to accentuate the political strength of the aged on local and national levels.

The last figures I saw indicated that until you get into the upper 70's you get an increasing percentage of people voting as you go up the age scale. It is very important to keep that in mind. As an increasing percentage of our 21-plus population becomes elderly, this is going to have,

I think, a lot of implications for the future. That also means that they are going to be in a better position to demand new kinds of services or better services than the aged of today are.

Employment and Specialization

Let me get more specifically into the question of employment. I think we are going to be seeing an increasing need in the years to come for people in the labor force to be less narrowly specialized in their skill than in the past. I said "need." I don't know about recognition of need. Those are two different things. It is the task of educators—and here I have a broad definition of education: legislators, it is a function of this committee to educate—there is an increasing urgency to get people to recognize this need.

There will be an increasing need for people not to be overly specialized during their work years. At least, they should be better prepared to exercise a variety of occupational skills, to be prepared three times or four times to acquire new kinds of skills through formal education or through on-the-job training during their adult working lives.

Now, the question is, Who is doing what and doing it now to cope with these emerging needs? Is our educational system doing it? Are our vocational educational systems doing it? Are our employers doing it? Are the unions doing it? Are the various governmental programs doing it? I have many doubts about this.

Just recently I heard a Job Corps youth testifying before the Senate Subcommittee on Poverty. He was telling the Senators he had been trained at a Job Corps camp, I think it was Camp Kilmer. The young boy was from Mississippi. He had been trained in three different skills. It surprised me, thinking what I think now and knowing what I think I know now, it surprised me that one of the Senators thought that was horrible. The Senator felt he should be trained in one job and know it well. The young boy had the best answer of all. He said,

> I don't know about that. I am being trained as a chef and I am being trained as an IBM operator and I am being trained as an auto repair mechanic. If I go back to Mississippi and I lost a job as a chef, I can get a job as an IBM operator or as an auto mechanic. If I go back as a mechanic, I can get another of the two jobs.

He was better prepared to cope with our labor market than many of the people who have been overtrained in one job. This will be the problem in the future.

I think the dynamics of our labor market in the 1970's, 1980's, and 1990's will be such that technology will be changing, requiring new skills and different skills of people affected by technological change. I think we will continue to see as a symptom or a concomitant of a dynamic economy, plant shutdown, plant movings affecting, usually, for the most part, older workers. And those older workers affected by shutdowns, whether we are talking about the Packard plant or the Studebaker plant, those we know about more dramatically, those older workers who have been trained in and know only one skill are going to be at the greatest disadvantage in the labor market.

We have not created the institutions to make it possible for them to be acquiring more than one skill. This is going to be very important as the years come before them.

Let me speculate a little bit more, dangerous as it is, about some possible implications of other data I have just begun to look at—Department of Labor data and census data. I think it is plausible to expect that with the general improvement in the level of education in the American labor force, along with this changing character of the economy, technology, and occupational composition, that age may make less difference in the occupational mix of the decades ahead.

This greater similarity in occupational profiles among age groups may also mean smaller differences in unemployment experiences among adult workers.

Leveling of Educational Attainment

Now, I am basing these projections, I admit, on certain assumptions: First of all, that the range in the absolute number of years of schooling will be narrowing in the American population. Where there is a certain ultimate maximum number of years most of us will have gone to school and more and more people will be approaching that maximum.

Another assumption is that beyond a given level of education the risk of skill obsolescence, of an inability to adapt to new jobs, and lower self-confidence, that these risks are reduced regardless of the position of that educational level relative to other levels.

Finally, such projections are going to be affected by the total age structure of the labor force. If birth rates in the next few decades continue to decline, for example, it is quite possible that people at the upper age limits will be in greater demand among employers. At least, there will be a shortage. The question is: Will employers be prepared to hire the older worker? Here we get into that famous concept of sociologists, the cultural lag. Attitudes might not change while the reality does change. I hope in this connection that there will be an effective statute outlawing age discrimination in employment and it looks like we are just about to get there. I am referring, that is, to the recent Senate and House actions.

Let me give another shred of evidence for the point I want to make.

Let me point out some census data.

In 1960, more than 70 percent of all urban men aged 55 to 64, and with 12 or more years of schooling, worked the previous year for a full year, 50 to 52 weeks, in contrast to only 40 percent of those with no schooling; 70 percent versus 40. The figure goes up as you go up toward the 12 and more years of schooling.

Mr. Miller. What age is this?

Dr. Sheppard. 55 to 64.

To put it another way: If you take the 55- to 60-year-old men in the labor force as of 1960, only 40 percent of those with no schooling worked a full year; 51 percent with 1 to 7 years of schooling worked a full year; 52 percent of those with 8 to 11 years worked the full year, and finally, 70 percent of those who had a high school degree or more worked a full year.

I said they are members of the labor force. I want to correct that. Those percentages are based on the total population in each educational category including those not working at all.

I have some figures here also for the 65 and older urban males and it shows the same thing, the same relationship—11 percent of those who had no schooling all the way up to 37 percent for those with 4 or more years of college.

The details are as follows:

Percent of all urban males, 65 and older, working 50 to 52 weeks in 1959, by years of schooling

Years of schooling:	*Percent of population working 50 to 52 weeks*
None	11
1 to 7	15
8	19
9 to 11	26
12	29
1 to 3, college	32
4+, college	37

Source: "Employment Status and Work Experience," U.S. Census of Population, 1960, table 20.

Now, what I am trying to say is that these kinds of facts warrant the consideration of the possibility that work and retirement patterns characterizing the recent past may not be continued in decades ahead as the general level of education achievement among urban workers continues to rise.

I also have some figures that show that the number of people in their sixties by the year 2000 who will have had a college degree will be about 9 to 10 times more than the people in their sixties today—9 to 10 times more. And I don't believe that they are going to accept the retirement pattern of today's elderly people. That is my main pitch.

Mr. ORIOL. Dr. Sheppard, you know that in the hearings before the Retirement Subcommittee it was suggested by more than one witness—and we have had some references to it today—that there may have to be a complete change in our educational pattern which will then have an effect in the change of our retirement pattern. In other words, we will scatter education through what we now consider the work career. Is this now part of your thinking or are you just projecting what we are doing now, the present pattern?

Dr. SHEPPARD. I think we won't have the present pattern because the aged of tomorrow won't be like the aged of today. That is what I am trying to say.

I also believe that because of the need to change careers before one dies, that we will need to be having some form of continuing education during the life of an individual. I see nothing wrong with the concept of sabbaticals for people for general and vocational educational purposes.

Mr. ORIOL. Throughout the whole work force?

Dr. SHEPPARD. I would want to say throughout one's life rather than working life because I am concentrating on the employment side.

Mr. NORMAN. Dr. Sheppard, I am impressed by your statistics indicating that the greater percentage of older workers with more education are employed than older workers with less education. Does this indicate that if we can provide opportunities for the undereducated

older worker to upgrade his education, that we can probably expect less unemployment among this age group?

Dr. SHEPPARD. Very much so, although I never want to give a single-factor explanation of any problem. The educational deficiency or skill obsolescence of the older worker today is one of the problems. It is also true that employers still might discriminate against an older worker with good skills and a good educational background.

If I am wrong, then the experience that we will face in the future as we develop new legislation will offer us data to test this notion.

Mr. NORMAN. Do you think we face what you have just referred to, cultural lag, in perhaps the attitude of many people that education is for the young and that it is just throwing away money to try to educate people in the age group we are talking about?

Dr. SHEPPARD. I think it is a cultural lag. I know of many educators and I know of many Government officials who carry around in their heads stereotypes about old people which just don't hold up under testing to the degree implied in these stereotypes.

Mr. NORMAN. How much of a barrier do you think this would be to instituting an educational program to try to upgrade the education of undereducated older workers?

Dr. SHEPPARD. I think it is something we all had better cope with in trying to make such a program successful. Maybe the first thing we have to do is reeducate the administrators, these old administrators, about programs for the elderly in this field.

Mr. MILLER. If I may proceed on that point, I don't think there is any question but what everyone agrees that it is highly desirable to provide older people as well as younger people additional educational opportunities.

Going a little bit further, however, with Mr. Norman's question, is this employment differential of which you speak due to labor skill or work skill deficiencies because of the lower education or does it also have a relationship to cultural patterns developed by a higher educational level which perhaps inspires a person to participate for a longer time?

Dr. SHEPPARD. You mean our cultural norms are such that we don't believe older people should be in school?

Mr. MILLER. No. You take a man now 62 who has had an eighth-grade education, and you give him the equivalent of an additional 4 years, equivalent of a high school education. Assuming that this might affect his employability, how much actually does it affect, however, the living patterns, based on the lower educational level with which he has lived throughout his life?

In other words, I am not taking issue with your point nor with Mr. Norman's, but I am raising the question as to whether this is not a real factor.

Dr. SHEPPARD. I think the cultural factors are included in the problem. But as in all of these cultural theories, the degree to which the cultural explanation is the most important explanation can't be tested until we have tried all the other approaches. If we make education available to 62-year-old men with only an eighth-grade education previously, a certain number of them are going to take advantage of it. Others might not, partly because of, say, their cultural background, if I understand your question right.

I am saying let us make the programs available before we can safely talk about what are all the reasons.

Mr. MILLER. Perhaps related to this, the implication in my question might suggest that those who are continuing in the work force and continuing in full life activity, whether for pay or not, who did not receive a formal high school or grade school education, may very well represent that body of men or women who are self-educated.

Dr. SHEPPARD. My whole picture of this, Mr. Miller, includes three major categories if you wish to call it that. First, the characteristics of the individuals who we are trying to change or we want to change. Second, the policies and characteristics of our institutions, and third, in the field of employment, the policies and attitudes of the ultimate employer.

Certainly in the first one there are some psychological factors involved in the individual that would tend to keep him from taking advantage of opportunities in the environment. I agree with that.

I also happen to believe now that we are moving toward a period when we have the techniques for changing people's psychological characteristics so that they would take advantage of opportunities.

In the field of aging, for example, there has been a little bit of research in this particular area and that is the self-image of the unemployed older worker. Those unemployed older workers who feel that they are old—the self-image—don't do the things that an older worker who considers himself young does in order to change his unemployment status.

Now we can take two responses, two positions, once we know that. We can say, Well, that is the way the cooky crumbles, and if this guy does not want to help himself, that is not our fault.

Or we can say, What are the techniques for changing this man's self-image so that he can improve himself? That notion, by the way, cuts across all our problems today in our society, whether you are talking about poverty or minority group problems and so on. But that is why I say there are three factors involved.

I don't want to leave out any one of them. If we are going to be systems oriented, if we are truly interested in solving the problem, then we had better take a look at the whole ball of wax. One variable involved is, What does the individual himself do to take advantage of certain opportunities?

Mr. MILLER. Personally I could not agree with you more.

Dr. SHEPPARD. Now I think the challenge today is, and it fits in with what Dean Beattie is saying, what are we doing in the field of research and experimentation to find those techniques and develop those techniques that can change these behavior patterns so that people can improve their lives?

MONEY NOT THE SOLE NEED

There is no question about this. Incidentally it does relate to the issue that Mr. Keyserling raised. I don't think that you can merely give people money and then sit back and automatically find that all of those people will solve their problems and that they will no longer be social problems.

We need both the money and the various kinds of services, including rehabilitation, and under rehabilitation I am including the sort of thing I have just described the last few minutes.

Incidentally, I don't think that many of us are willing to support the kind of programs I am talking about, when we get into the realm of individual change; I have a feeling we are more frightened by that than we are by social change.

I think to the degree that we don't, with proper safeguards, support such efforts we are not going to be solving a large part of our problem.

Let me give you some data about industries that employ older persons today and speculate again with you about the implications for the future.

As we already know, older male workers were heavily represented in agriculture, looking at the industry composition of employed people. Roughly twice the rate for all employed males in 1960. By the middle of this year, 7 years later, the ratio is probably about 3 to 1. But what is the distribution by industry for the older employed workers outside of agriculture and also forestry, fishing and mining, the so-called primary industries?

Mr. ORIOL. Going back to agriculture, are most of the elderly self-employed in agriculture?

Dr. SHEPPARD. I can't remember whether it is most or not, but it is close to most. What is the distribution in the nonagricultural industries? Again, the most detailed information we can get is from the 1960 census data. There are a lot of details in those data. I have a table here that compares older categories of workers with the total population of employed persons, male and female.

INDUSTRY DISTRIBUTION OF EMPLOYED PERSONS, 1960

[In percent

Industry [1]	Males			Females		
	All	45 to 64	65 plus	All	45 to 64	65 plus
Construction	9.8	10.1	8.7	0.8	0.7	0.6
Manufacturing	35.1	34.2	21.2	22.4	20.8	10.3
Transportation, communication, and public utilities	9.9	11.0	7.2	3.9	2.9	1.3
Wholesale and retail trade	19.8	18.8	22.1	22.3	22.7	19.9
Finance, insurance, and real estate	3.9	4.3	7.9	6.3	4.7	4.6
Business and repair services	3.4	3.1	3.6	1.7	1.5	1.3
Personal services	2.9	3.4	7.3	14.1	15.8	31.3
Entertainment and recreation	.9	.9	1.5	.8	.6	.8
Professional and related services	8.1	7.9	12.5	23.2	25.2	26.0
Public administration	6.1	6.3	6.7	4.6	5.0	3.9

[1] Excludes agriculture, fisheries, forestry, mining, and industry not reported.

Note: Percentages may not add to 100 because of rounding.

Source: Occupation by Industry, U.S. Census of Population, 1960.

Now, the industries in which employed male elderly workers are well represented are clearly those in which manual labor is not an occupational characteristic, wholesale and retail trade, finance, insurance, and real estate, personal services, professional and related services and public administration.

Furthermore, it should be stressed that in a nonagricultural economy such as ours, construction and manufacturing employed only about one-third of all males employed in these nonagricultural industries

and yet the typical discussions concerning the so-called problem of the older worker seem to be based on an out-of-date image of American industry, one in which the worker is a manual laborer and the employer is a manufacturer.

The contemporary reality is an economy in which only a minority of the employed population is in construction or manufacturing and even in construction and manufacturing about 25 percent are nonproduction workers.

As of 1960, 70 percent of all male older workers and about 90 percent of the female older workers were employed in the nonagricultural industries of our country. They were employed outside of construction and manufacturing. The latter point is more important.

In 1960 nearly a third of all employed elderly women in the nonagricultural industries were working in personal services, for the most part in private households or as domestics, an occupation incidentally in which nonwhites predominate. This proportion is more than twice that for all employed females in 1960, of all ages.

Change for Women Workers

Now, because of the changing qualifications of American women and because of the changing skill demands of the general economy, I think it would be actually stupid to believe that older women in the future will be similarly employed in such low-status activity. The female older worker will make up a growing segment in absolute numbers as well as proportionately of the total 65 and older work force.

In 1950 women constituted less than one-fifth of the 65-plus labor force, but by 1965 nearly one-third. By 1970 the percentage of the elderly work force that will be female will be virtually identical to the ratio of females of all ages to the total work force.

This is in contrast to the previous decade. The overall picture I am trying to suggest to you then for the future is one in which employment for older workers will be concentrated in nonmanual, nonmanufacturing occupations and industries, with an increasing female composition of employed older persons.

Because of this changing composition I think we can expect a whole host of new issues to emerge in the area of what some people are beginning to call industrial gerontology.

Those are the basic points I want to make now.

(The chairman addressed the following questions to Dr. Sheppard in a letter written after the hearings:)

1. You observed that "we have not created the institutions to make it possible for them (workers) to be acquiring more than one skill." What suggestions do you have for creating such institutions, particularly for older workers?

2. You used the word "rehabilitation" in its broad sense at the hearing. Do you see opportunities for the newly organized Social and Rehabilitation at H.E.W. to encourage rehabilitation services of the kind you described?

(The following reply was received:)

1. My main point was that *before* men and women become "older workers," they stand in need of a broad orientation regarding the positive value of learning more than one skill — and of being provided with the opportunities and facilities for such training. If that were achieved, the problems that today's older workers experience would be reduced. The secondary point is that short

of this, we should then prepare workers—once they have become "old" — to become interested in acquiring new skills, and without having to wait until they become unemployed or ignored in upgrading decisions.

Ideally, I would like to see support for curricula components in high schools and universities dealing with this notion. In addition, the same thing in general adult education program; and finally, some type of legislation that encourages (even requires, under certain conditions) employers to provide—directly or indirectly—"second-skill" training to their employed workforce.

2. "Rehabilitation" in its broad sense means to me changing the behavior, attitudes, and/or skills of individuals with deficiences preventing them from greater participation in the economy and the society. I know that in terms of its *stated* purpose, the new Social and Rehabilitation Services division of HEW encompasses this viewpoint. But I cannot say with any certainty whether the existing programs in that "new" division (only the name is new, isn't it?) are presently equipped to be truly comprehensive. Furthermore, a great deal of rehabilitation, broadly conceived, is already being carried out under other names in other agencies. Of course, I cannot disagree with the suggestion that the re-organized HEW division encourage the kinds of services I described in my testimony.

Mr. ORIOL. Mr. Edelman, please go ahead and then we will have some questions.

STATEMENT BY MR. EDELMAN

Mr. EDELMAN. I will present written testimony later. It has not been possible, because of the pressures under which I have been working recently, to prepare for this particular occasion, much as I have looked forward to this opportunity.

I think for the record I should state that I am the one witness who has been here today that is really in the senior class. I am in the senior class, and not only chronologically, but I have been living with the seniors now for several years, and I have been obliged to learn some of their typical problems, particularly healthwise.

From this standpoint then, I know a little bit about what this is all about. Before I retired, Mr. Chairman, I worked as legislative representative of the Textile Workers Union, an industry which typically employs a very high percentage of older people and an industry in which the labor supply has been contracting drastically. In several situations I had opportunities to work with experts who have been studying the problem of what happens to these older people when their traditional type of employment disappears.

Could I say parenthetically at this point that, as Harold Sheppard probably is aware, that one of the technicians who does know a very great deal about the problem of the older workers, was long my colleague in the Textile Workers Union. Mr. Solomon Barkin has been working with the OECD in Europe. His term of service in Europe is just about up. He is going to be back in this country.

One of the aspects that he has been studying recently, particularly as a result of the old problem of manpower shortages in Europe, is how to utilize the older worker. As I understand it, Dr. Barkin has some rather important, and I think unusual data showing that by retooling jobs, you can make it a good deal simpler and more possible, more feasible from every standpoint, to continue the older worker on his job.

It seems to me, sir, that his is one of the lesser items perhaps that this committee should mark down for study at the first opportunity. I will give you a call, Mr. Oriol, when Barkin is available.

Mr. ORIOL. It seems as if this would enable the employer to keep the experience and wisdom of the older worker after the job has been retooled so that it fits within his capacities to perform it.

Mr. EDELMAN. Right. It happens there now is a boom in the textile industry, in part due to the Vietnamese situation. But we must realize that we will go back to the condition, no doubt, where low-profit margins and spotty employment will be the rule. This is a kind of industry which ultimately should automate but evidently won't for some time to come, because of the slow growth of technology in this particular field. But unless very realistic but bold planning is applied in this field the entire industry may disappear in this country and our suppliers of textiles will go entirely to a few underdeveloped countries.

The degree of wisdom and information and generally fine wisdom displayed by witnesses here has been unusual in my long experience on this Hill. On behalf of my large constituency of older workers, we support and endorse almost everything that has been said by every witness.

ATTITUDES TOWARD ELDERLY

I was assigned one particular aspect of this problem, the types of services that we should be thinking of as being very necessary in the years ahead for the elderly. But we must think of more than services. We must also think of the whole problem of changing attitudes in society—changes in attitude and behavior toward the aging part of our society. This is a baffling problem. I feel it necessary to raise this point because nobody else has mentioned it.

Probably none of us has, up to now, found a precise way of defining with the problem, but, nevertheless, I think this is another one of the several topics which a committee which has been as willing as this one to experiment and to undertake new things should attempt to study and to understand better in practical terms.

Mr. NORMAN. Mr. Edelman, with reference to your point that we need a change in attitudes in society, do you believe that the chairman's bill, S. 276, to establish an older American community service program, would make a substantial contribution toward wiping out this old stereotype that older people are not worth anything and perhaps giving a different attitude to younger people that older people can be doing useful things in society?

Mr. EDELMAN. Mr. Norman, I thank you for asking me that question. Of course, I agree with you. I think S. 276 would be an important and vital step forward. I am sure it will help and do much good. But I also know we may have to even go further than what is proposed in this particular measure.

Let me illustrate how fundamental I think my point is. By sheer happenstance, one comes into possession of relevant information. Recently a very capable and serious intern in a tax-supported hospital here in Washington told me a little of the critical problems that institution is facing in respect to older persons. One of the problems that bothers this particular hospital is this: From time to time families drive there bringing an older person. And, sometimes they arrive in pretty darn good cars; the people are well dressed.

They will bring in this older man or woman, often a person approaching senility, but with a temporary illness over and above the senility. Nevertheless, a person thoroughly able to really look after himself, that is to say, the normal living process.

This family will come in and say, "Our name is so and so, and this is the problem with grandmother." The hospital will agree to accept grandma, and after a little while grandma will be at the point where she is dischargeable. They will find first of all she does not know her name, she can't remember it correctly. The name given by these individuals who brought her is fictitious. So you have the institution heavily burdened with a difficult geriatric problem. The point that stirred me, shocked and dismayed me, is the awful inhumanity and cruelty which these alleged relatives demonstrate.

Mr. ORIOL. It is based on the idea that a person is old and therefore can be dealt with in this way.

Mr. EDELMAN. Exactly. So, Mr. Norman, I am simply adding this point to say that the setting up of the senior service corps, I think, will make a tremendous contribution toward removing prejudices and bigotry in respect to employment. Nevertheless, in addition and beyond all that, society is going to have to, we are going to have to try to eliminate the irresponsibility, the callousness which a case such as I described reveals. How we are going to correct this I am not prepared to say, except that this is part of a total pattern. But it is clear we can only begin to find solutions when we get adequate services to deal with the problems of the elderly. Only when it dawns on people confronted with the problems of their older relatives that they need not resort to chicanery or in effect leave the aged parent on the public doorstep.

TREATMENT IN MENTAL INSTITUTIONS

Just one more paragraph on this particular point. I have been pressing the Administration On Aging to attempt to reduce to figures another problem which is related to the one I have been talking about just now. This is that the percentage of individuals in mental institutions are there simply because they happen to be sick or approaching senility and are not in any true sense of the term certifiably insane.

Mr. ORIOL. On that point the subcommittee on health in New York City did report something that one of the witnesses mentioned, that 25 percent of the elderly in institutions in New York City did not have to be there, but they were there through the process you have just mentioned.

Mr. EDELMAN. There are no doubt some striking illustrations of this kind. I think we should have more assimilable data on this point. A friend of mine is a nurse in one of these institutions. She tells me that at least half of this type of patient that has been assigned to her care are being frightfully exploited in these institutions. They are being employed at menial types of work, the laundry, the kitchen, and all the rest of it, that kind of thing, and there is no recompense to them. There is no sum of money being set aside for them or anything of this sort.

This is a problem that we ought to learn more about and find some way of dealing with.

Dr. SHEPPARD. I just want to add my support to what Mr. Edelman is saying about the community services bill. I think it is going to become a precursor to a much bigger program, as the next two decades show an emerging need for all kinds of public service type employment and community service type employment which should help break down that stereotype.

We are going to be finding a shortage of people to fill those jobs, but that does not automatically mean—let me qualify that—that the older people will be thought of. I have been involved in meetings, say on the subject of new careers for the poor, and the whole tenor of a 3-hour discussion and planning meeting is all in terms of young people being put into the type of program, and when finally somebody says, "Well, what about the people over 45 or 50, maybe even 60," you get a blank look. Those people don't exist in the minds of these planners.

If you prod them, they then come up with all the laundry lists of stereotypes about older people.

Last Friday, I spent time in Chicago with the Subcommittee on Training of the National Manpower Advisory Committee on new experiments in developing new techniques of training older workers which is a result, by the way, of Sol Barkin's stimulation of the Labor Department to do this. There is a film now available on this based on experiments in New Haven under the direction of an English psychologist, Dr. Meredith Belbin.

I spent some time elaborating on the points about older workers, pointing out, for example, that one of our problems is that we present averages about the work potentials of people by different ages and most of those are based on laboratory experiments which are too artificial and that averages have become the hallucinogenic drug of administrators and program operators.

The point of my story is that after the movie was shown, after the 3-hour presentation of what I call irrefutable logic, knocking apart the stereotypes, an important Government administrator, whom I won't name, talked as though he did not see the movie, talked as if he did not hear what I was saying and went on to say that the average older worker has a learning problem, a longer response time to stimuli, and so on.

I blew my top as politely as I could, pointing out that, "Weren't you watching the movie? Didn't you hear what I was saying?" Averages mean nothing in this field. Just as in the field of race relations I can't tell the competence of the person by the color of his skin, I can't tell the competence of a person by the year he was born.

This bothers me. This man is not a local administrator, he is a national administrator.

Mr. ORIOL. What is his age?

Mr. EDELMAN. He will probably say that he is an exception.

Dr. SHEPPARD. It just proves that this guy cannot be taught any new tricks.

Mr. BEATTIE. I would like to comment on Mr. Edelman's statement because I think the question of the mental hospitals is also the same question of nursing homes and long-term care facilities. I did direct a study of 92 such facilities about 7 years ago. We found that the

predominant reason for admission was not the medical diagnosis, but a whole set of social circumstances and issues.

I would like to underscore this by saying again this is what I mean by networks of alternatives to support the choices and the ramifications of, again I would say the five-generation family where the networks of responsibilities are rather confusing to those in their 40's who have a 60-year-old and the 80-year-old and the early married 20- to 25-year-old and perhaps even a grandchild.

So they are caught in a network of rather confusing role definitions by our traditional three-generation and two-generation household concepts. It is not an issue of an individual or family. It is an issue of community and networks of services.

This is why I feel very strongly that we must have the aging built into planning and planning must involve manpower planning of which the older persons are viewed as a resource in manpower and in service provision. This is why again I feel strongly that universities can no longer look to the younger student as a view of their responsibility. When I talk about continuing education, I talk about the continuum of lifespan and continuing of skills from the secondary school and so forth. I don't think I can direct my school for the future if I do not know these resources, of what is happening for all levels of ages and where the aging can fit in.

I don't think it can be based on any stereotype or a predefinition of what is appropriate for the older person. I think it is in this kind of educational mix that attitudes will begin to develop and change but we do not even offer any structures for attitudinal change.

I think the senior service corps certainly would be one small piece and a very important one. I think again we have to have some ways of affecting the manpower skill development in this.

Mr. ORIOL. Another piece might be in connection with the antidiscrimination bill which the House passed yesterday and the Senate had passed.[1] There is supposed to be a positive element of that put into being by that bill, the research and educational program.

Do you have any specific suggestions on how this program, which we think will become law, could be used to work against these attitudes? What are some of the things that this particular program should try to prove? Is this a good vehicle to use?

Mr. EDELMAN. Before these gentlemen answer that question, Mr. Oriol, could I get in the record here another problem that needs very special study? This is the problem of the older individual who gives every appearance of being a normal human being, and sometimes in many relations is, but nevertheless has become unable, in fact, to handle his own affairs. He can clean himself, he can dress himself, he can do this and that, himself. But he is not able, for instance, to manage his bank account and things of this kind.

I think I can illustrate the point by citing one case I know of in less time than by generalizing. One of the most distinguished men in Washington literally—I won't mention his name because he is still living—one of the best planners who has worked in these United States, a man in his early 70's, became afflicted with emphysema.

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[1] Signed by President Johnson on Dec. 15, 1967 (Public Law 90-202).

As it happened, Mrs. Edelman had worked with him for a number of years. I, too, became friendly with him, He got to the point where he simply could not handle his money. His cash was being filched from him right and left. He was going around in shabby clothes. He was a most distressing figure.

We did our best. Mrs. Edelman spent weeks and months on this particular problem. She tried to approach his relatives, one of whom is a distinguished scholar, still teaching at a nearby university, and begged them to address themselves to this problem.

They simply said, "He is not insane, we will not help to certify him." It was months and months before anything was done to find some care for the man. Obviously what is needed in this case is some halfway house type of legal relationship, a legal device, which will provide some kind of guardianship for this type of aged person who certainly does not belong in a mental institution and could have perhaps a decade of useful and perhaps pleasurable existence. But the arrangement would have to be a legally and socially acceptable one, especially if friends or public officials needed to handle money, et cetera.

Mr. BEATTIE. On this model of services which I attached, you will see one of the last is this concept of what has been called protective services. I think you have to protect the civil rights of the person as well as protect his resources and himself from abuse. I think that is all gradation.

We have not hardened the concept of proteetive service because it is not available in most communities. The Social Security Administration has its representative payee system which is an administrative arrangement for persons who for instance may be in a nursing home or in a situation where they cannot handle their money.

I know when I talk to bankers, particularly trust officers and lawyers, they get caught in this situation, but communities must develop structures to handle the legal safeguards, the medical complexities, and also the social needs.

Mr. ORIOL. Would this be an area where services of retired persons could be especially helpful; retired lawyers?

Mr. BEATTIE. I think they can. Again, I don't think we should freeze it in terms of each gradation of who should offer this, but I am sure this is a natural resource.

IMPLEMENTING ANTIDISCRIMINATION LAW

Dr. SHEPPARD. I would like to come back to the question: What do we do with the research and education provisions of what will be a new law outlawing age discrimination in employment?

First of all, I think there is nothing like having a law to make an education program effective. Now that it will be illegal to discriminate, that educational program will be much more effective. Secondly, I am sure that the Department of Labor, whoever will administer this, will want to do some intensive multiple classification of data that they probably already have holding several things constant at once.

The trouble with so much of the information we have about this field as well as others, is that we will be given tables talking about just occupation of older workers versus young, just industry or just region.

But we are going to need tables that show all three of these simultaneously so that you can zero in and pinpoint what industries, which industries in which occupations in which regions of the country have low proportions of older workers compared to other industry-occupation-region categories—low relative to what we know about the supply of older people in those same regions. That is the critical point.

More pinpointedly, we need to be getting analysis of the new hires by employers, their age distribution.

The other is that we are going to be needing programs to help employers train older workers either on the job or in vestibule training prior to any kind of employment similar to MDTA, and simultaneously to be using new techniques of training older workers, coming back to the program that Sol Barkin tried to stimulate in Europe and this country. We have not even come to scratching the surface on this, which brings up the question of manpower.

Older Worker Training Needs

We don't have the right manpower to train older workers. We are going to have to be training new people in these special techniques, not merely stealing present teachers and trainers in order to work with the older-worker problem, because then you get into the fight about scarce resources.

Again, what is the Government doing, what are the universities doing, the other schools doing, to train a new cadre of specialists in older-worker training?

I am sure the answer is zero on this except for one or two so-called experiments which are very often publicized, giving me the feeling that we have been brainwashed so that we believe the country as a whole is doing this on a wide scale.

I think that the use of television by different agencies and programs could publicize the potentials and the actualities of older workers to the general public and to employers.

Also, we are going to be needing a number of regional workshops with personnel people and supervisors, and so on, to really make this law effective.

Finally, we can't merely start this program, pass this law and maybe appropriate x million dollars and expect automatically that the Labor Department or HEW or what have you, is going to hire people who automatically are prepared to implement the law. They are going to need orientation and reorientation.

Right now our efforts in the field of older worker specialists in this country are very meager. They still haven't been basically mandated throughout our manpower system. I think this new law will provide an opportunity for it. It certainly creates a mandate for it.

Mr. Oriol. You have opened up a new field of inquiry here which I think our Subcommittee on Employment might look into.

Mr. Edelman. May I make two quick points and then I am going to subside?

Just recently, one of my oldtime coworkers in Washington here was appointed to a job for just a year or two, with the AOA. Then he found he reached age 70 and he had to get himself out of there, he had to quit. The law required that. Then he thought to himself, "Nobody

around HEW ever told me, said that there is any kind of retirement program, retirement education program operating in this agency, of all agencies in the United States in which this should not have happened."

He wrote to the appropriate person at the agency. I saw the replies. Faces were very red. They said they were going to institute a pre-retirement program. I would like to see this committee make a quick survey to see whether in general the agencies of the U.S. Government have gotten themselves retirement programs.

Perhaps John Macy ought to be asked really to look at that problem and see what could be done about that.

Mr. ORIOL. We have already got some information on the fact that your hunch is right. The Federal agencies have put up a very poor showing in this area.

Mr. EDELMAN. I am very glad that this is happening. Finally, let me turn to another point that was made this morning that I would just like to make a little elaboration on.

Milton Shapp pointed out that material provided by the National Council on the Aging showed that some 900 senior centers are now operating in this country today serving some 450,000 people. This is fine but I want to add this one little jarring note.

The National Council of Senior Citizens is all in favor of the center program and supports it in every way. But at the same time we think that an important qualification ought to be built into that program and that is this. Let me illustrate this by specific instance. I think the point is made more vivid if you describe a particular instance.

Through the California Commission on the Aging, some AOA money was siphoned to a community agency in one of the counties of California fairly recently. This happened to be a Catholic social service agency. One of our vice presidents of our organization, who happens to be a very active and devout Catholic, was so delighted to find his fellow coreligionists were really concerning themselves in this field of the aging that he went out of his way to visit this center. The worker in charge at the time—it was not the director—was asked "Aren't these people studying what is happening to the social security bill in Washington?" Whereupon the lady in charge almost jumped down our vice president's throat.

"If the people here want to talk about the social security program, let them go out to the district office of the Social Security Administration, the other end of town," he was told.

What I am saying here is that more and more we are finding it a deliberate policy in many of the centers operated for older people supported by public or private funds a deliberate policy is being developed that open discussion of public issues of importance to the older citizens is tantamount to a discussion of partisan politics. I submit that legislation and politics are at least as important issues as studying civics or how to keep clean. But there is positive determination in many of these centers to really try to develop nice docile older people that won't ask awkward questions, that won't concern themselves with sticky issues, and in general just go along very quietly and not disturb present equilibrium in present inadequate institutions in society.

I feel very strongly that efforts must be made to insist that particularly those agencies which provide the basic funds for the centers obtain guarantees that are enforced that free discussion, free speech, and noninterference with the opportunity of the individual to know, be assumed.

It seems to me that this is a problem that ought to be looked into.

Mr. ORIOL. Is what you are describing the policy imposed by the local director of the center?

Mr. EDELMAN. Exactly. But it arises because a general feeling is growing, a sort of kind of rule of life has grown up in so many centers for the aging around the country, that "we don't talk politics." This has come to mean that you don't really get into discussion of basic social questions and particularly those affecting the problems of the elderly.

It seems to me that this is unfortunate, it is stultifying and it is the kind of thing that could lead unquestionably to all kinds of abuse.

Mr. ORIOL. I have a refreshing example of just the opposite attitude. I was in Miami a few weeks ago. When I was visiting a center looking over a hearing site, they said, "You come tonight because we are going to have all the candidates for the city council here." I went. Those candidates were respectful because they had a tough audience, and the give and take was really terrific and the center did not fall down. It managed to exist even through a political discussion.

Mr. EDELMAN. Yes. As a matter of fact, Mr. Oriol, in general this is not the general case, it is a minority. But this is a tendency which, if it is not understood and grasped rather rapidly, presently could develop into something.

Mr. BEATTIE. I would like to comment on this. We are doing right now at our school a short 10-week institute for leaders of such centers throughout upstate New York. This gets back to the question of attitudes. I think the question of leadership is the lack of training. It is much like transplanting the nursery school concept for children to the older group and the concept of doing for and determining what people are there for in terms of their needs.

I think somewhere going back to the comment of the kind of educational programs we need, we must develop some that get at the very basic concepts of the right of this older person to determine the kind of program needs that he has.

Mr. ORIOL. You have given me the platform I needed to raise the question. First, I would like to put this question to the whole panel and then turn it over, maybe I can ask Dean Beattie a few specific questions. Somehow, when we talk of services for the elderly, there is always this welfare connotation or "let us do something for the old folks."

When we talk about transportation or busline or water supply, that is service; there is no welfare connotation. So the question I will put to you now and maybe we can discuss it a little later, How do we go about overcoming this? Should we change the word "service"? Let us have a little discussion on that.

Dean Beattie, what I want to ask of you is: I think Senator Williams, when he was asking you about the research at this multidisciplinary center for research, I think he had perhaps an idea of research as

studies, I would not say academic in nature, but perhaps a little remote from the lifestream.

Do you see a way to make it action research?

Mr. BEATTIE. I can't see it any other way. In fact, action research is a term I have used in the past. We have gotten into the trap of developing service through demonstration moneys and other things and at the end of some years, many do fold, but we have really no measures as to whether these services really make much difference in the lives of people.

I avoided very carefully the use of welfare. In many States now, as you know, they are talking about the department of social services rather than the department of social welfare, as in New York State.

I think we can play name games. I think the important thing here is that too often services are really removed from the lifestream of people. I think we have to look at the whole social institutional arrangements and then ways of developing changed strategies to support the directions of older persons to be as self-reliant as they are capable of and to then have patterns of intervention.

Mr. ORIOL. You are saying services can promote self-reliance if they are the right kind of services?

Mr. BEATTIE. I am saying research must be built into the research provision. I am not talking about laboratory research. I do think there is a design for what you would call action research, what I would call evaluative research. That is research is set up to build in a criteria that you think should be part of the service and goals of outcome and measure this.

For instance, I think at this morning's session there was a comment about information and referral services. It seems to me throughout this country we have set these up without any design to find out how people use the information, whether the service to which they were referred did anything about their situation and to predict outcome, or when we place people in extended or long-term care facilities, we have no way of determining the range of those facilities and their services that are appropriate to what range of individuals.

Persons end up in an institution regardless of whether it is acceptable in terms of their needs, social, economic attitude. I think this is a poor way of identifying how you match the service to the need of the person.

Dr. SHEPPARD. If you take a look at the typical evaluative research report, you will find that the researcher has data on how many times the bird flaps his wings rather than on how far the bird flies. This is what Dean Beattie is talking about.

I would like to put in a plug at this point for Dean Beattie's recommendation. It has to do with Congress setting up its own evaluation branch and not relying merely on the agencies' reports to you because they have a sort of vested interest in the way they present the data to you.

I think Professor Moynihan of the Joint Urban Center at Harvard MIT has made this proposal. If I am not mistaken, Senator Ribicoff has introduced appropriate legislation, a sort of equivalent to your GAO but used on a much more objective and long-term longitudinal basis. Right now you get some quicky, short-term reports and staffs

of separate committees in the Congress are busy putting out fires rather than taking the long-run view.

This program or this type of branch of Congress, I think, would be very important to the legislators for objective evaluation of the programs they are legislating.

Mr. BEATTIE. I would like to endorse this, but also not to ride a horse I would like to make certain that I get the point across that we have dealt with education over here, we have dealt with service here, and we deal with research as if somehow it feeds into a knowledge base of education alone. It seems to me that we have to build a way of bridging these. Research is no more scientific, whether it is in a laboratory or in an agency program. It is methodology, the way the programs are built in.

Mr. ORIOL. Can you define adequate research as keeping good records and good control on programs?

Mr. BEATTIE. No; I would not see it that way. This is certainly basic to good administration, but I would see action research as trying to determine through research whether or not predetermined goals were achieved and also using research to feed continuously back into the service system and into the educational system of the manpower we are talking about.

Dr. SHEPPARD. Improvement can be made as a result of research.

Mr. ORIOL. You are familiar with the OEO attempts to do just this. Can you tell us whether that type of thing can be applied elsewhere or have you learned——

Dr. SHEPPARD. I think the way they have now designed it, it could be applied elsewhere. They have not yet fully implemented it. Even if they do implement the data-collecting side, I am not sure yet whether the administrators or Congress are prepared to act and change on the basis of the research findings. An education job has to be done there, too. I am convinced there is a need for this kind of input into the thinking of the decisionmaker and not just of the data collector.

Mr. BEATTIE. As I mentioned very briefly, we do run this agency as part of our school. I am responsible for that as well as the education of students. We have brought in a doctorate in applied social anthropology who is looking at the total neighborhood in this agency and is developing a design and a whole concept of evaluative research, both as to the outcome of educational processes of students and outcome of services and feeding this back to our total faculty and curriculum so that we can develop this.

Part of this is aging and part of this is the other part of the life span. I think you have to take these steps or you are really not preparing people for much of anything unless you can really determine what the goals are and how you are going to achieve them.

Mr. EDELMAN. Mr. Chairman, this member of the aging population has made it a little rule of life to leave for home at this time of day. I will excuse myself if you don't mind. Thank you.

Mr. ORIOL. Mr. Miller, do you have anything?

We will continue this by mail, I think for a long time to come.

Thank you very much.

(Whereupon, at 4:30 p.m., the committee recessed, to reconvene at 10 a.m., Wednesday, December 6, 1967.)

LONG-RANGE PROGRAM AND RESEARCH NEEDS IN AGING AND RELATED FIELDS

WEDNESDAY, DECEMBER 6, 1967

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

The special committee met at 10:10 a.m., pursuant to recess, in room 4230, Senate Office Building, Senator Harrison A. Williams, Jr., presiding.

Present: Senators Williams, Yarborough, Young, and Miller.

Committee staff members present: William E. Oriol, staff director; John Guy Miller, minority staff director; J. William Norman, professional staff member; Patricia G. Slinkard, chief clerk; and Susan Bowers, assistant clerk.

The CHAIRMAN. This is our second day of hearings concerned with long-range program and research needs in aging and related fields. We had a very good session yesterday. Today we will continue these hearings, beginning under the subject heading "Minorities Present and Future."

Panel 4: Minorities Present and Future*

STATEMENTS BY HOBART JACKSON, ADMINISTRATOR, STEPHEN SMITH HOME, PHILADELPHIA, PA.; MISS JEWELDEAN JONES, ASSOCIATE DIRECTOR, NATIONAL URBAN LEAGUE; AND LIONEL M. SWAN, PRESIDENT, NATIONAL MEDICAL ASSOCIATION

We are honored to have Mr. Hobart Jackson of the Stephen Smith Home, Philadelphia, Mr. Lionel M. Swan, President of the National Medical Association and, Miss Jeweldean Jones, Associate Director of the National Urban League.

Are you present and accounted for?

Will you come forward, Mr. Jackson, Miss Jones, Dr. Swan?

Will you open the discussion with your group?

STATEMENT OF MR. JACKSON

Mr. JACKSON. Mr. Chairman, members of the committee, I am Hobart Jackson, administrator of the Stephen Smith Home for the Aged in Philadelphia.

It is a pleasure to have the opportunity to participate in this hearing and we express our thanks and appreciation to the chairman and committee members for the invitation to appear.

*Additional information concerning this subject appears in app. 4, p. 329.

The committee has had access to the publication "Double Jeopardy," [1] published by the National Urban League and setting forth the plight of the older Negro in America today. We should like to expand briefly on that information and then present some possible approaches for the resolution of some of the problems enunciated.

May I say at the outset that I may well be somewhat repetitive and unoriginal, but the story of the isolated, untouched aged generally bears repeating and the unhappy story of the aged of color bears re-emphasizing over and over again.

The time is long overdue for us to develop a sense of urgency about this problem.

Someone has said that aging can be a pleasant prospect when you consider the alternative. I sometimes wonder, however, when I contemplate the plight of the Negro elderly. Many descriptive terms have been used to dramatize the plight of the older Negro. Indeed, he is a "minority within a minority" and is the poorest of the poor in this country.

It has been said that what the elderly Negro needs is relatively simple. He needs all of what the elderly white of this country need and more.

According to "Double Jeopardy":

> Today's aged Negro is different from today's aged white because he is Negro—and this alone should be enough basis for differential treatment. For he has, indeed, been placed in double jeopardy; first, by being Negro and second by being aged. Age merely compounded those hardships accrued to him as a result of being a Negro.

Let us be sure to keep in mind that the differences referred to here are based on his background of deprivation and lack of opportunity rather than differences that are so inherent that they may be considered irreconcilable.

> We know that Negroes bring to their older years a whole lifetime of economic and social indignities, a lifetime of struggle to get and keep a job, more often than not at unskilled hard labor, a lifetime of overcrowded, substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunities for education and the cultural and social activities that nourish the spirit, a lifetime of second-class citizenship, a lifetime of watching their children learn the high cost of being a Negro in America.
>
> Until recently, the Negro who managed to survive to age 65 and beyond was almost invisible. As he reached his sixth decade, he was forced, step by step, to withdraw into the back rooms and back alleys of life; there he could wait to die. Now new housing, community centers for older people, broader social security coverage and census studies are bringing to light the facts about the way he must live out these last years of his life.
>
> We know that three times as many of them as their white counterparts are receiving old age assistance grants; that for many of them this assistance is all that keeps them alive; and that many are existing at starvation levels.

So much for a brief look at the background responsible for the massive discontent of this person whom we are contemplating serving and whose needs, too, must be met.

As we project these concerns to the future, we see nothing currently developing to preclude a continued increase in the problems of this segment of our population. The plight of the elderly Negro has worsened since the publication of "Double Jeopardy" in 1964. Unless

[1] Reprinted on pp. 329–336.

comprehensive, imaginative, and massive programs emerge, we shall continue to have this shameful blot on the conscience of this Nation.

Programs that have come on the scene are so fragmentary and pauperized that they hardly amount even to a tokenistic resolution of the problems involved.

We must recognize that a majority of the current generation of elderly Negroes came from rural, southern backgrounds. They were born in the latter part of the 19th century and the early part of the 20th century and were greatly conditioned by the culture prevalent during that era. They cannot be expected to exercise initiative in the enunciation of their rights and needs. They are in many ways still invisible and undemanding.

I think the greatest and most expeditious help that could be provided the elderly Negro is in the area of income maintenance.

Increases in the coverage and minimum dollar provisions of social security could be used to immediately improve the life and living of more than 1½ million older Negroes. Doing away with old-age assistance and placing all the elderly on social security at a minimum income much higher than the present level could achieve this. This proposal is similar to a negative income tax for this group or guaranteed annual income.

My feeling is that the current increases being proposed for social security do not go far enough in helping those who need help the most. A hundred dollars a month minimum and coverage of all persons over 65 would begin to make a real dent into the income aspect of the problem.

State Variations in Assistance

If each State continues to make its own rules, there will continue to be wide variations in the determination of who is eligible to receive old-age assistance and the amount to be received. The amount in most States is grossly inadequate in terms of minimum standards of health and decency.

Many elderly eligible for this help aren't aware of their benefits because of the way our welfare system operates, even benefits that are at starvation levels.

While there are several areas that I could call attention to with reference to how Federal programs might be more innovative, responsive, and effective in meeting the needs of the Negro elderly, I should like to especially emphasize the potential of the multipurpose neighborhood center for reaching and serving these unreached aged. These centers could be providers of all services needed in some situations or might also make appropriate referrals where necessary if services were not provided directly.

The programs that I shall recommend, of course, can be used effectively with all the aging; it's just that the need is more urgent and more desperate among the Negro elderly.

Since these proposed centers would be neighborhood oriented, the task of locating all the aged in the neighborhood need not be an insurmountable one, even if resorting to a door-to-door canvass.

The habits of a lifetime of nonparticipation are pernicious so that movement of the Negro aged into programs must be taken a step at a time. While we cannot expect miracles or a social revolution with

this generation, we have been remiss in taking positive action in their behalf so can ill afford to label them as "disinterested" or "non-motivated."

As we know where leadership has been forthcoming from the able aged and from workers in the field of the aging, the force of the power of this segment is readily felt. The vocal and visible expressions of the aged at the local, State, and national level helped to mandate medicare. Happily, in many places the aged were used to spread the word to their contemporaries and speed the understanding and signing of many for this program. So many are still unreached, however.

We must understand the need of special reaching out in order to get older Negroes to participate in and take advantage of existing programs and services. Special efforts will be required to overcome the damaging effects of generations of deprivation and denial to enable the current generation of Negro elderly to participate on any kind of basis approaching equality.

The necessity for this special effort must be interpreted over and over again to those who wish to help. Opportunities alone are meaningless without both physical and emotional access to programs. We cannot expect a stampede once doors are opened for there must be enabling machanisms to see that opportunities are made meaningful.

Programs like the foster grandparents program of the Office of Economic Opportunity just scratch the surface but do reveal the potential that the elderly have for participation. Many more programs should emanate from this Office.

We were happy to see in the paper this morning the agreement that has been tentatively reached on the possible continuation of this program.

Projects similar to the pilot project FIND of the National Council on the Aging, a model to locate and serve the elderly who are friendless, isolated, needy, and disabled should be encouraged.

To quote the goals:

> The project encourages and organizes the elderly to give expression to their needs and aspirations, and facilitates their involvement in social action and self-help programs. The elderly participate in all phases of the project's operations, the staff and policy-making committees. Leadership talents are sought out, trained and channelled into service on behalf of the community and its poor.

To quote from the section on site:

> The site of the project should be in the area in which the elderly poor live. The project office should be readily accessible to encourage individuals to visit the staff to discuss problems, or to come in off the street to get an answer to a question. Ideally, therefore, the project should be housed either in a store front on a popular street in the community, or some equally appropriate location. Consideration should be given to a facility that will be acceptable to the elderly and that will provide adequate space, accessibility to public transportation and parking and not require the climbing of too many stairs.

Here then is the challenge to the centers—to listen with a third ear—to make visible the invisible—to add vibrance to weak voices, to sustain faltering steps, to grasp reaching hands.

There may be some resistance on the part of central planning bodies to the neighborhood approach, but considerable literature in the field today is beginning to question our conventional ways of doing things and acknowledging that certain bold and courageous methods of

decentralizing our programs must be worked out if we are to achieve broad-based citizen participation, including special emphasis on the consumer groups.

What do the poor Negro aged want to address themselves to and how do they want to do it? Is it of concern to only their segment of the population or is it of wider scope? It is better low-cost housing built with the aged in mind. It is better health service with shorter clinic waits. It is a traffic light at a center crossing. It is better street lights—better rodent control—more foot patrolmen.

In the move to involve these senior citizens in community action, do not assume inadequacy nor presume disinterest. By encouraging participation on committees in the center and providing training sessions, some can move to significant board membership and civic group participation. Others can act on a 1 to 1 basis, ringing neighborhood door bells urging cooperation and support of measures.

As in the large community, every senior citizen may not choose to march, even when given an opportunity, in behalf of social reforms or community organization, but they might distribute literature or address envelopes or serve coffee and doughnuts to those who do march.

The CHAIRMAN. Are you referring to a civil rights march?

Mr. JACKSON. I am referring to any kind of social reform. I am referring to social action, really. I am not referring to a specific march. I have reference to the involvement of the elderly in social-type programs.

The CHAIRMAN. One march that I recall was for civil rights legislation. When was that, in 19——

Mr. JACKSON. 1964.

The CHAIRMAN. That is the sort of thing you are referring to?

Mr. JACKSON. Well, that may be an example of the kind of thing. I was not thinking of anything quite this massive. I was thinking of something more or less at the community level.

The CHAIRMAN. Are you familiar with the proposed march for next spring which Martin Luther King advanced this past week?

Mr. JACKSON. I am not as familiar with that as perhaps I should be.

Senator YOUNG. When you were using the expression that every senior citizen may not choose to march, did you really mean, sir, that not every senior citizen or a great many of them do not choose to go forward with matters for their own welfare?

Mr. JACKSON. No; I was merely indicating that there are different ways in which people serve. Some may march; some may want to serve coffee and doughnuts to those who do march; some may want to serve in other capacities.

Senator YOUNG. You said that those of age 65 and beyond, when they reached that period in life they are forced step by step to withdraw in the backrooms and back alleys in life, there only to wait and die.

Isn't it really a fact that in all, Negro as well as white men, some men are really older at 45 or 50 than others who are 65 years old or more?

Mr. JACKSON. I would agree with that; yes.

Senator YOUNG. It just happens that I am somewhat older than 65 and I do not feel that I am ready to sit in a back alley of life. I am

sure there must be many of your neighbors, men and women, who feel that same way.

Mr. JACKSON. The point we are making, though, Senator, is that many of these persons are forced to do this by circumstances surrounding them, not by any desire of their own.

Senator YOUNG. They have been in the past but we are rapidly correcting that situation.

Mr. JACKSON. We are perhaps hoping that we are, but movement is not nearly rapid or massive enough.

I would say that the situation since the publication of "Double Jeopardy" has not changed in any significant measure with reference to the lives of these people.

Senator YOUNG. I think, sir, you are making an impressive statement and now that others are cooperating with us I think gradual changes are being made and all of us can look forward with hope to the future.

The CHAIRMAN. You may proceed.

Mr. JACKSON. Despite the fact that this is a youth-oriented society, the aged bring to its current problems time, experience, and availability. To truly plan for the future and cope with the present, the dreams and needs of the young need the balance and objectivity of the aged.

To achieve this melding, avenues of communication must be opened and the channels kept clear. The visits the elderly make to neighborhood homes in behalf of mutual concerns present an optimum opportunity for conversation. Getting out the vote, seeing to the setting out of trash and garbage properly for collection, setting up block meetings or committees, planning for neighborhood outings, petitioning for neighborhood additions or improvement, all are bits and pieces of involvement on the part of the aged which can open doors to them to provide opportunities for service.

These same little involvements on a neighborhood basis with the reached aged add confidence, know-how, awareness, and the desire on their part to be a part of concerns on a larger scale. The significance of this awareness and desire is that with emergence of competent spokesmen for the elderly some of the responsibility for representation can be lifted from center staff people, relieving them to carry out their functions as skilled catalysts between the community and its senior citizens.

To reach these aged is to help them identify with a growing group bound together by the single factor—age—65 years and over. Helping them to identify on the basis of age gives them a sense of belonging and opens the door to a development of a sense of status within themselves. I think you will find as they gain stature in their own eyes they will tend to become more adequate, even more competitive; striving to be like others in the group.

It is this striving which can be utilized and channeled into seeking benefit and/or privileges for themselves—themselves being this new generation of which they have in reality become a part. When the Negro elderly do not have to include themselves out of these special dispensations they can truly say we are a part of it all.

Medicare and Nursing Homes

A word on medicare. I recommend expanded and more meaningful coverage. While the provisions have helped many older persons in many hospitals, the impact on extended care facilities has been minimal. Unfortunately, there are inherent differences in this country in the way we care for our acutely ill and our chronically ill and a high proportion of the elderly fall in this latter group. It is known that most of the general hospitals in this country operate under a voluntary nonprofit auspice and most of those that are proprietary serve primarily an affluent clientele.

The reverse of this situation is true, however, when we examine the extended care facility or nursing home. Most of our nursing home beds are profitmaking beds and many of the patients cared for in these facilities are old-age-assistance recipients.

It also represents a reversal of the situation that existed 20 years ago when most of the nursing care provided in the institution was under voluntary or governmental sponsorship. Whatever the reason for this reversal, the default of the nonprofit system or lack of support of the system or lack of entry into the system by Government resources or some other reason, it must be admitted that we have an altogether different way of caring for the chronically ill and convalescent in this country than we have for caring for the acutely ill. Yet, we talk of human beings in need of care in each instance.

It becomes obvious that medicare cannot have the same impact on this system unless some special adaptations are made in contemplation of the inherent differences. These adaptations would include making easier to build nonprofit nursing homes than is now the case and making medicare benefit these facilities more than is currently true.

Our national organization of nonprofit homes, the American Association of Homes for the Aging, I am sure would like to testify with respect to this matter.

On the civil rights aspect, the very fact that long-term care is involved makes many operators of extended care facilities disenchanted over the prospect of compliance with title VI of the Civil Rights Act which prohibits discrimination of patients or personnel on the basis of race or color. The proprietary homes are no more guilty than the nonprofit homes in their reluctance to comply with the Civil Rights Act.

It is my impression that many nonprofit homes hide behind their so-called religious preference and sectarianism to deny care on the basis of need.

In any event, as contrasted with the general hospital where the length of stay is limited, the extended care facility has not been eager to comply with this provision. Most homes or ECF's do not operate in fact as though they are public accommodations where an integrated clientele would reflect the demography of the total community it serves.

Most of these homes seem bent on preserving the historic character of their sacred institutions and will only grudgingly and under duress change the status quo.

While a very few facilities that have applied for certification have been denied it on civil rights grounds, those that have serious reserva-

tions around this aspect of their participation just aren't bothering to apply in the first place. The Negro elderly are vicitimized by this and just don't seek institutional care in predominantly white homes as a result.

There are pitifully few nursing homes that have substantial numbers of Negroes in them. There should be strong interpretation of the public accommodation nature of homes for the aged and nursing homes with great emphasis on the need to make such an interpretation generally known.

I don't feel that the older Negro is too concerned with integration at this point in his life, but he is very much concerned about services.

Among other services needed are more employment opportunities for older people. The Negro elderly as all elderly need available on a much more massive basis services to help keep them out of institutions, such as homemaker services, meals-on-wheels programs, better housing, better health care, foster family placement, day care, information, and referral services.

Minorities at White House Conference

I can support and endorse the proposal for a White House conference on aging in 1970 or 1971 only if such a conference is a call to action. While much more research may be needed in this field, the gap between what we already know and what we are doing in this country is embarrassingly wide.

Fewer than 1 percent of the delegates attending the first White House Conference on Aging in 1961 were Negroes. I strongly urge if such a conference is held in 1970 that a mechanism be established to see that many more Negroes are included. In this connection, very few State commissions on aging have Negroes serving on them. This inequity should also be corrected.

There are many other more detailed and specific concerns which need to be handled at the local level, but we have provided the committee with some approaches that might be initiated at the Federal level.

I should like to conclude by quoting the conclusion from "Double Jeopardy":

> The plight of the one and a half million older Negroes is by far the most desperate of any people in our society.
>
> For hundreds of thousands of these Americans, whatever we can do now will be too late. But we can begin to free them from real want. It is not too late for something older Negroes cherish: We can give their children and grandchildren a chance. In this generation, we can crash the barriers that separate men and women from adequate wages, steady employment, decent conditions in which to bring up their families.

Much more must be learned before a full-scale portrait can be made on the aging Negro:

> Research, experiment, planning—all are needed, not only on a nation-wide basis, but in the many cities, towns and villages where older Negroes are living out their last years. Our obligation is to see to it that their tragedy will never be repeated in this nation, that the aged Negroes of the future will not face their time of life burdened by the accumulated hardships of a lifetime, that never again will they be "placed in double jeopardy."

Thank you.

The CHAIRMAN. Senator Young.

Senator YOUNG. Mr. Jackson, I think, sir, that you have been very helpful to members of this committee, not only those of us who are present here but what you have stated will be very helpful when the other members of this committee read the record.

Mr. JACKSON. Thank you.

Senator YOUNG. You referred time and again to the age of 65 and to elderly people of the age 65 and more. I am just wondering if you should not give thought, when you are talking in your own community and with people, men and women who are 65 and older, to reminding them that the very first social security law in the entire world that was promulgated was promulgated by Otto von Bismarck, Chancellor of Germany, in 1889, and that people in this country, it would be well if they knew in 1889 a man or woman, 65, regardless of race or color was a very, very old person indeed.

I know as a trial lawyer in Ohio before I came to the Congress that the life expectancy of your neighbors, all our people, has drastically changed. Some of your insurance companies are profiting on the basis of that. They base their premiums on the old standards. Nowadays, it is a question whether 65 is a real old person.

It is a fact that in our social security program we have followed the pattern of Otto Bismarck and the German Empire of 1889 and it is an unfortunate thing that in some industries they have compulsory retirement for men and women at the age of 65.

When an essential employee, one of your neighbors, who has worked 30 years in some industry, when he attains the age of 65, thought should be given to advocating that that corporation, instead of retiring that man or woman arbitrarily, when they want to continue to work, they should not have a couple of the board look them over, OK them or say they should retire and then renew that every couple of years.

Time and again they use 65 and it is not an exceedingly old age any more to anyone in any part of this country, it seems to me, so that a person could think about sitting in the backroom and dying. I think some men and women in your neighborhood you know are younger at 65 in their ideas and activities than some others you know who are in their fifties. Isn't that right?

Mr. JACKSON. That is quite true, Senator. Certainly, I would support any program that would make available these kinds of options to older people, especially whether or not they would have the choice of continuing in employment. I certainly would favor that.

Senator YOUNG. I agree with you that we should. We are facing a condition and not a theory so in view of the present conditions we should try to do something special for those who are older than 65.

You have been very helpful. Thank you very much.

Mr. JACKSON. Thank you.

The CHAIRMAN. I have just one observation, Senator Young.

I don't think we should give the great nation of Germany all the credit for instituting social security. I borrowed a book from the library. Henry VIII, while he supported his youngsters was really creating the first social security program. I expect Bismarck in Germany followed up. It took us a long time to catch up.

You are familiar with our legislative proposal for a community service corps of volunteers for the elderly?

Mr. JACKSON. I have some familiarity with it, Senator.

The CHAIRMAN. Many of the services that you suggest in your statement are in that neighborhood, it seems to me would fit in that program. There is only one that we would have to eschew, in fact completely protect against, using that service corps to get out the vote. As much as I would like it, I don't think we could include that in the program. We will protect against that.

Mr. JACKSON. I certainly feel that these services could fit into the program. I think my recommendation here would be that this be done on a large enough scale, that it be a massive enough program so that it will touch the lives of enough people to make it meaningful.

The CHAIRMAN. Of course, it is not only a city situation. The problems in rural America of elderly people are in a sense even more acute because they are even more isolated. So it goes right across the board of metropolitan, city America and rural America.

Mr. JACKSON. Yes, sir; indeed it does.

The CHAIRMAN. Right now, before another committee of Congress, the attorney general of the State I represent is testifying in response to an invitation by the chairman of the committee, Senator McClellan. Yesterday, the mayor of my hometown, Plainfield, N.J., testified. They are looking into those cities that tragically had riots within the last year. Plainfield, N.J., a city of 80,000, was one. I was in Detroit when that tragedy occurred, as occurred in many other cities, too.

I just wondered if anyone has assessed the age groups that were involved in those riots. I would judge that the older people, 50, 60, 65, were not involved, that it was mostly a youth movement.

Mr. JACKSON. I have not seen an assessment of the age of the participants, but I would have the opinion that there were very few, if any, older people involved.

The CHAIRMAN. You said that the Negro people, this particular minority, are less concerned with integration than services.

Mr. JACKSON. I believe this generation is more interested in services than they are in integration.

I would like to clarify this by saying that this is not to indicate an endorsement of segregation. I am just saying that they are more interested in the services at this point.

The CHAIRMAN. I certainly understand that.

Senator YARBOROUGH. In other words, when a man is hungry, his first concern is something to eat.

Mr. JACKSON. That is right.

The CHAIRMAN. Mr. Miller.

Mr. MILLER. Mr. Jackson, you made the statement that the plight of the Negro aged has worsened since publication of "Double Jeopardy."

Is this in absolute or comparative terms that you make this statement?

Mr. JACKSON. In both terms. I make that statement based on the fact that the plight of the Negro generally has worsened, I think, in the country with reference to the closing of the gap between whites and Negroes in economic terms and others.

Mr. MILLER. With reference to the Negro aged, particularly, in what form does this take? Economic?

Mr. JACKSON. Mostly economic.

Mr. MILLER. Why, in your opinion, has this occurred?

Mr. JACKSON. Very little has been done in terms of improving the income maintenance situation for these people. Very little has been done to improve their housing, their health and other services, their education, and opportunities for fulfillment during leisure hours.

(The chairman addressed the following questions to Mr. Jackson in a letter written after the hearings:)

1. You indicated in your testimony that there are several areas that you could call attention to with reference to how Federal programs might be more innovative, responsive and effective in meeting the needs of the Negro elderly. The Committee would like very much to receive this information for the record, to supplement your remarks concerning the multi-purpose neighborhood center.

2. You also indicated that there should be strong interpretation of the public accommodation nature of aged and nursing homes with great emphasis on the need to make such interpretation generally known. Would you please develop this idea further?

(The following reply was received:)

DECEMBER 18, 1967.

DEAR SENATOR WILLIAMS:

* * * * * * *

1. With reference to the programs that might be encouraged at the Federal level I refer to the following testimony: "The Negro elderly as all elderly need available on a much more massive basis services to help keep them out of institutions, such as home-maker services, meals-on wheels programs, better housing, better health care, foster family placement, day care, information and referral services."

I also endorsed in my testimony more projects such as the demonstration, "Find", of the National Council on the Aging, also more projects like the Foster Grandparents Program of the Office of Economic Opportunity, but conducted on a much more massive basis. In addition I requested many more employment opportunities for the elderly.

I further attempted to emphasize the need for programs to make opportunities meaningful, i.e., to enable the Negro elderly to participate by providing physical (transportation) and emotional access to programs.

2. It is my understanding that both the voluntary home for the aged and the proprietary nursing home are public accommodations under Title VI of the Civil Rights Act of 1964. If this is true, then I think the appropriate Federal agency should make this ruling and see to it that knowledge of such a ruling is made generally available.

Perhaps a test case would be necessary. I am not knowledgeable with reference to the legal aspect. It would mean that Negroes and other minorities, otherwise qualified, could not be precluded admission to these homes on the basis of race or color.

Thank you again for the opportunity of participating in the hearing.

Sincerely,

HOBART C. JACKSON.

STATEMENT OF MISS JONES

Miss JONES. Mr. Chairman, if I may, I am going to call on your colleague, Mr. Yarborough, to serve as interpreter. I am from Georgia. If your colleagues can't understand me, will you please interpret?

Senator YARBOROUGH. I will have no difficulty in understanding you because in the area in Texas from which I come very often people who are quite skilled in phonetics think the Georgians and east Texans

are from the same area. People from our area are never mistaken for Virginians, Carolinians, Mississippians or Alabamians, but often for Georgians.

The people who settled that area came from Tennessee and followed Sam Houston and David Crockett there.

Miss JONES. We really came out of that same boat.

I am happy to be here.

I am Jeweldean Jones, associate director of the National Urban League.

Mr. Young is sorry he could not be here but he is out of the country.

The National Urban League is a nonprofit, charitable, and educational organization founded in 1910 to secure equal opportunities for Negro citizens. It is nonpartisan and interracial in its leadership and staff.

The National Urban League has affiliates in 85 cities, in 33 States and the District of Columbia. It maintains national headquarters in New York City; regional offices in Akron, Atlanta, Los Angeles, New York, and St. Louis; and a Washington bureau.

A professional staff of 800, trained in the techniques and disciplines of social work, conducts the day-to-day activities of the Urban League throughout the country aided by more than 8,000 volunteers who bring expert knowledge and experience to racial matters.

The National Urban League is deeply grateful for your invitation to appear before the Special Committee on Aging today in order to add to your body of knowledge the information and evidence we have accumulated over the years as experts in the area of social welfare and the conditions of the minority population.

The National Urban League's report on "The Racial Gap, 1955–1965; 1965–1975" shows that:

> There has been no progress in the past decade in closing the gap between nonwhites and whites in income, unemployment, poverty, health and housing. In fact, the gaps have become wider so that non-whites today are relatively worse off than they were 10 years ago. Only in education has the gap narrowed greatly, bringing the non-white's years of school completed close to that of the white's.
>
> The result is that today, the condition of the non-white relative to the white is worse compared to 10 years ago—except in educational achievement. Looking to the next 10 years, unless greater and more determined strides to break down racial barriers than those of the past decade occur, the relative condition of the non-white in 1975 will be worse than it is at present.

The report goes on to say:

> The outlook is such that unless we move forward much faster than we have in the past decade in ensuring equal job, occupational and income opportunities to the non-white, the poverty, unemployment and income gaps will continue to widen. If we do not move at least as much as we have since 1958 in advancing non-white occupational distributions into the better occupations, the non-white unemployment rate in 1975, it is estimated, will jump to 15 per cent or five times the total unemployment rate of three per cent projected for that year by the United States Department of Labor.

Of all the persons counted as poor, 10.7 million, or three out of 10, are nonwhite, reflecting the fact that the nonwhite population, which is largely Negro, sustains a risk of poverty about 3½ times as high as white persons. From 31 percent to 43 percent of the Nation's aged fall in the poverty group.

The data show that it is bad enough to be black in our society. It is also bad to be old in a youth-oriented culture. But to be old and black is indeed to be in double jeopardy.

The pitifully low incomes of elderly people, especially elderly Negroes, is reflected in terms of daily bread and medical care. The $3,010 minimum annual income set by the Bureau of Labor Statistics as a modest but adequate budget for an elderly couple provides not quite an egg a day per person, about a half pound of meat and no provision for a special diet or the expensive kinds of medical care all too often associated with the terminal illnesses that strike one in 10 aged couples every year.

Seven out of every 10 elderly Negro couples have less than $3,000 a year; one in two couples, less than $2,000; and one couple in 10 must live on less than $1,000 a year.

The older Negro man or woman who lives alone faces a daily existence even more bleak than that of married couples. $1,800 is the figure set by the BLS for a minimum sustenance budget for the lone elderly person, a budget which does not cover such basic items as medical care, car fare to the clinic, replacement of wornout clothing.

Yet, 76.6 percent of the older Negro men and 96.5 percent of the women have less than $2,000 a year; 45.7 percent of these men and 68.5 percent of lone older Negro women must try to get along on less than $1,000 a year.

Moreover, there are more older Negroes who are alone than white men and women because of the higher broken marriage rate and the shorter life expectancy among Negroes: 44 percent of the older men and 75 percent of the women are alone.

Social Security Coverage

The aging Negroes have received less income from social security benefits because only in recent years have the bulk of Negro workers been brought under the OASDI provision of the Social Security Act. Even today, many domestic workers do not take advantage of their rights under the act. But for those who do receive benefits, the expanded coverage cannot cancel out the longstanding wage and employment differences that result in smaller benefits for the Negroes.

It is not surprising, then, that three times as many Negroes as white people need old-age assistance.

Negro men of all ages are less likely than white men to find employment and to have steady jobs. Negro women work outside their homes more often and longer than white women.

Of the women aged 65 and over, 13.3 percent of the Negro women work compared with 9.8 percent of the white women. Both Negro men and women are more likely to find work which is unskilled and low paid, but those who do skilled, professional, or technical work are likely to be paid less for it than a white person in the same work profession.

More Negro men than white men "retire" early, and do not have the option of working until 65, much less after 65; many for health reasons, but a substantial number are actually forced out because of company or union policy and because, as a rule, Negroes are "last hired, first fired."

The high incidence of poor health among Negroes of all ages inevitably leads to a high death rate—shockingly high in this age of medical breakthroughs against the killing diseases. It means that fewer Negroes than white persons live to reach old age.

Mr. Chairman, there is one study that suggests that if you are Negro and make it until you are 75 you live longer than whites. So, I don't know what that says about the superiority of the physiology of man if you make it to 75, and it is a big "if."

Of every 1,000 white Americans in their late 40's, five will die in the coming year—if they are Negro, 10 will die. The white baby boy born today can expect to celebrate his 68th birthday—if he is Negro, his life will be 7 years shorter.

The incidence of death from the leading killers—heart disease, cancer, brain hemorrhage, and accidents—is proportionately higher for older Negroes than for older white people. In spite of miracle drugs and antibiotics, Negroes are more likely to die before age 65—often from diseases we think of as yesterday's killers and therefore completely inexcusable and barbaric in 1967.

Deaths of nonwhites aged 65 and over from tuberculosis account for 15 percent of all deaths; those from influenza and the pneumonias, 8 percent of all deaths.

Yet, despite their greater need for medical care, Negroes of all ages visit physicians less often than white persons and go to the dentist about one-third as often. After age 65, all Americans see their physicians more often, their dentists less often. Negroes in this age group visit their physicians an average of 4.6 times a year, but white people this age see their physicians an average of 6.9 times a year.

It is widely known that the lack of skilled nursing home care in this country has reached the proportions of a national tragedy; for Negroes needing this kind of facility, the situation is intolerable.

What happens to the aged Negro who is ill or infirm and has no one to care for him? State after State has indicated in reports and other documents that, because there is literally no other place for them to go, chronically ill Negroes have been condemned to live out their lives in custodial-care mental hospitals.

The stark fact is that most Negroes cannot afford the burgeoning costs of medical care and must either do without or settle for that which the community provides at nominal or no cost—care which, more often than not, is offered with indifference, at best, and frequently in a way calculated to humiliate.

Existing health insurance has been of little help to the Negro population; the kinds of jobs they have carry little or no health insurance; the older Negro has even slimmer resources with which to secure insurance protection against his increased medical needs.

Even the minimal benefits of medicaid and medicare programs have not substantially made an impact on many older Negroes who for reasons of ignorance, suspicion, and limited knowledge of "The System" have failed to enroll in these programs.

Barriers to Social Upgrading

The myriad of programs which have sprung up to enable older people to participate in educational, recreational, and social activities

are scarcely available to Negroes. Where they are, the life situations and lifelong experiences of these older people impose barriers. Some are still employed, many are in poor health, a substantial number have taken on family responsibilities in the homes of their sons and daughters. Many Negroes who have lived six decades or more in a pattern of segregation and discrimination find it difficult to believe in their own acceptability, and small wonder.

We take for granted that all older people want to continue as useful, participating, recognized, wanted members of the community. Social welfare workers testify that older Negroes want and need essentially the same things as do white older people. But what of those who have been useful—sometimes in ways which they would not have preferred—and upon whom limitations as to participation and recognition have been placed, who have not been wanted members of the community?

As one social worker puts it:

> We have never involved, motivated, or worked with older Negroes in such measure as would give us insight into their special wants and needs.

All older people need protection against the hazards of life, but few older people cherish isolation from community living. Older Negroes are more likely to find themselves increasingly isolated because of lack of funds, lack of inner resources because of years of deprivation, and, for many, lack of family and community roots.

Today's aged Negro is different from today's aged white because he is Negro and this alone we say is enough basis for differential treatment.

A wide gamut of services must be thrown open to older Negroes. Some will have to be initiated; already existing services must be made available to all older people, with special efforts made to involve older Negroes in these services.

Most urgently needed by all our aging population, but especially by Negroes, are improved standards of income maintenance, better housing, and health and medical services.

The need for higher social security benefits is well known; less publicized is the fact that old-age assistance grants, upon which so many older Negroes largely depend, remain at starvation levels in some States. For employable older Negroes, vocational training and retraining is badly needed.

Special housing for all older people is needed. Ideally such living arrangements should be suitable for both well and infirm aged, and located near enough to housing for young families so that some feeling of normal community life is maintained. The slum housing in which many thousands of Negroes live is bad enough for young and middle-aged families; for older people, the health and accident dangers are much greater.

Health services in any community should offer both preventive and health maintenance opportunities for older people: Medical and dental care, visiting nurse service, occupational therapy, skilled nursing care for those older people who must live in institutions.

Home Help Service Needs

To enable older people to remain as self-directing and independent as possible in their homes as long as they are able and want to, home help services are needed, such as homemaker services, friendly visiting, portable meals, and the programs of the multiservice centers for older people which include educational, recreational, family counseling, health, home finding, and other services.

Counseling services should include protective services for those too feeble or confused to manage their own affairs. One study in a large eastern city estimated that 5 to 10 percent of urban old people not in institutions are in need of such service.

Education and recreation programs for older Negroes should be studied with the intent to meet all special needs. Adult education programs, so interesting and helpful to many older people, may have to begin with plain reading and writing, since older Negroes today were born before the turn of the century and many were given a meager schooling.

This simple program could open up a new world for such an old person, leading to reading newspapers, preparation for voting, use of public libraries, and reading for enjoyment.

Negroes can be helped to have more of a part in community affairs, assisting with voter registration, working in legislative activities, and giving other volunteer help to community organizations of all kinds.

The keystone to all these suggestions is income maintenance. It seems practical to extend a basic annual income to all the aged. This could be achieved almost immediately by providing a demogrant to all persons over 65.

The Chairman. Say that again.

Miss Jones. This could be achieved almost immediately by providing a demogrant to all persons over 65.

The Chairman. What is that?

Miss Jones. A flat payment. That term was originated by a Canadian.

Senator Yarborough. I kind of like the name.

Miss Jones. You can call it a demo-repub-grant, but it means a flat payment to a special demographic group. Our economy with little effort could provide this; just a little matter of the Senate, I believe, and the House, deciding to do this.

The Chairman. How would this work? Who would get the demogrant?

Miss Jones. All persons over 65. You would not have any differentiation by class. We would avoid the means test, which is a very humiliating thing.

The Chairman. How would it work? You would take social security and add the difference between social security and what was determined to be the——

Miss Jones. Yes; you are building the floor. You see, we have done the opposite in this country. We have put a little roof on with OASDI, but we have never put a floor on. It would be a little complex and you would need a special brain trust to think through the details. You would establish a floor below which no one would fall, and you would

have to start off with a minimal amount so that you would begin to bring persons up to OASDI and begin to meet up there somewhere. I am sure some of the persons yesterday must have discussed part of this, the economists yesterday.

Senator YARBOROUGH. What did you say the derivation of the word was?

Miss JONES. Well, a Canadian, who was an insurance man, in 1950, I believe, first used the term and it is related to demography, a paid sum to a particular population. I, personally, also would lobby—I am not supposed to lobby; I am from a United Fund agency——

The CHAIRMAN. Isn't your organization registered as a lobbyist?

Miss JONES. No. We are a tax-exempt agency.

I feel, Mr. Chairman, that the Congress of the United States really needs to confront the two special population groups in this country who most immediately could be saved by a demogrant, the aged and the children. These two special groups we need to provide for immediately.

Senator YARBOROUGH. Of course, some people would say this is the Townsend Plan updated because of the increasing purchasing power of the dollar.

Miss JONES. Yes.

Senator YARBOROUGH. Tom Payne back in the 1700's advocated a pension for all older people. I don't think anyone in Maryland was as well known as Tom Payne who advocated such a pension for older people. I don't know when it was first advocated in the world but Tom Payne was considered so radical for that and other things that Thomas Jefferson would not even see his old Revolutionary buddy in the White House.

Miss JONES I think it is overdue, Senator Yarborough.

This would be the immediate action, if we are serious.

You know the dialog on income maintenance started in this country but we have let it die down in the last 6 months. My plea would be a demogrant for everybody over 65.

The CHAIRMAN. That is not the obliteration of the social security program?

Miss JONES. No.

The CHAIRMAN. It is a supplement.

Miss JONES. Yes. We are not out to do away with anything. But we have to build into this country a basic economic floor.

The CHAIRMAN. Isn't that the social security system?

Miss JONES. You see, many persons we are talking about, especially Negroes, are not or have not been covered.

The CHAIRMAN. I am sure you are right on that.

I would like to take a census of even those who under law should have been covered but were left out. We have seen this in our study of the migratory worker camps.

Senator YARBOROUGH. What year did the UAW open the ranks of the automobile workers to Negroes in Detroit? That has been over 20 years; has it not?

Dr. SWAN. Yes. It is about 20 years. It was way before that. It was before 1935.

Senator YARBOROUGH. Those fortunate enough to be in the Steelworkers Union and Autoworkers Union do get good retirement pay.

Miss JONES. That is a very small minority. We still have the bulk of the people we know, domestic workers, not enrolled today.

Senator YARBOROUGH. They set a standard for others to shoot at; what could be done.

Miss JONES. Yes. You see, we don't need any more testimony or special conferences to know this particular kind of thing.

May I continue?

Senator YARBOROUGH. I won't interrupt you until you have finished your statement. I have a question or two.

A COALITION OF CONSCIENCE

Miss JONES. It is time to form a coalition of conscience between those people who are concerned about the aged and those who are concerned about the Negro. Surely one can argue that if America is not human enough and wise enough to do what needs to be done for older people, then it is not going to do what needs to be done for Negroes. In the case of both groups, the kind of action needed now is the sort that has previously been espoused only by idealists or starry-eyed dreamers.

This, then, should be the tone of the proposed 1970 Conference on the Aging. This Conference should dramatically involve both older citizens and Negroes in meaningful leadership roles. It should focus on action models and social change techniques to obtain the entire gamut of services known to be needed. It should clearly establish the United States as being as concerned about our fellow man as we are about material things, and as dedicated to human welfare as we are competitive in the race to the moon.

Not only materialistic goals, but scientific, technological, and military aims absorb us. We are skilled in the art of war; we are unskilled in the art of peace. We are proficient in the art of killing; we are ignorant in the art of living. Somewhere in the scheme of things, these values must be reordered.

The CHAIRMAN. Whom are you quoting from?

Miss JONES. This paper, my paper.

The CHAIRMAN. That was not a quote?

Miss JONES. No. This is my own sentence. This must be reflected in the reallocation of our national expenditures. Basic human qualities have to receive our highest priority, or progress on all other fronts becomes meaningless.

The CHAIRMAN. That ending is as eloquent as any I have heard around here.

Do you agree, Senator Yarborough?

Senator YARBOROUGH. I certainly do.

I haven't asked where the quotation is from because not having seen it before I thought this lady was the author of it.

The CHAIRMAN. You are always campaigning. I was not following the statement. I was just looking directly at you. It sounded like Churchill.

Senator YARBOROUGH. It could only come out of Georgia.

Miss JONES. He is acquainted with my fellow Senators who are very loquacious.

Senator YARBOROUGH. You raise deep sociological problems here about being skilled in the art of war and unskilled in the art of peace.

You say somewhere in the scheme of things these values must be reordered.

Have you in recent years gone back and reread the history books in the grade and high schools in America? I don't want to go into this because we have other problems here, but see how much war is glorified, and see how little art and peace is glorified in the history books in schools today, and you will see how deep in the sociology of our people is the view of war. So, I raise a point there, reeducate the people. The problem is to educate the next generation that believe in the value of peace as much as in the value of war.

I keep reading school history books from time to time to see what they say on this subject.

Back there earlier, Miss Jones, you had a statement about proportions of Negroes over 65 who were single.

Miss JONES. Yes.

Senator YARBOROUGH. I can't find it in your statement. What page is that? I want to ask you a question about that.

Miss JONES. Yes.

Senator YARBOROUGH. You stated the number of singles are much higher.

Miss JONES. It is from "Double Jeopardy." It is the third paragraph on page 4 and the top of page 5.

Senator YARBOROUGH. I had the impression that you were saying a higher percentage of these older Negro men and women were single than would be true in the white community.

Miss JONES. At the top of page 5, 44 percent of the older men and 75 percent of the women are alone.

Senator YARBOROUGH. I see my trouble. Page 5 is missing from my statement. It jumps from 4 to 6.

What explanation do you have? You say the higher broken marriage rate.

Miss JONES. And the shorter life expectancy. Negroes die younger.

Senator YARBOROUGH. You would not expect a shorter life expectancy to cause people to be alone. You would think of a longer life expectancy.

Miss JONES. At the time you are married, the man dies sooner.

Senator YARBOROUGH. What I am curious about is why the percentage of single ones among the older Negroes is higher. You do not give the figures for whites here. What are the percentages for whites in that category? In other words, the Negro is not less gregarious than whites.

Miss JONES. No.

Senator YARBOROUGH. If anything, many people believe they are more.

Miss JONES. There is the family pattern. As you know, in the country a major crisis we have is to figure out a way to help the Negro families stay together at every age level. We have done almost the opposite. We have deliberately tried; our own public welfare laws, for example, encourage the man to leave the family.

So, you see this pattern has already started when you are young, when you are black. So that it just becomes compounded as you get older. The chances of your being with your partner at 65 are less.

Senator YARBOROUGH. I wanted to raise a question about the welfare laws.

As I go back to my State, I have widespread complaints that people won't work any more. They say people here on welfare we can't get to work. Lots of people in the town, whites and Negroes. They won't work. When I press the question far enough and deep enough, I find out that the real reason they don't get a job is that they are taken off welfare.

There are many temporary jobs that people could get and hold in my State, both white and Negro, that they are afraid to take because they get off welfare and then have a starvation period when the job plays out.

This welfare law needs to be reworked, restudied and rewritten so that people on welfare can get temporary jobs and earn money and not lose their status because they are thrown back out and they have to go through a long procedure and they are told, "You have a job; you are able to work"; and they can't get back on the rolls.

Another difficulty is that these older people, especially if they are on old age pensions, have a constant fear instead of working and having a more happy existence for themselves. They live under constant fear if they do a little work they will lose their pension or welfare check.

We should make it possible for people to have the satisfaction and pleasure of working without losing their basic assistance. It is just that plain.

Miss JONES. Exactly. For the record, may I give you this statistic?

Senator YARBOROUGH. I don't believe in this theory that welfare gives them so much that people are lazy and won't work. I think most people would rather be working than not working.

Miss JONES. Some of the economists say that the day will come when people will pay to work. That is a long ways off. I do believe most of us do want to work.

For the record, as you know less than 1 percent of the 7.3 million Americans on public welfare are capable of working. That is 50,000 persons on welfare who are capable of working. You spread that out over 50 States, you can see what a great mess and bugaboo we have about the shiftless, lazy, and immoral people who won't and aren't working.

Senator YARBOROUGH. What percent?

Miss JONES. Less than 1 percent of the 7.3 million Americans on public welfare are capable of working. Almost half, 48 percent, are children. About 28 percent are the aged. Almost 10 percent are blind or severely handicapped, and the rest, 14 percent, are overwhelmingly the mothers of the children.

Senator YARBOROUGH. How many millions are there on welfare?

Miss JONES. 7.3 million are on welfare.

So, this completely skews the poverty picture in this country in that this is only 20 percent, or one out of five, of all poor persons in the United States.

Senator YARBOROUGH. 7.3 million on welfare; that is only three and a half percent of the population. I am talking about some kind of payment, probably unemployment insurance. I speak of welfare. The

general public sees somebody drawing a check or a food parcel; they don't draw the distinction.

You are talking about technical welfare. I am talking about some kind of payment to a person who is not working at that time.

Miss JONES. The welfare includes only one out of five of the poor persons in the United States.

Senator YARBOROUGH. I was not using welfare in the technical sense of welfare as you use it. I am talking about the kind of Government payment to a person who is not working. There are all kinds of built-in things that if you start work immediately those payments stop and that discourages people from working.

There are lots of people now—this is not just a myth; I have been out in these counties and seen it for myself—there are many people in America who are able and would like to work but they lose some kind of Government payment if they start working.

Miss JONES. We have to do something else, too, after adding this base. Then we have to do something about the nature of the jobs that are available.

If you want to take gardening, for example, if you go to Canada, just over the border, or go to London, you see gorgeous gardens, beautiful flowers. We have many things in this country that we could do but we have to upgrade; give status to these jobs. We have to find out how to make jobs attractive.

The people we are talking about—why should they have a menial, dirty low-paying job, you see? We have to transform a lot of things.

Senator YARBOROUGH. It does not pay well.

Miss JONES. Not only does it not pay, but——

Senator YARBOROUGH. Men will do practically anything if you pay them enough.

The CHAIRMAN. I agree that there are a lot of jobs that are dirty or menial, but they are essential.

We worked with migratory farmworkers and we are going to need farmworkers. That is kind of rough and dirty work but it is necessary. The only problem is that we have not properly compensated those people.

Senator YARBOROUGH. You pay those people enough and there will be plenty of people who are willing to do it. I know it. I grew up in a farm family. A lot of those people have a perfect dread of having to stay in a building. They want to be out.

You won't have trouble with farm labor if you pay people enough to do it. They don't want to get only a third of what that man is getting in an air-conditioned factory.

The CHAIRMAN. Mr. Oriol.

TRAINING FOR NEW MANPOWER NEEDS

Mr. ORIOL. We already know that MDTA is attracting a very small number of older workers, over 65. Do you have any statistics of the Negro percentage of the older workers in retraining?

Miss JONES. I don't know. But my general impression is the same as yours.

Mr. ORIOL. You say make the jobs more attractive. Do you see opportunities under MDTA to do this sort of thing?

Miss JONES. Yes. Take the great need for health manpower. There is a tremendous need. There will be no automation cutback on these jobs. On the contrary, we will need more with our health programs.

If you look at the present hospitals, at the lowest base are Negroes, Spanish-speaking persons. Why not hook them up with MDTA training programs and give them incentives to move up career health ladders.

Mr. ORIOL. In Baltimore, they use the people in the neighborhood to give not health services but to go to the people and find out what the needs are and then help to provide them.

Miss JONES. The paramedical, the aid idea but the upward career mobility built in.

Mr. ORIOL. Another question.

On page 2, you said there has been no progress in the past decade on closing the gaps in several areas. One of the witnesses, Juanita Kreps, said yesterday one of the problems of the elderly generally is that while everybody else's income is going up 2 or 3 percent a year elderly individuals are on fixed incomes.

Miss JONES. Yes.

Mr. ORIOL. Is this one of the reasons that the gap has become wider as it applies to Negroes?

Miss JONES. Fixed income, you mean?

Mr. ORIOL. The income gap has become worse.

Miss JONES. Our economy has galloped ahead but for Negroes—I am not just talking about older Negroes here. They are not in the mainstream so they are not going ahead. It is not a matter of fixed income. There is none.

Mr. ORIOL. Has the housing problem become worse because of sheer numbers?

Miss JONES. The numbers, the migration from the rural southern areas continuously hitting our cities and going into the worst housing.

You see, we are not building any housing to start with, generally speaking, for the poor. The units are not provided. We have not even begun to keep ahead.

The CHAIRMAN. Thank you very much.

(The chairman addressed the following question to Miss Jones in a letter written after the hearing:)

You indicated that the proposed 1970 White House Conference on Aging should dramatically involve both older citizens and Negroes in meaningful leadership roles. We would like for you to expand further upon this idea for our record.

(The following reply was received:)

DECEMBER 18, 1967.

DEAR MR. WILLIAMS:

* * * * * * *

You asked me to expand upon the suggestion that the proposed White House Conference on Aging should dramatically involve both older citizens and Negroes in meaningful leadership roles.

This simply means:

(1) Name a significant number of articulate Negroes to the Planning Committee; do the same with the "consumer" or older person. For example,

if an older person could have appeared before your Committee to testify in person what it means to be old and poor, would it not have been valuable?

(2) Make a special effort to invite a significant number of Negroes and older persons to participate in the Conference, even if it means arranging financial assistance.

(3) Be certain that the keynote speakers, resource persons and consultants (the overt leadership of the Conference) is visibly black in complexion and also reflects some voices of the "consumers."

(4) The content matter for major papers and discussion groups must deal with the problems of poverty and race and be geared to realistic and meaningful action programs to close the gaps in services and improve substantially the conditions of older citizens.

Best wishes in all your efforts. If I can be of any help in the future please call on me.

Cordially,

JEWELDEAN JONES.

Dr. Swan, I understand that at considerable sacrifice you rearranged your schedule to be with us. We appreciate your being here. I notice you just lit up a cigarette. You are a medical doctor. Does that mean all we hear is not true?

STATEMENT OF DR. SWAN

Dr. SWAN. No, Senator, it is very true. I am just one of those stuck.

Senator Williams and members of the committee, my sacrifice wasn't too great. The sacrifice was in trying to get something together worthy of your listening to. One of the problems of a doctor following social workers and experts in the various fields is that much of what he has to say has been said, but we operate on the theory that we do it one, two, three, so that I assure you my time will be very much shorter.

I am Lionel Swan, president of the National Medical Association. For the benefit of those who do not know, the National Medical Association is an organization of about 5,000 physicians. About 95 or 96 percent are Negro, and about 5 percent of whom are truly emancipated white physicians.

I have been practicing in Detroit for about 16 years. Before that I was in Alabama for about 10. My practice is largely among people who are classified as "poor." My office is in the heart of the ghetto, and for those who know Detroit where we just had our conflagration, my office fortunately stood among some ruins. Buildings were burned to the right and buildings were burned across the street, but somehow or other we were spared.

Much of my testimony, some of it will have been taken from the research department of our institution, but most of it will be my own observations. While I will focus attention on the urban Negro with whom I am more familiar, all available information indicates that the plight of the rural Negro poor is perhaps twice as desperate. I think that has been mentioned before.

Without resorting to detailed and sometimes out-of-date data, let me describe what it is like to be an aged Negro in the urban United States today. First of all, approximately one-fourth of all the males over 65, about one-eighth of the females, are still likely to be looking for work. Very few will have private health insurance or be in jobs having group insurance coverage.

Based on income and previous employment, few of those not working will have private insurance coverage.

As has been indicated, the Negro over 65 is more likely to be a woman, as they outlive the men. She may have medicare, but relatively few aged Negro women are receiving social security for reasons given before, since domestic service, which was one of the typical occupations of the women, has only recently become covered, and even so very few are covered now.

At present I do not know the racial mix of those not enrolled in medicare. However, given the widespread lack of knowledge regarding available programs and facilities, it appears likely that a large portion of those not enrolled in medicare are Negro.

As low as the income of the aged is generally, the aged Negro has an even lower average income. This leads to multiple problems. Recent studies indicate that food and drugs in the ghetto areas are higher than they are in the rest of the city. Thus, the income of the aged Negro buys relatively less of the things needed to sustain sound health.

The low income of the Negro aged means that he is mostly confined to the ghetto slums, with all the attendant health problems. Of all the housing occupied by nonwhites in the United States in 1966, 29 percent according to the US. Department of Commerce, was substandard, 29 percent of those occupied by Negroes, as compared to 8 percent by white In both races a disproportionate share of such housing is occupied by the aged.

Profile of the Aged Negro

We are still on the profile of the aged Negro. Quite often the aged Negro is living with friends or with his children or relatives. Though his small social security check—and I might say here that a large number of these are kept in the homes of relatives because the relatives themselves want to insure that this small income is added to their own—and this may cover some of the expenses, he still feels himself to be in the way of the more active members in the household.

This imagined rejection added to the rejection felt all his life because he is a Negro may make him more introverted and less likely to articulate his various health complaints. Hence, it has been my experience, and I think it has been supported by some of the literature, that the illnesses of aged Negroes are actually underreported because the man hates to be complaining of some chronic illness to the other members of the household.

The withdrawn aged Negro may have very limited education, may even be illiterate. This further prevents him from learning about and utilizing programs for the aged. He has virtually no recreational outlets. There are, as you know, clubs for senior citizens, but with few exceptions these are for the Caucasians.

Now this man has been taught all his life that he does not push himself where he is not wanted. Some exceptions must be made for some union programs. The UAW, for example, I understand, has a program for recreational facilities for elderly citizens and they go out and actively solicit and bring into the program the Negro elderly. As a

result, the major recreation outlet for the aged Negro is television, and even here he must compete with the younger members of the household.

Thus it must be recognized that the elderly Negro is the product of accumulated deprivations. His ill health is of long duration. His income has always been limited by low-paying jobs and inferior benefits and working conditions. Many of his problems, for example, chronic illness, the high cost of medical service, and so on, are similar to those experienced by his white counterpart. With the aged Negro, however, these problems are likely to be exaggerated.

Now to speak specifically of some of the things that I was asked to speak on; namely, availability of services, health services for the aged Negro are the same as the health services for all Negroes and all people, the private physicians and clinics. However, because his income is low, the elderly Negro is often unable to afford private health care.

While medicare would finance his medical care costs, the deductible and coinsurance provisions or supplemental insurance are often more than he can afford. To explain that a bit, medicare says that a man must pay $50, the first $50 himself, and then 20 percent of anything over $50. Very frequently he is unable to pay this. Therefore, he must make disproportionate use of crowded hospitals and public clinics where the health care is, of necessity, fragmented and impersonalized.

In addition, the number of private physicians practicing in the ghetto area is actually diminishing. There are relatively few Negro physicians compared to the population. In 1960, and I am sure this figure has gone down now, while Negroes were 11 percent of the U.S. population, they represented no more than 4 percent of the physicians, surgeons, and dentists, and 6 percent of the nurses. I am reasonably certain that that figure is lower now.

Social Service Shortages

There are social service shortages. In addition to the shortage of health practitioners of all races that are working in the ghetto, there is a scarcity of related social services. For many of the Negro aged the social or welfare worker is his only contact and source of information regarding public health services. We all know of the scarcity of such workers who too seldom are able to actively serve these clients.

When we speak of an outreach service, it is understandable that many social workers are reluctant to work in high-poverty areas of reputed high crime rate. This is where the real social problems are.

In addition to the limited education of the Negro aged, government and charitable social services are needed to overcome inferior transportation and overall ignorance of available programs and facilities.

In reference to the Government programs that are available to the aged Negro, Government programs such as medicare, welfare, skilled nursing homes, extended care facilities, housing for the well and restricted activity elderly, and so on, they are potentially excellent, but they are new and have not begun to be as useful to the Negro aged as they must ultimately become.

The nationwide scarcity of nursing home and extended care facilities is widely recognized. Now, the Negro has been allegedly protected

by title VI so far as nursing homes are concerned, but even so, the availability of such facilities for Negroes is very scarce, especially in the South.

One of the reasons that nursing homes are scarce is that the welfare payment in most cities, in most States, to cover the cost of caring for a patient, does not meet the actual need of caring for the patient. Since these are proprietary institutions, most people do not go into a nursing home field. We have to build more. So, if we are to encourage private efforts in this area, welfare payments for nursing home residents will have to cover the true cost, unlike the present schedule in the United States.

Finally, a few suggestions as I see them. Points for action we call them:

No. 1. We must begin to meet the health needs of the aged Negro at birth and continue throughout his lifetime. Statistics have been given, and I have some here, but there is no point in reading them, about the higher mortality, the lower life expectancy of the Negro. These things should be corrected so that by the time the man gets to be 65 he has not accumulated all these inadequacies.

We cannot expect to overcome decades of relative neglect when the Negro reaches 65.

No. 2. We should develop an outreach program that actually informs Negroes of all ages of available programs and facilities. Some have been mentioned such as service centers, but again this withdrawn man in a dinkey house in the ghetto is not likely to know about this and he is not likely to seek information. That point was very well brought out here. He must be reached and he must be encouraged.

Such a program must inform the elderly of the available health and social services and aid him in finding recreational facilities to overcome what is one of the greatest single perils of old age, loneliness. It occurs to me that we must eliminate the deductible and coinsurance features of medicare. I think we should pay the whole thing. It is a little ridiculous to put a person of 28 or 29 on medicaid and have his bill covered, whatever it might be—I am speaking of even the minimum of $5 or $6 or $8—that would be paid for by medicaid. Whereas the man on medicare has to pay this $8, himself, until he will have paid $50. Then if it is $8 he pays 20 percent of whatever it is.

No. 4. We must raise the benefit levels under social security. That has been mentioned. The present revisions are a step in the right direction, but we feel they have not gone far enough.

We should extend the benefits of medicare to include drugs, prostheses, and other appliances.

We should extend inducements to private capital to invest more money in health care and housing facilities. Similarly we should eliminate some of the present obstacles to the formation of efficient group medical practice.

I might explain here that I think it is generally recognized that group practice facilities will offer greater opportunity for serving more people. However, as we attempt to take men from solo practice into group practice, there is a program under HUD in which they can get a 90-percent FHA-insured loan and the partners must put up 10 percent nonprofit.

So that if a facility should cost a half million dollars, these five people must put up $10,000 each nonprofit, with some doubt as to whether they will get it back. So, we have difficulty in persuading people to give a lifetime of solo practice to go into this, which must be done. We feel that group practice has much more to offer than solo practice.

No. 7. More doctors and health service professionals must be trained through scholarship and other public support, particularly from the minority groups themselves. The shortage of Negro physicians is almost at the crisis level. We are short of physicians generally throughout the country, but especially in minority groups it is true. We also need to train many, many more social workers.

No. 8. New emphasis must be placed in the field of geriatrics through a combination of medical care, recreation facilities and continued training in useful activity in order to make the retiree's life more meaningful.

One of the tragedies of the people I see is that the man feels so useless. He says—I think it was mentioned here by Senator Young, I believe—he is a man, vigorous, may feel very well, "I am 70 years of age, but I have no job. There is not a thing for me to do."

No. 9. New means of meeting the health needs of the aged community must be found. For example, expanded housing for the aged, perhaps combined with health care facilities, might improve the quality of both.

In general I am seeking a coordinated program to eliminate the causes and consequences of poverty. Included would be access to better housing, improved education, better jobs with higher wages and benefits.

To explain this last one, if, as I said at the outset, we eliminated some of the discrimination up at the top where you have a better job, higher wages, better benefits, by the time he gets to be 65 he will not necessarily need to have one of the highest.

With the above, the working and retirement life of the Negro will attain a new stability. If such can be attained, the mix of private and public efforts will be able to do the job we all want them to do.

Thank you very much.

The CHAIRMAN. Thank you very much, Dr. Swan. That is a very helpful statement.

You mentioned the shortage of doctors specifically. As a matter of fact, we have a shortage of doctors generally. It is an anomaly to me that we have so many young people who want to become medical doctors who can't get into a medical school even though their academic rating in the college is high. Yet hospital after hospital that I have visited seems to have a good proportion of interns and residents from other countries. Have you noticed that?

Dr. SWAN. That is quite true, because they are not available. I will call your attention, however, sir, to this problem, especially compounded for the Negro. It goes all the way back to the junior high school. The National Medical Association is currently engaged in what we call a talent recruitment campaign in an effort to get more Negroes in medical schools. We persuade some college students, and we attempt to persuade some high school students. But we learn to our dismay in most cities in the ghetto area where Negro children go to junior high school, in junior high school as they matriculate to

high school, they are brought into what are known as industrial courses, a large number. This is without reference to anything else except that he is black. Which means that they never go to college. They can't go to college because they never can qualify for college. They are given meaningless curriculums.

In a number of instances they can't read the diploma they get at the end of high school, and it is written in English. I don't mean that literally, but almost that bad.

So that too large a number of children are shifted out of careers which will lead them in college where they might go into medicine. This goes all the way down to junior high school and perhaps lower.

The CHAIRMAN. Senator Yarborough.

Senator YARBOROUGH. I think, Dr. Swan, you have touched on a problem here that is more widespread than in the Negro segment of our population. It is throughout our population. Senator Williams has touched on it. Approximately 20 percent of all the interns in American hospitals today are from foreign countries, foreign medical schools. Close to 40 percent of the residents are from foreign medical schools. Medical education is so tightly controlled in America to keep enough people from being doctors that our replacement of doctors who retire, doctors who die, for the expanding population are 20 percent from foreign countries.

We just don't get them from the top medical schools of Vienna, Berlin, or London. We get them from Iran, from Turkey, from Egypt, from all over the world, from Latin America. The American medical complex is so afraid that some Americans will get to be doctors that not enough whites, not enough Negroes, not enough Latins, not enough anybody go to our medical schools. So they pull these people in from all over the world to fill the needs in the hospital.

The Committee on Labor and Public Welfare passed a bill a few years ago to establish 20 medical schools in America because they were not going to be established by the private sector of the economy. Finally, after being in effect 4 or 5 years, we asked the HEW; I think six had been set up at that time. I asked the question recently: What about these other 14? Where are they? They are in the planning stage.

Our population is increasing to 200 million. Now we need 40 medical schools. We have to have more medical schools. If we only train enough physicians for replacement, we would need about 20 percent more output each year just to replace those who die.

But with the medicare and growing prosperity of our people, when we have a responsible social approach to these problems, where the aged can get medical help whether they have a pocketful of money or not, we will need far more doctors.

MEDICAL SCHOOL BARRIERS

As you say, the plight of the Negro student is pitiful when it comes to an opportunity to get to the medical school, but the plight of the white student is the same. He is disadvantaged, too. The whole community is disadvantaged. We are building hospitals, we are building all kinds of things in the country, but we have to train people.

As you know as a doctor it takes much longer to educate a doctor than practically anything else in the country except a patent lawyer

who must have a law degree and engineering degree or some physical scientist in the higher realms of possible doctoral courses they take after they get their doctor's degree.

The health and social needs of the country spill over into many needs. I think you put your finger on one of the sore spots in this country on the health of everyone, whites and Negroes alike.

Dr. SWAN. I agree with you, sir. I don't know about the conspiracy to hold down the number of doctors. I know that all the medical schools as far as I know are crowded. I know that when we attempt to get a boy into the freshman class, it is usually filled 1 or 2 years in advance. The shortage of medical schools, as you have indicated, is very great. However, there are several problems involved in this.

Just setting up the school does not set up a school of medicine. They have to get men to teach. With the rest of the economy, everybody making big salaries, medicine is no longer attracting the number of men, and teaching of medicine is attracting even less. It is tragic that sometimes I talked to some of my professors, men who are dedicated and have been teaching all their lives, most excellent men. They laugh when they say that the worst student in the class they taught 15 years ago is making three times the income of the guys who are teaching.

So it is very possible that we need to have foundations, because we can't depend on the Government all along to subsidize men who will go into the teaching of medicine.

Senator YARBOROUGH. I think you have touched on another problem. We will probably have to have a foundation to subsidize doctors to get them to teach; they can make so much more money practicing. A foundation in America, or service that takes periodic polls of people asked American mothers, "What do you want your boys to be?" A generation ago the doctors headed the list. We envied the doctor with his social status, his higher income than any other profession of the country. It is no longer the highest. Science is the highest. The social status of the scientist, the esteem in which he is held in the community has passed doctors for the first time.

Doctors as professional men were held in the highest esteem among professional men 30 or 40 years ago. Now it is the scientist. Science pays more. They have come up in esteem. The mothers want the children to be more scientists than doctors.

I know right after World War II they would not let a student in a medical school who had any C's or D's on his courses in college in preparatory medicine. One school told me at that time they didn't have but two to three of the entering class that had a single B on their reports to get their undergraduate degree that led up to medical school.

Now I have had doctors tell me in the last 3 or 4 years about the terrible plan they have to accept students with even D's in their courses. Doctors complain of this. Instead of students competing, all A and B students competing for everything in the medical school they had to take students with D's on their report card. I think next to the scientists the doctors still have the highest earning average of any professional men in the country.

The CHAIRMAN. A lot higher than lawyers.

Senator YARBOROUGH. Yes; they average higher than lawyers. Lawyers have a greater spread. Most doctors do well.

Dr. SWAN. Senator, that would depend on the people whom you serve. I am sure a doctor who is treating Henry Ford is not suffering too much pain, but the man who is treating Henry Ford's janitor may not be doing too well. A football player can now earn $400,000.

Senator YARBOROUGH. In athletics there used to be very few players that got good money. Now there are such fabulous earnings in basketball, hockey. Sports have opened up opportunities of great earnings to a large number of people compared to the number who earned a large amount of money in sports 30 years ago. So you think more will go for sports now than for scientist or doctor?

Dr. SWAN. Yes; if they can throw a good basketball.

The CHAIRMAN. We have learned a great deal from you three. I am sure the committee members will read, after we have our record, everything you have said with a lot of attention.

(The chairman addressed the following questions to Dr. Swan in a letter written after the hearings:)

1. The Committee is quite interested in the proposed N.M.A. nonprofit foundation through which comprehensive health care programs for the elderly are to be established. It is our understanding that the initial project will get under way in Washington, D.C. to be followed by centers in some of the other areas where N.M.A. chapters function. We would appreciate any information you could send us concerning the foundation and its purposes together with any recommendations for Federal action which will be of help.

2. You indicated that the number of private physicians practicing in the ghetto area is actually diminishing, and that the percentages of Negro physicians, surgeons, dentists and nurses are declining. Perhaps you could furnish us with the current ratios and future projections based upon the current trends.

3. You indicated that one of the reasons that nursing homes for Negroes are very scarce is that the welfare payments in most States do not meet the actual cost of caring for the patient. We would like your comments as to what Federal measures should be taken to meet this problem.

(The following reply was received:)

* * * * * * *

1. The N.M.A. Foundation (non-profit)

The N.M.A. Foundation is a new organization in the process of being started and established for the purpose of providing extended care facilities, nursing homes for the elderly, housing for the elderly, and group practice facilities for physicians practicing in the inner-city of our major metropolitan areas, and in depressed rural areas. It plans to utilize the resources of the National Medical Association, grants from federal agencies, and private foundations. These facilities will be made available throughout the country.

It is our thinking that this vehicle can be used by our chapters and individual physicians throughout the country to avoid the red tape and interminable delays in setting up facilities so desperately needed by the poor. As I have indicated before, the Foundation is in the formative stage. We plan to begin with an extended care facility in the District of Columbia. As soon as plans have been firmed up, I shall be happy to furnish the Committee with the details.

2. The declining number of private physicians and dentists in the ghetto

The publication, *Negroes in the United States—Economic and Social Situation*, published by the U.S. Bureau of Labor Statistics in 1966, reveals the following:

"In 1950, of 180,000 physicians in the country, 4,000 were Negro. In 1960, the number of physicians had risen to 213,000, but of that number only 4,000 were Negro, indicating that there had been no increase in the number of Negro physicians in that decade."

In the *Journal of the American Medical Association*, October 16, 1967, there is an article entitled, "Negroes for Medicine." Among the things shown were the following: "The number of Negroes applying for admission (to medical schools) has failed to show a significant increase in the past two decades." It also showed

a decrease in the percentage of applicants to one predominantly Negro medical school (Meharry) from 31 percent in 1955 to 15 percent in 1963.

Considering the fact that most medical school graduates go into specialties, the Negro specialist is most likely to locate in "better sections" of town where he is more accessible to all socio-economic segments of the Negro population. The hard core area of poverty is therefore served by a diminishing number of medical practitioners.

I do not have the exact figures for dentists. This problem, as well as that of the number of nurses, is being researched. However, the President of the National Dental Association, Dr. Chowning of Indianapolis, Indiana, informed me in a private conversation that the number of Negro dental students is so low that the National Dental Association has been exploring the possibility of having dental schools lower their entrance requirements to increase the number of potential students. It is also significant, according to Dr. Chowning, that currently there are only two Negro dental students in the entire state of Michigan.

3. Welfare payments and the actual cost of caring for patients in nursing homes

Acceptable nursing home service demands at a minimum the services of a nutritionist, physio-therapist, occupational therapist, and social worker. These individuals usually work on a part-time basis. The cost of these services per patient is a minimum of $10–$12 per day. Welfare payments rarely reach this figure. In the District of Columbia, for example I am informed that welfare payments are in the neighborhood of $150 per month per patient. To meet this problem, it is conceivable that the Federal Government might institute something similar to the rent subsidy plan so that minimum standards can be maintained in our nursing homes.

* * * * * * *

I hope that these answers, as well as my previous testimony before the Committee, have helped to throw some light on the Problem of the Aging, especially members of the minority group.

My sincere thanks for the opportunity to appear before you.

LIONEL F. SWAN.

The CHAIRMAN. The bell indicates that the Senate has gone into session.

Would our next panel come up?

The committee staff has prepared a fact sheet on the subject to be considered by the following panel, and I submit it now for the hearing record.

Fact Sheet for Panel Five

A. FEDERAL PROGRAMS SERVING THE ELDERLY

1. Public Housing: Specially designed low-rent housing for persons 62 years of age or over who cannot afford other standard housing.

2. Section 202: Direct loans for rental housing for elderly. Provides long-term, low-interest rate loans to build housing for persons 62 years of age and over who can afford higher rents then public housing but less than rents for comparable, completely private housing.

3. Section 231: Mortgage insurance for multi-family rental housing. Assistance in private financing of new or rehabilitated rental housing for occupancy by persons 62 years of age or older.

4. Section 232: Mortgage insurance under FHA for profit and non-profit nursing homes.

5. Senior Citizens Act of 1962: This program is similar to Section 231 programs above, except that it is designed to provide direct loans for rental housing for the elderly in rural areas. Under the Housing and Urban Development Act of 1965, benefits are available in communities of 5,500 or less in population if they are "rural in character."

6. Rent Supplement Program: The program applies primarily to new housing constructed under Section 221(d)(3) of the National Housing Act at the market rate of interest. It provides that the Department of H.U.D. can enter into contracts with non-profit, cooperative, or limited dividend sponsors under which the elderly and other eligible tenants will pay 25 per cent of their income toward rent and the Department would pay the difference.

7. Neighborhood Facilities: Section 703 of the Housing and Development Act of 1965 provided a program of grants to local public bodies or agencies to finance neighborhood facilities. Grants may be made for two-thirds of the development cost of such facilities except in areas designated under the Area Redevelopment Act which may receive grants up to three-fourths of the development cost.

B. ESTIMATES OF THE PRESENT SITUATION

Excerpts from hearing on housing needs conducted by Subcommittee on Housing, Senator Frank Moss, Chairman, July 11, 1967:

Senator Moss. "And at this time are we holding our own, or are we going ahead a little bit in meeting the problem?"

Mr. BROWNSTEIN (The Honorable Philip N. Brownstein, Assistant Secretary, Department of Housing and Urban Development). "Well, with 800 persons reaching the age of 65 every day, at this time I would have to say that we are not doing anything more than holding our own, certainly, although I think it is significant also that with social security and other of the benefits that have been approved in recent years, there are more of our elderly who are able to compete in the private market for standard housing."

Dr. NIEBANCK. (Dr. Paul L. Niebanck, Institute for Environmental Studies, University of Pennsylvania). ". . . I think for the low income elderly, particularly those in urban centers, we are definitely falling behind . . . there are no substantial programs that anywhere nearly meet the needs that are being created by urban displacement."

NURSING HOMES

1. Growth of nursing homes

As of January 1, 1967, a total of 20,051 long-term care facilities with 961,250 beds were estimated to be in existence.

As of February 13, 1967, 3,169 facilities with total bed capacity of 229,725 had been certified as Extended Care Facilities.

There has been a dramatic increase in the number of nursing homes and nursing home beds in the past decade. The number of nursing home beds in those homes having a registered nurse or licensed practical nurse increased from 171,106 in 1954 to 523,900 in 1965.

The same rate of increase in the next decade would result in 1,571,700 nursing home beds by 1975.

2. Estimating nursing home needs

On any given day, about 500,000 nursing home personal care and long-term care facility beds are occupied by the aged.

Some estimates indicate the need for post-hospital beds to be in the range of 85,000–170,000; and this need estimate reflects only those patients discharged from hospitals.

Present Hill-Burton quality needs are estimated at 714,000 beds, requiring construction of 130,000 and modernization of 188,000 existing beds. This reflects the requirements for 1966 and the next five years.

If the ratio of 50 beds per 1000 population is applied to individual State populations, and only beds in nursing homes conforming to Hill-Burton standards are applied against the need, the nation-wide deficit is 512,936 beds.

The shortages of beds appear to be particularly acute for high quality nursing homes meeting the Medicare standards for extended care facilities.

The CHAIRMAN. You can see our dilemma. I sit alone. Not because the other members are not interested, but we all have about 16 committee assignments, four major committees with all the subcommittees. We are fragmented. Now we have the Senate in session. We will be voting at 2. So how shall we proceed? I hate to in any way curtail the testimony. If there were a way to summarize, certainly your statements will all go in and obviously with the other committee members on other necessary chores the record is the important document, not so much my listening to all of you.

Panel 5: Trends in Shelter and Environment*

STATEMENTS BY GLENN H. BEYER, PH. D., DIRECTOR, CENTER FOR HOUSING AND ENVIRONMENTAL STUDIES, CORNELL UNIVERSITY; LOUIS E. GELWICKS, PROFESSOR OF ARCHITECTURE AND RESEARCH ASSOCIATE AT THE INSTITUTE FOR THE STUDY OF AGING, UNIVERSITY OF SOUTHERN CALIFORNIA; AND MRS. WILMA DONAHUE, PH. D., DIRECTOR OF GERONTOLOGY, UNIVERSITY OF MICHIGAN

STATEMENT OF DR. BEYER

Dr. BEYER. Yes, Mr. Chairman, I think you do have the statement which I sent in and, therefore, I simply will summarize the highlights and give my colleagues here an equal opportunity to speak.

I might begin then by a statement that appears after the introduction in my formal statement indicating that, as you probably well know, only about 4 percent of the elderly today live in institutional type accommodations and on the basis of certain figures, I know some people will challenge this figure, but on the basis of certain other information, there is a likelihood that perhaps only 5 percent need to live in institutional accommodations with one important proviso, that the kinds of community services, and so forth, that you have been talking about are provided.

I make this statement as an introductory comment because the remainder of my remarks will focus on independent living, or in other words, on housing and apartments for the elderly.

I am going to concentrate in my summary on some figures that we have developed at Cornell University in a study which covered four regions. I want to mention this because on this basis the figures that I have should not be extrapolated technically to cover the United States. They do not represent a sample of the United States.

On the other hand, because of the nature of the areas we covered, 17 counties in upstate New York; Cook County, Illinois; Greater St. Louis and Greater Los Angeles, the results are probably conservative. If we brought in rural areas, especially the South, if we brought in other low-income areas, we would probably have figures which would show more extremes than the figures we have.

On this basis, the first interesting thing which has been confirmed in a number of other studies is the extremely low-income level of the families.

I won't go into that because this is so commonly known. We did in our study try to differentiate between those households of the aging that were made up of couples and those made up of single people.

We also tried to distinguish those who needed better housing and those whom we felt were adequately housed. In doing this it was our conclusion that approximately 45 percent of the elderly in this country, in other words, approximately 45 percent of the 19 million elderly, should have better housing accommodations.

*Additional information concerning this subject appears in app. 5, p. 367.

In the remaining 55 percent there are some who should take advantage of the programs of remodeling, rehabilitation, and the like, but 45 percent of the group need better housing.

The details, the basis for this particular figure that I am giving, are cited in my statement. Generally, it is made up of these components. We included those elderly that lived in structurally fair or poor housing accommodations. We included those who live in rent-free accommodations because these were usually somewhat substandard. We included those who were living with children on the basis that the elderly generally prefer to live independently.

There are undoubtedly some in this group that should not have been in this figure, they should probably live in institutions or they may want to live with their children, but these are offset by proportions in other categories that we did not include. In other words, what I am saying is that we are not talking in small numbers.

Now, moving on to the planning and the nature of the existing Government programs that can be utilized in satisfying the needs, the greatest controversy probably exists in regard to how these units should be built. Here I would urge variety, although always bearing in mind, and I want to emphasize this statement, that on the one hand the tenants should not be isolated from the normal life of the population, but I think equally important, most aged prefer to select their friends from older, rather than younger, neighbors.

Now considering these criteria, I have listed a number of types of housing based on planning features which I might read.

Innovations in Housing

First, setting aside an entire floor of high-rise public housing projects or other apartment structures for the elderly. This in fact is the official policy in Denmark and is carried out in most of their cooperative apartments. Their ground floor, what we call the first floor, is shops and the first floor—above-the-ground floor—in many instances is entirely devoted to apartments for the elderly.

Second, setting aside a proportion of dwelling units on each floor for the elderly. This has been done by the Cleveland Housing Authority in its Cedar Apartments Extension project.

Third, providing a small group of dwellings in the form of one-story row houses especially designed for the elderly in larger projects. This is the approach adopted as more or less national policy in Great Britain. There, however, the elderly apartments frequently are not a part of a larger project but are independent.

A critical part of the British scheme is to provide the services of—an unfortunate term for us—a "warden," with each of their projects. What they term a "warden" is a combination manager, caretaker, practical nurse, who usually gets one of the apartments at no rent in order to be there to oversee the others.

Fourth, the development of small neighborhoods of individual homes for the elderly; that is, clusters of homes especially designed for them but in larger communities. It is my understanding that this is the scheme proposed in the new town of Columbia City between here and Baltimore.

Fifth, a variety of type 3 above, what the Germans call the three-step project and the Dutch call the combined project. In these projects, the concern is not with integrating the elderly people with younger population. Rather, it is providing for the total needs of the elderly during different stages of health and physical capabilities. Thus, you have on a single site, first, some regular apartments; second, some rooms for those who need more personal care; and third, some nursing home facilities for those chronically ill and in need of constant care.

In this country, Presbyterian Village in Detroit is an example of this.

Finally, for those elderly who desire greater integration with the younger population groups, more attention should be given to the needs under the rent supplement program.

If I had more time, I would elaborate on that in some detail.

The elderly represent an extremely heterogeneous group. There will always be some who prefer the highly integrated planning approach described under my last category above and those projects where the rent supplement units are mixed in with units for other elderly, and there are those who prefer the other extreme, complete apartment buildings designed solely for the elderly, such as Victoria Plaza in San Antonio, a public housing project, or the retirement villages so common in several of our Southern States.

It is my feeling, however, that there may be a greater preference, not for the two extremes but for some of the types of arrangements I mentioned in between.

I believe that the development of these various concepts is permitted in the variety of Federal programs that exist today. Whether present policy, as distinguished from programs, encourages this variety, however, is another question.

As we approach the figure of 25 million older persons in the next 15 or 20 years, probably 28 million by the year 2000, our goal should be to continue to be one of providing variety and choice rather than settling on a single type.

Thank you.

(Dr. Beyer's prepared statement follows:)

STATEMENT BY DR. GLENN H. BEYER, CORNELL UNIVERSITY

Gentlemen: Following an extensive study of the housing needs of the aging, conducted in both the United States and Western European countries, I listed sixteen principles which were derived from that study and which I feel are pertinent in the deliberations of this Special Committee. These principles were:

1. Each individual should have a genuine opportunity to make old age a meaningful period of life.

2. The elderly should have a reasonable income sufficient for them to live independently under conditions considered acceptable for other age groups.

3. The elderly should have good opportunities to participate in the economic and social life of the community. If they wish and have the ability, they should be given opportunities for employment, to be active in social and political life and to participate in the leisure-time activities of the community.

4. Where necessary, adequate cultural, recreational and social programs should be arranged on behalf of the elderly. (Care should be taken to avoid unwanted segregation.)

5. The elderly should not have to worry that home care, medical care, or institutional care may not be available for them if they should need it or that such care may be available only in a way inconsistent with human dignity. They should have freedom from fear.

6. Medical provisions should be directed to early diagnosis and treatment and to prevention of permanent incapacity.

7. Those staying in a hospital or in another type of institution should be aided as much as possible to return home, or at least to attain the highest degree of independence possible for them.

8. An ample supply of houses and apartments should be provided for those elderly who are not infirm but who cannot continue to live independently in their own homes. Careful attention should be given to the design and planning of these units.

9. The elderly should be aided financially and technically to permit them to improve the quality of their existing homes where such homes can be kept at or brought up to a standard adequate for their needs.

10. Adequate home nursing and home care services should be provided for those elderly who, by means of such services, will be able to remain in their homes.

11. Geriatric units of hospitals should be established for medical examinations of the seriously ill and for rehabilitation of patients capable of independent living.

12. An ample supply of nursing-home beds should be provided for the long-term ill.

13. Communal-type residential homes (Homes for the Aged) should be limited to serve a strictly "bridge" function between self-contained apartments or houses on the one hand and nursing homes on the other.

14. The shelter and care of the elderly are problems focused primarily at the local level and, therefore, the programs aimed at solving these problems should be planned and implemented primarily at that level, with necessary assistance being provided by higher levels of government.

15. Research should be increased in order to gain a better understanding of the problems related to the shelter and care of the aging, and should include experimentation with new and different types of institutions (such as half-way houses, day hospitals and centers, collective houses, and perhaps some not yet conceived).

16. Policies on behalf of the elderly should be consistent in order to prevent unbalanced developments. Programs need to be planned ahead (for instance, to be related to the future population in the aging group).[1]

It is evident from the above that a variety of types of shelter needs exist on the part of this age group: houses and apartments, communal type residential homes (Homes for the Aged), nursing homes and geriatric units in hospitals.

When citing these various types of shelter, one important statistic should be kept in mind: only about 4 percent of the elderly live in institutional-type accommodations. The remainder live in their own homes (either old or newly built) or with children or other relatives. It is known some elderly who are not living in institutions probably ought to be, and vice versa. Nevertheless, the best information I have been able to develop indicates that a figure perhaps as high as 95 percent should live independently, that is, not in institutions, if adequate home care and other services can be provided. That means, that insofar as shelter for the aging is concerned, we should devote most of our attention to independent living units *with* adequate services being provided.

With this background, then let us move into an analysis of the need for houses and apartments. Several factors are important: (a) present living arrangements, (b) present occupancy status (whether owning or renting), (c) the quality of the housing occupied, (d) marital status and sex and (e) income level of the elderly. These factors were investigated in a study of four regions of the United States undertaken by Cornell University between 1958 and 1960. The four regions included seventeen counties in Upstate New York, Cook County, Illinois, Greater St. Louis area and the Greater Los Angeles area. Only elderly individuals *not* living in institutions were studied. Many of the pertinent results and the details

[1] Glenn H. Beyer and F. H. J. Nierstrasz, *Housing the Aged in Western Countries*. New York: American Elsevier Publishing Co., 1967. Pp. 226–227.

of the methodology are described in a Cornell publication entitled *Economic Aspects of Housing for the Aged.*[2]

It is impossible, in a statement as brief as this, to describe the detailed results of that study and also to provide the supportive evidence which was collected. However, I can present some of the most pertinent findings.

The study projected its results in a manner which could be interpreted in terms of 1 million elderly households, or multiples of that figure. It concluded that nearly 45 percent (447,885 out of a projected total of 1,000,000) needed better accommodations. The manner in which this figure was derived can be observed from tables 1–3 appended to this statement.

In summary of those tables, the distribution of the 447,885 elderly out of every 1 million, based on income level (in 1958–60) was as follows:

	Number	Percent
Incomes $3,000 and over	34,105	8
Incomes $2,000 to $2,999	70,335	16
Incomes under $2,000	343,445	76
Total per 1,000,000 households	447,885	100

These figures simply confirm a well known fact: that in planning the housing needs of the elderly, a high proportion have very low incomes. It is also known that few aged persons having low incomes are likely to have significant liquid assets.

It was also found that approximately half of the elderly surveyed were widowed or single women. The distribution was as follows:

	Number	Percent
Couples	131,640	29
Widowed, single women	217,695	49
Widowed, single men	98,550	22
Total per 1,000,000 households	447,885	100

Although the percentages representing the above distribution vary somewhat in different studies, the trends are always the same: probably the most important problem represents the needs of widowed or single elderly individuals.

Data that are not so commonly available combine present living arrangements with quality of housing occupied and tenure (i.e. owning, renting or rent free status). There necessarily had to be some arbitrary assumptions in developing such data. We assumed, for example, that most aged prefer independent living. Therefore, the requirements of those not living in their own households should be recognized, and all such households were included under "need." Next, we assumed that all aged have a right to decent, sound and sanitary accommodations and what we defined as fair or poor quality housing did not fulfill these criteria. Therefore, those occupying such housing, whether owners or renters, were included in the need figure established. The relatively low proportion living in rent-free accommodations also were included in the "need" category because of the general poor quality of those units.

The distribution of households on the basis of these factors is as follows:

	Number	Percent
Living in own households:		
Owners, fair or poor quality units	149,605	31
Renters, fair or poor quality units	107,280	24
Rent free	30,000	7
Not living in own households:		
With other than children	60,000	14
With children	100,000	24
Total per 1,000,000 households	447,885	100

[2] Glenn H. Beyer, *Economic Aspects of Housing for the Aged,* Research Report No. 4. Ithaca, N.Y.: Cornell University Center for Housing and Environmental Studies, 1961.

I feel the projected estimates I have given have extreme relevance in understanding the housing needs of the aging which exist today. If we begin with the assumption that approximately 95 percent of our 19 million people 65 years old and older should be able to live independently, i.e., not in institutional accommodations, we immediately see we are talking about over 18 million people. A high proportion of these are widowed or single.

It has been implied from the figures I have cited that a high proportion of these individuals (approximately 55 percent) live in housing accommodations that were generally in satisfactory condition at the time of the study. For these elderly, there are two needs: (*a*) a stepped-up program for maintenance, remodelling and repair, to keep their homes from slipping down the housing quality scale and (*b*) new and extended programs of home care and services, permitting the individuals to remain in their present locations as long as possible.

Among the remaining 45 percent, some live in fair quality housing that could be brought up to an adequate standard through certain repairs or remodelling. However, most of this need must be met through the provision of new dwelling units. In this regard, we have made some important progress the last few years, but past and current efforts fall far short of meeting existing needs, not to mention the increasing needs of the future.

I would emphasize that a wide variety of shelter should be offered and, with each type, there should be provided the necessary home care and services.

The design requirements for a house or apartment for an older person are quite well known. Where the greatest controversy exists is with respect to planning these dwelling units. Here again I would urge a wide variety, although always bearing in mind that, on the one hand, the tenants should not be isolated from the normal life of the population but, on the other hand, most aged prefer to select their friends from older rather than younger neighbors.

There are many different ways of planning housing for the aged which meet these criteria and I suggest that we encourage more experimentation with all of these types:

(1) Setting aside an entire floor of high-rise public housing projects or other apartment structures for the elderly. This plan is established as the official policy in Denmark but I am not familiar with its application in this country.

(2) Setting aside a proportion of dwelling units on each floor for the elderly. This has been done by the Cleveland Housing Authority in its Cedar Apartments Extension project.

(3) Providing a small group of dwelling units, in the form of one story row houses, especially designed for the elderly, in a larger housing project. This is the approach taken to the problem of providing new housing for the elderly in Great Britain although there the elderly apartments frequently are not a part of a larger project but rather are independent. A critical part of the British scheme is to provide the services of a "warden" with each of their projects, which usually contain approximately 30 dwelling units. (The "warden" is a combination manager-caretaker-practical nurse.)

(4) The development of small neighborhoods of individual homes for the elderly, i.e. clusters of homes specially designed for them, in larger communities. I understand this is the scheme proposed in the New Town of Columbia City between Baltimore and Washington.

(5) A variation of type (3) above is what the Germans call the "three-step project" and the Dutch call the "combined" project. In these projects the concern is not with integrating elderly people with the younger population. Rather, it is with providing for the "total" needs of the elderly during different stages of health and physical capabilities. Thus you have on a single site regular apartments, rooms for those who need more personal care, and finally nursing home facilities. In this country, Presbyterian Village in Detroit is an example.

(6) For those elderly who desire greater integration with younger population groups, more attention should be given to their needs under the rent supplement program.

The elderly represent an extremely heterogeneous group. There will always be some who prefer the highly integrated planning approach described under type (6) above, and there will be those who prefer the other extreme: complete apartment buildings designed solely for the elderly such as Victoria Plaza in San Antonio or the retirement villages so common in several Southern states. It is my feeling, however, that there is greater preference for the other types of shelter arrangements which I have mentioned.

I believe that the development of these various concepts may be permitted in the variety of federal programs which exist today. Whether *present policy* encourages this variety is another question. As we approach the figure of 25 million older persons in the next 15 to 20 years, and probably more than 28 million by the year 2000, our goal should continue to be one of providing variety and a choice rather than settling on a single type.

Finally, in whatever types of housing we provide, we must remember that at this stage in life, health continues to deteriorate. Many new projects built today and occupied by the "younger" elderly may not require the provision of the various types of services in the home—health, meals distribution, home care services, visiting, laundry, etc. However, many of the present tenants will remain in these projects for periods of 10, 15, 20 years and even longer periods. Their needs at that time must be recognized in our present planning. Here I would urge more careful study of the experiences in other countries, especially Sweden, Denmark, and Great Britain. We have a long way to go to catch up on this front.

Thank you.

TABLE 1.—ESTIMATE OF HOUSING NEED PER 1,000,000 HOUSEHOLDS OF AGED HAVING INCOMES OF $3,000 AND OVER, BASED ON MARITAL STATUS AND DEGREE OF INDEPENDENT LIVING ARRANGEMENTS

Category	Percent distribution (Cornell study)	Projected distribution to 1,000,000 households	Percent of households with income $3,000 and over	Projected per 1,000,000 households	Percent of dwelling units of fair or poor quality	Projected need per 1,000,000 aged households
			Couples			
Living in own household:						
Owner	35	350,000	31	108,500	11	11,935
Renter	9	90,000	31	27,900	21	5,860
Rent free	1	10,000	14	1,400	.....	1,400
Not living in own household:						
With others	(1)	.....	.....	.....	.....	.....
With children	1	10,000	11	1,100	.....	1,100
Total	46	460,000	.....	138,900	.....	20,295
			Widowed, single women			
Living in own household:						
Owner	15	150,000	9	13,500	10	1,350
Renter	11	110,000	8	8,800	19	1,670
Rent free	1	10,000	6	600	.....	600
Not living in own household:						
With others	4	40,000	7	2,800	.....	2,800
With children	8	80,000	.....	.....	.....	.....
Total	39	390,000	.....	25,700	.....	6,420
			Widowed, single men			
Living in own household:						
Owner	6	60,000	20	12,000	12	1,440
Renter	4	40,000	13	5,200	26	1,350
Rent free	1	10,000	10	1,000	.....	1,000
Not living in own household:						
With others	2	20,000	7	1,400	.....	1,400
With children	2	20,000	11	2,200	.....	2,200
Total	15	150,000	.....	21,800	.....	7,390
Grand total	100	1,000,000	.....	186,400	.....	34,105

[1] Less than 0.5 percent.

Source: Glenn H. Beyer, Economic Aspects of Housing for the Aged. Research Report No. 4. Ithaca, N.Y.: Cornell University Center for Housing and Environmental Studies, 1961. p. 39.

TABLE 2.—ESTIMATE OF HOUSING NEED PER 1,000,000 HOUSEHOLDS OF AGED HAVING INCOMES BETWEEN $2,000 $2,999, BASED ON MARITAL STATUS AND DEGREE OF INDEPENDENT LIVING ARRANGEMENTS

Category	Percent distribution (Cornell study)	Projected distribution to 1,000,000 households	Percent of households with income between $2,000 and $2,999	Projected per 1,000,000 households	Percent of dwelling units of fair or poor quality	Projected need per 1,000,000 aged households
			Couples			
Living in own household:						
Owner	35	350,000	33	115,500	21	24,255
Renter	9	90,000	31	27,900	42	11,720
Rent free	1	10,000	21	2,100	----	2,100
Not living in own household:						
With others	(1)	----	----	----	----	----
With children	1	10,000	19	1,900	----	1,900
Total	46	460,000	----	147,400	----	39,975
			Widowed, single women			
Living in own household:						
Owner	15	150,000	18	27,000	22	5,940
Renter	11	110,000	16	17,600	17	2,990
Rent free	1	10,000	7	700	----	700
Not living in own household:						
With others	4	40,000	9	3,600	----	3,600
With children	8	80,000	6	4,800	----	4,800
Total	39	390,000	----	53,700	----	18,030
			Widowed, single men			
Living in own household:						
Owner	6	60,000	20	12,000	39	4,680
Renter	4	40,000	14	5,600	42	2,350
Rent free	1	10,000	7	700	----	700
Not living in own household:						
With others	2	20,000	14	2,800	----	2,800
With children	2	20,000	9	1,800	----	1,800
Total	15	150,000	----	22,900	----	12,330
Grand total	100	1,000,000	----	224,000	----	70,335

[1] Less than 0.5 percent.

Source: Glenn H. Beyer, Economic Aspects of Housing for the Aged. Research Report No. 4. Ithaca, N.Y.: Cornell University Center for Housing and Environmental Studies, 1951, p. 40.

TABLE 3.—ESTIMATE OF HOUSING NEED PER 1,000,000 HOUSEHOLDS OF AGED HAVING INCOMES UNDER $2,000, BASED ON MARITAL STATUS AND DEGREE OF INDEPENDENT LIVING ARRANGEMENTS

Category	Percent distribution (Cornell study)	Projected distribution to 1,000,000 households	Percent of households with income under $2,000	Projected per 1,000,000 households	Percent of dwelling units of fair or poor quality	Projected need per 1,000,000 aged households
Couples						
Living in own household:						
Owner	35	350,000	36	126,000	31	39,060
Renter	9	90,000	38	34,200	55	18,810
Rent free	1	10,000	65	6,500	----------	6,500
Not living in own household:						
With others	(1)	----------	----------	----------	----------	----------
With children	1	10,000	70	7,000	----------	7,000
Total	46	460,000	----------	173,700	----------	71,370
Widowed, single women						
Living in own household:						
Owner	15	150,000	73	109,500	31	33,945
Renter	11	110,000	76	83,600	50	41,800
Rent free	1	10,000	87	8,700	----------	8,700
Not living in own household:						
With others	4	40,000	84	33,600	----------	33,600
With children	8	80,000	94	75,200	----------	75,200
Total	39	390,000	----------	310,600	----------	193,245
Widowed, single men						
Living in own household:						
Owner	6	60,000	60	36,000	50	18,000
Renter	4	40,000	73	29,200	71	20,730
Rent free	1	10,000	83	8,300	----------	8,300
Not living in own household:						
With others	2	20,000	79	15,800	----------	15,800
With children	2	20,000	80	16,000	----------	16,000
Total	15	150,000	----------	105,300	----------	78,830
Grant total	100	1,000,000	----------	589,600	----------	343,445

[1] Less than 0.5 percent.

Source: Glenn H. Beyer, Economic Aspects of Housing for the Aged. Research Report No. 4. Ithaca, N.Y.: Cornel University Center for Housing and Environmental Studies, 1961, p. 41.

(The chairman addressed the following questions to Dr. Beyer in a letter written after the hearings:)

1. You mentioned that Great Britain has, almost as a matter of national policy, encouraged development of one-story row houses for the elderly. Can you give us additional details?

2. May we have additional details on your conclusion that approximately 45 per cent of the elderly in this country should have better housing accommodations?

(The following reply was received:)

1. Policy in Great Britain

One of the main characteristics of the British approach toward special housing accommodations for the elderly is the emphasis on the provision of dwelling units in small groups with these units usually being one-story dwellings in "terrace" (row) housing. These "flatlet" schemes, it is indicated, have been found to be especially suited to the needs of old people who wish to live independently but who have difficulty in managing an ordinary house and occasionally need some help. These schemes, usually limited to between 12 and 30 dwellings, provide each person with private accommodations to live, sleep, cook and eat in, but such facilities as bathrooms and laundries frequently are shared. (The desirability of sharing the bathroom is under study.) In addition, there normally is a common room for all tenants. The buildings are specially designed to reduce the burden of effort in housekeeping for the elderly. A number of these developments have been built since the war in various parts of the country, principally by local authorities. One of the newer projects is the Alton Estate Housing, built by the London County Council. Rows of one-story dwellings are located in various parts of a large housing development containing high-rise structures for the general population. There are large park areas of green space in between. The longest row consists of 17 dwellings for the elderly.

2. Elaboration on 45% of Elderly Needing Better Housing

The largest proportion of those who need better housing are elderly who, at the time of the study, lived in dwelling units of only fair or poor quality. Of the total proportion needing better housing, 31% were owners living in their own households where the dwelling units were of fair or poor quality and 24% were renters living in their own households with the dwelling units being of the same quality.

The scale of good, fair, and poor was developed, using as its basis items on structure, facilities, and equipment similar to the 1960 Census definitions of "sound", "deteriorating", and "dilapidated." In addition to the specific Census items, some items representing house plan were incorporated. These items related to whether the bathroom was on the same floor as the bedroom, whether it was possible to reach the bathroom without passing through some other room, whether there was a clothes closet in the bedroom, and whether there was a hand-rail on all the stairs that were regularly used in the house. If there were no major deficiencies or no significant minor deficiencies (determined by observation), a house was classed as being of good quality. If there were no major deficiencies but one or more significant minor deficiencies, it was rated as fair quality. If it had any major deficiencies, or a combination of serious minor deficiencies. It was rated as poor quality.

Of the total number of elderly needing better housing, 7% represented tenants who neither owned nor rented the accommodations they occupied. Such accommodations were provided rent free usually by the respondent's relatives or friends or by employers or others in exchange for services rendered.

Another 24% were living in the households of their children. This group was included in the "need" category on the premise that most elderly prefer to live independently. It was found, in the study, that the reason that they did not live independently usually was because of economic factors and not because of choice. Finally, 24% of those in the "need" category were living in the households of other relatives (besides children) or non-relatives, usually friends. Again, it was felt that this group generally would prefer living in their own households.

Obviously, some individuals in the above categories probably prefer their existing situation and should not be included in the 45% figure. We believe, however, that perhaps an equal number in the 55% *not* indicated as needing better

housing may, in fact, desire such. Specifically, this would include some elderly living in their own households in good quality housing but where the units had an excessive number of rooms for them to maintain. Therefore, it is believed the estimates which have been made are reasonable.

(Senator Moss addressed the following questions to Dr. Beyer in a letter written after the hearings:)

DEAR DR. BEYER: Unfortunately I could not be present at the very helpful hearings conducted by Senator Williams on December 5 and 6. I regret missing the opportunity to discuss matters of considerable interest to me in my dual capacity as Chairman of the Subcommittee on Housing and the Subcommittee on Long-Term Care, Special Committee on Aging.

After reviewing the transcript, I have decided that I would like to put the following questions to you:

1. On page 248 of the transcript you said: "I believe that development of these various concepts is permitted in the variety of federal programs that exist today. Whether present policy as distinguished from programs encourages this variety, however, is another question." As you can well imagine, I am very much interested in your observations and would appreciate additional commentary from you (either for our hearing record or at a more convenient time for you) on:

(*a*) How federal programs could be used for the purposes you describe.

(*b*) What changes in federal policy should be made to encourage development of the housing alternatives you described.

2. At the top of the same page you said if you had more time, you would elaborate on the usefulness of the rent supplement program to those elderly who desire greater integration with the younger population groups. The Subcommittee on Housing is now preparing a report on a hearing it conducted recently on the rent supplement housing, and we would very much like to have your comments on the program for reference. Is it possible for you to give us your commentary by December 18?

If you can reply before December 30, I will ask to have your comments reprinted in the hearing record. If not, I will refer to them during future subcommittee studies. With thanks for your interest and best wishes for a happy holiday season.

Sincerely,

FRANK E. MOSS,
Chairman, Subcommittee on Long-Term Care and Housing for the Elderly.

(The following reply was received:)

DECEMBER 21, 1967.

DEAR SENATOR MOSS: I will attempt to provide below an elaboration of my recent testimony relating to the housing needs of the aging, requested in your letter of December 14.

When I indicated that the various concepts for housing the elderly, which I described, probably could be carried out under the variety of Federal programs that exist today, I was referring primarily to four programs: (1) public housing, (2) section 202 direct loan program, (3) section 231 program of insured loans for housing the elderly, and (4) section 221(d)(3) program.

On the basis of a statement made by Philip N. Brownstein, Assistant Secretary for Mortgage Credit and Federal Housing Commissioner, Department of Housing and Urban Development, before the Subcommittee on Housing for the Elderly July 11, 1967, only 200,000 dwelling units for the elderly had been authorized under the HUD programs between the time of the Housing Act of 1956 and March 1967. When this small figure is related to the need for better housing for the elderly in this country which I cited earlier (a figure probably ranging up to 8 million units), it can be seen that present Federal assistance is meeting only an infinitesimal portion of the existing need. I have elaborated upon the characteristics of this need in another statement to your Subcommittee.

There are at least three major reasons why Federally assisted programs for housing the elderly have not reached a broader scale: (1) projects should be initiated at the local level and the impetus for this has been lacking on any large scale, (2) some of the regulations implementing Federal legislation have been excessively restrictive and (3) Federal authorizations and appropriations have been extremely small in relation to the need.

Concerning the first point, I do not know how greater community wide interest should be stimulated at the local level. This admittedly is a difficult problem and the solution will not be easy. One way of accomplishing it might be for local housing authorities to change their traditional "landlord" orientation and become more socially minded. A new type of staff member at the local level, who is aware of total local needs for the elderly and at the same time is aware of the availability of financial support under the various HUD program, might help a great deal.

As just one example of the second point listed above, the limitations placed on both construction cost and rents under the 221(d)(3) program have prevented building any significant number of high-rise buildings in downtown areas. HUD should give priority attention to this problem. The rent supplement program—which I will be discussing more below—is only a partial assistance. That Department should explore other possibilities, including land right down and tax abatement, for these types of structures in these locations.

The various planning arrangements for housing for the elderly—e.g., setting aside an entire floor or a portion of dwelling units on each floor of high-rise structures, and providing small groups of dwelling units in the form of one-story row houses in larger projects, can be undertaken under the Federal programs I have mentioned. By also including FHA's section 232 program (nursing homes) it should be possible to build what I termed the "three step" or "combined" projects, that is, with regular apartments, rooms for personal care and nursing home facilities all in a single "project".

Since I have repeatedly urged a variety of housing accommodations for the elderly in local communities, thus permitting choice, this suggests that there should be encouragement for this variety at both local and the Federal level. At the Federal level, this calls for greater coordination than exists within the HUD programs at present. What we probably need is a small "master plan" for satisfying the housing needs of the elderly in each community.

Concerning the rent supplement program, this concept or approach is one of the most useful ones with regard to the elderly that I can think of. You probably know that in some of the Scandinavian countries most elderly qualify for a rent subsidy (subject only to a liberal "income test") when they reach a certain age. This permits them to be in a competitive position with younger families for all new dwelling units supported in any part by the Government (which covers most new housing construction). Our concept under the rent supplement program is much more limited than that. Most of the elderly utilizing this program, I understand, find housing in the section 221(d)(3) program carrying a market rate of interest. Although there are no legal obstructions for the use of rent supplement funds under the direct loan program and the section 231 program, I do not believe that many elderly under these programs have been able to take advantage of the rent supplement concept to date. The reasons for this should be identified and the situation should be corrected.

If greater emphasis is placed on the rent supplement program, which I strongly urge, I would hope that in renting such dwelling units to the elderly they could be permitted to live in *small groups* of apartments among their own kind, *within larger projects*. This is in contrast to building entire projects for them, on the one hand, or having them be widely distributed among younger families, on the other hand. Undoubtedly, there are some elderly who prefer one or the other of these extremes. However, I believe most elderly prefer to have their immediate neighbors be from their own age group while at the same time sharing with the general population other aspects of their normal lives.

Of course, until Congress finds it possible to greatly increase the overall authorization and appropriations for the rent supplement program and others these programs are unlikely to make an important contribution toward solving the housing needs of the elderly.

Sincerely yours,

GLENN H. BEYER,
Director.

The CHAIRMAN. Very good.

Now this review of housing abroad is something to be done by another committee, the Housing Subcommittee of Banking and Currency. I have been trying to persuade the chairman to send a committee

abroad to see some of these new efforts. Now we don't have to go. We can incorporate your testimony over in the Housing Subcommittee of Banking and Currency. That is where the housing legislation comes from.

Will you proceed, Mr. Gelwicks?

STATEMENT OF MR. GELWICKS

Mr. GELWICKS. Mr. Chairman and members of the committee, I have been asked in view of the time situation to limit my testimony to 10 minutes, and I will.

By way of introduction may I say that I am Louis E. Gelwicks, professor of architecture and research associate at the Institute for the Study of Aging, University of Southern California. Most of my architectural practice has been devoted to the design of health facilities.

I sincerely appreciate the opportunity to appear before you and to express my views on a problem which is not only of immediate concern to our Nation but worldwide in scope. We are in my opinion wasting one of our major resources—our manmade physical environment, by creating environments which by their very nature detract from, rather than contribute to, the health and well-being of the individual. Furthermore, we may be rapidly reaching the point of no return.

The concept of multiple causation of illness as described in Edward Roger's book, "Human Ecology and Health," holds that:

> Most if not all illness is an expression of a basic imbalance in man's physiological adaptation to multiple physical and emotional stresses that are initiated for the most part in the conditions of his external environment.

This concept has special relevance to our elderly citizens because as Ordy (1966) has shown, the elderly are particularly susceptible to ecological stresses because of low status and low adaptability.

Throughout history man's environment has played a major role in his physical and cultural development. Scientific advances have altered the concept that the primary purpose of the manmade physical environment is to protect him from the weather and possible enemies. We are now able to explore in detail many of the significant health aspects of the physical environment and in addition to create almost any type of environment we wish. We can tailor the environment to almost any specification.

There is reason to believe, however, that we have been cutting the suit to fit the cloth rather than to fit the man. We are in an era of environmental discontent particularly in the urban environment. I am not alluding here to such environmental hazards as smog although having just come from Los Angeles I certainly do not underestimate the need for immediate action to eliminate such hazards.

There are other environmental hazards, however, such as ugliness to which we may adapt but only to our disadvantage. One of our problems is that we have created a society in which we are perhaps overly concerned with being well adapted. As Dubos (1966) stated:

> The aspect of a problem of adaptation that is probably the most disturbing is paradoxically the very fact that human beings are so adaptable. This very adaptability enables them to become adjusted to conditions and habits which eventually destroy the values most characteristic of human life.

It is quite natural for all of us to focus our attention on those aspects of the physical environment which have readily measurable effects such as intensity of sound, smog, or even amounts of space. Most of the measurements, however, if we consider them carefully, fall into the category of measuring quantities of things. Qualities of things may prove, in the long run, to be more significant for the health of man.

The quality of the environment is of major concern to the elderly individual. It is he who is least able to adapt to it, to alter it, or to leave it.

Is Environment Suitable?

One of the questions which has been asked is: Are we creating suitable environments for our elderly retired citizens? My opinion is that we have been doing an outstanding job, if one takes into consideration the fact that the efforts to date have been a bootstrap operation, without sufficient personal or monetary investment to provide the research, knowledge, training, and coordination to even define, much less meet, 10 percent of the true need.

If I may, I would like to illustrate this point with examples at three levels of complexity—the immediate living space, the congregate living facility or institution, and the urban environment.

The best we have been able to do to date regarding an improvement in the quality—not quantity—of the living space is to produce checklists of technical standards of design for those contemplating the construction of buildings for the elderly. By technical standards, I refer to recommendations regarding such items as grab bars in showers and the correct height for toilets. These standards are important and too often ignored, but they are not enough, and may be misleading if not founded on adequate research. An example of this is the fact that many people still recommend stairs with a reduced riser and increased tread size to make it easier for the elderly individual to negotiate his environment.

Research might reveal, however, that the reduction in physical effort is of no advantage when compared to the disorientation and danger of negotiating stairs of an unfamiliar proportion.

Although we have technical standards for the immediate living space we have little or no information regarding the real value of a balcony or its most appropriate size and shape under varying situations.

We rarely investigate such subjects as the design for a patio which would do most to encourage utilization and increase enjoyment. Common practice in first-floor apartments is to provide only a small slab outside the owner's apartment. It appears that the occupant often considers this type of patio as public domain and therefore rarely uses it. It has been my experience, however, when we further define this space with a low bench or hedge, the occupant considers this space truly his and therefore will impress his personality upon it by planting around it, placing pots and chairs in it, and thereby derives more pleasure from it.

In my research at the Alderly Danish Home in San Rafael, the residents living in single-room efficiency apartments were asked: "If it cost no more, would you prefer a separate bedroom?" Ninety percent replied, "No." I simply do not believe this statistic, even though I

gathered it myself. It would be of significant interest to learn why these particular apartment dwellers preferred not to have an additional room. What effects did such variables as proportion, shape, mobility, or neighborhood have on their decision? Would our findings be significantly different if we had the funds to sample a larger population in different areas of the country?

We may ask, is it not enough to provide a wide variety of shelter choices at a price the elderly can afford? It is not, in my opinion. A wide variety is not necessarily the solution particularly if all the varieties are mediocre or fall far short of their potential. For the elderly, as well as others, the overwhelming emphasis in the development of shelter has been placed upon methods of reducing the initial cost of construction.

Long-Range Returns From Good Design

It is time we placed greater emphasis on the long-range return on the investment, particularly the return to the user, and the return to society. The immediate personal environment assumes far greater importance in the aged than it does for the younger, more mobile adult. The elderly widow may not leave her apartment for days at a time; she has less communication with the physical and social world, she engages in fewer behavioral settings, and her territory has been reduced. Her entire life space has shrunk. She has "four walls" left. Their proportion, location, color, flexibility, as well as the amenities contained within these four walls can be vital to her health and well-being. We need to investigate more than construction systems. We need a human systems analysis.

Before leaving the subject of the immediate environment, let us briefly consider the patient's room.

Many in the nursing home field still maintain that the semiprivate room is the most suitable type of accommodation. A principal reason given is that it provides much-needed social interaction. Research in mental health facilities indicate that the patient in a private room has more social interaction than one in a multibed accommodation because he feels he owns the space and will invite people into it. This may also be true in the nursing home. The semiprivate room is not a semiprivate room, it is a semipublic room. I believe it discourages early ambulation and in turn may retard the rehabilitation process. Unfortunately we do not know, but our health plans and construction funding programs continue to promote the semiprivate room.

There has been a definite trend toward private rooms in the acute general hospital. However, due to an emphasis on initial construction costs, many of these have been designed as extremely small spaces. At what point in size, configuration, and quality do we destroy the basic advantages of the private room by creating a space which is both claustrophobic and unequal to the task of providing for appropriate social interaction and rehabilitation?

This leads us to our second level of complexity—the institution. Let us consider the nursing home. It is an outstanding example of environmental waste. It is readily acknowledged that to date the nursing home, as we know it, has been unable to provide an environment, a thera-

peutic milieu, conducive to rehabilitation. A major criterion for judging the success of a nursing home is still its occupancy rate—the number of beds it fills. When do we start judging on the basis of the number of beds which are emptied? The low-income status of the elderly and the shortage of well-trained professionals in such areas as nursing, therapy, and social work are key reasons for the general failure of the nursing home, but they are not the only reasons. We also have a shortage of architects and environmental psychologists who are equipped to contribute to the design of an environment which will make a contribution to the physical, mental, and emotional functioning of an individual in that environment, be he staff member or patient.

It is just possible that our current model for the nursing home is a false paradigm. If this is true we will shortly find ourselves in the position of the owner who was on hand to witness the first production run of his newly designed cigarette package. This package was to be run off by an ingenious machine whose capacity permitted it to manufacture huge quantities in a moment's time. Unfortunately, due to a small oversight, the color was wrong. When the switch was turned on, the machine, in an instant, produced 10,000 identical mistakes.

Nursing Homes Under Study

One challenge to the nursing home paradigm is underway at U.S.C. It developed in an interdisciplinary graduate seminar in environmental design for the elderly which I conduct at the institute. The term project was the development of the program, design directives, and schematic design for a combined nursing home and nursery school. An illustration of one of the student schemes is shown on page 177.

The basic theory behind this approach is threefold. First, that the very old and the very young have needs which complement each other as the foster grandparent program has shown.

Second, that an entirely new approach may be needed if we are to accomplish, to any meaningful degree, the rehabilitation of the nursing home patient as implied in the requirements of the medicare bill, and third, that such a unique therapeutic milieu might provide not only incentives for the patient, and a learning experience for the child, but also have many administrative and economic advantages.

A simple example of the latter is the fact that the school spaces will be available for occupational therapy when the school is not in session and the nursing home kitchen can provide the children with lunch.

Will there be an incentive to rehabilitation by telling Mr. Jones if he could leave his bed he can earn a few dollars telling or reading stories to a small group of preschool children? We do not have answers to such question but perhaps it is time we considered such possibilities. To challenge a paradigm requires flexibility in our thinking as well as in our buildings and a willingness to fund research, experiment, make mistakes, and profit from them.

There are approximately 800,000 aged persons existing in institutions of all types. Improving the quality of institutional life is more important than increasing the quantity of it.

My last example of environmental waste and obviously the most complex is the urban environment. The city is the most common home

of the aged; two-thirds of them live there, and there are millions of elderly people struggling to maintain their health and identity with an environment which is losing its identity. We are compartmentalizing our cities to achieve greater efficiency—housing is in this section, shopping in another, and health services all in one center. But whom does this efficiency ultimately serve? Certainly not the individual who lacks an automobile or the energy to travel several miles on substandard and overcrowded public transportation. The neighborhood is disappearing when we need it the most, and before we have even defined the qualities which made it a significant component of our life space.

Outdoor space in the city is rapidly disappearing because it is believed that the most efficient use of urban land is to cover it with a building. The two photographs on page 179 are part of an analysis of the utilization and design of outdoor space in the urban environment which we are hoping to complete at the institute. They show a card shelter in one of San Francisco's many small parks. From personal experience I can verify the following: There is action here. It is filled weekdays and weekends from about 11 a.m. to 4 p.m. The clientele, so to speak, vary. It is not a club. The social interaction is spontaneous. It appears to have all the characteristics of an ideal recreation space to promote health, well-being, and social interaction.

What are the qualities of this space which attract people? We do not know, but it would not be too difficult to determine. One thing we do know is that it cost approximately one-tenth as much per square foot to build as a senior center, and costs almost nothing to operate. I do not mean to imply that I am opposed in any way to the senior center. It is a much-needed part of the total picture. I am suggesting that we identify more of the parts of the picture, establish realistic priorities, and do a better job in the design of the total environment.

One of the prime attributes of the physical environment is that it can be so easily manipulated. We cannot manipulate it, however, with any degree of success unless we understand its influence and its interrelation with the social and psychological environment. Our basic challenge is not one of education, health, economics, aging, esthetics, and so forth, it is one of total environment encompassing many factors.

In conclusion, it is my opinion that we are not providing an appropriate environment for our elderly citizen at any level of complexity, nor are we developing the research and knowledge which might enable him to provide it for himself. One of the reasons that we have failed to do so is that we are wasting the physical environment. The environment has a much greater potential as part of a lifelong system of health maintenance than we have previously considered. We can only avoid this waste, however, if we are willing to commit the required resources to improve and increase interdisciplinary environmental research; establish information storage and retrieval systems to process the knowledge we have; and finally provide training for those professionals who will either undertake research or must apply the knowledge.

The tragic thought about environmental waste is that we not only waste a portion of the efforts of the people creating, financing, and building the physical environment, we also waste much of the life of the people who live in it.

Thank you again for the opportunity to express my views.

The CHAIRMAN. Thank you very much.

You are a member of the American Institute of Architects?

Mr. GELWICKS. Yes, sir.

The CHAIRMAN. This shelter idea is in Los Angeles?

Mr. GELWICKS. This one happens to be in San Francisco.

The CHAIRMAN. You have a weather advantage in that kind of approach.

Mr. GELWICKS. You certainly have a weather advantage.

But I am not sure to what degree people go, for example, to a senior citizen center in very bad weather. Certainly they will go much more often than they do to an outdoor space.

The CHAIRMAN. You are getting a little dissent from one of your colleagues.

Mr. GELWICKS. These are not set up as a precedent at all. I am very much for the senior citizen center. I am just saying we have done nothing for this type of thing.

Dr. DONAHUE. You will have to admit that when it is around zero and 14° and 16° for many months of the year that you would have very little use for outdoor shelters in many of our States, except in the summer months.

Mr. GELWICKS. Yes, but in a great many of our States we could use them the year around.

The initial investment is so insignificant. We might say there is no sense building parks in cities in New York, Philadelphia, Washington, because we can't use them during the winter.

Dr. DONAHUE. I think all I am asking is that you add the phrase "where the climate warrants it."

The CHAIRMAN. I think we understand each other.

(The complete statement by Mr. Gelwicks follows:)

STATEMENT BY LOUIS E. GELWICKS, A.I.A., UNIVERSITY OF SOUTHERN CALIFORNIA

Mr. Chairman and members of the committee, by way of introduction may I say that I am Louis E. Gelwicks, Professor of Architecture and Research Associate at the Institute for the Study of Aging, University of Southern California. Most of my architectural practice has been devoted to the design of health facilities.

I sincerely appreciate the opportunity to appear before you and to express my views on a problem which is not only of immediate concern to our nation but world wide in scope. We are in my opinion wasting one of our major resources—our manmade physical environment, by creating environments which by their very nature detract from, rather than contribute to, the health and well being of the individual. Furthermore we may be rapidly reaching the point of no return. The concept of multiple causation of illness as descibed in Edward Roger's book, *Human Ecology and Health*, holds that, "most if not all illness is an expression of a basic inbalance in man's physiological adaptation to multiple physical and emotional stresses that are initiated for the most part in the conditions of his external environment." This concept has special relevance to our elderly citizens because as Ordy (1966) has shown, the elderly are particularly susceptible to ecological stresses because of low status and low adaptability.

Throughout history man's environment has played a major role in his physical and cultural development. Scientific advances have altered the concept that the primary purpose of the man made physical environment is to protect him from the weather and possible enemies. We are now able to explore in detail many of the significant health aspects of the physical environment and in addition to create almost any type of environment we wish. We can tailor the environment to almost any specification.

There is reason to believe, however, that we have been cutting the suit to fit the cloth rather than to fit the man. We are in an era of environmental discontent particularly in the urban environment. I am not alluding here to such environ-

mental hazards as smog although having just come from Los Angeles I certainly do not underestimate the need for immediate action to eliminate such hazards. There are other environmental hazards however, such as ugliness to which we may adapt but only to our disadvantage. One of our problems is that we have created a society in which we are perhaps overly concerned with being well adapted. As Dubos (1966) stated "The aspect of a problem of adaptation that is probably the most disturbing is paradoxically the very fact that human beings are so adaptable. This very adaptability enables them to become adjusted to conditions and habits which eventually destroy the values most characteristic of human life."

It is quite natural for all of us to focus our attention on those aspects of the physical environment which have readily measurable effects such as intensity of sound, smog, or even amounts of space. Most of the measurements however, if we consider them carefully, fall into the category of measuring quantities of things. *Qualities* of things may prove, in the long run, to be more significant for the health of man.

The quality of the environment is of major concern to the elderly individual. It is he who is least able to adapt to it, to alter it or to leave it.

One of the questions which has been asked is are we creating suitable environments for our elderly retired citizens. My opinion is that we have been doing an outstanding job, if one takes into consideration the fact that the efforts to date have been a bootstrap operation, without sufficient personal or monetary investment to provide the research, knowledge, training, and coordination to even define, much less meet, 10% of the true need.

If I may, I would like to illustrate this point with examples at three levels of complexity—the immediate living space, the congregate living facility or institution, and the urban environment.

The best we have been able to do to date regarding an improvement in the quality (not quantity) of the living space is to produce check lists of technical standards of design for those contemplating the construction of buildings for the elderly. By technical standards, I refer to recommendations regarding such items as grab bars in showers and the current height for toilets. These standards are important and too often ignored, but they are not enough, and may be misleading if not founded on adequate research. An example of this is is the fact that many people still recommend stairs with a reduced riser and increased tread size to make it easier for the elderly individual to negotiate his environment. Research might reveal, however, that the reduction in physical effort is of no advantage when compared to the disorientation and danger of negotiating stairs of an unfamiliar proportion.

Although we have technical standards for the immediate living space we have little or no information regarding the real value of a balcony or its most appropriate size and shape under varying situations.

We rarely investigate such subjects as the design for a patio which would do most to encourage utilization and increase enjoyment. Common practice in first floor apartments is to provide only a small slab outside the owner's apartment. It appears that the occupant often considers this type of patio as public domain and therefore rarely uses it. It has been my experience however when we further define this space with a low bench or hedge, the occupant considers this space truly his and therefore will impress his personality upon it by planting around it, placing pots and chairs in it, and thereby derives more pleasure from it.

In my research at the Alderly Danish Home in San Rafael, the residents living in single room efficiency apartments were asked: "If it cost no more, would you prefer a separate bedroom?" Ninety per cent replied, "No." I simply do not believe this statistic, even though I gathered it myself. It would be of significant interest to learn why these particular apartment dwellers preferred not to have an additional room. What effects did such variables as proportion, shape, mobility, or neighborhood have on their decision? Would our findings be significantly different if we had the funds to sample a larger population in different areas of the country?

"Four Walls" Not Enough

We may ask, is it not enough to provide a wide variety of shelter choices at a price the elderly can afford? It is not in my opinion. A wide variety is not necessarily the solution particularly if all the varieties are mediocre or fall far short of their potential. For the elderly, as well as others, the overwhelming

emphasis in the development of shelter has been placed upon methods of reducing the initial cost of construction. It is time we placed greater emphasis on the long range return on the investment, particularly the return to the user, and the return to society. The immediate personal environment assumes far greater importance in the aged than it does for the younger more mobile adult. The elderly widow may not leave her apartment for days at a time, she has less communication with the physical and social world, she engages in fewer behavioral settings, and her territory has been reduced. Her entire life space has shrunk. She has "four walls" left. Their proportion, location, color, flexibility, as well as the amenities contained within these four walls can be vital to her health and well being. We need to investigate more than construction systems. We need a human systems analysis.

Before leaving the subject of the immediate environment, let us briefly consider the patient's room.

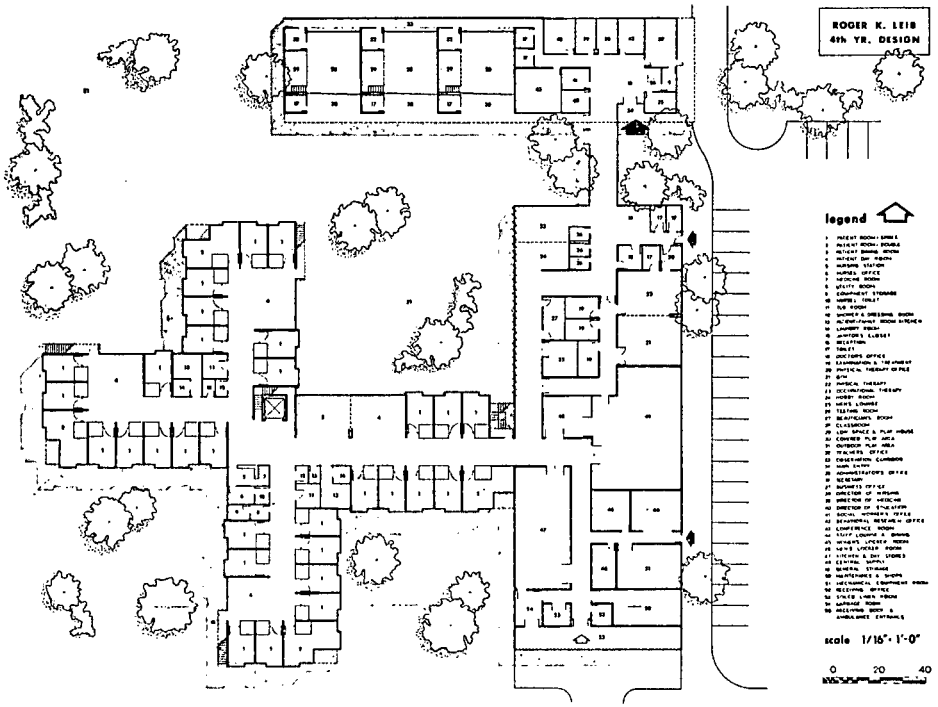
Many in the nursing home field still maintain that the semi-private room is the most suitable type of accommodation. A principal reason given is that it provides much needed social interaction. Research in mental health facilities indicate that the patient in a private room has more social interaction than one in a multi-bed accommodation because he feels he owns the space and will invite people into it. This may also be true in the nursing home. The semi-private room is not a semi-private room; it is a semi-public room. I believe it discourages early ambulation and in turn may retard the rehabilitation process. Unfortunately we do not know, but our health plans and construction funding programs continue to promote the semi-private room.

There has been a definite trend toward private rooms in the acute general hospital. However, due to an emphasis on initial construction costs, many of these have been designed as extremely small spaces. At what point in size, configuration, and quality do we destroy the basic advantage of the private room by creating a space which is both claustrophobic and unequal to the task of providing for appropriate social interaction and rehabilitation?

This leads us to our second level of complexity—the institution. Let us consider the nursing home. It is an outstanding example of environmental waste. It is readily acknowledged that to date the nursing home as we know it, has been unable to provide an environment, a therapeutic milieu, conducive to rehabilitation. A major criteria for judging the success of a nursing home is still its occupancy rate. (The number of beds it fills.) When do we start judging on the basis of the number of beds which are emptied? The low income status of the elderly and the shortage of well-trained professionals in such areas as nursing, therapy, and social work are key reasons for the general failure of the nursing home, but they are not the only reasons. We also have a shortage of architects and environmental psychologists who are equipped to contribute to the design of an environment which will make a contribution to the physical, mental and emotional functioning of an individual in that environment be he staff member or patient.

It is just possible that our current model for the nursing home is a false paradigm. If this is true we will shortly find ourselves in the position of the owner who was on hand to witness the first production run of his newly designed cigarette package. This package was to be run off by an ingenious machine whose capacity permitted it to manufacture huge quantities in a moment's time. Unfortunately, due to a small oversight, the color was wrong. When the switch was turned on, the machine, in an instant produced 10,000 identical mistakes.

One challenge to the nursing home paradigm is underway at U.S.C. It developed in an interdisciplinary graduate seminar in Environmental Design for the Elderly which I conduct at the Institute. The term project was the development of the program, design directives and schematic design for a combined nursing home and nursery school. An illustration of one of the student schemes is shown on the following page. The basic theory behind this approach is threefold. First, that the very old and the very young have needs which complement each other as the foster grandparent program has shown. Second, that an entirely new approach may be needed if we are to accomplish, to any meaningful degree, the rehabilitation of the nursing home patient as implied in the requirements of the Medicare bill, and third, that such a unique therapeutic milieu might provide not only incentives for the patient, and a learing experience for the child, but also have many administrative and economic advantages. A simple example of the latter is the fact that the school spaces will be available for occupational therapy when the school is not in session and the nursing home kitchen can provide the children with lunch.



A COMBINED NURSING HOME AND NURSERY SCHOOL FACILITY

SUMMER PROJECT

UNIVERSITY OF SOUTHERN CALIFORNIA - SCHOOL OF ARCHITECTURE - INSTITUTE FOR THE STUDY OF AGING

Will there be an incentive to rehabilitation by telling Mr. Jones if he could leave his bed he can earn a few dollars telling or reading stories to a small group of preschool children. We do not have answers to such question but perhaps it is time we considered such possibilities. To challenge a paradigm requires flexibility in our thinking as well as in our buildings and a willingness to fund research, experiment, make mistakes, and profit from them. There are approximately 800,000 aged persons existing in institutions of all types. Improving the quality of institutional life is more important than increasing the quantity of it.

My last example of environmental waste and obviously the most complex is the urban environment. The city is the most common home of the aged, and there are millions of elderly people struggling to maintain their health and identify with an environment which is losing its identity. We are compartmentalizing our cities to achieve greater efficiency—housing is in this section, shopping in another, and Health services all in one center. But whom does this efficiency ultimately serve? Certainly not the individual who lacks an automobile or the energy to travel several miles on substandard and overcrowded public transportation. The neighborhood is disappearing when we need it the most, and before we have even defined the qualities which made it a significant component of our life space.

Outdoor space in the city is rapidly disappearing because it is believed that most efficient use of urban land is to cover it with a building. The two photographs on the following page are part of an analysis of the utilization and design of outdoor space in the urban environment which we are hoping to complete at the Institute. They show a card shelter in one of San Francisco's many small parks. From personal experience I can verify the following: There is action here. It is filled week-days and week-ends from about 11 a.m. to 4 p.m. The clientel, so to speak, vary. It is not a club. The social interaction is spontaneous. It appears to have all the characteristics of an ideal recreation space to promote health, well-being and social interaction. What are the qualities of this space which attract people? We do not know, but it would not be too difficult to determine. One thing we do know is that it cost approximately one-tenth as much per square foot to build as a senior center, and costs almost nothing to operate. I do not mean to imply that I am opposed in any way to the senior center. It is a much needed part of the total picture. I am suggesting that we identify more of the parts of the picture, establish realistic priorities, and do a better job in the design of the total environment.

One of the prime attributes of the physical environment is that it can be so easily manipulated. We cannot manipulate it, however, with any degree of success unless we understand its influence and its interrelation with the social and psychological environment. Our basic challenge is not one of education, health, economics, aging, esthetics, etc.; it is one of total environment encompassing many factors.

In conclusion, it is my opinion that we are not providing an appropriate environment for our elderly citizen at any level of complexity, nor are we developing the research and knowledge which might enable him to provide it for himself. One of the reasons that we have failed to do so is that we are wasting the physical environment. The environment has a much greater potential as part of a life-long system of health maintenance than we have previously considered. We can only avoid this waste, however, if we are willing to commit the required resources to improve and increase interdisciplinary environmental research; establish information storage and retrieval systems to process the knowledge we have; and finally provide training for those professionals who will either undertake research or must apply the knowledge.

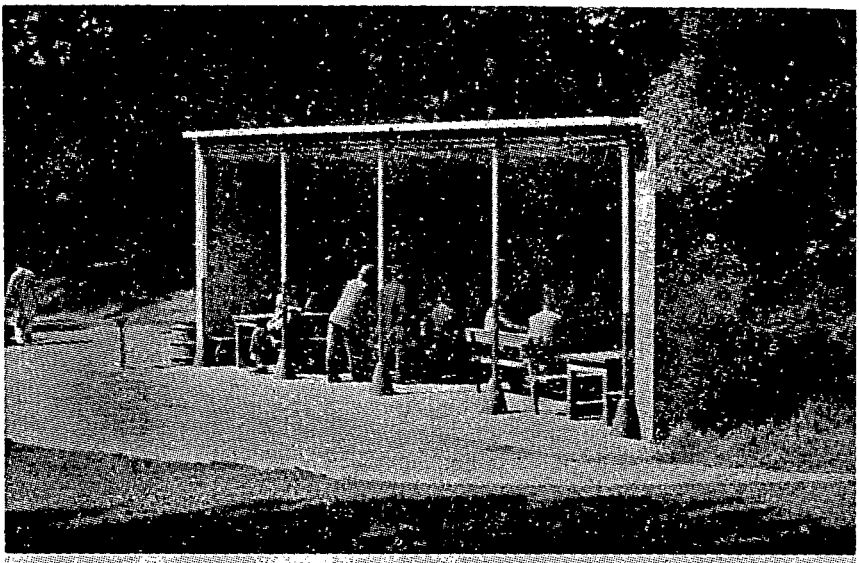
The tragic thought about environmental waste is that we not only waste a portion of the efforts of the people creating, financing, and building the physical environment, we also waste much of the life of the people who live in it.

Thank you again for the opportunity to express my views.

The CHAIRMAN. Now, Dr. Donahue, we welcome you to this committee. We have saved you as the panel's windup witness.

STATEMENT OF DR. DONAHUE

Dr. DONAHUE. I intended to compliment you on suggesting a 1970 White House Conference, Senator Williams. In so doing, I was going to point out that I was afraid that there was some evidence that the



needs of the older segment of the population are losing priority as Government and other agencies become interested in new problems and turn their attention to them.

I wrote this on Sunday and I said it was hardly perceptible perhaps, the loss of priority. But since Sunday I learned that the Department of Housing and Urban Development has issued its list of priorities in housing and that housing for the elderly is the last item on the list.

I think now the loss in priority is more than just barely perceptible. The housing priority list makes the loss very visible now. We need very much to have the goals and baselines for aging reestablished. A 1970 White House Conference on Aging will give us this opportunity. It will help slow down the mounting disregard for the needs of older people.

I also wanted to talk about the effects of the quality of shelter environments because there is evidence gradually accumulating, which Dr. Gelwicks has just spoken about, that many of the common environmental settings for older people are dependency creating and tend to foster deterioration. Conversely, those settings offering treatment which emphasizes continuation of meaningful status-giving roles and responsibilities for self-care slow down these deleterious effects of aging.

We have been conducting a study for a number of years at the University of Michigan and especially at Ypsilanti State Hospital in which we have created therapeutic communities on four geriatric wards.

Mr. Oriol has a set of pictures which illustrate the beginning of the program in which you see lonely people staring out windows and sitting on beds. Next are a series of pictures which show the patients in the therapeutic community wards where we treat them by varying the stress placed on them but particularly by offering them typical social and work roles.

The pictures show individuals working in a workshop, in the craftshop, where they also earn a salary, in timekeeping and other bookkeeping jobs. You will also see them spending their money in the role of purchaser-consumer. Other roles illustrated include those of housekeeping, friendships, churchgoers, and shoppers in the outside community shopping center. Some of the pictures show the large amount of interaction between the men and women who live in the ward and also between people of like sexes.

The last picture in the series shows a woman who has become rehabilitated and is now living independently in her own apartment.

This is the ultimate goal of this treatment program.

Return to Community Life

At the present time, out of 240 treated patients, 165 are now able to leave the hospital. Some are well enough to go back into the community and into accommodations that will allow them to live independently.

Unfortunately, not many accommodations are available at costs discharged patients can afford, nor are they easily found by people who have spent on an average 17 years in a mental hospital.

For other patients who haven't been rehabilitated to the point that they no longer need some sort of supervision, at least to the extent of being in daily contact with people who would be concerned, there are practically no personal care homes where they can live at the highest degree of independence of which they are capable and still have an appropriate amount of oversight.

Many of these patients are having to go into nursing home situations which really serve their need for independence very poorly. We are having some very difficult situations arise as a result. Just this week we had two rather striking examples.

Before discharge, patients are given the privilege of visiting some possible placement settings and selecting the one they prefer.

One woman, who had chosen a nursing home and had agreed to go and live there, was discharged and went to the home one afternoon. The next morning she was back on the ward in the hospital again.

We asked, "Why are you here?"

She said, "Well, at 5 o'clock they locked the door, turned off the television, told us to go to bed and not to get up until tomorrow morning at 7 o'clock."

She said, "I'm not going to live that way. So I packed my bag, called a taxi, went to the Greyhound station, caught a bus and came back to the hospital. I am going to stay here until I can find a place to live where I have something to do."

The second example is similar. Before discharge the patient went out and tried to find a place to live in a nursing home. She visited several and refused all of them. She said, "For the first time in my life I am beginning to get well because I am busy on the ward. I certainly am not going to live in a place where there is nothing to do and get sick again."

So she, like the other patient, is refusing to leave the hospital.

It is a very sad commentary when a state mental institution can offer a better way of life for old people than the community can. I believe that such a situation is totally unnecessary if communities will plan and assume responsibility for providing the type of socially rich living environments which are beneficial to the morale and mental well-being of older people.

I want especially to call your attention to a very unique program which is being operated by a voluntary agency and which illustrates what can be done by a community group. The project is called Operation Friendship and it is sponsored by the Detroit section of the National Council of Jewish Women.

Using an Older Americans Act Title III Grant, the agency has set up a plan in which they work with the Ypsilanti State Hospital project to find private accommodations for people who are able to live independently or in board and room accommodations. The agency has had excellent success with the exception, of course, that more could be done if more financial assistance was available to help in procuring furnishings and other necessities for the discharged patient.

This unique service unfortunately, I think, is available only in Detroit since it is not duplicated in other communities.

The recommendation that I want to make is that the Special Senate Committee on Aging and the Administration on Aging jointly make

a critical study of this Operation Friendship—Ypsilanti Hospital project and if after such study the program is judged to be universally applicable that special appropriations be sought by the Administration on Aging to establish, in cooperation with voluntary agencies, a national program patterned after the Operation Friendship hospital plan.

I think this is entirely possible and I would like very much to see a study of this kind made.

There are other solutions to the needs of rehabilitated mental patients which are being tried and which command considerable watching and study.

I would like, in the interest of time, to file with the committee, with Mr. McClinton Nunn's permission, a story on the new Golden Age Village in Toledo, Ohio, which was built to accommodate 30 percent older people who have been discharged from the mental hospital in the Toledo State Hospital.*

I have some suggestions in my prepared statement regarding possible changes in the plan as it has developed but I think that these are minutia and that the important thing is that the people living in the Golden Age Village are apparently happy.

I was able to talk with one of these ex-mental hospital patient residents only last week in Toledo at the dedication of new public housing for disabled and elderly persons. She expressed great happiness with her new living arrangement. She goes out to work for a family 4 hours a day and still can enjoy her own home and many friends the rest of the day. All this is after 20 years of living in a mental hospital.

She says, "This is the first time since I became mentally ill that I have really been able to find a place or a way to live that I can manage."

A Constellation of Housing

In my prepared statement I have also pointed out the constellation of housing that I think every community should have. There are at least five types of accommodations. In the interest of time I will not read them but I believe this is something that should be studied.

I have a recommendation to the effect that the Special Senate Committee on Aging stimulate the Department of Housing and Urban Development in cooperation with the Department of Health, Education, and Welfare to appoint a task force to draw up a blueprint of housing and social service needs of older people which can be used to guide communities in their efforts to assist all groups of their older citizens. This is needed, I believe, because little attention is being given to providing a variety of living arrangements in every community. Generally we are satisfied with one type or else we try to accommodate all kinds of people in the same accommodation on a single campus, a practice which I think needs verification along with many of the other things Dr. Gelwicks has pointed out so brilliantly.

Now I have two other sections in my statement but I think my time is up so I will leave those for the statement which I have filed.

(The complete statement by Dr. Donahue follows:)

*Story appears on p. 378.

STATEMENT OF DR. WILMA DONAHUE

Mr. CHAIRMAN. I shall address my remarks to three topics: 1) the effects of the social quality of shelter environments upon the behavior and well-being of older people, 2) the need for expansion of services and facilities indirectly related to housing, and 3) the progress being made in training personnel in aging.

1970 WHITE HOUSE CONFERENCE ON AGING

But, first, may I compliment you, Senator Williams, and your fourteen colleagues for introducing a resolution calling for a White House Conference on Aging in 1970. In the face of the remarkable developments in social policy and services for the aging since the 1961 conference, it is time to assess the effects of the new social legislation and to establish new baselines and goals to guide action for the next two or three decades. The need is further emphasized by some evidence, as yet perhaps barely perceptible, that the needs of the older segment of the population are losing priority as the federal government, states, communities, and various voluntary organizations turn their attention to other problems, more popular, perhaps, because of their newness. It must be pointed out, however, that the problems of the older people are far from solved. Millions are still far too poor to live decently, millions still live in substandard housing, and even more millions fail to find a meaningful pattern of life in their retirement years.

For these reasons I hope the Congress and the Special Senate Committee on Aging will continue to urge and make possible the holding of a 1970 White House Conference on Aging. As in the case of the 1950 and 1961 conferences, new inspiration would be gained, new goals set, and the conference would be followed by a surge of intelligently planned action.

EFFECTS OF QUALITY OF SHELTER ENVIRONMENTS

Old age is generally viewed by Americans as an unfortunate state of being and those who are old are generally considered objects of pity. Motivated by the ethic of protecting the unfortunate, our society has typically taken the attitude that the most humane and appropriate treatment for old people, whether well or sick, is to provide them with good custodial care—that is comfortable living quarters, food, shelter, warmth, physical care, and a minimum income—while their health and personalities undergo gradual deterioration until their lives terminate.

Evidence which has gradually been accumulating from various research and demonstration programs shows that such dependency-creating treatment fosters deterioration and that, conversely, treatment, which emphasizes continuation of meaningful, status-giving roles and responsibility for self-care, slows the deleterious effects of the aging process and promotes maintenance of functions and a sense of well-being. For those who have already become ill, this latter type of treatment serves as a rehabilitative agent.

The University of Michigan * has conducted a series of demonstration and research studies over the past ten years on the effects of the social quality of various types of old-age settings upon the behavior and health status of the elderly. I shall not here review these studies on the effects of environmental intervention and its use in milieu therapy, but there is one generalization which is justified by results from all our studies and which is pertinent to the ensuing argument: that is, in an environment rich with social and cultural opportunities, security, and permissiveness to assume whatever role the individual chooses, the attitudes and morale of older people tend to remain high and growth in personality and adjustment are promoted. And, further, we find that the same generalization holds regardless of whether the setting is an old-age home, county medical care facility, nursing home, mental hospital, or an apartment building especially designed for older people.

To illustrate, we are currently conducting an extensive research study at the Ypsilanti State Hospital in which we are examining the changes in intellectual functioning, attitudes, and psychiatric behavior of 320 geniatric patients dis-

*With financial assistance from the Vocational Rehabilitation Administration, Bureau of State Services of the Public Health Services, and the National Institutes of Mental Health and Child Health and Human Development, and the Department of Housing and Urban Development.

tributed 80 to each of four therapeutic community wards. The average length of time these patients have been in the hospital is 17 years and all, at the outset of the study, were still psychiatrically ill enough to require continuing hospitalization. Currently 165 have improved to the point where they can be discharged from the hospital. Many of these are able to live independently in their own apartments but the number who achieve this desired goal is limited by the unavailability of furnished apartments (furniture is needed because persons who have lived in a mental hospital for 17 to 20 years have no household goods) at prices that can be afforded by persons living on Old Age Assistance grants and small Social Security benefits. Others of the treated patients, although able to leave the hospital, have not recovered enough to live entirely independently; they need living arrangements which provide housekeeping and meal services and in some instances assistance with personal grooming and care. But this type of accommodation and service is generally unavailable. The result is that many patients who do not need continuous nursing care and who are not well-served by the unstimulating milieu of most such facilities must nevertheless be discharged to nursing homes.

To illustrate my point I want to provide a few examples which characterize the reactions of patients who are discharged to nursing homes but for whom a different type of protective arrangement would be more appropriate. But before I do this I should like to point to the exhibit of pictures portraying persons who have been members of the therapeutic community hospital wards. The first series of pictures illustrates the hospital ward and its lonely idle patients before the physical rehabilitation of the ward and the establishment of the therapeutic community. The second set shows the therapeutic community in operation where patients are taking the roles of worker, consumer (purchaser), homemaker, organizational member, friend, and out-of-hospital roles such as churchgoer, shopper, and recreator. The third set shows some of the discharged patients living independently in their own apartments.

For those who achieve this final goal of independence and make a success of it, there is little or no hiatus between the therapeutic hospital ward and the outside community. For those who must settle for less, the break is not only great but often the new setting is actually damaging. Many patients who sense the sterility of the proposed new living arrangement are refusing to leave the hospital. Only this week two such instances occurred.

One patient for whom no placement except a nursing home could be found and who had made a previous visit to the nursing home and agreed to be discharged there left the hospital as per arrangements one afternoon. The next morning she was on the hospital ward again. Asked why, she said, "At 5 P.M. they turned off the television, locked the doors, told us to go to bed and stay there until 7 A.M. I do not intend to live that way after finding that I can live happily and make my own decisions in the hospital so I packed my bag, called a taxi, went to the Greyhound Station, and took the bus back to the hospital."

Another patient, who went on visits before her discharge to select the nursing home of her preference, rejected all she saw saying, "The people in these places have nothing to do. After 20 years of illness I've started getting well because I'm busy and happy on the hospital ward. I'm not going any place where there isn't somthing going on. I don't want to get sick again. I want to stay in the hospital until I can find such a place."

It is a sad commentary when a state mental institution offers a better way of life for old people than the community. And I believe that such a situation is totally unnecessary if communities will plan and assume responsibility for providing the type of socially rich living environments which are beneficial to the morale and mental well-being of older people.

Operation Friendship in Detroit

An example of one voluntary agency which has undertaken to develop such plans is *Operation Friendship,* an organization sponsored by the Detroit section of the National Council of Jewish Women. With the assistance of a Title III, Older Americans Act grant from the Michigan Commission on Aging, this agency has employed a specialist in aging who, in cooperation with the state hospital and county social service agencies, finds housing (and the needed furnishings) for those older persons who are discharged from the therapeutic community hospital program. Thus each discharged person has maximum independence but

also has the security of having the right to assistance from the agency should need arise and to being part of an ongoing social group.

This unique service has already proved its value but it is, unfortunately, available only to those geriatric patients whose homes are in Detroit. It is, however, a social service which I believe should be standardized and made available on a nationwide basis. The program is one which can serve the Administration on Aging as a prototype for its new responsibility for functions related to the follow-up services required for discharged mental patients receiving assistance under the provisions of Titles I, XVI, and XIX of the Social Security Act.

Recommendation

It is, therefore, recommended that—

a) The Special Senate Committee on Aging and the Administration on Aging jointly make a critical study of the Operation Friendship-Ypsilanti Hospital project with a view to developing a prototype program adaptable to the communities of any State; and

b) That, if after such study the program is judged to be universally applicable, a special appropriation should be sought by the Administration on Aging to establish, in cooperation with voluntary agencies, a national program patterned after the Operation Friendship-Ypsilanti Hospital plan.

An example of another solution to the problem of providing housing and social services for discharged geriatric mental patients is the Golden Age Village, a state-sponsored program in Ohio. The Toledo Golden Age Village, first of its kind, is a one-story structure of 100 units of which 30 per cent are allocated to occupancy by rehabilitated mental patients. All units have kitchens, but there is also a common dining room. Services which are available to any resident upon payment of a fee, but which patient-residents are required to buy, include two meals daily, personal care services such as physical examinations, supervision by a resident nurse, haircuts and beauty parlor treatments, and monthly rent of state-owned furniture. The total package costs $110 per month for an efficiency unit. Most nonpatient residents prefer to and do prepare their own meals at a cost less than the $50 they must pay to eat in the dining room.

One may disapprove certain features of this plan, especially those which make the ex-mental patients easily identifiable by requiring them to eat in the Village dining room and to live in state-furnished apartments. Also, asking them to pay rent for rather than buy their furniture on installment deprives them of the opportunity to eventually own it. Such an equity in furniture would provide them a choice of living in other than the Village. But these practices, undesirable as they seem to be, are not the criteria which should dictate whether this type project should be duplicated in other states, rather it is the satisfaction of the ex-patient-residents which commands first priority. Last week in Toledo, I had an opportunity to talk with one such resident. Her pleasure in her new circumstances was freely expressed. She told me that she had lived in the state hospital for 20 years and now at last had a home of her own, a job at which she worked 4 hours a day, and many new friends in the Village. For the first time in two decades this woman was happy. This example could, I'm sure, be repeated many times because it is typical of those of other older people when their living arrangements are remarkably improved.

The needs of the total population of older people, not just those of special groups, must be considered in making plans for future housing and social services. In every community there should be a constellation of housing facilities, preferably not on a single campus, which would take into account the health, financial, and social needs of all groups of older people. *First* in such a constellation would be housing for older people who are able to live entirely independently and who need no social services other than those ordinarily available in any community. *Second* would be the old-age home which typically provides lifetime care for persons who wish this type of security. *Third* would be the personal care facility designed for occupancy entirely by persons who are no longer able to care for all their personal needs without personal assistance, but who do not need continuous nursing care. This type of facility would include communal dining, health supervision and rehabilitative therapies, housekeeping help and personal assistance as needed with the activities of daily living as needed. These facilities should be programmed in accordance with the principles of a therapeutic community. *Fourth* would be nonprofit nursing homes and public and private extended care facilities where persons needing continuing skilled nursing care could live and receive intensive rehabilitative health and social services. *Fifth* would be facilities and pro-

grams designed to meet the needs of special groups of older people such as the Golden Age Villagers of Ohio and the Operation Friendship rehabilitated mental patient program.

Recommendation

It is, therefore, recommended that the Special Senate Committee on Aging stimulate the Department of Housing and Urban Development in cooperation with the Department of Health, Education, and Welfare to appoint a task force to draw up a blueprint of housing and social service needs of older people which can be used to guide communities in their efforts to assist all groups of their older citizens.

EXPANSION OF SOCIAL SERVICES

I have been asked to comment on the need for expansion of social services for older people especially as they are indirectly related to housing. We have made no studies in this field so that my comments will be largely those of opinion.

In scanning the literature and reports of current social service demonstrations, one is impressed with the imaginative variety of services being offered and the ingenious means used for delivering them. But one is equally impressed by the fact that each pattern of service is believed by its inventor to be a unique and primary solution to the social service needs of the elderly. Such beliefs are not surprising, first, because each of us is enamored with our own ideas and, second, because innovation is being encouraged by the granting agencies. In fact, unless a proposal seems to have a new approach to a common problem, it is likely to fare badly in competition for grant funds.

Perhaps at this time more emphasis should be put on analysis and use of those practices which have already proven successful and less put on encouraging further innovation, especially since more often than not, the innovation is merely a variation of an old theme rather than true invention.

For 25 or more years, we have repetitively elaborated the social service needs of older people, and during this period we have tried many methods for meeting them. But even yet there are no clearly established national policies for social service programs for the elderly.

For example, the first multiservice senior center, Hodson Center in New York, was established in 1943. In spite of its immediate success, it has taken 24 years to develop 700 to 800 more (a rate of about 30 per year), many of which are scarcely recognizable facsimiles of the Hodson Center prototype. The disproportionate number of title III grant applications to establish senior center facilities attests to the felt need of older people for a place which is identifiably their own. But no national policy exists to guide state commissions on aging in funding such centers. When the Neighborhood Centers Act was passed, the HHFA ruled that these funds could be used to construct multiservice centers for the exclusive use of older people, but I understand that recently this original policy has been reversed so that now all centers are required to serve all age groups. There are strong arguments for this policy but there are equally strong arguments against it. What is needed, I believe, is careful analysis and weighing of research data and experience by an expert committee and the enunciation of a national policy which can be used to guide future legislation and regulations in regard to the separation and specialization of facilities and services for older people. I do not mean that innovation, flexibility and change should be stultified, but unless consistent policies are followed, it is unlikely that rapid forward gains of the highest possible quality will be made.

I have used the multiservice senior center merely as an example. The many other social services deemed necessary if the older generation is to be properly served need the same kind of review and firm guidelines and policies established. If such steps could be taken prior to the proposed 1970 White House Conference, the conference itself could serve to test and disseminate information about new and proposed national policies.

One further comment I would like to make is in regard to coordination of services. The theme of coordination has long since worn thin from use in calling for it. Everyone believes in it, everyone asks for it, yet, to the despair of those dedicated to it, little actual coordination ever takes place at any level of society. We continue to duplicate services while failing to fill obvious gaps. We jealously guard what we consider our programs, feeling that we would be lesser persons if we merged them into a coordinated whole. We continue to put the older persons' needs after our own desires.

I believe that one of the most important goals to which the policymakers can address themselves is that of designing and then recommending patterns of coordination of social services at the community level. Not only would such a plan help determine what services should be provided but would help determine who needs what services. For example, one generalization often heard is that social services should be provided to help older people stay in their own homes as long as possible. But no one has determined the threshold at which point the social cost of scarce professional manpower is no longer justified or at what point the provision of a gamut of services actually fosters dependency and causes social isolation of the persons being served. Another example are the food services deemed necessary, especially for shut-ins, but which have been notably unsuccessful in this country. In part, I believe the lack of success stems from the failure to clearly determine the goal of such a service. For some it is to improve the nutrition of older people regardless of whether or not they are able to prepare their own meals, for others it is to serve a more social goal of fending off poor food practices of lonely people, and for still others it is intended, as in England, to serve only those who are certified by a physician as physically unable to shop and prepare their own food.

My plea is that the goals and criteria for the various social services be determined and a national policy established which will result in the coordination of public and private agencies to achieve the ultimate goal of best meeting the needs of old people. The coordination of services is, I believe, more basic currently than is the invention of new services. We have far more knowledge about the services needed, their costs, and the way to deliver them than is being put to use. Expansion of services is needed if more older people are to be served, but such expansion should be on an orderly, systematic and coordinated basis and should include only those models which have been proven outstandingly successful.

PROGRESS IN THE TRAINING OF PERSONNEL IN AGING

Last June, in testimony before the Special Subcommittee on Aging of the U.S. Senate Committee on Labor and Public Welfare, I called attention to the critical manpower shortages of professional and technical personnel trained in aging and equipped to administer the newly developing programs. I also pointed out that paralleling the scarcity of trained personnel was the scarcity of university-based career training in aging and of substantial in-service training programs to improve the skills of those already employed in agencies in serving older people.

At that time, the Title V training grant program of the Older Americans Act, being administered by the Administration on Aging, had constituted a new source of funds which were stimulating development of new curricula in social gerontology. I predicted that in time this grant program would help make up for the failure of universities to take earlier action in providing instruction in gerontology.

This prediction held at least some essence of truth for beginning with the 1967–68 fall term, seven major universities introduced new career training programs in one or more phases of applied social gerontology in which 89 students enrolled for advanced graduate degrees with specialization in aging. In a market as tight as that for trained personnel in aging, 89 new trained recruits will indeed seem a bonanza to employers who now can seldom find even a single trained candidate to interview. The Administration on Aging is to be complimented for its diligence and success in stimulating these universities to take action. It seems obvious that the only limiting factor to similar developments at other universities will be that of sufficient funds to pay part of the cost of such new programs. The need to increase the appropriation for the training of personnel to insure that the investment of other funds in services to the aging give maximum returns cannot be too strongly emphasized. The momentum created by the Administration on Aging among universities should not be allowed to diminish.

Of this fall's 89 new career students, 17 of them received traineeships from The University of Michigan-Wayne State University Institute of Gerontology, which was funded by a Title V grant from the Administration on Aging. They are enrolled in a two-year graduate program in Public Administration with specialization in gerontology. These students will be prepared to administer public programs in aging or in senior citizen housing.

Progress has not been limited to career training. For example, the Michigan-Wayne Institute of Gerontology currently has 29 regularly enrolled midcareer trainees who are taking a 14-week program in which they may specialize in retirement housing management, milieu programming, or multiservice senior centers. If one were to add together the enrollees in all the short-term workshops being offered at various universities and colleges, their numbers would amount to several hundred. While less significant in the long run than the career training programs, the importance of these short programs at this time cannot be underestimated because they are the only means by which the supply of trained personnel can be quickly increased. It is, therefore, essential that ample financial support continue to be made available so that these in-service training programs may be expanded and so that all levels of personnel may be equipped to better serve older people.

Another notable trend is the increase in the number of programs to train older people to perform tasks which have a social purpose or to employ their talents in remunerative work. Such training, since it has little career implication is probably best offered through community and junior colleges and extension services. So that the training of older people will not be in competition for funds needed to produce the sorely needed professional and technical specialists in aging, I would recommend that a special appropriation be made to the Administration on Aging especially earmarked for the training of retired persons.

The CHAIRMAN. We appreciate your continuing cooperation with this committee.

This is a very dramatic pictorial record.

Dr. DONAHUE. I think so, too.

The CHAIRMAN. May we hold that for our files?

Dr. DONAHUE. I will make others available to you. I will make a whole set available to you because we have a very dramatic story. In fact, I think we will publish them in terms of visual essay.

The CHAIRMAN. Your full statement is in the record.

I would like to continue to chat with you all but those bells are getting me a little anxious, to tell you the truth.

Now, the committee staff has prepared a fact sheet on the subject to be considered by the final panel, and I submit it now for the hearing record:

Fact Sheet for Panel Six

A. FEDERAL DEPARTMENTS AND AGENCIES INVOLVED IN RESEARCH

Federal agency or department and description of research

Administration on Aging Department of H.E.W.: Social research on such subjects as patterns and conditions of living and approaches, methods, and techniques for coordination and improvement of services for the elderly. (Title IV, Older Americans Act.)

Aging Program, National Institute of Child Health and Human Development: Research and training for research directed toward an understanding of developmental and regressive changes occurring during the later years. The area of research covered is broad, extending from molecular and cellular aspects of aging through physiological and medical aspects, to analysis of the problems of aging by the behavioral and social sciences.

Aging Program, National Institute of Mental Health: Research related to the etiology, diagnosis, treatment, prevention, and control of mental illness and the promotion of mental health of older Americans.

Veterans' Administration: Medical research relating to the process of aging and health problems resulting from aging. Includes research in psychology, psychiatry, sociomedical problems, emphysema, stroke, arteriosclerosis, osteoporosis, heart disease, and general research in physiological aging.

Departments of the Navy and Air Force: Research on ages at which military personnel in certain specialties, such as flying, should be retired or assigned

other duties; research on predicting cardio-vascular disease and other conditions, as guides to selection and retention of military personnel.

Adult Health Protection and Aging Branch, Division of Medical Care Administration, Department of H.E.W.: Research and demonstration of health maintenance for the well aged, early detection and prevention of illnesses of the elderly, and studies of attitudes of physicians and nurses toward caring for the elderly.

Federal Aviation Agency: Research on effect of aging on aircrew performance.

Atomic Energy Commission: Biomedical research programs to determine somatic and genetic effects of irradiation, and other studies of nuclear reactions as they speed or delay aging or have other physiological effects related to aging.

Social Security Administration, Department of H.E.W.: Research on economic conditions and needs of Social Security beneficiaries and potential beneficiaries.

Social and Rehabilitation Service, Department of H.E.W.: Research on needs of public assistance beneficiaries and potential beneficiaries for financial assistance and for social and rehabilitative services, and vocational rehabilitation potentials of the elderly.

Department of Labor: Research and demonstration projects on placing older and retired workers in employment.

Office of Education, Department of H.E.W.: Research in provision of adult education opportunities for elderly.

Commission on Architectural Barriers, Social and Rehabilitation Service, Department of H.E.W.: Research on design of buildings and facilities to avoid unnecessary difficulties for physically disabled and impaired individuals, including those handicapped or impaired due to age.

Department of Agriculture: Research on economic and social factors in aging among rural Americans. Also conducts studies on retirement among farmers.

Bureau of the Census: Analyzing Census data and issuing statistics on aging and making projections based upon this information.

Office of Economic Opportunity: Research and demonstration projects on meeting the needs of the elderly poor, such as Project Find, Operation Reason, etc.

Department of Housing and Urban Development: Research on architectural design for elderly tenants; research on better ways of meeting housing needs of the elderly, such as rent supplements.

Department of Transportation: Research on (1) effect of age upon transportation safety, and (2) design of transportation facilities to meet convenience of the handicapped, including the elderly.

B. CRITICISMS OF CURRENT RESEARCH POLICIES

1. The Subcommittee on Retirement and the Individual, in hearings earlier this year, received much testimony on the need for greater coordination of research directly related to retirement as an institution.

Typical of the statements heard by the Subcommittee was the following from Dr. James L. Birren, formerly with N.I.H. and now Director of the Rossmoor-Cortese Institute:

Dr. Birren: "The separate Federal agencies with their technical excellence can pursue their specialization but someone has to integrate these specializations."

Senator Mondale (Walter F. Mondale, Subcommittee Chairman): "Do I understand, then, that you believe that a multiagency approach is needed for this Federal research, Federal approach to retirement?"

Dr. Birren: "I do, Senator. And I think that one might describe this in terms of a knowledge system, one in which one doesn't want to restrict the scientist at the leading edge of his field, but nevertheless you would like to integrate his findings with those of other specialists."

2. Apparently a growing number of researchers now studying the basic process of aging feel that more funds should be invested and that certain N.I.H. policies should be changed. (To be discussed by a witness at the hearing.)

Panel 6: What Is Needed in Research *

STATEMENTS BY DR. BERNARD L. STREHLER, PROFESSOR OF BIOLOGY, UNIVERSITY OF SOUTHERN CALIFORNIA, AND DR. CARL EISDORFER, ASSOCIATE PROFESSOR OF MEDICAL PSYCHOLOGY AND PSYCHIATRY, DUKE UNIVERSITY

The CHAIRMAN. We will wind up this morning with Dr. Eisdorfer and Dr. Strehler. You are a long way from home.

STATEMENT OF DR. STREHLER

Dr. STREHLER. Yes, sir.

The weather today in California is somewhat better than it is here.

But this part of the world is not new to me, for I have spent the last 11 years in the Baltimore-Washington area. During that time I served as a Section Chief in the Gerontology Branch of the National Heart Institute. Also, I received my undergraduate and graduate degrees at the Johns Hopkins University in Baltimore.

Mr. Chairman, I am particularly grateful for this opportunity to speak to the committee on what I believe is one of the remaining large challenges in biological research—the aging phenomenon. This challenge is particularly full of implications for medical problems because, after all, most of the diseases and expenses involved in the care of patients are related to the underlying deteriorative processes that are the central feature of the process of growing old.

But first, I should like to endorse your Senate Joint Resolution 117 which calls for a White House Conference on Aging to be held in January 1970.

Now, I should like particularly to emphasize before this committee my conviction that we can understand the basic elements of this problem during the next decade, if sufficient resources, in terms of people, brains, money, and, particularly, administrative and legislative support are made available.

But even more important, I believe this committee is in a particularly favorable position to help us to reach that goal; for the committee has the ability to elicit information from a variety of sources and to formulate coherent proposals. I applaud the efforts which you are now making in that direction.

I shall omit the section of my prepared statement on the exciting advances which have occurred in biology during the last decade and simply say that this last decade of research has been a most exciting time to be alive. Fundamentally, this is because we are rapidly arriving at the point where we can understand how the messages that specify a human being or a Drosophila, elephant, or a mouse, are written in a genetic apparatus.

This basic information has vast implications in terms of our ability to understand other phenomena which are ultimately referrable to what is stored in our genes. But in the context of the purposes of these hearings it opens up a new hope that we can rapidly understand the basic sources of the aging process.

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*Additional information concerning this subject appears in app. 6, p. 397.

Now, there are other challenging problems of a biomedical nature, particularly the nature of human behavior, which certainly have as many implications for the well-being of a human being as does the understanding of the nature of the deteriorative processes which ultimately affects us all.

But it may well be that aging is the most difficult of all biomedical problems, both because of its complexity and because of the large numbers of different kinds of talent and skills which are required in order to make a sensible attack on this phenomenon.

What progress has in fact been made in research on aging? In 1956 a group of extremely talented biologists, including Leo Szilard—the man who wrote the letter that Einstein sent to Roosevelt suggesting an atomic bomb was feasible—H. Bentley Glass, Kimball Atwood, Henry Mahler, James Ebert, became deeply interested in the possibility that the aging process was a suitable biological subject for immediate and intensive attack.

I was a member of this group and we were encouraged in our plans and hopes by the National Science Foundation and by the AIBS—American Institute of Biological Sciences—who sponsored us as a "Special Committee for Basic Biological Research in Aging."

In 1957 we held a conference in Gatlinburg, Tenn., and at that time most of us were willing to join an institute for the intensive study of aging. Unfortunately, insufficient funds were then available. In consequence, most moved in to different areas of reseach and I joined Dr. Nathan W. Shock, chief of the gerontology branch in Baltimore, where I conducted research on this problem.

In consequence of the increased interest evidenced—or perhaps parallel to it—there was an increase in Government-supported research on aging, particularly by the Atomic Energy Commission, and to some extent by the National Institutes of Health, particularly in the Baltimore operation—gerontology branch.

Three Deterrents to Research

But despite some encouraging progress, the course of research on this universally significant problem has been hampered by three related difficulties. The first I have already defined—the complexity of the problem. The second is the fact that the problem has a bad reputation; for it has elicited, from time to time, various kinds of quacks, cures, and misguided enthusiasts; the third—which I believe to be the key issue—is the lack of really sympathetic and strong leadership within those Government agencies that have the means to foster a maximum effort in this field. I am thinking particularly of the NIH even though this is the agency for which I worked for 11 years. By reason of this exposure I believe I have some insights which may not be obvious to persons who have viewed the problem from other vantage points.

Now, there are some important exceptions to what I belive to be a generally bleak picture. In particular the NIH has helped to establish several excellent training centers, one of them at the university where I am now professor, others at Duke, the University of Miami, and elsewhere.

Nevertheless, I believe there is good evidence that the level of research support on this difficult problem may in fact be decreasing

with time. The evidence is obtained partially from the report of the NIH granting offices, themselves. One of them appeared in an earlier report of this committee. (See also supplementary exhibit D p. 405.)

Of course, it is difficult to state with absolute certainty the real level of support and the validity of such comparisons in level of support as can be made. But even if one discounts the figures reported by the NIH during the earlier period 1956–61 as being somewhat inflated and accepts present ones as being more accurate, it still appears quite clear that the increasing cost of research during the last decade and particularly since the White House Conference, means in fact that not so much research on aging is being supported now as in 1961.

What is the reason for this? Dr. Eisdorfer has amassed evidence on the behalf of the Gerontological Society that research grant requests to the NIH in the field of aging fare just slightly better than 50 percent as well as do grants in other fields. This may in part be due to the quality of the research-grant applications in aging but there is also good reason to believe that one of the central difficulties is the absence of a body truly competent to judge the various aspects of the problem both critically and sympathetically.

Let me expand on this point. The granting system within the NIH, as you know, involves review of individual research grants by so-called peer groups. These groups are divided into various arbitrary specialties. However, since there is no study section on aging, the research grants in the aging field can be referred to any one of the 50 or so study sections.

Depending upon the intrinsic interest of the committee members a "good" proposal in the eyes of one committee may receive a relatively "bad" review in competition in a "hot" field, and a somewhat less competent proposal might receive a rather good review in another less competitive area of biomedicine.

I believe, therefore, that one of the effective things that can be done immediately to foster a rapid increase in our understanding of this problem, would be to set up a study section for the biology of aging—as was called for in the White House Conference on Aging in 1961.

It has been said, in opposition, that one can't find sufficient individuals who are qualified to sit on such a section. Despite these statements by administrative officials, there is ample evidence that such individuals can readily be found. As a matter of fact, Mr. Chairman, Supplement H of this testimony is a letter which was given to the President last fall. This letter calls for a vast increase in research on this subject and was signed by a very select group of individuals, professors, and heads of departments in several outstanding universities. These gentlemen—and others I could list—if needed, could serve as an excellent study section on biological aging.

National Institute Proposed

Now, a second thing which I believe is really needed—if real imagination and effort is to be applied to this problem—is to follow through on the recommendation of the White House Conference on Aging in 1961, that a National Institute for the Study of Aging be established. If it is not possible within the framework of the National

Institutes of Health to carry out this unanimous recommendation, then perhaps—as in the case of the National Institute of Mental Health—some kind of independent status could be considered.

But I am convinced, until there is an effective representation of the coherent needs in this field in the form of an organization that can and will assume responsibility and initiative, that we cannot expect that kind of optimum progress which those of us who work in the laboratory would certainly like to see.

A third immediate recommendation is to enhance the budget allocated specifically to research in aging by about $6 million during the next year.

The CHAIRMAN. Will you say that again?

Dr. STREHLER. I beg your pardon.

The CHAIRMAN. I did not get that figure.

Dr. STREHLER. $6 million.

This is a modest sum but it would represent about double the research budget that is available at the present time. But such a funding should be specifically earmarked for basic research in this field, otherwise its impact would probably be diluted.

These are just immediate recommendations as called for in your letter of invitation to testify.

There are also long-range recommendations which are treated in greater detail in one of the supplements to this testimony. The first of these is to establish the International Gerontological Quinquennium. The concept of such an intensive effort was developed in concert with several English colleagues as well as outstanding American scientists interested in this field.

The idea, briefly, Mr. Chairman, is to organize, establish, and fund an intensive research approach and effort, to define in detail the mechanisms of failure which do cause the process of aging. An adaptation of the "systems" approach seems appropriate. Our scientists and engineers have been extremely successful in applying this approach to more physical areas of research and development; e.g., in the space program and in the development of atomic energy.

But I believe—and I may say that a number of individuals with high qualifications in the systems development, engineering, and analysis areas share this belief—that there is good justification for concluding that this kind of approach—the rigorous and systematic breakdown of the complex into its basic elements—could solve the problem within the next decade or so.

Mr. Chairman, it is not possible in this brief presentation to discuss the details of this proposal, but before I conclude this testimony I should like to illustrate a few of the types of experiments and concepts that await such a systematic approach.

One of these areas for research is derived directly from recent advances in genetics. The model involves the idea that our cells may—as we grow older—lose the ability to translate certain of the genetic code words which specify the order of amino acids in proteins. Such a loss of translational ability would presumably restrict the synthetic ability of cells to the utilization of those "messages" which contain only those words which are still translatable.

We have recently shown that a portion of this model may be applicable. What is needed, however, is a series of studies to test the relevance of the model to the loss of function observed with age.

Another theoretical model deals with the accumulation of a class of fluorescent pigments, particularly within the brain, heart, testis, and skeletal muscle. We know something about the chemistry of these "age pigments." We don't know much about their origin and we know nothing about their effects on function. This appears to be a very promising area for research.

Finally, we know from the studies of Loeb and Northrop back in 1912 that it is possible to change the rate of aging of coldblooded animals by reducing the body temperature. Nobody has attempted to see whether such a change would influence the longevity of warmblooded animals such as ourselves.

We know that a tiny cellular thermostat in the base of the brain constantly tells our body whether it is getting a bit too cold or too hot. In response to its signals we take countermeasures to increase or decrease our temperature.

Now, in experimental animals this thermostat can be defeated by chemical means or destroyed by physical extirpation. Such treated animals become coldblooded and assume the temperature of their environments as do frogs, fish, flies, and turtles. Now, the important thing is this: If the same rule which applies to the effect of temperature on the longevity of coldblooded animals all the way from fruit flies to fish applies to man, then we can expect to add perhaps as much as 20 years to the mean longevity of a human being by lowering body temperature only 2° C. or 3° F.

The CHAIRMAN. Use the fruit fly just by way of experiment. Don't put it into practice. We have enough of them already.

Dr. STREHLER. The fruit fly has bright red eyes and is not as bothersome as the germ-ridden housefly.

Now, Mr. Chairman, this is an area for research that can well take an immediate effort. As a matter of fact, a large drug house has offered to give me a large amount of 10 different drugs that are known to reduce the body temperature of experimental animals.

One of the things that is important to establish is, whether one will in fact, increase the longevity and reduce the rate at which diseases make themselves manifest in warmblooded animals if one reduces body temperature by an amount which will not interfere substantially with normal function.

Mr. Chairman and members of the committee, I hope I have conveyed to you some of the excitement that pervades the area of biological research and discovery. I hope that the need for an understanding of the origin of the aging process and its direct relevance to other areas of biology and medicine is self-evident. I hope I have been sufficiently explicit in demonstrating that the present effort to understand this problem is far less than might have been hoped or expected, particularly in the light of the White House Conference recommendations in 1961, many of which have not been implemented.

I would hope, Mr. Chairman, if there is a White House Conference in 1970, that it will not merely lead to recommendations but that its recommendations will be implemented promptly. Some very impor-

tant recommendations of the 1961 Conference, such as medicare, were enacted, but in the crucial area of research on aging, which must form the basis of understanding, we are not able to make the effort which was called for in 1961. I believe those recommendations were sound and should be followed.

But for the not quite so immediate future, I hope that you will give consideration to the proposal for an international gerontological quinquennium.

This will require a large amount of money, a quarter of a billion dollars over the next 5 years, but small by lunar probe standards.

The CHAIRMAN. Does your full statement describe exactly what NIH is doing? You are suggesting improvements. Does it describe the present program in this area?

Dr. STREHLER. No; my statement does not, sir.

The CHAIRMAN. Do we have a statement on that?

From where you sit, you say you worked for them for 12 years.

Dr. STREHLER. You would like a statement on that?

The CHAIRMAN. Yes.

Dr. STREHLER. From me? [1]

The CHAIRMAN. Yes.

Dr. STREHLER. I would be glad to prepare a parallel statement.

The CHAIRMAN. Parallel to what?

Dr. STREHLER. Parallel to what the organization, itself, might supply. I am not privy to the entire plan.

The CHAIRMAN. We would rather have your statement. I tell you why. In this committee room we sit around and authorize sums of money for the NIH in excess of what they have asked the Congress to authorize and therefore to appropriate. They say it is too much money; they can't use it.

Dr. STREHLER. Well, they are turning down worthwhile grants on aging. There is, moreover, no encouragement of research grant applications in the field.

The CHAIRMAN. They could use a lot more, could they not?

Dr. STREHLER. Yes, sir. I believe they could with a little—well, with intelligent administrative planning and some enthusiasm for an attack on the problem. I believe they could expand the level of good research expenditure by at least 50-percent per year over the next few years without difficulty.

The CHAIRMAN. I have been called away but will you continue?

Dr. STREHLER. With respect to the question that Senator Williams posed as to the level of support, I would like to quote from a letter an individual recently sent to me. He said:

I look to your letter of May 1st—

Which was correspondence regarding certain joint research possibilities—

and your comment in the article in Science as a means of buttressing some sagging spirits. From this you may surmise that the research proposals to NIH and NSF were not funded.

Mr. Chairman, I would like to point out that I was one of the reviewers of this proposal for the National Science Foundation and I

[1] See p. 398.

put the highest priority rating on its funding. Nevertheless it was rejected by them and by the NIH.

"Of course", this gentleman says, "the specific reasons for this were not given but I shall be egotistical enough to suggest that part of the difficulty may be attributable to the conditions you describe in your article. It would be instructive to know why research on aging is relegated to apparently a less-than-favorable position."

Mr. Chairman, I would like to include in the record a number of supplementary exhibits, including a detailed outline of the proposal for the quinquennium. I will also be happy to respond to your request for an evaluation of various aging research areas and the support of same by the National Institutes of Health.

Mr. ORIOL. In connection with your earlier statement, a letter will be sent to NIH asking them for their official description of present research activities. So we will have that in addition to what you supply.

Dr. STREHLER. I wish to say in closing that I am very optimistic that this committee can act as that crucial agent which can finally shake loose the kind of effort which I think the attack on this universal problem deserves.

(The complete statement of Dr. Strehler follows:)

STATEMENT BY DR. BERNARD L. STREHLER

Mr. Chairman and members of the committee, I deeply appreciate this opportunity to review briefly the current status of research on the biological basis of the aging process, and to outline several ways in which this committee may be by crucial importance in moving the field forward during the next years. I am happy to appear before this committee for the following specific reasons:

1. Firstly, I should like to endorse the October 18, 1967 Resolution of the Chairman (S.J. Res. 117) conjointly with many of your colleagues, which calls for a White House Conference on Aging to be held in January of 1970.

2. Secondly, I should like especially to emphasize before this committee, which has the means to initiate the constructive actions needed, that the next decade can well be the decade during which man will develop an essential understanding of his old enemy, aging, provided that the prerequisite material, administrative and human resources, are made available.

3. Thirdly, I shall suggest specific steps which can lead to an early understanding of the aging process and whatever control may inhere in this knowledge.

Before I present an analysis of present policy problems and outline the program of intensive research effort alluded to above, it may be advantageous to sketch in very briefly the relationship of this problem to the mainstream of biology, the comment on the possibilities for modifying the rate and effects of aging, and to review the achievements of the last decade against the hopes and aspirations with which it began.

The last decade has been a period of unparalleled achievement in two central areas of biology, genetics and biochemistry. This molecular biologist cannot avoid a feeling of awe and fascination at the remarkable findings which the most talented and ingenious men ever to grace biology have given to us within the last four to ten years. For since 1956, a small army of exceptionally gifted men have worked out the essence of the molecular basis of heredity. In other words, we now know most of the central secrets of how the genetic information that specifies a man or a mouse is written and much about the mechanisms of its translation from the latent to the real form. Parallel with this unique intellectual achievement, in which our countrymen have played a dominant role, has been steady progress in our understanding of the molecular mechanisms which permit us and our relatives among the plants and animals to function as the remarkable molecular machines we are.

Because of this flood of progress, the time is near many biologists believe, when our attentions should be occupied not so much with the detailed descriptions of the mechanisms that underly the behaviour of cells and their aggregates, but with the more difficult and complex problems that lie hidden in the

interaction of basic mechanisms and properties—problems that may be termed interdisciplinary or cross-disciplinary. For example, several eminent molecular geneticists are looking toward neurobiology as a new area of challenge. Others are exploring the laws underlying ecosystems, space biology, etc.

The Origin of Senescence

But square in the middle lies perhaps the most difficult of them all, the origin and mechanisms of senescence. This problem is not a new one to either biologists, politicians, or philosophers, for it involves a reality that sooner or later affects each of us and limits the days and hours which we spend on this engrossing globe. Its understanding has been a continuing challenge to biologists. What will be the effect of our understanding of this process? Although reasonable caution and propriety prompt us to avoid predictions of specific results of such an understanding, yet this phenomenon would stand alone among the things that man has understood during his history, if its understanding did not also carry with it some measure of control. But in a very real sense, the extent to which mankind will ultimately be able to modify his rate of aging will depend upon what we find the exact mechanism(s) of senescence to be.

What progress have we made in this search? In 1956 there was optimism among a group of outstanding biologists that the needed understanding could be generated during the late 50's and early 60's if an intensive new research effort were undertaken. This group, which includes Drs. L. Szilard, K. Atwood, H. B. Glass, H. Mahler, J. Ebert, myself, and others, was sponsored as the Committee for Basic Biological Research on Aging by the AIBS and received encouragement and support from the National Science Foundation. Its members were prepared to join or establish an appropriate laboratory for the intensive study of this problem, but, for various reasons, mainly funding, the plan never materialized. Instead, much of the impetus was dissipated in other pursuits or channelled into established organizations such as the NIH Gerontology Branch in Baltimore, whose director, Nathan W. Shock, later became a member of the AIBS committee.

At about this time, and perhaps in response to the cited spontaneous interest in the aging process, a substantial increase in research fund allocation to aging took place within the NIH, which established several "Aging Centers" at outstanding universities. The Atomic Energy Commission also very effectively enlarged its intramural and extramural research on this problem. In 1957, a conference (sponsored by the NSF through AIBS) on the Biology of Aging was held in Gatlinburg, Tennessee, and its members made a number of recommendations for strengthening federal effort in this research area. And in 1961, the crucial White House Conference on Aging was held. The members of this Conference recommended a number of far-reaching changes in policies and priorities. Specifically, the conference furnished evidence of widespread support for a "medicare-type" insurance program for the aged and called specifically for (1) the establishment of a National Institute for Aging Research as well as (2) the formation of a study section on biological aging within the NIH (see supplementary exhibits). Unfortunately for the field, neither of these latter recommendations has yet been realized, although approval, funding and construction of a "Gerontology Research Center" within the NIH has been completed at Baltimore City Hospitals, under the dedicated leadership of Dr. N. W. Shock. This operation may well make substantial contributions in the description of medical-physiological facets of the phenomenon, but the clinical-non-academic environment at this center has not enabled it to attract or retain significant numbers of outstanding research biologists.

Despite the encouraging events mentioned above, the course of research on this universally significant problem has been hampered by three related difficulties: (a) the complexity of the problem (which demands skills and insights derived from many areas of science and biomedicine for its pursuit); (b) the unsavory history of the problem (which has produced charlatans, quick cure prophets and misguided enthusiats at an unusually high rate); and (c) a continuing lack of administrative initiative, particularly within the NIH.

There are, of course, some exceptions to this general rule. Solid achievement is particularly represented in the university-based training programs established under NIH sponsorship at a number of leading universities including the University of Miami, the University of Southern California, Duke University, Western Reserve University, and the University of Rochester. But, by and large,

despite the unanimous call for imaginative and comprehensive planning and action on the part of NIH at the White House Conference in 1961, there is presently no real leadership toward the solution of this problem within the higher councils of that organization. In fact, many of the most dynamic individuals in that organization have left the federal establishment (e.g. Drs. S. Mohler, J. Birren, D. Kent, L. Szilard, and F. Carp) and the level of grant support of aging research has decreased during the last five to six years (based on figures provided by the NIH). Although the present system of listing age-related research is more accurate and critical than that employed in the late 1950's, the large increases in research costs that have occurred during the interim, suggest that the present extramural effort is nevertheless substantially less than it was at the time of the White House Conference.

Instead of supplying the much needed encouragement and support for a new and vigorous effort, the NIH leadership has repeatedly stressed a lack of sympathy for a comprehensive approach. It has failed to set up a National Institute for Aging Research as called for in the White House Conference; perhaps even more crucially, it has, thus far, refused to establish a study section on Biological Aging as recommended by that Conference. This omission is probably related to the poor history of support of research grants in the aging area during recent years that the Research Committee of the Gerontological Society has investigated.

The records of the Atomic Energy Commission and the Veterans Administration in their support on this problem would generally appear to be superior to that of their sister agency, both with regard to the level of research funding and in terms of the fraction of research funds and effort invested in aging-related enterprises.

But, the subject that concerns those of us who work in this field, is not what the deficiencies and achievements of the past were, or who was responsible for them, but rather what can we do today to make the future substantially more rewarding scientifically than the past.

Specifically in this connection, what actions, if undertaken in the near future, would move the field forward optimally? I shall divide these recommendations into two categories: *immediate* and *more long-range* (6 to 24 months.)

IMMEDIATE RECOMMENDATIONS

1. The first and most important step is *The Establishment of a National Institute for Aging Research.* Such an Institute need not be an integral part of the NIH if the leadership of that agency is reluctant to undertake this responsibility. In fact, the administrative enterprise as well as the flexibility and the efficiency of the contract research mechanisms employed by the Atomic Energy Commission suggest that such an assignment would be sympathetically reviewed and effectively acted upon by that agency. Alternatively, a special commission or agency, analogous to, but smaller than, the AEC or NASA could be set up to move research on this problem along optimally. Regardless of the mechanism chosen, it is clear that a mandate for such action was furnished at the 1961 White House Conference nearly six years ago.

2. A second step, of nearly equal import is the *setting up (as called for at the White House Conference) of a Study Section on the Biology of Aging within the NIH.* Although there have been both official and unofficial disclaimers and explanations, the record of approval grants on aging is far inferior to that accorded other safer or more established areas of research. The difficulty inheres in the fact that grant requests are subject to grossly unequal review—in some cases by sympathetic boards, in other cases by boards that are basically uninterested or even scornful of aging research. It is probably true, as has been charged, that some aging research grants are poorly conceived; but this is true of any area of science or of life and it is difficult to judge the relevance of the assertion objectively when many different groups evaluate the different proposals, presumably with their own unique standards, and perhaps unconscious biases.

In short, most of the difficulties in the evaluation, processing, and funding by NIH of grants on the biology of aging will be eliminated when a Biology of Aging Study Section is set up as recommended in 1961. Moreover, an aggressive and imaginative membership in this section (as motivated the Biophysics Study Section), will permit the searching out and funding of meritorious individual

scientific enterprises that would not otherwise be funded or even submitted. Any persuasiveness that the members of this committee wish to employ in effecting this purely administrative action would appear to have an almost immediate guaranteed effect!

3. The third immediately desirable step is the appropriation (through the NIH or AEC) of a substantial amount of grant or contract funds specifically allocated to extramural research on the biology of this process. *An initial additional appropriation of $6,000,000 per annum, earmarked* for research directly or logically relevant to biological aging would remove most of the present difficulties and budgetary shortages.

LONG-RANGE RECOMMENDATIONS

The measures outlined above represent steps that can be undertaken with little delay, if the funds, authority and responsibility to effect them are present. However, it appears likely that the most effective approach will encompass concepts and a comprehensive attack such as is not presently under way. The essence of this approach is the application to this complex biological problem of certain of the systems concepts that have been so successfully employed on other problem areas. It appears to be well established that the failure of biological systems can be treated in the same manner as can the failure of any other complex system, natural or man-made. This is implicit in the fact that it is possible to break down the basic causes of failure of biological systems into about twenty elementary kinds of events. A detailed treatment of this approach is contained in the supplementary exhibits relevant to this testimony. Each of these potential causes represents a "theory" of the origin of senescence and each of them suggests experiments designed to evaluate the contribution which the postulated basic mechanism may make to the over-all process of aging. The "systems" approach thus represents a formalized and deliberate attempt to evaluate the various possibilities.

Such an approach, while common to Engineering and Development work in the Space and Atomic Energy fields, has not been applied frequently to biomedical problems, although I understand Biomedical Engineering concepts are part of the cancer virus program within NCI.

While the final details of what is needed might take one of several forms, the proposal here outlined has, in fact, been critically reviewed and evaluated both by outstanding members of the biological community and by scientists well versed in systems and information-processing-storage methods. The two recommendations which follow represent a synthesis of the proposals developed in these and other discussions.

1. The first long-range recommendation is to establish, legislate, and fund the *"International Gerontological Quinquennium"* for the period *1970–1975*. Counting the development of suitable data processing, review, extraction and analysis procedures during the eighteen months preceding the initiation of research the proposed budget for the Quinquennium is about *$230,000,000*. (See Supplemental Budget Sheet and testimony.)*

2. The second long-range recommendation is the legislative *authorization and funding of an agency to implement the Quinquennium* and the interim effort required to set it up.

Mr. Chairman, it is not possible in this brief presentation to discuss the details of this proposal. They are, however, spelled out in considerable detail in the formal proposal that is part of supplementary testimony I am submitting for the record. I should like also to emphasize that the approach outlined here may subsequently have utility in other aspects of the problem (e.g. in its social, psychological, medical, or economic facets) and even may serve as a basis for the ordering of information and research on disease processes in general. But before I conclude this testimony, I should like to illustrate briefly a few of the types of experiments and concepts that await such a systematic approach.

A particularly interesting model of aging involves the idea that cells may lose the ability to translate certain code words as they age or mature. Such a loss of translational ability would presumably restrict the synthetic abilities of cells to the utilization of those messages which contain only translatable words. We have shown, as have others essentially simultaneously, that different cell types possess different presumptive translational abilities. What is needed, is a series of studies to evaluate the relevance of this model to the loss of function with age.

*Information appears on p. 397.

Another model ascribes aging to the accumulation of those brightly fluorescent pigments (age pigments) which occur in ever increasing amounts particularly in heart and brain, with advancing age. We know something about the chemistry of these substances, know little about their origin, and nothing about their effects on function, if any.

Finally, we know from the studies of Loeb and the Nobel-laureate, Northrop in 1912, that cold blooded animals age more slowly at reduced body temperatures than at more elevated ones. The law which describes this relationship for numerous cold-blooded animals shows that a ten degree centigrade change in body temperature (lowering) extends life by more than a factor of two. Now we do not know whether this rule applies to warm-blooded animals such as ourselves, but if it does, Mr. Chairman, the effect of reducing our body temperature from 37° to 35° C would be to add about 20 years to the average life expectancy, a greater effect that is predicted from the conquest of both cancer and cardiovascular disease. The conquest of these two diseases is expected to add about ten years in toto to our longevity. Of course, one must caution that we do not know what the side effects of lowering body temperature by two degrees might be, but this small change is well within the range of fluctuations that we have all experienced. It certainly seems that a modest investment on the effect on longevity of altered body temperature in mammals would be more than wise.

Mr. Chairman and members of the committee. I hope that I have conveyed to you some of the excitement that pervades recent biological research and discovery; and that the need for an understanding of the origins of the aging process and its relevance to other areas of biology and medicine is self-evident. I hope I have been sufficiently explicit in demonstrating that the present effort to understand this problem is far less than might have been hoped or expected, particularly in the light of the White House Conference recommendations in 1961, many of which have not been implemented. I also wish to endorse the call for a new White House Conference in 1970. Finally, I have presented for your consideration a proposal [1] for an International Gerontological Quinquennium to extend from late 1968 through 1975. The latter proposal, if enacted and funded, should enable us to understand more fully the sources of aging during the next decade and perhaps to add a healthier and happier life to our years within the foreseeable future.

Mr. ORIOL. Dr. Eisdorfer.

STATEMENT OF DR. EISDORFER

Dr. EISDORFER. Mr. Chairman and distinguished members of the committee, thank you for the opportunity to present these observations and findings concerning Federal grants for research in aging. I speak as an individual, although the basis of my statement will be a study I have undertaken as chairman of the research committee of the Gerontological Society.

The Gerontological Society has been under considerable pressure by some of its members as well as companion societies to petition for the creation of a new institute in NIH which would be devoted to research in aging. This move has been requested because of presumed prejudice toward grant applications identified as related to aging, as well as the failure of the Federal Government to develop a sustained center for stimulating basic research in the field. As chairman of our research committee, I was charged by the council of the society to look at this issue.

The agencies we surveyed included the National Institutes of Health, the Office of Education, the Administration on Aging, and the National Institute of Mental Health. While there are other agencies that support research in aging, our primary concern was directed toward those

[1] See pp. 397, 400.

branches of the Federal Government involved in major support of extramural research.

Dr. Shannon, Director of the National Institutes of Health, provided us with an excellent account detailing the funding of aging grants in the NIH. He pointed out in his report that at the level of scientific review, the average approval rate for all grant proposals at the NIH is approximately 50 percent. I am sure you know the granting mechanism for the NIH peer review system includes a priority rating given by the reviewing committees. The ratings range from 100, which is the highest possible, to 500 at the lower end. While the mean priority for all NIH grants is 250, the mean priority for grants in aging was 276.

It is also important to recall that approval and funding are quite different matters. Thus, while in 1964 there was 50 percent approval of all NIH research applications, only 91 percent of those grants were actually funded. The following year again 50 percent were approved but only 82 percent were funded, and in fiscal 1966, 52 percent of the grant applications were approved and 73 percent of these were funded.

Mr. ORIOL. In addition to the decline in percentage, was there a decline in actual number?

Dr. EISDORFER. I can supplement the report with the data in a minute.

Now, without boring you with too many details, I would like to summarize by indicating that the actual rate of funding for all grants submitted to the NIH, for fiscal years 1964, 1965, and 1966, was 41 percent. For that period, the rate of approval by council and funding for all grants in the aging program was 30 percent. Thus, in the scientific review process, aging grants received a lower priority and fared much less well than grants in other areas. However, 96 percent of approved grants in aging were funded primarily because the NICHD Council was able to fund further down the priority scale during this period, partially because of the limited number of grant applications in aging, and partially because as a fledging unit, it had more uncommitted funds.

Despite this factor, if we look at the overall probability of funding for a grant in aging compared with grants in other areas, we come up with a figure of 73 percent. That is to say, the relative probability of a new proposal assigned to the aging program being supported was 73 percent as good as the chance of the average new proposal submitted to NIH in all scientific disciplines combined.

As I indicated earlier, the approval rate for aging grants was 31 percent against an NIH total of 50 percent. Thus, in study section action, aging grants stand only a 64-percent-as-effective chance of becoming approved albeit perhaps with a lower priority rating. This figure is important since it would seem clear that as money gets tighter and funding of grants further down the priority becomes more seriously curtailed, research in aging will become relatively more deprived, moving from the 73- to the 64-percent figure. These findings may reflect that research proposals in aging are not up to the caliber of other proposals, or indeed as most of us feel, that while the review was being conducted by a body of eminent scientists, these men were typically not familiar with the area of aging.

Indeed, the number of research applications was also relatively small. In dollar amounts, the National Institute of Child Health and Human Development of the NIH awarded grants totaling $5,322,912 for fiscal 1967 in its programs of adult development and aging. Of this total, $3,233,799 was for research, representing approximately 8.79 percent of the total NICHD research budget—this is my calculation rather than theirs from data available to me—and less than .03 percent of the NIH budget.

I would like to add that since the NIH report there has been created a new review committee to evaluate research proposals in the behavioral science aspects of aging and development. It is our hope that this will do much to deal with some of these issues including stimulation of research since the new reviewing body will include representation by persons who are in a better position to judge grants in aging as well as development.

The Gerontological Society's Research Committee, with the support of its council, will soon petition the NIH for a similar review body for biomedical and physiologic studies of aging and development. Also, with the society's support, we are proposing that the NIH adopt a program of visiting scientists who will serve a bridge between the NIH and the scientific, particularly the university, community. Such individuals might do much to consult with scholars all through the country to stimulate and improve research in aging.

Categories of NIH Research

The NIH has an active program of research in aging. However, there is an unfortunate separation between funds for research and research training since each is a distinct line item in the budget. Research training grants typically do not include sufficient funds—particularly at the advanced or postdoctoral level, in order for the fellows to conduct individual research. In many cases, we now invest 2 years of training in postdoctoral fellows. When they emerge from a training program and take jobs, however, they must apply for research funds on a competitive basis having to wait the better part of a year before even learning of the outcome of their request. If their first request is turned down, a situation which seems more probable than not on a statistical basis, then we may run the risk of losing such persons who might be expected necessarily to turn to other research areas for support. Not only have we lost an important potential contributor to the field of aging but also a major investment of funds and training in the national interest.

I would like to propose then that such graduates of NIH-sponsored training programs be authorized to receive research support at some minimal level for a period of up to 2 years following completion of their training. This amount—for example, $3,000 per year in research support—would be made available to such persons through the NIH upon receipt of a research proposal supported by a university or similar nonprofit research establishment. These proposals would not be competitive with those of senior investigators, rather they could be handled administratively. Such a plan, however, might well require congressional sanction and special appropriation.

In closing this section, it might be suggested that the NIH does have a specific program for funding basic research in aging; indeed there is every reason to feel that they are interested in furthering basic research in health and related variables in the field. It is the case, however, that the funds available for research are quite limited; that there is a serious need for the stimulation of new projects, and that the review process with regard to research in aging is being improved by involving scientists more familiar with the literature problem areas, and difficulties of conducting research in this complex field.

The Office of Education indicated in February of this year that no specific portion of its funds were earmarked for research in adult and continuing education. It has two sources of funds which it does—or could—use for such support. The Vocational Educational Act, section 4(c), had $17 million appropriated in fiscal 1966 and a $10 million total in 1967 and the Elementary and Secondary Education Act title IV had $70 million for 1966 and again for 1967. During the 2½ years through February 1967, a total of 120 proposals in adult and vocational training were received and approximately one of every three funded.

Severe Cutbacks in Research

During fiscal 1967, funds for research and development in this area were severely restricted, and as of February 1967, no new projects were being funded. We obtained the Office of Education's list of projects in adult and continuing education for September 1, 1961, through February 8, 1967. Some 44 projects were listed, 19 still in progress. These ranged in annual dollar costs from $3,661 to $111,880 with a mean average of just over $31,000, and a total for the Office of Education of approximately $595,000. It should also be emphasized, however, that some of these studies emphasized programs for youth as well as the aged and thus these figures appear to be necessarily inflated at the upper extreme. It is the case that while the Office of Education does have programs specifically oriented to the particular needs of certain age groups; for example, teenagers and high school dropouts, the aged are not included among such groups. As of this week, there is some expressed concern within the Office of Education about problems of adult manpower, particularly among the 45- to 65-year-old group, but no clear programs have emerged to date. Much more concern with retraining the older worker, ongoing education as a lifetime experience, and understanding the effects of early enforced retirement, is certainly indicated.

The National Institute of Mental Health initially developed a report describing the complexities of defining how much money was being put into research in aging. This report has just been updated. Through November 1967 and reporting on fiscal 1967 and 1968, there were 22 grants in the applied research grants program of NIMH for a total of $1,233,818.

An additional 19 regular research grants were being funded for a total of $913,101. Of these grants, some went beyond aging into the effects of brain damage, and more general aspects of behavior but at least, in part, they relate to aging. Seventeen grants were made for

training but these were exclusively clinical: 14 in social work; two in psychiatry; and one in nursing. The total here was $489,626.

One final area of NIMH concern is the State hospital improvement program. Of approximately 300 eligible hospitals, only 17 received grants for programs in aging, for a total of $1,429,765. In summary, the total for NIMH was $4,066,310, this representing primarily applied research or clinical programs, with less than $1 million invested in basic research. On a proportional basis, this last figure represents approximately 3.1 percent—this is again from my calculations—of their budget; 15.9 percent of their hospital improvement program; and 0.49 percent of their training and fellowship funds. The sum is about 2.3 percent of their funding in these areas.

As of July 1, 1967, patients aged 65 and over comprised 32.8 percent of the mental hospital population in the United States—143,245 of 471,411. Indeed, this figure would underestimate the situation since nursing homes and other extended care facilities are providing beds for mentally and emotionally ill aged not included in this statistic. If we were to add just the facts that suicides increase as a direct function of age, particularly in white males, and that alcoholism obviously is a problem that occurs with increasing age, I think that the situation becomes even more striking.

In his recent study of midtown Manhattan, Dr. L. Srole, now of the State University of New York Downstate Medical Center, and his associates, indicated that psychiatric impairment affects an increasingly greater proportion of the population as age advances. Thus, while in the decade from 20 to 29 years of age, 15.3 percent of the population he studied were considered psychiatrically impaired, this figure rose to 30.8 percent in the 50-to-59-year-old group. It is important to bear in mind that these subjects were in the community. Dr. Srole did not study persons aged 60 and over, but has indicated to me that he has little doubt that the trend would be toward increasing impairment with advancing years. Despite these appalling statistics, to the best of my knowledge, there is now only one professional person in the NIMH charged with the responsibility for the development of programs for the aged. In fact, the NIMH has expressed a real desire to develop and sustain programs in aging. At this time, however, it is attempting to recruit a first-rate psychiatrist into this program at a salary approximately 50 percent of the contemporary wage scale.

The Administration on Aging's title IV research and demonstration grant program under the Older American Act of 1965 supported 55 grant projects for a total of $2.5 million through fiscal 1967. Its primary objectives involve comprehensive coordinated services for the aged, senior centers, retirement planning, voluntary and social employment, recreational and leisure activities, the evaluation of living arrangement, and special services to the aged. For this monumental set of tasks, the agency has available to it approximately $2 million in fiscal 1968. It has an additional $2 million to develop programs in nutrition. The Administration on Aging is presently funding programs ranging from demonstration geriatric psychiatric units and teachers aides programs through recreational and coordinated community health, housing, and social services. This agency serves primarily to fill the gap in programs of action and demonstration of

services for the aged and has accepted a broad mandate, but clearly it is not in a position to undertake support of major programs of basic research. Much of its funds are directed to community councils, social agencies, and aging centers, in an effort to stimulate program development and improved conditions for the aged throughout the country.

Low Levels of Support

In overview, then, we are faced with a situation in which aging and the aged are the recipients of attention from a multiplicity of Federal agencies although at remarkably low levels of support. I have not even mentioned the Office of Community Health Services of the U.S. Public Health Service, the Social Security Administration, the OEO, or the Atomic Energy Commission, among others.

One emerging problem is that it becomes more difficult for the scientist outside of the Federal Establishment to develop clear distinctions in his own mind as to appropriate sources of funding and the guidelines for each source. There has also been some question in the past concerning the familiarity of review boards with the field of aging. This may also reflect a certain degree of ambiguity in the various programs. Thus, while NIH will not support clearly psychiatric studies of the aged, NIMH and AOA will. On the other hand, NIH and NIMH are both supporting studies of aspects of learning, and NIH and AOA are doubtless involved in supporting related types of programs, albeit the latter may be a bit more action oriented.

This is more complicated in that the problems of the aged which are crying for investigation cover the gamut from intracellular chemistry through changes in the aged person's cognitive and intellective functions, and the interface between the aging individual and changing life patterns as well as the needs of the society at large. What may be called for is a survey of legislative programs in aging to assist in the development of more efficient administrative lines with clearer responsibility and, most important of all, mandates for action within the Federal Establishment to increase the base of research support.

To this end, it should be observed that the rapid turnover of agencies and personnel responsible for programs and research in aging has made life for the research investigator quite interesting. Support for more stable organizations at the highest levels of operation to stimulate research in aging and to retain the best caliber of personnel seems a necessary prerequisite for successful development of the field.

Clearly, more funding is necessary not only for the more effective use of knowledge in action, but also to meet our responsibility for generating new knowledge and certainly for evaluating the effects of emerging programs. A better balance of basic research to action and training should be sought. While we must support programs to assist the aged to live their lives with dignity, we should not do so at the expense of our need to establish basic information on the aging process and the impact of aging upon the individual and his community.

To this end, the resolution for a forthcoming White House Conference on Aging is to be applauded, particularly if the planning for this Conference includes an effort to mobilize new resources, establish improved guidelines and focus the attention of the scientific, and aca-

demic, as well as the governmental and wider community on the crucial issues at hand.

I would like to add an additional comment based upon some of the testimony heard yesterday and today.

This morning, and in testimony yesterday, there was stressed the need for more applied research. Professor Beattie, Professor Strehler and myself have been stressing the need for basic research. Each in turn has felt that there was a lot more going on in the other area. It occurs to me that the issue at hand is that in a period of need, with limited resources, we always think the grass is greener in the next pasture. The observation I have been making is that the drought covers everyone. I do not think that we can, at this point, say that any area of research is getting more, relative to its needs than the other areas.

One final observation that might be made is that some of the difficulties that we see with respect to professional activities in aging, both in action and in research, relate to the problem of attitudes and expectations on the part of individuals in large segments of the scientific and social action community. The expectation has been for centuries that old people are supposed to be impaired. If you expect people to be impaired you don't go out of your way to make them well since there is nothing wrong or abnormal with their sickness.

Thank you.

(The chairman addressed the following questions to Dr. Eisdorfer in a letter written after the hearings:)

(1) May we have some additional discussion of your comment that "as of this week, there is some apparent concern about adult manpower and particularly the 45–65 year old group, but no clear programs have emerged to date."

(2) You described limitations of research on aging at the two NIMH "centers." May we have suggestions for research projects that can and should be undertaken in this area?

(3) Can you at this point give us additional details on your observation that "What may be called for is a survey of legislative programs in aging to assist in the development of more efficient administrative lines with clearer responsibility and, most important of all, mandates for action within the federal establishment."?

(The following reply was received:)

DECEMBER 28, 1967.

DEAR SIR:

* * * * * * *

(1) Mr. Davis S. Bushnell of the Office of Education, Division of Adult and Vocational Training, had loaned me a copy of an address he delivered entitled, "Dynamics of Manpower Policy in Relation to Age." In his speech, Mr. Bushnell indicated that there is concern on the part of his branch of the Office of Education with problems of job discrimination toward the aged and feels that there should be provided the opportunity for "full participating membership in the society until death—and that continuing education is necessary and the only qualification for such participation." This quote, incidently, is from a speech of Secretary Wirtz as cited by Mr. Bushnell. On the other hand, as I indicated in my testimony, to the best of my knowledge there is no specific program implementing these aims at this time.

(2) I referred specifically to the programs on alcohol and suicide which have no studies on the interaction between age and the problem areas at issue. The data on incidence (and prevalence as appropriate) clearly support the age relatedness of these disorders.

(3) The request that a survey of programs be undertaken would not necessitate creation of an over-riding administrative body, but rather that within the executive or legislative branches, a review be undertaken of programs in aging.

Based upon this review, clearer guidelines could be established, research needs more clearly defined, and patterns of funding better delineated. Further, through such a survey, much could be done to appraise and hopefully to improve the investment of the government in furthering research in aging.

Sincerely,

CARL EISDORFER, Ph. D., M.D.

Mr. ORIOL. Thank you for a very comprehensive and helpful statement. I also wish to acknowledge the help that the committee has received, in preparing for this hearing, from the members of the Gerontological Society.

On that last point, you mentioned that both of you have run into the attitude that research which hopefully will result in increased longevity isn't attractive to people in and out of the Government. Is the ground for this feeling that old age is not a time for actions that will increase the lifespan? We are almost malthusian about it in terms of years.

Do you see any basic difference in increasing the longevity of a child by certain care we give to the child and increasing the longevity of the people who are past 65?

Dr. STREHLER. I think individuals who have matured and who have learned and developed wisdom through many years of experience, have more to contribute than a person who is just beginning life, provided that they retain their capacity to function. We all have certain emotional tendernesses for the younger members of our species. These protective instincts have served man well but I think that it would be extremely useful to have some of our elder statesmen—I think particularly of scientists like Prof. James Franck, whom I knew well or of Einstein or for that matter of many of the individuals who have served in this legislative body over the years—available to us along with the wisdom that they had accumulated.

I do not feel that the extension of life, while it may increase some population problems which are already upon us in other ways, is per se either a good or a bad thing. I think if a long life is a healthy, happy, and productive life that it can improve the quality of existence for those whom it touches.

At this point, I would like, if I may, to amplify one thing that Dr. Eisdorfer touched on. I believe we, at the present time in our history, are in danger of a very, very serious long range effect on the entire scientific community and particularly in the biomedical field, because of the many conflicting demands that are made on the national resources.

I refer to the following: The funding and approval rates of grants are presently such that only individuals who have demonstrated many years of achievement stand a good chance of getting new grants. What this circumstance does is to discriminate primarily against those kinds of enterprises which have an imaginative but unpredicted outcome. These entrepreneurial ventures are the very kind which can lead to large changes in the style and quality of future life.

Secondly, the conservative pinch in funds puts at a great disadvantage the young man who has not yet proved what he can do with a resource. Combine this difficulty with the fact that, funds for NIH grants are frozen along with Atomic Energy Commission contracts, and National Science Foundation grants. In each instance there are

many grants that have been scientifically approved, waiting for funding.

All of these stresses and strains may well produce effects during the next 5 to 10 years that will be extremely serious in terms of our progress toward understanding the origins of biological phenomena.

I hope that the committee will point out the need not only in the field of aging but in biomedical research generally, of some kind of more continuous—perhaps one should almost say rational—policy with respect to the program of funding and fund allocation. I think there is much, far too much, hit and miss administration far too much extemporizing that perhaps does not look harmful on the surface, perhaps in the short run it does little harm but in the long run this shortsightedness will lead to very serious consequences.

Dr. EISDORFER. If I might talk to this point, this was part of the motivation behind my suggestion that there be some kind of administrative award of funds to the young scientist who is coming out of a training program. I think the NIH necessarily has to play a conservative role in the expenditure of the federally appropriated dollar, and so they look for the best investment. I think this concept of the best investment is a very important one and one which we would all hold dear.

On the other hand, what this means operationally is that we invest in those scientists who show the greatest record of accomplishment. It is an old story: How do you obtain "experience" to get a job, if you can't get hired unless you have experience?

The young scientist we are talking about is a person who has had undergraduate and graduate education, after 1 or 2 years of postgraduate training, much of this at Government expense. Then it gets to a point where he has to compete in a marketplace where he may stand a poor chance of reaching independent status unless we go out of our way to do something.

To emphasize the complexity of this, if we provide training funds without increasing research funds, we will develop a cadre of well-trained people who may never get to do the research for which they were trained. I can envision Congress 5 years from now saying, "We poured all that training money down the drain," which, in a way, may be true if we make no provision for these people to carry out the work for which they were prepared.

The one analogy that I think of is if we took an infantryman. He needs a certain limited amount of equipment. Without a rifle, a uniform, and so on, he would be less efficient. We compound this problem however, when we invest a considerable amount of money in training a lieutenant in the Air Force to fly a jet. If then we do not provide him with the airplane he needs, the money we spent to train him would be an out-and-out waste. At one level of operation he is not very effective without his airplane.

I think we have very much the same situation with a scientist. It is not only a matter of training, it is a matter of training him and equipping him. If we don't have the airplane and we have no basis for building airplanes, we are silly to train pilots. We ought to train people in the area in which we can provide their basic needs.

Again, a point that also needs to be made is the area of attitude. Again, this has to do with expectations. When a child dies, everyone gets very upset because it is unexpected and we really get all involved. When you hear about the death almost the first question is, "How old was he?" If the person was 65, we say, "Well, that is all right," as if this were in fact all right, or as if on one level it was different. I think we have to get away from this. This attitude is based on centuries of man's having had experience of one kind, but these experiences are no longer appropriate. I think the attitudes reflect that we have not really caught up with the shift.

Availability of Research Information

Mr. Oriol. This is a new field of inquiry and I have to ask a basic question here. As things stand now, is there any Government roundup of the research findings from projects granted by different agencies in something like a booklet which would make it clear to everybody in the field that such research has been done.

Dr. Eisdorfer. The answer is, "yes and no." The most effective roundup has been done by Mr. Brotman, who is sitting right in front of me, who has recognized such a need, and systematically rounded up various statistical, epidemiological, demographic data, concerning the aged which have been really tremendously helpful.

The AOA has also been issuing such information in pamphlet form in a variety of ways. The NIH does have scientific reporters attending conferences on aging and they also provide information to the scientific committee. One difficulty, it seems to me, is that the scientific community does not typically read the kind of things that NIH develops except in very rare instances. And the NIH bulletins, conference reports, and so on, frequently of excellent quality, are not typically read by the nonscientific community. I don't know if you understand the trap they are in. Even if they write a simplified level of document, social workers are not inclined to read NIH documents. The scientist who reads the NIH document is going to say this is simple stuff and it does not help me.

To my best knowledge at this time, there is emerging in the adult development and aging branch of NICHHD a plan to make research information more widely available. The Gerontological Society has had a grant and is attempting to develop programs in this area. Just today I attended a meeting to organize an effort in the area of nutrition, to abstract the scientific literature and make it available to a wider segment of the community that could utilize it.

Dr. Strehler. Two kinds of information storage and retrieval are needed. One is the kind of summarizing statement which one frequently gets out of an abstract or a symposium in which thousands of bits of information are condensed and generalized.

Mr. Oriol. The Gerontological Society's program is what I am thinking of right now.

Dr. Strehler. On the other hand, we need convenient access to the detailed information which is the heart of a research paper. Much of this datum is in obscure, in unexpected locations. Thus Shock's bibliography of aging includes more than 50,000 titles—a lifetime of read-

ing. Consequently, one of the big difficulties and inefficiencies in carrying out an original piece of research in this field is to discover what is absolutely known and what the level of certainty is regarding a particular phenomenon or a particular hypothesis or model. For this reason not only for gerontology but perhaps for medical science in general—it would be extremely useful to have access to the information in codified form regardless of the source journal or the date on which it was published, what is needed is the recording of each experiment according to the phenomenon with which it deals. This could well include the bare, raw data per se, including perhaps an evaluation of their probable validity by persons more qualified than the usual abstractor to make such judgments.

If this can be achieved via some kind of ready-access computer-storage-retrieval system it would be of great use not only to gerontology but perhaps also to many other areas of biomedical research.

Mr. ORIOL. Dr. Strehler, you called for the setting up of a study section on the biology of aging and also the establishment of a national institute for aging research. Dr. Eisdorfer, you say that soon the Gerontological Society will petition the NIH for a review body for biomedical studies of aging and development. To me it seems that you are making very similar if not identical recommendations. Are there distinctions here that I am not catching?

Dr. EISDORFER. The distinction is that the study section on aging and development is defined a little more broadly, based on what we think would be the expected number of grants.

This has to do with grants management. If there are not enough grants in the field of aging, and probably there are not now in terms of absolute number, then I think we would stand a better chance to get a study section which would be more broadly defined so that it would have a job to do.

I am in principle certainly supportive of Dr. Strehler's remark. I think that the proposal made by the society would be a first step toward what would, with the growth of the number of applications, eventually be a study section in aging alone. My observation, having talked to the people at NIH, is that at this time there would not be enough activity in such a study section to warrant its being called. That was the reason for the more broadly defined definition.

This proposal originated as well as received the approval of the executive committee of the biologic section of the Gerontologic Society and was submitted to the research committee which in turn recommended and obtained the approval of the council.

Again I think the NIH seems favorably disposed to helping the field and—I look forward to a favorable reception—whether we get it or not I am not sure, of course.

Dr. STREHLER. A number of us have been told by NIH personnel that it is not possible to get a section merely on the biology of aging. We were asked whether it would not be an advance to have biological and medical aspects of development and aging as a study section as a compromise.

Part of the answer one should give to this question revolves around what one conceives the real function of a study section to be. Historically, different study sections have assumed vastly different roles. For

example, the biophysics study section, under the aegis and impetus of respected, enthusiastic, and influential scientists such as Detlev Bronk and Professor Schmidt of MIT, went out of its way to organize interest in research-grant applications in the field of biophysics. The rapid development of molecular biology during the past decade was facilitated by these efforts.

Now the usual study section role is a more passive one; namely, to evaluate, recommend, and administer such requests as come in spontaneously. Still, in an area where there are as many gaps and loopholes in information as there are in the aging field, does it not seem preferable that the approach developed by the biophysics study section be favored?

Since even in countering suggestions for a study section on the biology of aging its opponents within NIH have asked, "Are there really enough people qualified to serve on such a panel? Isn't aging such a diverse area that it would be difficult to find people of competence to judge even the biological aspects of the field?" It seems to me that to include all aspects of biomedical-lifespan studies is to compound the difficulties of an advisory body. Moreover, it seems to me that there is an inherent danger in diluting such a study group on a difficult biological area with people from the more applied medical aspects as well as with people whose real and primary interest is in how organisms develop rather than how they age and fail. Of course, Mr. Oriol, anything would be an improvement over the present system but I feel strongly that one shouldn't compromise away the heart of this patient for a face-lifting job.

Dr. EISDORFER. We agree, anything would be an improvement. I think the situation right now is that a committee of biomedical and physiologic aspects of aging and development would not be overloaded and could stimulate the field.

"HIDDEN" RESEARCH

One of the problems we have not alluded to is the fact that there may be more research in aging going on now but it is hidden and disguised in other areas. One of the issues, it seems to me, is to expose this kind of hidden research, make it clear and make it contribute more directly to the field of gerontology as well as what we would call applied or action research.

I think the difference between Dr. Strehler and myself is primarily a matter of strategy.

Right now there is almost nothing. I think we do need to stimulate more biologic research in aging and the only question is, What is the best way to do it?

I guess either one of us is equally qualified to make a calculated guess.

Mr. ORIOL. Both of you have sort of touched upon the fine art of grantsmanship. Perhaps you can tell the committee something about it. When we have this many agencies involved in research related to aging, isn't there quite often a temptation for the researcher to shop around or either to change what he really wanted to do to fit the specifications from a particular agency?

Dr. Eisdorfer, you seemed to be calling for a sort of umbrella mechanism or institution to bring together or provide some sort of guidance in research efforts.

Before the Subcommittee on Retirement, chaired by Senator Mondale, just in matters related to retirement just about every witness who talked about research related to retirement has called for a multi-agency approach. Do you have any suggestions for how to do this?

Dr. EISDORFER. While we may need an umbrella over all these agencies, I am not certain we need a new agency. Grantsmanship depends on which side of the street you are on, as to whether it is a good word or a nasty word. I guess it all depends on whether you are getting grants or not getting grants.

Mr. ORIOL. I meant it in the finest sense of the word.

Dr. EISDORFER. I assumed so. Each agency in the Federal Government has its own mission, its own mandate and, as I indicated in this report, if we wanted to do some research in an area where it would seem two or three agencies could be involved, what we would probably do is to contact the relevant person in these agencies and find out (*a*) whether they are interested in supporting research in this area, (*b*) whether there are funds available (this is now, you know, a serious problem), and having determined this, (*c*) what their own mission is, as the agency sees itself.

Having this information we would then develop what I would call a best fit. If I am interested, let us say hypothetically, in developing a program of action-oriented research or in demonstrating to social agencies improved ways of working with aged mentally ill patients, I might go to the NIMH and to the AOA and see what their response was to this. We might discover that, indeed, the AOA for the moment was much more oriented toward this kind of demonstration program and consequently I would prepare a grant on the forms provided by the AOA which might in a very slight way modify the grant request.

If I were to go to NIMH they might have a different set of requirements and I might structure it more differently. Indeed, we have had experiences like this: In these cases we write the grant proposal to reflect what we want to do, but make sure it is similar to what the agency wants done. Then, of course, the proposal goes through the usual grant review mechanism, that is, the outside peer review system. So the merits of the grant are objectively appraised and this remains a separate issue altogether.

The second point that you raise in your question is a much more complicated one. As I indicated in my report, research in aging, while it is not getting a lot of money, is getting money from a lot of places. This may be one of the reasons why it is not getting sufficient money. Because every one has a verbal commitment to at least a minimal program in aging. Since problems of the aged and aging are so rampant, agency heads feel the need to respond to the public concern and take the posture: "You see, I have an aging program, we are giving out this much money in aging." No one is willing to admit that we would be better off saying, "No, we don't function in aging at all," because this would mean that they are somehow not doing their job. What I am calling for is a more clear specification of what jobs we want done in aging and at least some kind of survey in terms of who is best equipped to do it.

Mr. ORIOL. What sort of survey would this be?

Dr. EISDORFER. It would seem to me it could be done in a variety of ways, perhaps legislative—as I say, it could be an attempt to bring to some committee—this one is certainly more than mildly appropriate—an attempt to figure out what was going on. I am just giving you a small piece as I indicated. It would be nice to know what is available and how it is being distributed, under what mandates. If nothing else, this document would be tremendously helpful to the community at large that is looking for help. I think it might go beyond this and call for an administrative review to develop internal guidelines and establish policy, and again this is one reason for support of a White House conference. The planning for a White House conference could do a significant job, and from my point of view the conference would be a tremendous success before it ever took place if they could do this job.

I think it would be important for the whole scientific community for us to understand what is happening.

Dr. STREHLER. I don't yet know whether I am an expert on grantsmanship or not, for I am so newly out of government that final action on my pending grants has not yet occurred. I have made application for three, perhaps four grants. These have been approved with reasonably high priorities, I understand, but depending upon the level of cutback in the budgets of the agencies involved—NSF, NIH, AEC, VA—the allotments will be trimmed or possibly even be eliminated. This is an area in which I have been working for 12 years. I hesitate to think of what will happen to the poor talented young men who have just got out of graduate school now that the big squeeze is on. I would hope that some means can be found to impress the President, or whoever is ultimately responsible for these annual across-the-board budget balancing cuts with the need to proceed selectively in budget economies. Not so that we do remove the living substance along with the fat.

With respect to the need for an overall agency concerned with research on aging, I think it must be obvious from some of the exhibits that I have submitted here that I do believe very much in a cost-efficiency approach. Therefore, I think we should attempt to find out what the problems are that need solution and to create the administrative mechanisms for effecting the corresponding research. To leave research planning and funding to a haphazard aggregration of five or seven different agencies, none of which knows what the others are doing, is to invite all kinds of——

Mr. ORIOL. You just said none of the other agencies knows what the other is doing?

Dr. STREHLER. I think this is largely true. Now, I believe there is advantage in competition among agencies for grants, but I think some kind of coordination, perhaps through a special under secretary, is needed. Or perhaps this committee can perform such a function. You certainly have the ability to elicit the needed information and perhaps can see that it is organized in some coherent fashion. This would at least clear the air for the time being. I think organization and long-range planning of the type that has been so successful in improving the effectiveness of, for example, the Defense Department, could very well be used in principle in the biomedical area. Where waste and inaction and inefficiency could well become very important problems.

Mr. ORIOL. Dr. Eisdorfer, do you have a similar view about the agencies?

Dr. EISDORFER. I am a little more optimistic about the agencies knowing about each other, at this time principally. Unfortunately, only because there are so few people involved and because they talk to each other. There are only one or two people in program administrative roles in each of the various major agencies. By and large these are men of good will, men who are trying to do a quality job, and consequently they do talk to each other. I think what Dr. Strehler is emphasizing is that this is purely an informal thing and there is to the best of my knowledge no agency, or—I hate to say the word—procedure, if you will, by which information in this area is transmitted either from one agency to another or, indeed, from the various agencies to some central point. If you have two or three or a half dozen good men I think this is all to the good, but probably if administration is going to be effective it has to go—like law—beyond the individual.

To this end I think we are particularly at the moment when that much of the community involved in basic research is in a state of—I may overdramatize this but we are all quite concerned—in a state of profound shock at not being able to read what is happening.

As I indicated in my presentation, some of these data date back a year ago and we were in a poor position then. I believe that aging would suffer differentially from any cutback in research. It has to because the figures are all in that direction, and I wouldn't know what to report for next year.

My prediction would have to be, of course, that we will do even less well, and generally the need for representation by people who can speak for aging at fairly high levels is very important. We have been suffering from the lack of such a person for a long time. We have also been suffering from the fact that I think if we trace the history over the past decade there has been really no high-level program person in aging who has lasted for more than 2½ or 3 years in his job.

Mr. ORIOL. John, do you have anything?

Mr. MILLER. No.

Mr. ORIOL. I would like to note for the record at that point that we had hoped to have Arnold Rose, of the University of Minnesota, as the third member of this panel. He has submitted a statement for the record and it will be inserted at this point.

(Dr. Rose's prepared statement follows:)

STATEMENT OF DR. ARNOLD M. ROSE, PROFESSOR OF SOCIOLOGY, UNIVERSITY OF MINNESOTA

Because the focus of these hearings is on the social and economic changes that can be expected to affect aging Americans during the coming decades, I am appending a copy of a paper which I wrote for another purpose, entitled "Future Developments in Aging: Perspectives" that ventures some predictions. My present remarks will be limited to the problems, and the need for knowledge about the problems, associated with the separation of the elderly from the ongoing life activities characteristic of typical American adults. Only a portion of this has to do with retirement from work, but the fact of retirement cannot be separated from the picture of total life activity of the elderly person.

I wish to introduce the concepts of "isolation of the aging" and "subculture of the aging" on which to hinge most of my remarks. It should be understood that these are presented as relative terms, reflecting trends and tendencies, rather than absolute changes. Over the past several decades, and continuing into

the coming decades, certain trends are taking place which are increasingly isolating elderly people from younger adults. We do not consider these to be "bad"; in fact, most of them have developed in response to real needs of the elderly, but the facts of their existence need to be noted:

1. The rapid growth of nursing homes, of retirement homes, of "housing for the elderly," and of "retirement communities" are reducing three-generation family and the older urban pattern of elderly couples retaining the old family home located in a mixed-residence neighborhood. The still older pattern of young adult families living in the old family home, where the grandfather remained the head of the household, has practically disappeared except in some rural areas.

2. The rapid development of compulsory retirement in industry around the age of 65, and the relative decrease in the number of farms and small retail businesses in which owners could decide on their own age of retirement, have isolated older people from their young former co-workers and co-businessmen.

3. The increasing geographic mobility of the American population has, to some extent, increased the geographic separation of the generations. Younger families have moved out of the central cities to the suburbs to a much greater extent than older persons have. The rapidly changing demands of modern industry are moving workers and businessmen all over the country, away from the place where they grew up and where their elderly parents often still live. While personal ties and relatively cheaper transportation costs have encouraged periodic family visiting, this mobility has inevitably cut down on the day-to-day contacts that were possible when the three generations lived in close physical proximity to each other.

4. The promotion of recreational facilities and social clubs exclusively for the elderly by churches, social welfare agencies, and other organizations have increased the social contacts among older people relative to their contacts with younger adults. In the past decade in many communities, older people themselves have taken the initiative in forming social clubs, pressure groups, and associations of other sorts, which also reduce the time spent in mixed-generation social contacts.

All of these trends have occurred either in response to large-scale social forces which cannot be avoided, or in adjustment to real needs on the part of the elderly which an increasingly responsive government and society have chosen not to ignore, and they thus represent "healthy" social developments which are likely to increase the happiness and well-being of older people compared to what otherwise might be. But there are bound to be social consequences which we should not ignore. Before turning to the consequences, let us ask if there are any counter trends so that we may have a balanced picture of the social contacts of the elderly.

1. In the self-employed professions (such as medicine), in politics, and in other small occupational groups where compulsory retirement does not apply, the improving health and vigor of older persons permits them to participate more actively in the affairs of their occupation and occupational associations than aged persons were formerly capable of. But this observation obviously applies only to a relatively small, and probably decreasing proportion of the total population.

2. Some non-age-graded voluntary associations—mostly those with social welfare and political purposes—have become aware that older people have increasing health and vigor, as well as more leisure time, and have sought to incorporate them into their ongoing programs. Thus far, this observation probably effects only a small proportion of our past-65 citizens, but the possibilities for the future are considerable.

3. The afore-mentioned personal ties of affection, and the relatively cheaper cost of long-distance transportation and communication, are apparently keeping up the social visiting among the three generations within the family, even though they will increasingly live apart.

Despite these important counter-trends, the dominant pattern of our society is becoming one in which older people are associating more and more with other older people at the relative expense of their involvements with younger adults. The social consequences of this relative "isolation" of the elderly must be noted and studied by objective social scientists. I have found it valuable to hypothesize these consequences under the general concept of "subculture of the aging."[1] The

[1] I first used this concept in a paper published in 1962: "The Subculture of the Aging: A Topic for Research," *The Gerontologist*, 2:3 (September, 1962), pp. 123–127. This paper was expanded as the first chapter of *Older People and Their Social World* (Philadelphia: F. A. Davis and Company, 1965).

notion of subculture has been used by sociologists to refer to the distinctive patterns of behavior of any segment of the population the members of which: (1) have a positive affinity for each other on some basis (e.g., gains to be had from each other, long-standing friendships, common background, common problems and interests); (2) are excluded from interaction to some extent from contact with the rest of the population. These two forces increase the *internal* communications and consequent mutual understandings of the group somewhat at the expense of communication and understandings with outgroups. Thus we speak of the youth subculture and the Negro subculture of the United States. The elderly people of the United States are forming a subculture too as the aforementioned trends are isolating them to some degree from the rest of the population. The subcultural patterns of behavior are incipient and only partially developed as yet because the trends isolating the elderly are recent. Let us present a few examples, therefore, as hypotheses rather than as definitive facts:

(1) Older people vote increasingly "rationally" in terms of group interests—for social security and housing for the elderly and against school bond issues that raise local taxes. On neutral issues, they will probably follow their traditional conservative bent, except insofar as they are swayed by current issues and generational changes. Their increasing concentration in central cities and certain regions of the country make their votes especially potent in these areas, and their increasing length of life and proportion in the voting-age population make their votes more potent generally. Local leaders have occasionally already sought to organize the vote of the elderly, and this may be expected to become a more frequent phenomenon in the future.

(2) Leadership and prestige patterns among the elderly diverge somewhat from those found in the general community. Greater weight is given to physical vigor and organizational ability and less to wealth and occupational skill. Sociability and "congenial personality" continue to be given great weight, but the elements which define these differ somewhat in the older population from that which prevail in the general community.

(3) The values of leisure rather than of work are being explored. But the leisure values of the elderly are different from those of youth. Little attention has yet been paid to the potential market for commercialized products that could appeal to the leisure values of the elderly, but the potential is there. Increasing numbers and more adequate pension and community plans will increase the total purchasing power of the elderly.

(4) Sex differences take on different meanings, becoming less oriented to sexual relationships and to different economic roles than to companionship, as the sex drive diminishes and as married men spend as much time in the home as married women do. The unbalanced sex ratio among older people (121 women past sixty-five for every 100 men) must have some effect on their attitudes toward sex and sex differentiation. Perhaps it is simply that men are pampered and fussed over by their female associates; perhaps it is a woman-dominated social relationship in which men's interests and wishes are ignored because they are so greatly outnumbered.

These are just examples of the manifestations of the aging subculture; the list could be greatly extended. Participation in it by individual older people varies considerably: One variation we wish to call attention to particularly is a result of the proportion of older people in the total population of a community. In some small towns—particularly in the Midwest and in upper New England, where younger people have been moving out at a rapid pace—and in "retirement communities" of Florida and other warm places, the communities are so dominated by the presence of older people that they exhibit a strong atmosphere of the whole aging subculture. The commercial establishments, the recreational facilities, the newspapers, the churches, and other local institutions are marked by the domination of the elderly.

Many older people—although a declining proportion—are integrated successfully in the general society and continue their major participations with younger adults. These include the self-employed and the politicians who continue their occupations past the age of 65, and those who are active in non-age-graded voluntary associations, and perhaps also the economically well-to-do older people generally. But for the rest of the older population, who are in one way or another excluded from participations in the general society, we would hypo-

thesize that life satisfaction and mental health are associated with the extent to which older people are able to associate successfully with each other and to participate in the patterns of behavior we have called the aging subculture. In speaking of mental health, we are obviously not talking of those who have experienced physiological changes associated with senility, but rather of the mental health associated with a positive self-conception, realistic orientation toward the social world in which they live, and ability to live in accord with personal values.[2] If our hypothesis is correct, much of the public attention and public expenditure that have to be devoted to the considerable mental health problems of older people are a function of the extent to which associations and participations of older people with each other, and the growth of an aging subculture generally, are developed. This is the wholesome by-product of the current public effort devoted to "housing for the elderly" and the social and recreational activities now being promoted in so many communities.

Social Research on the Aging

Let us turn our attention now to social research on the aging. There has been extraordinarily good research of a factual character—on matters of income, health, housing, etc.—and the difficulty has been to get the findings of this research into the hands of the local people who ought to be using it when planning programs for the elderly rather than to collect any more data. The research that is still needed is the theoretically-oriented research on the forefront of knowledge about social and psychological processes associated with aging in our changing society. This type of research is best done in universities and independent research institutes, just as the large-scale factual research is best done in government-associated offices. The emphasis is not on systematic collection of large bodies of clearly-defined factual information, but on the formulation and testing of probable but unsure hypotheses. An example is provided by our research on the aging subculture, which has been carried on under the auspices of the Midwest Council for Social Research in Aging.[3]

As a result of the stimulation provided by the preparations for the White House Conference on Aging 1961, a few of the midwestern sociologists organized the Midwest Council. We operated on the premise that social gerontology was not sufficiently popular among either faculty or graduate students that any one university could organize an adequate program of teaching or research in the field. So we bring together the interested faculty and graduate students of eight universities, plus assorted colleges when they happen to have interested persons, as well as expert consultants from outside our region. We still feel that programs offered by a single university anywhere in the country are—with a very few exceptions—inadequate, and that federal agencies that subsidize them are largely wasting their funds. Our collaborative venture in the Midwest—which now includes individual research, cooperative research, and a high-quality graduate student training program—provides a better model. We can draw on a larger number and wider range of resources, and we provide mutual stimulation and mutual aid to each other. These things are especially important in a developing field which does not command the attention of many first-rate people in the social science disciplines. The theoretical and applied interests of other possible regional teams will naturally differ from ours in the midwest, but we feel the interuniversity collaborative approach will yield a higher quality of research and training.

Mr. Oriol. I would also like to acknowledge that Mr. Brotman from the Administration on Aging has been of great help before and during the hearing. Thank you.

I will also note for the record that in conjunction with this hearing very widespread mailings have gone out to experts in many fields, at least excerpts from that correspondence will also be included as part of the record.

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[2] Arnold M. Rose, "Mental Health of Normal Older Persons," *Geriatrics*, 16 (1961), pp. 459–64; Ruth S. Cavan, "Self and Role in Adjustment During Old Age," in Arnold M. Rose (ed.), *Human Behavior and Social Processes* (Boston: Houghton Mifflin Co., 1962), pp. 526–536.

[3] See our first collaborative volume: Arnold M. Rose and Warren A. Peterson (eds.), *Older People and Their Social World* (Philadelphia: F. A. Davis Company, 1965).

This 2-day hearing couldn't hope to cover the subject of long-range program and research needs in aging and related fields, but it is a beginning which can be built on and certainly will help in future committee and subcommittee inquiries and hopefully, the preparation for the White House Conference on Aging.

Thank you very much for coming here.

(Whereupon, at 2 p.m., the Senate Special Committee on Aging was recessed subject to call.)

APPENDIXES

Appendix 1

MATERIAL RELATED TO SUBJECT OF PANEL 1*—PRESENT AND FUTURE STATUS OF THE AGED AND AGING IN THE UNITED STATES—INTRODUCTORY

ITEM 1: EXHIBITS PROVIDED BY HERMAN B. BROTMAN, CHIEF, REPORTS AND ANALYSIS, ADMINISTRATION ON AGING, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

EXHIBIT A. A PROFILE OF THE OLDER AMERICAN [1]

There are about 19 million people in the United States who have already celebrated their 65th birthday. That's a lot of people. If they could be concentrated geographically, they could completely replace the present population of our 20 smallest States.

If, on the other hand, they could be formed into a queue, a single continuous line, it would stretch more than 5,300 miles or from New York to lower California and back again to Chicago. If you counted the people standing in this line at the rate of one every second, working 24 hours a day, it would take you 220 days or some 31 weeks. Of course, that would be true only if you had a static, unchanging group. Actually, while you were counting, some 670,000 of those already on the line would die and another 850,000 people would reach age 65 and join the end of the line. It would then take you another 10 days to count the newcomers, and so on and on.

Why do I go into this numbers game? Well, if I'm to give you a profile of the older consumer, I've got to get you thinking statistically—in quantities. Nowadays, we describe even quality in numbers—teeth are 22% brighter, perfumes are 30% sexier, and the smaller size is the giant.

Before today is over, the older population will show a net increase of 820; about 3,900 Americans will have a 65th birthday but about 3,080 already 65+ will die. In the course of a year, that comes to 1.4 million additions minus 1.1 million deaths for a net increase of 300,000. In the course of five years, this adds up to the fact that 35% of the older population are new to this age group. And these newcomers to the aged have lived through a somewhat different period of history, a somewhat different culture, changed schools, changed economic conditions, and so on.

So far, I've shown you that we are talking about a great many people, every 10th American; that each one is a separate individual; and that the older population is subject to what a labor economist would call "turnover".

Of the masses of available information about older people, I've selected as possibly most useful to you the areas of age, sex, marital status, schooling, living arrangements, income, and expenditures.

First, let's take a closer look at the age distribution. Half of our older people are about 73 years old or over, born before 1894. The youngest of the group, the 65-year-olds, were born in 1902, went to work about the time of World War I, suffered through the depression in the middle of their work history when they were raising a family, and saw their children go off to World War II. The oldest of our aged, the centenarians, were born before the Civil War. Just think of the

*See pp. 10–53 for testimony.

[1] Presented at the Conference on the Consumer Problems of Older People at the Hudson Guild-Fulton Center, New York City, on October 16, 1967.

political, social, economic, and technological developments they have had to cope with.

Of every 100 older persons today, 63 or almost two thirds are under 75, 31 or almost one third are between 75 and 85, and 6 are 85 or over. Incidentally, that 6% aged 85+ represents more than a million people.

Today, there are many more older women than older men, about 11 million to 8 million, and the disproportion is growing larger. How does this happen?

Currently, there are more boy babies born than girl babies, about 105 boys to 100 girls. But the "weaker sex" has a lower death rate. As a result, as time goes by and the males die in greater numbers than the females, the ratio changes slowly. By the time we reach age 30, there are more women than men; thereafter the disproportion increases more rapidly. At ages 65–74, there are 125 women per 100 men; at 75–84, it is 140 women per 100 men; and at 85 and over, it jumps to more than 160 women per 100 men.

Obviously, this has a great impact on marital status. Whereas most of the older men are husbands, most of the older women are widows. Of the more than 8 million 65+ men, 72% or 6 million are married but only 3.5 million are married to women who are also 65+. The other 2.5 million married men have under-65 wives. The remaining older men consist of less than a million or 10% who were either never married or are now divorced and more than 1.5 million or 18% who are widowers.

The marital situation of older women is quite the opposite. Of the 11 million 65+ women, 54% or close to 6 million are widows and more than half of them are 75 years of age or over. Compared to older men, of whom 72% are married, only about half that proportion, 37% of the older women are married. This comes to about 4 million married older women as compared to 6 million married older men. Of these 4 million wives, about 3.5 million have 65+ husbands and a half million are married to men under 65. As was true for older men, close to 10% of the older women, almost a million, are divorced or were never married.

Next, I would like to turn to an area which I consider basic to many other considerations—the level of schooling completed. There are a multitude of implications and consequences involved here: Level of earnings, work and social status, communication and understanding, tastes and pursuits, attitudes, etc. Of course, none of these is perfectly correlated with education but the relationship is easily high enough to influence policy making.

Variations in Education

Our information does not reflect differences or changes in the quality of education. But then it might be considered un-American to doubt that change means progress. Neither do we know how to evaluate the fact that 20% of the older population is foreign born and received some or all of its education in other countries.

Nevertheless, if we compare the people aged 65+ with those aged 25 through 64, the group who can be presumed to have finished their schooling, we find that half of the younger group have completed at least high school while half of the older group never went beyond elementary school.

Almost 6% or a million older people never went to school at all and 11% or 2 million had less than 5 years of elementary school. This makes a total of nearly 17% or 3 million older people who are at least functionally illiterate. By comparison, only 5% of the 25–64 age group fall into this category. At the other end of the ladder, about 5% of the older group are college graduates as compared with 11% of the younger.

Contrary to a popular stereotype of the disability of the aged, only a small minority, 4% or 800,000 older persons live in institutions of any kind; 96% live right in the community. Roughly 70% or 13 million live in a family setting; this group is comprised equally of older men and older women. The remaining 26% live alone or with nonrelatives; this group is comprised mostly of women, 3.5 million women to 1.5 million men.

Now let's take a look at actual living arrangements. Let's examine the households that contain older persons, remembering that a household may contain one or more persons and may be headed by a person of any age.

Last year, there were slightly more than 11 million households headed by a person aged 65+. Of these, 6.9 million were headed by an older man and in 5.4 million cases there was a wife present. In the remaining 1.5 million households headed by older men, there was no wife present; the men either lived alone or with other relatives or nonrelatives living in their homes.

Of the same 11 million households headed by an older person, 4.3 million were headed by 65+ women, with no husbands present. In most cases, 3.2 million to be exact, the women lived alone or with nonrelatives; in 1.1 million cases, women had relatives living in the homes they headed.

The remaining 2.9 million older people lived in someone else's household. More than 2.5 million, almost 2 million of them women, lived in the household of a relative. Only some 300,000 lived in the home of a nonrelative.

The living arrangements of our 19 million older people, therefore, can be summed up as follows: 90% of the 8 million older men and almost 80% of the 11 million older women live in their own households either as heads or wives of heads of the households. Sizeable proportions—15% of the men and 35% of the women—head households in which they live alone or have taken in nonrelatives. The vast majority of male-headed households have a wife present but some of these wives are under 65 years old. More than 20% of the older women and 10% of the older men live in someone else's household, usually that of a member of their family.

The 1960 census of housing found that about 70% of the households headed by older people were owner occupied. About 20% of the owner occupied and 30% of the renter occupied households were substandard.

Money may be the root of all evil, but I'm sure that at least the older population would call it a very lesser one. Income may not solve all problems—but it helps.

It is estimated that the older population as a whole has an aggregate income of between 40 and 45 billion dollars and that they spend practically all of their income currently—little goes to savings.

Surprisingly, the biggest single source of income to older people is earnings from employment. Even though only 1 in 5 of older persons is in the labor market and these 65+ workers tend to concentrate in part-time and low-paid jobs, earnings accounted for nearly a third of all the income of all the older people. The combination of payments from regular retirement programs contributed nearly 40% of the aggregate income: 30% from social security, 6% from railroad retirement and civil service, and 3% from private pension plans. If we add in the payments from the "means test" programs, 4% from veterans benefits and 5% from public assistance, we get a total of nearly half (some 45%) of older people's aggregate income coming from retirement income payments. The remainder of the aggregate income comes from return on invested assets—interest, dividends, and rents—about 15%, and from miscellaneous sources, including contributions from relatives, totalling 5%.

Even more pertinent to a discussion of the older consumer than aggregate income is the income situation of the separate families and individuals. But is it enough to talk about current income without considering the availability of accumulated assets? A recent national survey found the median value of assets held by older couples was about $11,200. However, if the value of the home, which few would recommend be sold for current income, is excluded, the median value of assets drops to less than $3,000. Assets of nonmarried persons ran less than a third of these amounts. Also, the survey found, assets tended to be concentrated among older persons with high incomes. Further, debts or payments on debts were no burden on older people. Personal debts amounted to about 1% of assets but the overwhelming majority of older persons had no debt at all.

We may conclude, therefore, that for our purposes, money income is the best measure of financial condition.

Last year, half of the families with heads aged 65+ had incomes of less than $3,645. This is 46% of the median income of younger families ($7,922). The close to 5 million older people living alone or with nonrelatives face an even more difficult situation. Their median income was $1,443 last year, only 42% of that of their younger counterparts.

Last year, there were close to 7 million families with heads aged 65+. About 41% or 2 out of every 5 of these older families had incomes of less than $3,000; half of them with less than $2,000.

More than a quarter of a million older families had incomes of less than $20 a week or $1,000 for the year; a half million families had incomes between $1,000 and $1,500; and three-quarter million families had between $1,500 and $2,000. At the other end of the scale, 10% or about 700,000 older families had incomes of at least $10,000 and some 75,000 of them had $25,000 or more.

A quarter of the almost 5 million older people living alone or with nonrelatives had incomes of less than $20 a week ($1,000 a year) and well over another quarter had between $20 and $25 per week ($1,000 to $1,500 a year).

According to the poverty index used by the Office of Economic Opportunity, which actually is based on an extreme degree of poverty, there are more than 5 million older Americans living below this poverty level. They form close to 30% of the 65+ people living outside of an institution.

If we use as a measure of adequacy the Bureau of Labor Statistics' budget for an elderly couple, described as "modest, but adequate," and which approximates the "near poor" poverty index, we find that more than 40% of the noninstitutionalized aged fall below this modest level of living.

So much for income. What do older people spend their money on?

According to the best expenditure data available, older people, who have about half the income of the younger, also spend about half as much as do younger people. However, the proportions of their total expenditures going to various types of goods and services differed considerably. Older consumers followed a pattern more closely related to low income groups in general. For instance, the older units spent proportionately more on food, housing and household operations, and medical care than did the younger units. Younger units, on the other hand, spent proportionately more on housefurnishings, clothing, transportation, alcohol, tobacco, recreation, and education.

Smaller expenditures by older consumers in many categories probably reflects their low-income position rather than lack of need for the goods or services. A survey in January of this year showed that 84% of the households headed by younger persons owned an automobile but only 56% of the older households. Moreover, older households tended to own older automobiles.

The survey also checked on ownership of major appliances, such as washing machines, refrigerators, TV sets, dryers, dishwashers, air conditioners, etc. In every category except refrigerators, a significantly lower proportion of older households than of younger households reported such ownership.

Analysis of the proportion of households in each age group which had purchased a house, automobile, or major appliance in 1965 showed even larger differences. The vast majority of the aged cannot afford such purchases; nor do they seem able or willing to undertake large installment payments.

Medical care costs loom large in the expenditures by older persons. Medicines alone cost the average older person some $50 a year. Older persons with chronic conditions, about 80% of all older persons, may spend double this amount, or more, depending on the degree of disability caused by the chronic condition.

Well, I've more than used up my time. Let me, however, take a few more minutes for a quick "recap".

On numbers: The older population is comprised of 19 million separate individuals, whose most commonly shared characteristic is that they have passed their 65th birthday. It's a changing group; in the course of a year, there is a net increase of 300,000 but 1.4 million or 7% are newcomers to the age group.

On age: Most older people are under 75; half are under 73; a third are under 70. More than a million are 85 and over.

On life expectancy: At birth—70 years, 67 for men but 7 years longer or 74 for women. At age 65—15 years; men can expect another 13 years but women can expect another 16 years.

On sex: Most older people are women, 11 million; men are 8 million. For all those 65+, there are 130 women per 100 men; for 85+, more than 160 women per 100 men.

On marital status: Most men are husbands; most women are widows. Of married men, more than 40% have under-65 wives.

On education: Half never got to high school. Some 3 million or 17% are illiterate or functionally illiterate.

On living arrangements: 90% of the men and 80% of the women head up their own households, including some who live alone or have taken nonrelatives into their homes.

On aggregate income: $40 to $45 billion a year. Almost half from retirement and welfare programs, almost a third from employment, and about a fifth from investments and contributions.

On personal income: Older people have less than half the income of the younger. In 1966, median income of older families was $3,645; median income of older persons living alone or with nonrelatives was $1,443. About 30% of older people

live below the poverty line; another 10% are on the border. Many aged poor are poor primarily because of age!

On expenditures: Like most low-income groups, the aged spend proportionately more of their incomes on food, shelter, fuel, and medical care. Aged do not necessarily need so much less, they just can't afford it.

And finally, let me close by listing a few pertinent points that I hope other speakers will discuss:

Loneliness.
Alienation and segregation from community life.
Loss of various statuses and choices.
Prevalence of disability and currently incurable chronic conditions.
Problems of transportation and mobility.
Rising costs of services.
Impact of decreased family size on costs, social and recreational opportunities, and on food planning, purchase, preparation, and consumption.

EXHIBIT B. LETTER ON PROJECTED TRENDS AMONG ELDERLY

The number of people aged 65+, according to Census Bureau projection, techniques will rise from the 1960 total of 16.7 million to 19.6 million in 1970, 21.2 million in 1975, 23.1 million in 1980, and 25 million in 1985. In the 25 years between 1960 and 1985, the older population will increase by one half (50 percent).

Depending on your assumptions as to future fertility rates and thus the size of the younger population, the older population will constitute in the neighborhood of 10 percent of the total population or just a little more than is true today.

The continuing higher death rates for men than for women, however, will further increase the disparity between the numbers of older men and women. By 1985, there will be about 14.8 million 65+ women but only 10.2 million 65+ men. This means that whereas there are already 130 women per 100 men in the older population today, by 1985, there will be almost 150 women per 100 men in this age range and more than half the older women will be widows.

Labor force participation rates are expected to continue recent trends. For men, there will be little change in the under-60 age groups, but the 60-64 group will drop from about 80 percent in the labor force in 1960 to less than 75 percent. The 65+ participation will drop from 32.2 percent to about 20 percent (from 46 percent to 30 percent for age 65–69 and from 24 percent to 15 percent for age 70+). For women, the increase in labor force participation in the middle ages will continue. In the 45 to 54 age group, the proportion of women in the labor force will jump from 50 percent in 1960 to about 60 percent. In the 55-59 age group, the proportion of women in the labor force will increase from 42 percent to 57 percent; in the 60-64 group, from 31 percent to 38 percent. However, the present participation of about 10 percent of the 65+ women will continue unchanged.

Older people in 1985 will be better educated than the present aged. Today, half of the aged had an elementary school education or less. By 1985, the median number of years of schooling will be about 10 years or two years of high school.

I hope this proves helpful. Please call whenever I can be of help.

Sincerely,

HERMAN B. BROTMAN,
Chief, Reports and Analysis.

ITEM 2: FUTURE DEVELOPMENTS IN AGING: PERSPECTIVES—A STATEMENT BY ARNOLD M. ROSE, UNIVERSITY OF MINNESOTA

The elderly have always been part of society, and debilities and handicaps have always characterized them, but they have only recently been considered a social problem. This recent shift in attitude toward the aging has two sets of causes: (1) Changing objective conditions affecting the aging have made their debilities and handicaps both more severe and more salient. (2) The public has recently come to recognize that it is possible and feasible to alleviate some of the difficulties facing the elderly. These two sets of social changes will be the subject of our analysis, and the basis of our perspectives into the future. Together

they make of aging a contemporary social problem, for the latter is generally defined as "a situation affecting a significant number of people that is believed by them and/or by a significant number of others in the society to be a source of difficulty or unhappiness, and one that is considered to be capable of amelioration."[1]

While population statistics for earlier periods of history are generally faulty, it is likely that the proportion of the elderly—defined as those over 65 years of age—did not vary significantly from the figure of 4.1 percent which was found for them in the year 1900 in the United States. But from that year until the present, the elderly have formed a steadily increasing percentage of the population; in 1960 they accounted for 9.3 percent of the population. Thus, the elderly are relatively more than twice as numerous as they were 60 years ago—twice as salient.

One major reason for this change, of course, is that there has been a major improvement in medical knowledge and preventive medicine. One category of disease—the acute, infectious illnesses—have been virtually wiped out as a cause of death. This has led to a new problem of medical care for the elderly. They now usually survive the infectious diseases to acquire the chronic diseases—the deadly heart diseases and the cancers, as well as the handicapping arthritis and rheumatism—all of which cost much more in medical care, in nursing care and hospitalization. Whereas one formerly typically died of influenza or pneumonia after only a week or two of illness, and it was relatively inexpensive to die, today there are usually expensive and long-drawn-out medical costs attached to both living and dying as an elderly person. In the National Health Survey of July, 1959 to June, 1960, it was found that 77 percent of the elderly population had one or more chronic illnesses.[2] In the short span of years between 1901 and 1955, according to another study, the proportion of persons over 65 years having one or more chronic diseases rose from 46 percent to over 81 percent.[3]

At about the same time, the costs of medical care rose with extraordinary sharpness: Despite a half-day average reduction in the length of hospital stay, the cost of the average hospital confinement rose from $148.64 to $279.91 between 1952 and 1962, a rate of increase about six times as great as that for all other living costs.[4]

This combination of circumstances have created one major facet of the contemporary social problem of the aging: The high cost of illness and death. It is estimated by the President's Council on Aging that, in 1961, only about 14 percent of those past 65 years of age have total incomes of more than $3,000 a year,[5] which might reflect the minimum amount of savings large enough to permit them to pay for a year's siege of chronic illness.

Obviously only a minority of the elderly could pay for catastrophic medical care out of savings, and while about half the elderly had some form of medical insurance in 1960 very few of those who had private policies found that these took care of only a small segment of their medical costs.[6] The cost of medical insurance rose rapidly: Between 1952 and 1962, it rose 120 percent, which was eight times as fast as all other living costs and three times as fast as wages.[7] Further, this private insurance was not economic: The high benefits to the elderly subscribers resulted in high insurance rates for middle-aged and younger subscribers.

In 1960 Congress passed the Kerr-Mills Act which compensated the states for providing medical care for those of their elderly citizens who were on public assistance, thus expanding to most of the nation what a few states—like Louisiana, Massachusetts, and Minnesota—were already doing for their elderly indigent. Most of the states were laggard, however, in adopting the second major provision of the Kerr-Mills Act—namely, to set up a new category of the "medically indigent," indigent by virtue of medical expenses only, and share with the federal government the medical costs for such persons.

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[1] Arnold M. Rose, *Sociology: The Study of Human Relations.* (New York: Alfred A. Knopf, Publisher, 2nd edition, 1965), p. 577.
[2] U.S. National Health Survey, Series B, No. 31 (Table 2).
[3] Metropolitan Life Insurance Company, "Major Aspects of American Morbidity" Statistical Bulletin, 41 (August, 1960), pp. 1–3.
[4] Report by the Martin E. Segal Company, *The Machinist,* November 7, 1963, p. 3.
[5] President's Council on Aging, *The Older American* (Washington, D.C. Government Printing Office, 1963), p. 9.
[6] U.S. Senate Special Committee on Aging, *Annual Reports, 1960* et seq. (Washington. D.C.: U.S. Government Printing Office, 1961 et seq.)
[7] Martin E. Segal, *op. cit.*

For these reasons, there was a great national drive for "medicare" during the period 1960–65: The great middle classes of the American elderly—too well-off to get on the relief rolls and too poor to have saved enough to pay for catastrophic medical costs—were not getting the benefits of modern medical care. The United States dropped to twelfth position among the nations of the world in length of life.

In 1965, after eight years of one of the most spectacular Congressional battles of the decade—in which the American Medical Association, the U.S. Chamber of Commerce, and most of the Republicans and southern Democrats were lined up against associations of the elderly, organized labor, social welfare agencies, and practically all of the northern Democrats—Congress, under the leadership of President Lyndon Johnson, passed a strong Medicare Act. It not only provided for free hospital, nursing, and most drug care for those past 65 years of age, but at the last moment, provided that the elderly could obtain physicians' and surgeons' care by voluntarily joining an insurance program at the cost of $3 a month (and the Social Security Act benefits were simultaneously raised to more than cover this). While not all the medical care costs of all elderly citizens are yet covered—notably dental care, the cost of eyeglasses, and some periods of hospital care—the Medicare Act of 1965 went a long way to taking care of the catastrophic medical costs of all the elderly. The first year's experience indicates that the Act is not being abused (perhaps because of the inclusion of a provision for minor contributory payments by the elderly) and that it has not disrupted medical services for the rest of the population—as was direfully predicted by the organized medical profession. Thus, after a huge political battle, it can be said that the medical care costs' problem has now been solved, and we can expect the aging persons' length of life to increase another half a dozen years or so, to bring it up to the top world level. There remains a need for better diagnostic and preventative health care services before the age of 65 years, and Senator Harrison Williams (Democrat, New Jersey) is leading a Congressional effort to obtain this.

It is hazardous to speculate whether the "span of life" (as distinguished from the current "length of life"—now averaging about 70 years when calculated from birth) will increase in the near future. Biologists are making some spectacular experiments among some of the lower species of animals in lengthening their biological span of life, but there is no sure sign that this knowledge can be extended to man. More likely for the near future is that there will be breakthroughs in knowledge of how to prevent and cure the two great killers of old people: cancer and the heart diseases. While these chronic diseases cannot yet be "cured," they can be partly prevented and "symptom-treated" by better health habits, earlier diagnosis, more use of empirical treatments, etc. It is not unlikely that the year 2000 will see the American length of life rise to 90 years.

Increase in Retirement Ratio

Almost as dramatic in changing the lives of older Americans as the increase in their life expectancy has been the increase in compulsory and voluntary retirement from occupations. "Retirement as it is known today was relatively uncommon in 1900 and the difference between life expectancy and work life expectancy was a scant 3 years." [8] Even as recently as 1950, only 83 out of every 1,000 men 64 years old left the labor force before they were a year older. Today the retirement rate between 64 and 65 is 234 per 1,000—nearly a three-fold increase in one decade.[9] The decline in the number of self-employed men has been a major factor in this shift: Farmers, small storekeepers, and independent artisans are far less numerous, relative to the general growth in the population, than they were just a few generations ago. Further, the industries which hire the great bulk of employed Americans have established compulsory retirement ages, for both blue-collar and white-collar workers. The drive to have a continual accession of more vigorous, more recently trained, and more efficient workers has undoubtedly been a major reason for this, but there has also been the belief that a person in his 60's has worked long enough and should have the privilege of retirement. With the increasing availability of Social Security and pensions, the elderly seem to be more willing to retire.[10] With the simultaneous improvement in the health conditions of the elderly, they are now likely

[8] U.S. Department of Labor. *Manpower Report No. 8, The Length of Working Life for Males*, 1900–60 (Washington, D.C., July, 1963), pp. 7–8.

[9] *Ibid.* pp. 11–12.

[10] Harold Ohrbach, "Social and Institutional Aspects of Industrial Workers Retirement Pattern," unpublished paper presented to the International Gerontological Seminar, August 6–9, 1963.

to have a considerable number of years ahead of them upon retirement, and many of them are physically and mentally vigorous. The average length of life for a man who has reached 65 years today is 12.9 years, while for a woman, it is 15.9 years.[11]

While this is the length of life for the average person just retiring from a gainful occupation, the situation for the woman whose chief life roles have been those of mother and homemaker is more complicated. The average woman of today has completed the task of raising her children while she is in her mid-40's. Modern household appliances and the use of manufactured clothing and many semi-prepared foods have greatly diminished the tasks of the homemaker. Thus, in a sense, the non-employed woman reaches retirement at about the age of 45. An increasing number of these women then seek gainful employment, but not all of them find appropriate jobs.

Thus, a combination of social changes has created a situation for the aging which Ernest W. Burgess has called "the roleless role" and which Elaine Cumming calls "disengagement." While Cumming considers disengagement inevitable and desirable, a more appropriate interpretation would be that it is an unintended product of recent social changes which our culture has not yet devised means to compensate for.[12] The retired of today, healthier and more vigorous than the retired of a generation ago, are seeking new roles, and this is a major challenge to our society. Some resist retirement from their regular occupations, but with the shortage of job opportunities today even for younger workers, they are not likely to be very successful.

Some older people do find marginal, part-time work—in selling, babysitting, the crafts, etc.—which keeps them happily busy while it adds to their usually meager income. Much more needs to be done to develop parttime remunerative jobs, especially in the service occupations, for older people. But most older people now are searching for non-remunerative activities, and the past decade, especially, has seen a tremendous development of these. Some take the form of individual hobbies and "do-it-yourself" activities around the home. Still others take the form of increased participation in the regular, non-age-graded voluntary associations through the society, such as the church organizations, the social welfare organizations, political parties, and the fraternal-recreational associations of many types.[12a] Younger and middle-aged are increasingly going to see other people active in the voluntary associations, often putting their juniors to shame with their energy and their activity.

A new type of activity for the elderly is springing up which might become the characteristic solution for the increased leisure-time problem for the retired in our society. This is the association exclusively for the elderly.[13] Some of these are organized by non-elderly social workers or by welfare-minded citizens; still others are organized by the older people themselves. Some grow out of existing social structure—such as churches—while others are formed *de novo* without a parent organization. Most of them have recreational-sociable activities, but some have purposes beyond meeting the needs of the participants themselves—such as visiting the homebound, sewing for institutions, seeking a reduced bus-fare, propagandizing for medical care for the elderly. Some of these associations have a formal structure, while others are so informal as to be nothing more than a fairly regular coming-together of congenial people. Obviously, these associations have been formed to meet a need among their elderly participants. Whether they are structured enough, or offer enough activity, to meet the need satisfactorily is something almost completely unknown, as there have been practically no evaluative studies of these associations.[14] That they should be successful is a challenge to our society.

In this time of cultural transition for the elderly, it is difficult for them to know what to do. They have to take initiative and make major decisions for

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[11] These figures are for whites only. For non-whites in the United States, the expectation of life at 65 years is 12.7 years for males and 15.2 years for females. (Metropolitan Life Insurance Company, Statistical Bulletin, Vol. 44, July, 1963, p. 2).

[12] Arnold M. Rose, "A Current Theoretical Issue in Social Gerontology," *The Gerontologist*, 4 (March, 1964), pp. 46–50.

[12a] Arnold M. Rose, "The Impact of Aging on Voluntary Associations," in Clark Tibbitts (ed.), *Handbook of Social Gerontology* (Chicago: University of Chicago Press, 1960), pp. 666–697.

[13] Arnold M. Rose, "The Subculture of the Aging: A Topic for Sociological Research," *The Gerontologist*, II (September, 1962), 123–127.

[14] A first study along this line is: Arnold M. Rose, "Group Consciousness Among the Aging," in A. M. Rose and W. A. Peterson (eds.), *The Aging and Their Social World* (Philadelphia: F. A. Davis Company, 1965), Chapter 2.

themselves when the culture does not offer clear-cut guide lines for appropriate behavior. Problems of income, employment, housing, medical care and leisure-time activities arise, toward a solution for which the elderly have no guidance in the general standards of our society. In the larger cities, social work agencies exist to provide help in the more severe cases. But the problems of most older people are not severe enough for them to be directed to the welfare agenies, or they feel they would be losing their independence if they were to go to the welfare agencies. What is needed, and now occasionally provided, is a regularly-repeated educational series of lecture-discussions on the typical problems faced by older people. Persons informed of the extensive body of gerontological research conducted during the past decade or so, and who are skilled in leading discussions, are needed to present programs in the existing neighborhood organizations for the elderly and making these programs available also to those who are not members of these organizations. Periods of rapid social change create new needs and new opportunities for adult education.

Changes in Housing

While the health and employment changes affecting the aging have resulted from great impersonal forces impinging on the entire society, the changes in housing for the elderly are more a result of deliberate and specific planning. Of course, this is not true of the reduction of the number of farms in our society, but even many of the elderly farmers who have moved into village and town homes have done so out of their own choice. Voluntary choice has also been the major factor in the movement of a significant number of Eastern and Middle Western retirees into states like Florida, Arizona, and California. After the migration, the dwelling places tend to be smaller than they were before the migration. Some are even trailers, hotel rooms, and small units in settlements specifically designed for the aging.

Throughout the United States, we are copying the Europeans in providing—with both private and public funds[15]—apartments and small homes designed to meet the special needs of older residents. These can be entered without climbing stairs, and, if not on ground level, are serviced with elevators (large enough, usually, to accommodate a movable bed as well as standing passengers). The hallways and rooms of these modern dwelling places are fitted with handrails or grab bars at strategic spots. The doors are opened with levers rather than knobs, to meet the needs of the arthritic. Electric wall outlets are three feet off the floor so they may be reached without bending. The bathrooms, especially, have equipment which shows they are intended for use by the elderly—having shelves and lighting fixtures which can be reached without stretching or standing on ladders, having faucets that can be opened with levers instead of knobs, having washbasins under which a wheel chair can be rolled, having handrails near the tub and toilet, having a toilet with a seat 3 to 5 inches higher than standard so that less bending is required, and sometimes being equipped with a sitzbath instead of ordinary tub. While many of the basic furnishings in these dwelling places are as new as the structure themselves, the inhabitants are encouraged to bring in a few items of furniture from their old homes in order to give them a feeling of continuity with their past. Because the units are small, there are many common rooms in the complex, for recreation, for entertaining, for laundry use and sometimes even for everyday eating. The complexes themselves, while inhabited exclusively by older people, are usually located in the midst of family residential areas, unless they are in the so-called retirement towns, like St. Petersburg. Generally, they are located near downtown or other shopping areas. It is evident that a great deal of thoughtful planning has gone into the location and construction of dwellings for the elderly.

But it is still only a minority of the older people who live in this modern kind of private dwelling. About five per cent are obliged by poor health to live in nursing homes or other kind of institution, and this proportion has been slowly growing with the increasing availability of nursing homes and the greater need for them to serve the chronically ill. Three-generation dwelling under one roof is almost as common as it ever was. But whereas it previously took the form of a younger family living in the grandfather's large home, now it is likely to be the case of a widowed grandmother added to a young family's limited

[15] Publicly-aided housing for the elderly got under way after 1956; by 1962, $550 million was spent by the Federal Government for this purpose. President's Council on Aging, *op. cit.*, p. 44.

quarters.[16] The largest number of older people continue to dwell by themselves in large, old homes, in which they raised their families or could have. Such dwellings are not suited to elderly inhabitants, unless they have been converted into rooming houses and provide both income and a small modern apartment for their aging owners. The old houses are too large and too difficult to maintain for an older person or couple. They often have stairs and shelves which cannot be reached except on a ladder. Even the apartments among the older dwellings do not have equipment for the safety and convenience of elderly inhabitants. If, as usual, they are intermingled with units in which younger families dwell, the younger adults do not associate much with their aging neighbors,[17] and their children often create a nuisance with noise and thoughtless behavior from the standpoint of the older folks. It is an obvious need and challenge to our society to move older people into modern housing units particularly designed to serve their special requirements. This is actually being accomplished steadily, although some would question whether it is being done rapidly enough.

Most of the newer housing units for the elderly, privately and publicly sponsored, are being built in the central cities, which is where the elderly want them, so they may have access to the central business districts, to neighborhood shopping centers, to parks, etc. The old family homes of the elderly are also in the central cities, as are the rooming houses which attract some of the older unattached men. Very few older people move out to the suburbs, as do younger and middle-aged white people. Thus the central cities are increasingly becoming the dwelling places of ethnic minorities, and of the elderly of all groups. This is true of all the established cities, as well as of the few "retirement" cities located in warm-climate states like Florida, California, and Arizona. The other place of concentration for older-person dwelling is the smaller towns in the farm states: the younger families are moving out of these states, while the retirees move from the farm to the nearby village or town. It is not widely known that of the ten American states with the highest proportion of older people in their populations, six are farming states in the Midwest, and three others are rural states of New England (the tenth state is Florida). These trends will continue, and older people are likely to be increasingly "segregated" in American society.

An often ignored problem of the elderly is that of diet. Most people as they grow sedentary do not want as much to eat. What they often do not realize is that, as they reduce the total intake, they must maintain a proper combination, especially of vitamins. Associated with smaller appetities are lesser motivations to cook. When a woman has to cook only for herself alone, or for herself and husband only, rather than a large and growing family, she is less motivated to cook well and carefully. The older woman tends to cook in a desultory and often careless manner, which further reduces appetite.

Until recently, it was difficult to find packaged goods in grocery stores in small enough packages to make it worthwhile to purchase them for one or two persons. Much of the contents would spoil before they could be used up. Packages, like homes, were made for families. In the last decade or so, wholesalers have become aware of the one and two-person families which abound in our society, especially among the elderly, and are now increasingly producing foods in small packages. We may expect this trend to continue so that all foods will soon be available in small as well as large packages, which may motivate elderly cooks to do a better job with their *cuisines*.

Low income has been a chronic dilemma for the elderly, as their energy declines and their skills become outmoded. As noted this has become accentuated by the decline in self-employment and the increase in compulsory retirement of employees. Our society has met the problem with relative directness: The Social Security retirement insurance program was inaugurated in 1935 and by now has been extended to most segments of the population. As recently as January, 1953, only 3.5 million older Americans and their dependents were collecting Social Security checks. Just ten years later—in January, 1963—12.7 million collected such payments, almost four times as many.[18] This is supplemented by the Old Age Assistance program to meet the basic needs of the minority not covered, or insufficiently covered, by Social Security. Of those receiving old-age assistance,

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[16] Geneva Mathiasen, "A New Look at the Three-Generation Family," unpublished paper presented at the 87th Annual Forum, National Conference on Social Welfare, June, 1960.

[17] Irving Rosow. "Local Concentration and Social Contacts of Older People," unpublished paper read at *Sixth International Congress* of Gerontology, Copenhagen, August, 1963.

[18] President's Council on Aging, *op. cit.*, p. 43.

43.8 percent are also receiving Social Security benefits, but not enough to provide for their minimum cost of living.[18a] That OAA does not meet the basic needs of all is shown by the fact that twenty states require a 5-year residence, and three more states require between 1 and 5 years' residence, before allowing an elderly person to be eligible for OAA.[19] However, the income of the elderly is augmented by the fact that many industries have inaugurated pension programs, usually with contributions from both employers and employees.

Two Major Unresolved Problems

There remain two major unsolved problems. One of the problems of the contemporary economy, especially salient since 1945, has been the steady rise in the cost of living. Income from Social Security and from private pension plans thus becomes progressively insufficient to meet even the minimum needs of the retirees. The Old Age Assistance program—based on concepts of "government relief" and the "means test"—is both an inefficient and socially unhealthy means of providing income to the elderly; it has been useful as a stopgap until the Social Security system could come into full operation and it serves as a continuing foundation program for the socially disorganized welfare client. But the Old Age Assistance program should not be used to supplement the income of a retiree who has earned his own income all of his working life because inflation has eroded the purchasing power of his life savings and his Social Security insurance. Social Security income should be shifted from fixed dollar payments to purchasing-power payments, which would require federal government subsidy to the program during periods of inflation. This would not only be psychologically beneficial to the retiree, but would also relieve the pressure on state and local governments now hard pressed to maintain the Old Age Assistance program and not able to benefit from inflation in the way that the federal government does.

The second problem of sustaining the income of the elderly also arises out of large-scale impersonal social forces which the individual worker cannot control. This is the effect on jobs of the continuing technological revolution—sometimes called "automation." The worker in manufacturing, construction, and certain clerical occupations frequently finds his employment threatened by technological improvements which increase the economic efficiency and wealth of the society as a whole. If he is past the age of about 45 years, it is seldom economically worthwhile to retrain him for the new positions in automated industries. In a small way, our government has embarked on programs to accommodate such displaced workers in service occupations with low skill requirements, and has lowered the age at which Social Security payments may begin. But these efforts fail to meet the employment needs of the older worker displaced by automation and of the retiree who begins his Social Security benefits after a period of unemployment which resulted from no inadequacy on his part. This is a large part of the major challenge to our society to adjust to the disruptions created by technological progress.

Thus far, we have examined the many objective social changes effecting the aging which have made their natural debilities and handicaps more severe and more salient, and which provide challenges to a civilized society to take the organized and rational action necessary to alleviate the additional hardships created for the elderly by these changes. We shall now turn to some more speculative observations about the changing public image of the aging in American society, both on the part of the aging themselves and on the part of the less-elderly public. Generally speaking, the culture of the United States has put a very low value on aging. Until very recently, no privileges or titles of honor were conferred on the elderly because of their age, as has been true of many other cultures. The aging have not been assumed to have special wisdom or other admired characteristics, but, on the contrary, are widely considered to be "old-fashioned" and to have other undesirable characteristics. Ours is a youth-centered society, in which the aged are an antimodel. In addition to the natural debilities and objective deprivations of old age, the elderly have had to suffer neglect and negative regard. Many have tried to avoid acknowledging their age, at least until they have achieved some remarkable age such as 90 years, and the word "aged" has not been considered a polite appelation.

[18a] U.S. Dept. of Health, Education, and Welfare, AGING, No. 111 (January, 1964), p. 28.
[19] *Ibid.*, p. 46.

There are some evidences now that this is changing. Since the 1930's, the government has been paying attention to the economic needs of the aging, since the 1950's, to their housing needs, and since 1960 to their medical needs. Especially since 1950, churches, private voluntary associations, and social welfare agencies have been giving attention to the recreational, educational, and sociable needs of the aging. A great number of conferences, lectures, and discussions are being devoted to the problems of the aging. The private citizen is being urged to pay more attention to the elderly, and to perform little services for them, such as driving them to meetings. Politicians are paying more attention to the large number of elderly voters (estimated at 17 percent of the national electorate). Thus, there is evidence that the United States is becoming more "aging conscious," and is less inclined to ignore the elderly even if it does not evaluate them highly.

Among the elderly themselves there seems also to be a change in self-image. Perhaps as a result of all the public attention to their problems, they are beginning to become aware of themselves as a group. They are starting to think of their problems less in individual terms and more in collective terms. Those who are taking advantage of the new opportunities to meet together show some interest in protesting against some of the discriminations under which the elderly have long lived and in taking positive action to reduce their handicaps. They show more of a tendency to share each other's company—to have more age-graded social relations—and to exhibit pride in such achievements as hobbies and performances of skill (for example, the "life begins at 80" activities). There are some among them who are urging the elderly to use their significant voting power to gain political benefits for the elderly as a group. In sum, there is evidence of a nascent "aging group consciousness" among the elderly.

If both these phenomena—the "aging consciousness" in the general public and the "aging group consciousness" among the elderly themselves—should grow to significant proportions, American culture will be significantly changed. Already there is considerable evidence of an "aging subculture" growing among the elderly, regardless of their consciousness of it. New values concerning social status, personal worth, sex, interpersonal relations, and other important aspects of life, are emerging among the elderly. Especially as a result of their growing numbers and salience, this is bound to have some impact on general American life.

It is evident that we are living in a period of great social change for the elderly, and that this will offer new opportunities and new challenges to American society which are not yet clear.

ITEM 3: QUESTIONS SUBMITTED BY THE CHAIRMAN TO GEORGE L. MADDOX, PROFESSOR OF SOCIOLOGY, DUKE UNIVERSITY CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT, AND REPLIES

1. Your paper, "Retirement as a Social Event in the United States," in *Aging and Social Policy* says that efforts at improvement of the position of the retired population "lie not so much with what is done with the current generation of retirees as with what is planned for those who constitute future generations."

This statement suggests that such planning is now under way, or that it should soon begin. May the Committee have your views on what federal actions can be taken to help in such planning?

2. You also describe educational resources needed for changes related to aging populations of the future. What, in your opinion, must take place in terms of research and changes in social policy before adequate efforts of this kind can be made. (A similar question has been addressed to Professor Spengler.)

3. Has your work in Medical Sociology suggested problem areas that should receive Committee attention in terms of future needs that may not have already received due consideration.

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 4, 1967.

DEAR SENATOR: WILLIAMS: This is in response to your letter of 20 November which posed questions about the situation and needs of aged and aging Americans. My responses to your questions follow.

First, in my paper on "Retirement as a Social Event in the United States" three points of special relevance were made: 1) it is extremely inaccurate and misleading to refer to *the elderly* (or *the retired*) as though they are homogeneous; 2) many of the problems of the old are the result of and intensification of lifelong problems; 3) a distinction must be made between ameliorative and preventive action.

The typical elderly American is not adequately described as sick, isolated, lonely and impoverished. A substantial minority, my guess would be as high as 20%, are probably accurately described in this way. These conditions are probably not the new experiences of old age but have characterized the lifelong experience of this minority. Old age is only the final insult. Humane social policy requires massive intervention if a decent level of living is to be provided for the impoverished poor. Perhaps another 20% of the elderly who have been personally, socially and economically adequate in the adult years become marginal performers as social roles are lost and income diminishes. These citizens are totally dependent on social security and pensions and the economic adequacy of these sources of income is a crucial consideration. If the work experience qualified them only for minimum social security payments in old age, they are in serious trouble even with the benefits of medicare.

What is done for this estimated 40% of our elderly persons is important. But unless we are satisfied to face a future in which a substantial number of the old are in trouble, attention must be given to what may be done for those who are aging—the young as well as those in the middle years.

For example, we are quite conscious these days about the impact of poverty, especially the impact on the young. Those concerned with the aged should be equally concerned insofar as the impoverished youth of today is the impoverished older person tomorrow. Poor health and health practices among the young today insure added problems in old age. Inadequate education for youth means limited participation in the workforce, lower incomes, and ultimately, severe economic problems in the later years. Moreover, failure among youth to learn how to utilize non-work time so that it can become leisure time and failure among youth to achieve a sense of balance in work and leisure increases the probability of personal dissastisfaction in the later years in which increased non-work time is inevitable.

In sum, concern with what is happening to our youth is not a justification for being unconcerned with the problems of a substantial majority of our aged citizens. Ameliorative measures are required for the impoverished old. The health and education of youth, on the other hand, are an opportunity for efforts to minimize problems in the later years. The natural history of social problems illustrates that special pleading is required to call public attention to a particular problem. The aged deserve special pleading now. At the same time, such special pleading does not require the rejection of my argument. The more youth who reach adulthood as competent individuals, the fewer problems they will encounter in the later years.

Evidence of federal action appropriate to the problems outlined above can already be seen. Your committee, for example, is a hopeful sign. Specification of problems and exploration of programs which address these problems is increasingly likely as a result of your deliberations. Continuing evaluations of the adequacy of our social security system and medicare are called for. I would hope that your committee would also express interest in the effective operation of poverty programs and the development of educational programs which reduce dropout and involve individuals in continuing education certainly through the adult years; the connection between these programs and your own specific interest in the aged cannot be stressed too often.

I would also hope that your committee will stress clearly and often that old people are not a homogeneous category. No single plan or program will work equally well for all older people. Hence, a given program should not have to be justified only in terms of aiding all older people; it should be enough to argue that a given program addresses the needs of many old people.

Educational Resources for the Elderly

Your second question concerns the relation of educational resources to the needs of older people and related research and social policy issues. In this country the system of compulsory public education has been recognized as a primary

means not only of transferring information, skills, and values between generations, but as a device for controlling entrance into the labor market. The resulting lengthly period of education for youth which is perceived by many as an unavoidable barrier to be overcome in order to get into the labor force has reinforced the notion that education is for children and that education for adults is, at best, remedial. Although education as a continuing process is recognized by many as a good idea, implementation has rarely been enthusiastic in this country. Realistically, we are preoccupied with indications that our compulsory system of education is inefficient in spite of being costly. A large segment of the population, particularly minority groups, are receiving inadequate education; dropout rates are too high; and continuing involvement in education through the adult years is the experience of a small minority.

Insofar as education correlates positively with occupation, income, and the experience of social mobility, and is an indicator of social and personal competence, education understandably correlates with the personal, economic, and social resources which individuals bring to the later years. This restates my previous point: A concern for the problems of the old in future generations directs our attention to current educational policy and implementation ostensibly concerned with the young.

Although it seems unlikely that public policy discussions about the possible new roles of education in meeting the needs of adults will be taken very seriously until the crises in our public schools are handled, several new directions warrant increasing attention. For example, it is now commonplace to note the increasing number of non-work hours available to the American worker and to worry about how these non-work hours can be something more than hours to be endured. Professor Kreps, who will be testifying before your committee, correctly points out every time she has an opportunity, that most Americans seems to be dedicated to what is now probably a disfunctional notion about the distribution of work and free time over the life span. Economic productivity is stressed during the forty-five years between the ages of 20 and 65 and little attention has been given to alternative ways in which work and leisure could be distributed and financed. We have not considered seriously, for instance, the possibility of retraining and upgrading the skills of a substantial proportion of our workforce at any point in time. Implementation of such a policy would be costly, but a "sabbatical" policy for American workers would address two persistent problems of our economy, technological obsolescence of workers, particularly older workers, and unemployment.

Our preoccupation with economic productivity in the adult years also tends to preclude the development and maintenance of leisure interests and skills which enhance the adult years and become personal and social resources in the later years. We have not, as a matter of national policy, developed cultural centers as adjuncts to public school programs; cultural centers for adults have been left to local initiative, which, while consistent with a deep-seated preference in this country, has not resulted in community centers and programs to encourage and implement the development of personal and social skills in the arts, broadly conceived. My general impression is that we should look carefully at the national policy and implementation of the Soviet Union in this regard, uncongenial as this comparison might be to some. At the minimum, the Soviet experience can be viewed as an experiment in the development and implementation of a national policy with regard to the development of leisure values and skills from which we may learn something useful.

In responding to your second question I have consciously focused on the need for discussions of national policy in regard to education for work *and* leisure. As policy alternatives begin to emerge, we will have a better idea of the research which is appropriate. One point of departure would be the systematic identification, description, and evaluation of experimentation with education in relation to work and leisure in other countries and in various communities in this country. Of special interest would be the policies of various trade unions in regard to adult education. Also of interest would be the experiments with early and multi-staged retirement now made possible by union-management agreements in some industries.

In regard to your third question, medical sociological research, while it has not been focused to a substantial degree on the needs of the old, does suggest some guidelines. First, the health problems of the old involve predominantly

chronic rather than acute disease processes. One consequence of the projected increase in our aged population, therefore, is a need for health services for the chronically ill. This is hardly news. What is less obvious is the need for training programs which train medical and para-medical personnel who understand and can tolerate the personal and interpersonal stresses which chronic illness and its treatment generate in them as well as their patients. One of the reasons why older patients are not preferred patients is the probability that their difficulties will be chronic and not just that they are old. If we add to this cultural values which are prejudicial to age, attention needs to be given to how education in the occupations related to health can improve tolerance for the old, chronically ill patient who will inevitably appear in greater numbers. Although there is not time to describe as a case in point the various programs in the Center for the Study of Aging and Human Development at Duke University which are directed to the alleviation of this problem, it is sufficient to note here that the problem is receiving attention.

One other general observation should be made. As each succeeding generation approaches old age with more years completed in school, we will expect their awareness of health needs and of their rights to have these needs met to increase. Moreover, the more children and adults are taught the importance of preventive health care, the greater the demand for health services is going to be. Thus, in the foreseeable future, we will expect the incidence of identified disease to increase among the old and the request for services to increase. Since the shortage of medical personnel is already acute, it is clear that new ways of vending adequate medical care are imperative. Specifically, rapid screening techniques which will aid in diagnosis must be put into general use as rapidly as possible. Moreover, new ways for para-medical personnel such as physicians' assistants to support medical practitioners are urgently needed.

Again, let me stress my appreciation for the work of this committee. Its deliberations constitute an important step in the development of national policy which will aid not only the aged but, also indirectly all citizens.

Sincerely yours,

GEORGE L. MADDOX, Ph.D.,
Professor of Sociology.

ITEM 4: NEW YORK TIMES ARTICLE, NOVEMBER 28, 1967: PROBLEMS AND NUMBERS OF AGED FOUND GROWING

HOUSTON, November 27.—Today there are some 20 million Americans above the age of 65 and some 12,000 above the age of 100. By the year 2000, the United States will have 65 million people over 65.

There could be even more, a doctor from New York city suggested today, and the age of 100 might not be unusual.

If medical science finds an answer to the artery-clogging disease of atherosclerosis—and well it might—"Look out! There may be as many as 150 million over 65," said Dr. Irving S. Wright of Cornell University Medical College.

Indeed, he said, without atherosclerosis setting the stage for the major killers, heart attack and stroke, it is difficult to predict how long people will live or what will kill them.

Dr. Wright spoke at the winter meeting of the American Medical Association. The association's legislature began to study its semi-annual list of more than 60 proposed resolutions. Relatively few will be accepted when the votes are counted tomorrow.

There were proposals concerning public health and hospital beds, group insurance and group practice by doctors, due process when a doctor is denied hospital privileges, and grievance procedures for Medicare patients with bills not covered by their insurance.

There were proposals concerning the use of veterans' hospitals, the one-out-of-six United States doctors who are foreign trained, and narcotics storage in the face of a possible national disaster.

Dr. Wright said in his address that even present prospects for increasing longevity made the philosophy of arbitrary retirement at age 65 a questionable one. Medical science must find a way to measure biological age, rather than merely toting up a man's years, he said.

FOR THOSE WHO WANT IT

For many of today's 65-year-olds, society and science have created an artificial and painful dilemma, he went on. Science has extended life and potential usefulness, he said, but society—the company, the union, the retirement plan—arbitrarily end a man's working days when he reaches 65.

For those who want to quit and pursue long-standing dreams of leisure or other activities, society's plan is fine, Dr. Wright said. But he urged society to concern itself with those who do not want to enjoy a life of idleness, especially if it means a curtailment of their living standards.

The arguments are made that people over 65 tend to become more rigid, resist new ideas, and stand in the way of the advancement of younger men, he said. But in many cases, these arguments do not stand, he added.

"The personnel officers have by and large been among the staunchest supporters of compulsory retirement plans," he said. "It simplifies their problems if they can state that all employes of the company are subject to the same rules. Never mind the loss in talent to the company and the economy, or the loss to the individual, both financial and psychological."

At the turn of the century, when arbitrary retirement became a matter of public discussion, the life expectancy was 48. Today it is over 70, he said.

The future could make arbitrary age even more unrealistic, Dr. Wright said. Sixty-five will be really middle age, he predicted, yet the trend today is to lower the retirement age, not raise it.

ITEM 5: CHARACTERISTICS OF OLD-AGE ASSISTANCE RECIPIENTS: HIGHLIGHTS OF FINDINGS OF THE 1965 STUDY, A REPORT BY WELFARE ADMINISTRATION, BUREAU OF FAMILY SERVICES, DIVISION OF RESEARCH, MAY 1967

SOME PRELIMINARY FINDINGS OF THE 1965 STUDY OF THE RECIPIENTS OF OLD-AGE ASSISTANCE [1]

While nearly two-thirds of the general population live in metropolitan areas, the majority (54 percent) of OAA recipients live in *non*-metropolitan areas.

The median age of OAA recipients was 76.6 years.

Over two-thirds (68 percent) were women.

Over three-fourths of the recipients were white; 22 percent were Negro.

Over half of the recipients were receiving assistance from the State in which they were born.

Eighty-five percent of the recipients had completed only eight grades or less of schooling.

One-sixth of the recipients were confined to their homes by their infirmities; one-fourth needed special care.

Only 4 percent of the men and only 2 percent of the women were currently employed. Of all recipients, only 1.4 percent had earned income that was disregarded, and only 1.8 percent had earnings considered in computing the assistance budget.

Of the men, 48 percent were married, 27 percent widowed, 12 percent separated or divorced, and 13 percent had never married. Of the women only 17 percent were married, 66 percent were widowed, 10 percent were separated or divorced, and 7 percent had never married.

Thirty-five percent of all recipients lived alone; 24 percent lived with their spouses, in their own homes; 13 percent lived in the home of a son or daughter. Nine percent lived in institutions, including 7 percent who were in nursing homes. Nineteen percent had other living arrangements.

Forty percent of the recipients reported major defects in their housing.

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[1] Information on definitions of concepts, methodology of study, and sampling variability is available on request from the Bureau of Family Services, Welfare Administration, Department of Health, Education, and Welfare, Washington, D.C. 20201. For purposes of the general statements, "unknowns" are distributed in the same manner as reported cases.

Sixteen percent of the recipients lived in houses without running water, and 41 percent were in homes not completely heated in the winter.

The average recipient had received assistance continuously for the past 6 years.

On the average, recipients had total State-recognized subsistence requirements (excluding most medical care costs) of $92.01 a month. The OAA money payment averaged $62.92 a month, and income other than assistance averaged $26.89 (including $22.50 in OASDI benefits), of which $1.29 was applied to reduce the vendor payment for institutional care. The average unmet need, under State standards, came to $2.60 a month. Nine percent of the recipients had unmet needs exceeding $10 a month.

More Detailed Statistics From the Study

Total OAA recipients, May 1965: 2,151,000.

Demographic characteristics

	Percent
Location:	
In standard metropolitan statistical area	46.2
In central city of 500,000 or more	13.3
In central city of 250,000 to 499,999	5.3
In central city of less than 250,000	13.7
Outside the central city or cities	13.8
Not in a standard metropolitan statistical area	53.8
In a town or city of 2,500 or more	21.8
On a farm	6.9
Not in town, city, or farm	25.1
Age:	
65 to 69	19.2
70 to 71	8.8
72 to 74	14.6
75 to 79	23.8
80 to 84	19.6
85 to 89	10.0
90 and over	4.1
Median age, 76.6 years.	
Sex:	
Male	31.6
Female	68.4
Race:	
White	75.3
Negro	21.6
American Indian	.6
Other	.6
Unknown	1.8
Birthplace:[1]	
State of current residence	49.4
Other U.S. State or territory	32.4
Outside United States	8.6
Not reported	9.6
Highest school grade completed:[1]	
None	9.5
Less than 8 grades	47.4
8 grades	18.7
High school—less than 4 years	7.9
High school graduation	3.2
1 or more years beyond high school	2.1
Grade completed not reported	11.2

[1] Information provided by recipients on mail questionnaire.

DEMOGRAPHIC CHARACTERISTICS—continued

	Percent
Veteran status—males:	
Veterans of U.S. armed services	4.3
World War I and/or Spanish-American War	3.5
World War II and/or Korean conflict	.1
Peacetime service only	.5
Unknown period of service	.2
Not a veteran	91.2
Veteran status not reported	4.5
Heath and handicaps: [1]	
Blindness:	
Blind or almost blind	18.0
Not blind or almost blind	62.3
Not reporting on vision	19.7
Heart trouble:	
Recipients reporting heart trouble	28.7
Recipients reporting no heart trouble	55.7
Recipients not reporting on heart condition	15.6
High blood pressure:	
Recipients reporting high blood pressure	39.9
Recipients reporting no high blood pressure	45.5
Recipients not reporting on blood pressure	14.6
Diabetes:	
Recipients reporting diabetes	8.0
Recipients reporting no diabetes	75.8
Recipients not reporting on diabetes	16.2
Arthritis or rheumatism:	
Recipients reporting arthritis or rheumatism	56.4
Recipients reporting no arthritis or rheumatism	31.2
Recipients not reporting on condition	12 5
Mobility of recipients:	
Confined to home	16.6
Bedfast	3.1
Chairfast	4.4
Not bedfast or chairfast	9.1
Not confined to home	81.8
Needs help outside of home	10.6
Does not need help outside of home	71.2
Unknown whether confined to home	1.6
Need for and receipt of care:	
Not needing care	72.9
Needing but not receiving care	1.1
Needing and receiving care	24.1
Need for or receipt of care not known	1.9
Mental hospital status:	
On conditional release from a mental hospital	.5
Not on conditional release from a mental hospital	99.5

[1] Information provided by recipients on mail questionnaire.

EMPLOYMENT STATUS AND HISTORY

	Male	Female
Employment status and history:		
Currently employed	4.4	2.0
Full time	.8	.3
Part time regular	1.1	1.0
Part time intermittent	2.4	.7
Previously employed	90.1	50.2
Time since most recent employment:		
Less than 1 year ago	2.4	1.1
1 year but less than 5 years ago	14.5	6.6
5 years but less than 10 years ago	21.7	9.4
10 years but less than 15 years ago	18.1	8.5
15 years or more ago	23.1	17.2
Unknown when recipient was most recently employed	10.4	7.4
Recipient never had paid employment	4.0	41.0
Employment history unknown	1.5	6.8
Usual occupation of recipients: [1]		
Never had a paying job	5.6	38.5
Professionals, proprietors, managers, and officials	3.8	3.6
Clerical, sales, and kindred workers	3.0	4.8
Craftsmen, foremen, and kindred workers	9.4	.9
Farm owners, renters, and managers	23.1	3.4
Operatives and kindred workers	8.8	5.1
Farm laborers	13.9	5.1
Service workers (except private households)	5.0	9.5
Private household workers	.5	13.6
Unskilled laborers	13.7	2.7
Occupation not reported	13.2	12.9

[1] Information provided by recipients on mail questionnaire.

FAMILY ARRANGEMENTS AND HOUSING

	Male	Female	Total
Marital status:			
Never married	13.0	6.7	8.7
Married	47.6	16.6	26.4
Spouse present	45.7	15.7	25.2
Spouse not present	1.9	.9	1.2
Separated	5.8	4.1	4.6
Divorced	6.5	6.3	6.3
Widowed	26.7	66.1	53.6
Marital status not known	.4	.3	.3

	Percent
Number of living children of recipients:	
0	24.9
1	14.5
2	12.9
3	11.4
4	9.9
5 or more	25.4
Number of living children unknown	1.0
Number of children dependent on recipients:	
0	97.7
1 or more	2.0
Unknown	.3
Living arrangement:	
In own home	68.7
Alone	35.2
With spouse only	18.8
With spouse and other persons	4.8
With other persons	9.8

FAMILY ARRANGEMENTS AND HOUSING—continued

	Percent
Living arrangement—continued	
In home of son, daughter, or parent	13.5
In home of other relative	4.3
In home of nonrelative	3.0
Elsewhere, not in institution	1.9
In institution	8.7
Nursing or convalescent home	6.6
General hospital	.1
Other medical institution	.1
Nonmedical institution	1.9
Type of dwelling structure, recipients not in institutions:	
Single-family dwelling	75.0
2- to 4-family structure	14.0
5 or more family structure	9.5
Movable home (house trailer)	1.6
Tenure of housing unit, recipients not in institutions:	
Owner occupied	48.0
Public housing	4.1
Rented—privately owned	38.9
Unit occupied rent free	6.3
Basis of tenure not reported	2.7
Household plumbing and heating: [1]	
No inside running water	14.8
Cold water only	8.8
Hot and cold water, no bathtub or shower	2.6
Bathtub or shower:	
No hot water	5.0
With hot water	60.0
Bathroom with flush toilet	69.4
Every room heated in winter	54.1
No report on plumbing or heating	8.8
Report on housing condition and vermin: [1]	
Saw a rat or mouse last week	13.5
Roof leaks when it rains	17.7
Holes in plaster wall or ceiling	9.1
Other major repair(s) needed	27.2
None of these defects	54.8
Housing condition not reported	8.7

PROGRAMS AND SERVICES

	Percent
Length of time since last OAA opening:	
Less than 1 year	11.2
1 through 4 years	33.6
5 through 9 years	25.6
10 years or more	29.6
Median length of time, 6 years.	
Social service status of recipients in States providing such service with 75-percent Federal matching:	
Need of protection	6.7
Help in remaining in or returning to own home or community	6.3
Self-care help needed	4.1
Isolated or estranged from family	.7
None of foregoing situations observed	88.1
Protective services received by recipient:	
None	85.4
Guardian, conservator, or legal representative	1.3
Acted for by person with power of attorney	.1
Informal arrangement	10.4
Unknown whether recipient receives protective services	2.9

[1] Information provided by recipients on mail questionnaire.

PROGRAMS AND SERVICES—continued

	Percent
Private health insurance coverage:	
None	89.7
Hospital care only	5.6
Physicians' services only	.3
Hospital care and physicians' services	4.4
Hospitalization in the last 6 months: [1]	
Hospitalized	11.2
Not hospitalized	81.3
Not reporting on hospitalization	7.5

FINANCIAL CIRCUMSTANCES

	Average amounts
Monthly average requirements and income of recipients:	
Requirements	$92.01
Total available income	90.87
Disregarded earned income	.17
Net cash income other than assistance [2]	26.89
Income in kind with a money value assigned	.52
OAA money payment to recipient	62.92
Supplementary general assistance payment	.37
Unmet need	2.60
Vendor payment for nursing home or other institutional care	5.69

AVERAGE MONTHLY AMOUNTS CONSIDERED IN ASSISTANCE BUDGET

Net income	$26.89
Allocated to dependents	.70
Total income	27.59
OASDI benefits of recipients	22.50
Other benefits or pensions	2.29
Other cash income	1.08
Contributions from children to recipient	.96
Cash income of other persons in OAA assistance unit	.52
Remainder of recipient's earnings	.24

	Percent
Recipients with no income other than assistance	33.6
Recipients with income other than assistance from 1 or more sources	66.4
Cash income:	
1 or more sources	[3] 54.9
Earnings of recipients:	
Disregarded	1.4
Not disregarded	1.8
Contributions from children	3.7
OASDI benefits	45.2
Other benefits and pensions	3.8
Other cash income	7.5
Cash income of other person in OAA assistance unit	1.4
Income in kind:	
With money value assigned	6.1
With no money value assigned:	
Total	13.9
Shelter	7.4
Other	2.7
Both shelter and other	3.8

[1] Information provided by recipients on mail questionnaire.
[2] Part of cash income may be used to reduce payments to vendors of medical care.
[3] The sum of sub-items will exceed this amount because of the number of recipients with cash income from more than one source

AVERAGE MONTHLY AMOUNTS CONSIDERED IN ASSISTANCE BUDGET—continued

	Percent
Unmet need:	
No unmet need	78.6
With unmet need	21.4
Less than $5 monthly	7.2
$5 through $9 monthly	5.1
$10 through $14 monthly	3.5
$15 or more monthly	5.6

	Percent	
	In married couples	Not in married couples
Recipients by amount of monthly food requirement:		
None	1.4	11.3
$1 to $29	29.7	21.5
$30 to $49	67.5	59.5
$50 to $69	1.3	6.7
$70 or more	0	1.0

Recipients by number of children contributing to their support:	Percent
0	88.0
1	10.1
2	1.0
3 or more	.7
Not reported	.2
Recipients by number of children living in the same house and regularly contributing to their support:	
0	93.4
1	6.2
2	.1
3 or more	.0
Not reported	.2
Percent of recipients receiving OASDI benefits:	
Of males	57.0
Of females	40.1

ITEM 6: INFORMATION REQUESTED BY THE CHAIRMAN FROM MRS. GENEVA MATHIASEN, EXECUTIVE DIRECTOR, NATIONAL COUNCIL ON AGING

DEAR MRS. MATHIASEN: Mr. Shapp's testimony on December 5 was very welcome and very effective. It was unfortunate that you could not be with us, but you were well-represented.

At one point in his testimony, Mr. Shapp referred to the budgets of the Bureau of Labor Statistics. Taking issue with the system used by the BLS in this regard, he stated:

"In placing a price tag on the abolition of poverty among the elderly, we recommend that the dollar amounts be arrived at in terms of the amount of consumer items that money would buy. We call attention here to previous NCOA testimony regarding the low level of purchasing power in the 'modest but adequate' budget for the elderly, as formulated by the Bureau of Labor Statistics, if the budget is interpreted in terms of clothing, food, recreation, and carfare, rather than in dollars."

As you may recall, from my letter of November 2 in which I enclosed a copy of Commissioner Ross's letter to Mr. Gibbons of our staff, the Bureau of Labor Statistics is now preparing its Budget for a Retired Couple and it will be available early next year.

In your own testimony in January of this year, before the Subcommittee on Consumer Interests of the Elderly, you commented on the BLS approach in its budget making process: "It is my understanding that, with the exception of food

where the necessary nutritional elements can be scientifically determined and priced, *the budget items are determined by current spending habits rather than by estimate of need.* While I am well aware that there is great variation in consumer desires and spending habits, it seems to me to leave much to be desired to use as the basis for a 'modest but adequate' budget for a retired couple or a single elderly person living alone—the actual median expenditures of a group of people of whom so many have inadequate incomes." [Emphasis added.]

I would appreciate it if you would expand on this more fully. By combining your ideas with those of Mr. Shapp, I presume we would arrive at a situation where estimate of need in terms of dollars would logically supplant the mere calculation of expenditure on the part of those with inadequate incomes. To my mind this is a significant recommendation. Under such a criteria, the difference between the budget needs of the majority of older persons and their income would present a startling, if tragic picture, of this most misunderstood aspect of our national economy.

We are now preparing our annual report and would appreciate receiving your reply by December 20.

Sincerely,

HARRISON A. WILLIAMS, Jr.,
Chairman.

ANSWER RECEIVED

DECEMBER 27, 1967.

DEAR MR. ORIOL: This is in reply to the letter dated December 9 from Senator Williams, in which he asked for a reply by December 20. I am sorry that illness and other complications have prevented an earlier reply and hope this information will not be too late to be useful.

In commenting on the budget of the Bureau of Labor Statistics, in my testimony at the hearings on consumer interests of the elderly on January 17, 1967, I based my figures on "A Family Budget Standard" published by the Budget Standard Service, Research Department, Community Council of Greater New York (1963).

This publication uses the BLS budget for a retired couple as the basis for its budget figures for elderly people in N.Y.C. One section of the report deals with "The Standard for Major Categories of Expenditures" including clothing and personal care, housing and utilities, housefurnishings and household operation, medical care, transportation, and reading materials, recreation, tobacco, education, and communications.

When reduced to actual buying power, the budget takes on new meaning, as a few selected items will indicate:

Women's clothing.—1 winter coat every 7 years, 1 suit every 4 years, 1 sweater every 5 years, 1 wool dress every 3 years, 1 skirt every 5 years, 1 girdle every 4 years, 1 sleeping garment every 3 years, 2 pairs of shoes every 3 years, half-soles and heels on shoes once every 2 years.

Men's clothing.—1 topcoat every 10 years, 1 winter jacket every 10 years, 1 wool suit every 3 years, 5 shirts every 2 years, 1 pair of shoes every 2 years, 1 pair of rubbers every 10 years, suit dry-cleaned twice a year, half-soles and heels on shoes once a year.

Rent per month.—(1959 prices) $70.72 unfurnished, $88.41 furnished.

Housefurnishings.—Major items every 20 years, 1 vacuum cleaner every 25 years, 16-piece set of dishes every 10 years.

Household operation.—20 hours of household help per year.

Transportation.—Slightly more than 2 carfares (one-way) per week per person.

Recreation.—Approximately 1 movie per month, purchase and repair of a table-model radio or television set at rate of $15.42 per year, about $1.00 per month for reading materials and other recreation items (such as club dues, sports and hobby equipment).

The adequacy of such items in terms of today's expectations and recommendations for retirement living raise serious questions about the adequacy of these standards.

ITEM 7: INFORMATION SUBMITTED BY THE AMERICAN ASSOCIATION OF RETIRED PERSONS, NATIONAL RETIRED TEACHERS ASSOCIATION

DECEMBER 5, 1967.

DEAR SENATOR WILLIAMS: The National Retired Teachers Association and the American Association of Retired Persons are very much interested in your Resolution 117, to provide a White House Conference on Aging to be called by the President in 1970.

Our close collaboration with every part of the White House Conference on Aging in 1961 and our subsequent interest in all aspects of the Conference findings have led us to agree with you that there is much unfinished business on behalf of older people. We therefore offer you our keen interest and active support in setting up this program.

We would like to mention a few of the matters raised at the 1961 Conference which we would consider unfinished business. We suggest a few ways in which a 1970 Conference should differ from that of 1961; and we recommend consideration of the findings of our National Legislative Council which is composed of individuals from eighteen States who were polled for areas of their special concern.

1. Matters discussed at the first Conference which require further consideration.

a. The role of older people in today's world, including employment, training, and group leadership for volunteer and professional community organization and for churches.

b. The study of State programs in relation to age discrimination, opportunities for employment, leisure time activities, suitable housing and living conditions, and adequate health care facilities for older persons.

c. Up-to-date reports from States on their research in health, psychology and social science.

d. Opportunities for preretirement counseling and planning.

2. Suggestions for improvement of the 1970 Conference over the 1961 Conference.

a. Inclusion of older people in Conference planning, deliberations and participation. This is vital to success. One of the criticisms of the 1961 Conference was that it was *for* not *with* older people, an almost fatal omission.

b. Explanation by the States of the programs they have developed in the area of aging. Many of the States embarked on new programs for older persons. Although some States have not carried their programs through, many have developed brilliant programs in several areas.

3. Suggestions by the Members of the Legislative Council of our two Associations after discussion with people in their own areas. Following are the subjects which occurred most often in their letters. These are the matters we would like to call to your attention and perhaps explore in greater depth in the future.

Retirement income of all older people.
Home visitation and health aid.
Supplementation of pension laws. Advisory service to older people.
More and better housing for lower income groups.
Implementation of Fair Packaging Act.
Up-dating of social security earnings limitation.
Need for prescription drugs at more reasonable prices.
Effect of inflation on persons with fixed incomes.
Job discrimination affecting the aging.
Improvement in health insurance policies.
Federal minimum standards for teacher retirement pensions.
Federal State and local property tax treatment of persons age 65 and over.
More uniform probate laws.
Use of the knowledge, training and experience of retired persons who are still capable of giving constructive service to all phases of our economic, political and social life.

We hope these suggestions will be helpful to you and we look forward to being of furthr service as you develop the program for a 1970 White House Conference on Aging.

Respectfully yours,

ERNEST GIDDINGS,
Legislative Representative.
ESTHER C. STAMATS,
Executive Assistant.

Appendix 2

MATERIAL RELATED TO PANEL 2*: FUTURE INCOME NEEDS

ITEM 1: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. MARGARET S. GORDON, ASSOCIATE DIRECTOR, INSTITUTE OF INDUSTRIAL RELATIONS, UNIVERSITY OF CALIFORNIA, AND HER RESPONSES

1. It is my understanding that you are very much concerned about the declining participation in the labor force of persons aged 55–65. What in your opinion is the result of such a decline on prospects for OASDHI and other forms of retirement income?

2. On a related matter, there is a tendency to lower the age limits for older beneficiaries, who must take lower benefits as a consequence. What are the long-term effects of such practices? What are the alternatives.

3. The Committee would very much like to have any projections or other data you may wish to submit on matters related to income needs of older Americans within the next few decades.

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 21, 1967.

DEAR SENATOR WILLIAMS: Enclosed are the replies I have prepared to the three questions you sent to me. You will observe that the replies to the first two questions are rather lengthy, but, since the issue is a very important one, I hope that perhaps the Committee will wish to publish my replies in its volume resulting from the early December hearings. The reply to the third question is brief and rather sketchy but, I think, suggests that we need further research on the pronounced tendency of women to apply for reduced early retirement benefits as well as for men to do so.

Sincerely yours,

(MRS.) MARGARET S. GORDON.

[Enclosure]

Answer 1. Changes in the labor force participation patterns of men and women approaching retirement age may be expected to have important effects on the future income status of the aged. While there has been a trend toward earlier retirement in the case of men, precisely the opposite has been occurring in the case of women. As is now widely recognized, labor force participation rates of women aged 45 to 64 have greatly increased, and there has also been a slight tendency for an increase in the labor force participation rate of women aged 65 and over. If, as I shall indicate, the trend toward earlier retirement of men is likely to have an adverse effect on the income status of the aged, this *could* be offset to some extent by the favorable effect of the increased labor force participation of middle-aged and older women, partly because they would be building claims to retirement income on their own, and partly because middle-aged and older couples could be expected to save more if both partners were working. So far as I can judge from the available data, however, the favorable impact of the increased labor force participation of women on the future income status of the aged may not offset the adverse effect of the earlier retirement of men, chiefly because so many middle-aged and older women are part-time workers. I shall attempt to deal with this latter problem in response to question 3.

Reduced labor force participation of older men.—Something of a tendency toward declining labor force participation among men in the 45 to 64 age groups has been observable since around 1930 (Figures 1 and 2). However, below the age of 60

*See pp. 53–92 for testimony.

the phenomenon has been largely confined to nonwhite males, and even in the 60 to 64 age group, the decline has been much more pronounced for nonwhites. Moreover, the drop in participation between 1961 and 1966 was sharpest among 63- and 64-year-olds. Participation rates for men between the ages of 55 and 62 remained unchanged or declined only moderately from 1961 to 1966, whereas they fell about eight percentage points for those aged 63–64. [1]

The early retirees appear to fall into two rather distinct groups, consisting of a relatively well off minority and a comparatively improverished majority who leave the labor force or shift to part-time work because of ill health or unemployment problems. Although the negotiation of relatively generous early retirement provisions in the pension plans of certain large unions, such as the United Auto Workers and the Steelworkers, has undoubtedly played a role in explaining the recent acceleration of the trend toward early retirement, most of the available evidence suggests that such provisions have been a relatively minor factor. The major factor appears to have been the lowering of the male retirement age for OASDHI benefits to 62 in 1961, so that men aged 62 to 64 could receive old-age benefits on an actuarially reduced basis. [2] This interpretation of what has been happening is supported by various types of data.

For one thing, the number of men who have taken advantage of the availability of early retirement benefits under OASDHI is large. In fact, early retirement awards amounted to around 60 per cent of all regular male retirement awards from the latter part of 1951 to 1965 and rose to 70 per cent in 1966 (Table 1). As a percentage of all awards moving to payment status (regular awards plus those originally awarded as conditional or deferred that have moved to payment status), early retirement awards have amounted to slightly more than half of all male retirement awards since 1962, the first full year during which early retirement benefits for men were available. The *number* of men applying for early retirement, on the other hand, dropped from 420,000 in 1962 to 320,000 in 1965 and then rose slightly to 350,000 in 1966. During the same period, the number receiving full benefit awards (at ages 65 and over) declined rather sharply and persistently. This decline was partly attributable to the fact that some men who might have retired with full benefits in 1965 or 1966 chose instead to retire with reduced benefits in 1962 or 1963. There has also been some slowing down in the reduction of labor force participation rates for men aged 65 to 69, probably because of the more favorable employment situation (see Figure 1). [3]

TABLE 1. NUMBER OF OASDHI RETIREMENT BENEFITS AWARDED TO MEN, WITH AND WITHOUT REDUCTION FOR EARLY RETIREMENT, 1960–66

[In thousands]

Period	Regular awards			Awards moving to payment status [2]	Reduced benefit awards as percent of	
	Total	Not reduced	Reduced		All currently payable regular awards	All awards moving to payment status
1960	515	515	----------	594	----------	----------
1961 (January–July)	302	302	----------			
1961 (August–December)	482	203	279	876	58	32
1962	722	299	423	837	59	51
1963	592	239	353	675	60	52
1964	524	200	324	601	62	54
1965	518	198	319	601	62	53
1966	491	146	345	668	70	52

[1] Excludes (1) conditional and deferred awards and (2) conversions and transitionally insured awards.

[2] Currently payable regular awards plus estimate of those originally awarded as conditional or deferred that have moved to payment status. (Conditional or deferred awards are those suspended immediately following determination, chiefly because of earnings of the retired worker. Since September 1965, most conditional and deferred awards have been made primarily for the purpose of assuring eligibility for hospital insurance benefits.)

Source: Another Dimension to Measuring Early Retirement, Research and Statistics Note No. 20, 1967, U.S. Social Security Administration, Nov. 7, 1967.

[1] Susan S. Holland, "Adult Men Not in the Labor Force," *Monthly Labor Review*, XC (March, 1967), 7.

[2] Although health insurance benefits for the aged did not become effective until 1966, we shall use the term OASDHI benefits, rather than OASDI benefits, throughout this statement for the sake of uniformity.

[3] See "Measuring Early Retirement: New Benefit Awards Series," *Social Security Bulletin*, XXX (October, 1967), 26–28.

In 1960, there were 1,971,000 men aged 62 to 64 in the population, and the number of men in this age group could be expected to change only very slowly from year to year. Thus, the 422,700 men who applied for reduced early retirement benefits in 1962 represented more than a fourth of all the men in the eligible age group. Not all these men withdraw completely from the labor force, but, so long as they continue to receive benefits, they are subject to the provisions of the OASDI retirement test and thus are limited to part-time or intermittent work.

Why do so many men in this age group apply for early retirement benefits, even though they will receive substantially reduced benefits for the rest of their lives in most cases? In the last four months of 1965, for example, after the benefit increases incorporated in the 1965 social security amendments had come into effect, average retirement benefits awarded to men at age 62 to 64 amounted to $79.52 a month, or only 70 per cent of the average award of $111.13 a month for men aged 65.[4] These figures indicate, as do other data, that men retiring at ages 62 to 64 tend to have lower average earnings than men retiring at age 65, for the actuarial reduction amounts to 6⅔ per cent of the benefit amount a year, or to 20 per cent for the 62-year-olds, 13⅓ per cent for the 63-year-olds, and 6⅔ per cent for the 64-year-olds.

The answer appears to be that the great majority of the men who apply for early retirement benefits are coping with problems of ill health or unemployment (Table 2). Ill health figured even more prominently as a reason for retirement for men aged 62 to 64 in the 1963 Survey than in the case of the men aged 65 and over, accounting for more than half of the cases, while "laid off or job discontinued" accounted for nearly a fifth. Only 11 per cent of the 62 to 64 age group responded that they "preferred leisure."

TABLE 2.—REASONS FOR RETIREMENT[1] OF OASDI BENEFICIARY MEN AGED 62 AND OVER AND RETIRED SINCE 1957

[Percentage distribution, by reason for retirement and age, 1963]

Reason for retirement	OASDI beneficiaries	
	Aged 62 to 64	Aged 65 and over
	Total retired	
Number (in thousands):		
Not employed full time, 1962	357	4,707
Reporting on retirement	318	4,302
Retired in 1957 or earlier[2]	97	2,561
Retired since 1957	221	1,741
	Wage and salary workers retired since 1957	
Number (in thousands)	183	1,332
Total percent	100	100
Own decision	59	62
Poor health	42	35
Preferred leisure	11	19
Needed at home	(3)	1
Dissatisfied with job	1	1
Other reasons	4	6
Employer's decision	41	38
Compulsory retirement age	3	20
Poor health	11	5
Laid off or job discontinued	18	8
Other reasons	8	4

[1] "Retirement" is defined here to mean not working at a regular, full-time job (35 hours or more a week for 6 months or more a year). Self-employed men not shown because of small numbers in the group aged 62 to 64.
[2] Includes less than 1 percent who never held regular full-time jobs.
[3] Less than 0.5 percent.

Source: Social Security Bulletin, XXVII (August 1964), 9.

[4] *Social Security Bulletin: Annual Statistical Supplement, 1965,* p. 56.

As further evidence of the role of ill health in bringing on early retirement, 60 per cent of the male beneficiaries aged 62 to 64 who were not at work in the survey week reported that they did not plan to work in 1963 because they were "not well enough." Only 36 per cent of the male beneficiaries aged 62 to 64 were in the labor force, and among these only half were employed, as compared with 88 per cent of male nonbeneficiaries in this age group.[5] Thirty-one per cent were unemployed, while 17 per cent indicated that they had a job but were not at work.

A recent Bureau of Labor Statistics study showed that the 1962–1965 decline in participation for men aged 55 to 64 was almost entirely among those with the lowest educational attainment. Moreover, a report on this study suggested that "the greater tendency of men with low educational attainment, low earnings, and poor work histories to withdraw from the labor force may explain why the proportion of nonparticipants in the 55–64 age group is higher for nonwhites (19 percent) than for whites (15 percent)."[6]

It might be expected that an exceptionally large proportion of the men who took advantage of early retirement benefits when they first became available had long-standing problems of ill health or poor employment opportunities, and that such men might have dominated the results of the 1963 Survey. However, data based on a special analysis of the social security earnings records of men aged 62 and 65 who became entitled to benefits in the year 1963 give us information on a slightly later group of retirees than those covered in the 1963 Survey and suggest that there was a distinct tendency, in that year, for the early retirees to have relatively low earning capacity and records of unsteady earnings.[7] It is also of interest to note that Negroes represent 8 per cent of the men retiring at age 62, as compared with only 5 per cent of the 65-year-olds, and that the average earnings of the Negro 62-year-old retirees tended to be even lower than for the non-Negroes.

These findings, it should be emphasized, tend to be consistent with the hypothesis that the relationship of prospective retirement income to income before retirement has an important bearing on decisions to retire. Not only is there some evidence of a tendency for relatively large proportions of elderly men to retire in countries in which old-age benefits are comparatively high in relation to average earnings,[8] but there is also growing evidence that, among men with very low earning capacity, even comparatively low retirement benefits may provide a positive inducement to retire. Gallaway showed that the lower the average annual earnings credited for men aged 65 to 69 in the preceding 10-year period, the less likely they were to be employed in 1960.[9] Moreover, as the Steiner and Dorfman study indicated some years ago, manual workers are more likely to retire than nonmanual workers,[10] while, more recently, a study by Bowen and Finegan has indicated that, among males aged 65 to 74, the proportion in the labor force increased steadily from 26.1 percent of those with 0 to 4 years of school completed to 63.3 percent for those with 17 or more years of schooling.[11]

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[5] Lenore A. Epstein and Janet H. Murray, *The Aged Population of the United States: The 1963 Social Security Survey of the Aged,* Research Report No. 19, U.S. Social Security Administration (Washington, D.C.: Government Printing Office, 1967), p. 349.

[6] Holland, *op. cit.,* p. 8.

[7] Lenore A. Epstein, "Early Retirement and Work-Life Experience," *Social Security Bulletin,* XXIX (March, 1966), 3–10.

[8] In a comparative analysis of data for industrial countries which I carried out some years ago, I found that, around 1950, there was a significant inverse relationship between the proportion of men aged 65 and over in the labor force and the ratio of average old-age benefits under national old-age pension systems to average earnings. In other words, the higher national old-age benefits were in relation to average earnings, the smaller the proportion of elderly men who were likely to be in the labor force. See Margaret S. Gordon, "Income Security Programs and the Propensity to Retire," in Richard H. Williams, Clark Tibbitts, and Wilma Donahue, editors, *Processes of Aging* (New York: Prentice-Hall, Atherton Press, 1963), Vol. II.

A more recent study has been found a similar relationship based on an analysis of data for years around 1960. See Joseph A. Pechman, Henry J. Aaron, and Michael K. Taussig, *Social Security: A Tax and Transfer System* (to be published by The Brookings Institution), Appendix C.

[9] Lowell E. Gallaway, *The Retirement Decision: An Exploratory Essay,* U.S. Social Security Administration, Division of Research and Statistics, Research Report No. 9 (Washington, D.C.: Government Printing Office, 1965), p. 14.

[10] Peter O. Steiner and Robert Dorfman, *The Economic Status of the Aged* (Berkeley and Los Angeles: University of California Press, 1957), p. 50.

[11] William G. Bowen and T. Aldrich Finegan, "Educational Attainment and Labor Force Participation," *American Economic Review,* LVI (May, 1966), 571. This article is a partial report on a much more extensive study which is nearing completion and is to be published by the Princeton University Press.

Ill health and disability.—Low earning capacity among early retirees is apparently frequently associated with ill health, judging from the large proportions who report that they retired because of ill health. No doubt in some cases this reported ill health is subjective, but it is probable that, even when there are no objective indications of ill health, there may often be a sense of debilitation and a feeling that continuing to work has become a strain. In this connection, it is well to recall the Steiner-Dorfman finding that, among men 65 and over, the proportion not well enough to work tended to be high in occupations that make heavy physical demands (e.g., farming, laboring) and low in sedentary occupations (e.g., professional work, selling) without any marked relationship to the income levels of the various categories. They concluded that "this circumstance lends support to the belief that the classification 'not well enough to work' has a substantial objective foundation and is not a mere rationalization for being out of the labor force." [12]

Relatively objective measures of disability can be obtained from data gathered in the National Health Interview Survey of 1964–1965, in which respondents were asked about chronic health conditions which limit their activities and about the precise nature of such chronic conditions. These data indicated that, among men aged 45 to 64 who were not in the labor force, 43.2 percent were unable to work at all and 24.3 percent were able to work but limited in the amount or kind of work.[13] Very similar results on the extent of complete incapacity to work in this age group are provided by Monthly Labor Force Survey data, which indicate the proportions of persons who are not in the labor force because they are "unable to work." The definition of inability to work used in this connection is very tightly drawn, including only long-term mental or physical disabilities which incapacitate persons for any kind of work.[14] These data indicate, also, that while the number of men who are completely unable to work increases steadily with advancing age, the percentage of all men out of the labor force whose nonparticipation is for this reason falls off in the late fifties and early sixties, when other reasons for leaving the labor force assume increasing importance: [15]

MEN OUT OF LABOR FORCE, AGED 18 TO 64, JANUARY–JUNE 1966 AVERAGES

[In thousands]

	Total	Unable to work	Percent unable to work
Total, 18 to 64	4,599	1,060	23.0
18 to 19 years	1,162	23	2.0
20 to 24 years	941	30	3.2
25 to 34 years	310	98	31.6
35 to 44 years	366	162	44.3
45 to 54 years	580	294	50.7
45 to 49 years	220	102	46.4
50 to 54 years	360	192	53.3
55 to 64 years	1,240	453	36.5
55 to 59 years	439	213	48.5
60 to 64 years	801	240	30.0
45 to 64 years	1,820	747	41.0

Just as the availability of reduced retirement benefits from 1961 on facilitated the withdrawal of men aged 62 to 64 from the labor force, so the possibility of receiving permanent total disability insurance benefits from 1957 on undoubtedly played a role in facilitating the withdrawal of completely disabled men. In the first few years, such benefits were available to persons aged 50 to 64 who could meet all the eligibility requirements, and at the end of 1960 they were extended

[12] Steiner and Dorfman, *op. cit.*, p. 47.
[13] Carl Rosenfeld and Elizabeth Waldman, "Work Limitations and Chronic Health Problems," *Monthly Labor Review*, XC (January, 1967), 39.
[14] Only specific conditions, such as blindness, loss of limbs, serious heart trouble, tuberculosis, and so forth, meet the test. (Holland, *op. cit.*, p. 9n.)
[15] Holland, *op. cit.*, p. 8.

to younger disabled workers.[16] Since the definition of inability to work used in determining eligibility for benefits is similar to that used in the Monthly Labor Force Survey, and since men meeting this requirement would be expected to be out of the labor force in nearly all cases,[17] it is of interest to compare the number of older men receiving disability benefits at the end of 1965 with the number out of the labor force because of inability to work:[18]

	Total out of labor force unable to work, 1966 (1st 6 months)	Total receiving DI benefits, end of 1965
Total, 45 to 64 years of age	747,000	614,000
45 to 49 years	102,000	76,000
50 to 54 years	192,000	113,000
55 to 59 years	213,000	181,000
60 to 64 years	240,000	244,000

This comparison, although not referring to exactly the same date, suggests that the great majority of older men who are out of the labor force because of complete incapacity to work do receive DI benefits. There appears to be some tendency for the ratio of DI recipients to disabled men out of the labor force to increase with advancing age. In fact, for the age group 60 to 64, the number receiving DI benefits at the end of 1965 was somewhat higher than the estimated number out of the labor force because of inability to work in the first six months of 1966. In this connection, it must be kept in mind that the latter figure is an estimate based on a sample. Moreover, the age of the individual is taken into account in the evaluation of disability, particularly in borderline cases,[19] which presumably results in slightly more lenient determinations for men in their sixties. It would also be expected that, the older a disabled man, the more likely it would be that his disability is of long standing and that he has been receiving DI benefits for some time. Among the men under 60, some of those with severe disabilities were probably expecting to file or else were awaiting approval of their applications for DI benefits.[20]

Results of the nationwide survey of the disabled, which is being conducted by the Social Security Administration, will soon be available and should shed a great deal more light on the relationship between disability, employment status, and income in these male age groups.

The extent of part-time work.—Although there has been a substantial increase in the proportion of part-time workers among those aged 65 and over in the last ten years or so, no doubt associated with the liberalization of the OASDHI retirement test, the proportion of part-time workers in the 45 to 64 age group has, in general, declined among both men and women. Only in the case of men aged 60 to 64 was there a slight increase—from 8.0 to 9.5 per cent of those with any work experience during the year—in the percentage of part-time workers between 1955 and 1965.[21] Thus the great majority of men in this age group who remain in the labor force work full time. However, as suggested earlier, a substantial proportion fail to maintain steady employment throughout the year. This was indicated by the data on unemployment cited earlier and also by the fact that ony 68.4 per cent of all men aged 55 to 64 were year-round full-time workers in 1966.[22]

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[16] Benefits are also available for disabled children aged 18 or over, who are dependent upon a parent entitled to disability or retirement benefits, or who were dependent on an insured person who died. Such children must have become disabled before reaching age 18.

[17] An individual must continue to be unable to perform any substantial gainful activity as a condition of eligibility for continued payment of disability benefits, except that he may be permitted to work during a limited "trial work period."

[18] Holland, *op. cit.*, p. 8 and *Social Security Bulletin: Annual Statistical Supplement,* 1965, p. 58.

[19] See Lawrence D. Haber and others, *The Disabled Worker Under OASDI,* Research Report No. 6, U.S. Social Security Administration (Washington, D.C.: U.S. Government Printing Office, 1964), p. 2.

[20] A worker must have been disabled six months before applying for DI benefits.

[21] *Current Population Reports: Labor Force,* U.S. Bureau of the Census, Series P–50, No. 68, June, 1956, and No. 70. February, 1957.

[22] *Current Population Reports: Consumer Income,* U.S. Bureau of the Census, Series P–60, No. 52, August 21, 1967.

Income effects.—The trend toward early retirement appears to have had little, if any, deleterious effect on the relative income position of men in the 55 to 64 age bracket. Their median annual income rose 138.4 per cent between 1948 and 1966, as compared with an increase of 121.4 per cent for all men aged 14 and over (Table 3). Moreover, their median income rose almost as much as that of the peak-income 35 to 44 male age group.

TABLE 3.—INCOME OF PERSONS 14 YEARS OF AGE AND OVER, BY AGE AND SEX, UNITED STATES, 1948 AND 1966

Age	Percent with income		Median income of those with income		Ratio of median income to that of 35 to 44 age group		Percentage change in median income, 1948–66
	1948	1966	1948	1966	1948	1966	
Men:							
Total	90	92	$2,396	$5,305			+121.4
14 to 19 years	44	57	449	496	0.147	0.068	+10.5
20 to 24 years	91	94	1,920	3,330	.630	.456	+73.4
25 to 34 years	98	99	2,724	6,507	.894	.891	+138.9
35 to 44 years	98	99	3,046	7,305	1.000	1.000	+139.8
45 to 54 years	98	99	2,828	6,918	.928	.947	+144.6
55 to 64 years	96	99	2,412	5,750	.792	.787	+138.4
65 and over	89	99	998	2,162	.328	.296	+116.6
Women:							
Total	41	61	1,009	1,638			+62.3
14 to 19 years	33	46	479	423	.359	.163	−11.7
20 to 24 years	51	70	1,319	2,126	.989	.821	+61.2
25 to 34 years	39	54	1,349	2,350	1.012	.907	+74.2
35 to 44 years	41	57	1,333	2,590	1.000	1.000	+94.3
45 to 54 years	39	59	1,310	2,758	.983	1.065	+110.5
55 to 64 years	37	64	857	2,214	.643	.855	+158.3
65 and over	49	83	589	1,085	.442	.419	+84.2

Source: Current Population Reports: Consumer Income, U.S. Bureau of the Census, Series P–60, No. 6, Feb. 14, 1950 and No. 52, Aug. 21, 1967.

This somewhat unexpected result is probably explained by the fact, already noted, that it was predominantly the low earners who were leaving the labor force, and it may well be that the disability and early retirement benefits received by many of these men compared quite favorably, relative to the earnings of steadily employed workers in this age group, with the relative earnings of low earners in this age group in the past. Some of the men receiving retirement benefits were also receiving some part-time or part-year earnings, as we have seen.

Moreover, despite the predominance of men with low earning capacity among the early retirees, there is apparently a significant minority of married early retirees with sizable incomes, evidently from combinations of OASDHI benefits, earnings (including wives' earnings in some cases), private pensions, and asset income.

In the case of married couples in the 62 to 64 age group receiving OASDHI benefits in 1962, the size distribution of income was distinctly more bimodal in shape than in the case of older beneficiaries (Table 4). The largest proportion (29 per cent) had annual incomes of $1,000 to $1,999, but there was another sizable group (22 per cent) in the $5,000 to $9,999 income bracket. Overall, however, the couples in the 62 to 64 age group had lower incomes than those in the 65 to 72 age group, with 34 per cent having an annual income of less than $2,000, as compared with 24 per cent of the older group, and with a median income of $2,470 as contrasted with the older group's median income of $2,900.

TABLE 4.—SIZE OF MONEY INCOME BY AGE FOR MARRIED COUPLES AND NONMARRIED MEN WHO WERE OASDHI BENEFICIARIES, AGED 62 AND OVER, 1962 [1]

Money income	Married couples [2]			Nonmarried men		
	Aged 62 to 64	Aged 65 to 72	Aged 73 and over	Aged 62 to 64	Aged 65 to 72	Aged 73 and over
Number (in thousands)	224	2,029	1,715	78	630	860
Reporting on income	196	1,775	1,515	72	589	795
Percent	100	100	100	100	100	100
Less than $1,000	5	4	5	31	19	32
$1,000 to $1,999	29	20	30	57	45	46
$2,000 to $2,999	24	30	30	8	27	14
$3,000 to $3,999	9	18	14	6	6	5
$4,000 to $4,999	9	12	9	(3)	2	2
$5,000 to $9,999	22	15	9	(3)	2	2
$10,000 and over	2	3	4	(3)	(3)	1
Median income	$2,470	$2,900	$2,430	$1,265	$1,610	$1,260

[1] Excludes beneficiaries who received their 1st benefit in February 1962 or later.
[2] With at least 1 member aged 62 or over.
[3] Less than 0.5 percent.

Source: Lenore A. Epstein, "Income of the Aged in 1962: First Findings of the 1963 Survey of the Aged," Social Security Bulletin, XXVII (March 1964), 17.

A considerably larger share of the aggregate income of the couples in the 62 to 64 age group came from earnings than in the case of older beneficiaries (Table 5), while a substantially larger proportion had some earnings (Table 6). However, median income from earnings amounted only to $1,220. or very little more than the median of $1,150 for the beneficiary couples in the 65 to 72 age group.[23] Earnings of a beneficiary would, of course, be subject to the retirement test, so that a higher median amount would scarcely be expected, although there were undoubtedly some retired male beneficiaries in the 62 to 64 age group whose wives were working.

TABLE 5.—SHARES OF MONEY INCOME BY AGE AND SOURCE OF INCOME FOR MARRIED COUPLES AND NONMARRIED MEN WHO WERE OASDHI BENEFICIARIES, AGED 62 AND OVER, 1962 [1]

Source of money income	Married couples [2]			Nonmarried men		
	Aged 62 to 64	Aged 65 to 72	Aged 73 and over	Aged 62 to 64	Aged 65 to 72	Aged 73 and over
Number (in thousands)	224	1,319	1,715	78	630	860
Reporting on income	196	1,100	1,515	72	589	795
Percent	100	100	100	100	100	100
Percent of aggregate from—						
Earnings	48	25	26	4	13	14
Retirement benefits	38	48	51	74	64	63
OASDHI	27	37	42	63	55	54
Other public	2	5	4	4	4	4
Private group pensions	8	6	5	7	6	5
Veterans' benefits	3	5	2	13	10	3
Interest, dividends, and rents	8	17	16	8	9	15
Public assistance	1	1	2	1	2	3
Other	2	3	3	(3)	2	2

[1] Excludes beneficiaries who received their 1st benefit in February 1962 or later.
[2] With at least 1 member aged 62 or over.
[3] Less than 0.5 percent.

Source: Lenore A. Epstein, "Income of the Aged in 1962: First Findings of the 1936 Survey of the Aged," Social Security Bulletin, XXVII (March 1964), 20.

[23] See Lenore A. Epstein and Janet H. Murray, *The Aged Population of the United States: The 1963 Social Security Survey of the Aged*, U.S. Social Security Administration, Research Report No. 19 (Washington, D.C.: U.S. Government Printing Office, 1967), p. 301.

TABLE 6.—SOURCES OF MONEY INCOME BY AGE FOR MARRIED COUPLES AND NONMARRIED MEN WHO WERE OASDHI BENEFICIARIES, AGED 62 AND OVER, 1962 [1]

Sources of money income	Married couples [2]			Nonmarried men		
	Aged 62 to 64	Aged 65 to 72	Aged 73 and over	Aged 62 to 64	Aged 65 to 72	Aged 73 and over
Number (in thousands)	224	2,029	1,715	78	630	860
Reporting on sources	224	2,029	1,715	78	630	860
Percent	100	100	100	100	100	100
Percent having—						
Earnings	69	53	46	15	27	23
Public retirement benefits (not OASDHI)	7	9	8	5	8	4
Private group pensions	17	22	17	5	13	13
Veterans' benefits	10	20	7	18	20	5
Interest, dividends, and rents	43	64	66	26	48	52
Private individual annuities	1	4	3	(3)	3	1
Public assistance	8	5	7	3	7	11
Contributions by relatives [4]	2	1	4	(3)	1	2

[1] Excludes beneficiaries who received their 1st benefit in February 1962 or later.
[2] With at least 1 member aged 62 or over.
[3] Less than 0.5 percent.
[4] Relatives or friends not in household.

Source: Lenore A. Epstein, "Income of the Aged in 1962: First Findings of the 1963 Survey of the Aged," Social Security Bulletin, XXVII (March 1964), 21.

It is also interesting to note that the share of the aggregate income of the couples in the 62 to 64 age group from private pensions, although small (8 per cent), was nevertheless slightly larger than in the case of the 65 to 72 age group (6 per cent). However, the percentage having some income from pensions (17 per cent) was smaller than in the case of the older group (22 per cent). It is probably that these percentages would be slightly higher today, in view of the liberalization of early retirement provisions in certain collectively bargained pension plans that has occurred since 1962.

The nonmarried male beneficiaries in the 62 to 64 age group, although considerably fewer in number than the married beneficiaries, were a distinctly low income group, apparently consisting predominantly of men who had been forced to seek early retirement benefits because of ill health or unemployment problems. Only 15 per cent had any earnings in 1962, and only 4 per cent of the aggregate income of this group came from earnings.

In this connection, it should be pointed out that, of all male OASDHI beneficiaries aged 62 to 64 included in the 1963 Survey, 20 per cent were receiving disability benefits, while the others were receiving early retirement benefits.[24]

There are also some early retirees who do not apply for OASDHI retirement benefits until age 65, either because they are receiving early retirement private pension benefits which are structured to provide higher benefits before age 65 than will be paid once normal OASDHI benefits are available, as in the UAW plan, or because they have other sources of income which make it unnecessary for them to apply for OASDHI benefits until age 65. There were relatively few such early retirees included in the 1963 Survey, although they may be comparatively more numerous today. Among married couples in the 62 to 64 age group who were nonbeneficiaries, 96 per cent had income from earnings in 1962, while only 2 per cent had any income from private pensions, and only 3 per cent from public retirement systems other than OASDHI. As for the share of aggregate income received from various sources, only 8 per cent was from interest, dividends, and rents, while less than 0.5 per cent was from private group pensions and only 1 per cent from public retirement systems other than OASDHI.[25]

Implications for the future.—The fact that large numbers of men are applying for early retirement benefits is having a deleterious effect on average OASDHI benefits received by married couples and nonmarried men in the 65 and older group, and this effect will become increasingly serious in the future if the present tendency for more than half of all male retirement awards to go

[24] *Ibid.*, p. 308.
[25] *Ibid.*, pp. 300 and 305–306.

to early retirees continues. By the end of 1965, approximately 15 per cent of all male retired workers aged 65 and over were receiving reduced benefits because of a reduction for early retirement.[26]

Separate data are not available on averaged reduced and nonreduced benefits for the 65 and older group, but for all men aged 62 and over, the average reduced retirement benefit was $79.35 a month, or only 82.6 per cent of the average nonreduced benefit of $96.12. If the present trend continues, the proportion of male beneficiaries aged 65 and over receiving reduced benefits will increase quite rapidly. Wives' benefits will also, of course, be adversely affected. Thus, the impact of benefit increases adopted by Congress will to a considerable extent be offset by the rise in the proportion of retiress receiving reduced benefits.

Other forms of retirement income are not likely to be greatly affected by the trend toward early retirement, except insofar as men applying for reduced OASDHI benefits also receive reduced private pension benefits. However, as we have seen, the great majority of early retirees do not receive private pension benefits. Asset income of the aged will probably not be appreciably affected, since most of the early retirees tend to be men with low earning capacity and very little in the way of savings in any event.[27]

There is likely, however, to be a substantial effect on old-age assistance expenditures. The number of elderly persons applying for old-age assistance to supplement inadequate OASDHI benefits may very well increase along with a rise in the proportion of male retirees receiving reduced benefits.

Answer 2. The experience with the applications by men aged 62 to 64 for reduced early retirement benefits under OASDHI clearly indicates that there is a critical need for income maintenance on the part of men who encounter problems of ill health and poor employment opportunities in their early sixties. The adverse long-run effects of this trend on future OASDHI benefits of persons aged 65 and over have been discussed in reply to the previous question. However, there are alternative methods of providing income maintenance which would meet the needs of many of these older men without having such an adverse effect on the OASDHI benefits to which they would be entitled from age 65 on. I am not suggesting that the provision for reduced early retirement benefits for men aged 62 to 64 should be dropped. Once the age of eligibility for retirement benefits is lowered, it is very difficult politically to raise it. Furthermore, there is a case for flexible provisions relating to the age of retirement, including rights to increased benefits for persons deferring retirement beyond age 65.[28]

Nor would I suggest that the actuarial reduction in connection with early retirement benefits should be given up. I do not believe it would be wise to make full retirement benefits available before age 65, and the effects of a compromise between a full actuarial reduction and no reduction at all would be problematical. But I strongly oppose dropping the age of eligibility for reduced retirement benefits for men to 60, as was approved by the Senate in 1965 and again in 1967, since this would simply exacerbate the present difficulties.

What I would urge is the adoption of a combination of other income maintenance provisions which would be available to meet the problems of aging men. The effect of such an approach would be to reduce substantially the number of men aged 62 to 64 who would be likely to apply for reduced OASDHI retirement benefits and, in large part, to preserve their rights to full OASDHI retirement benefits at age 65.

Liberalization of disability insurance.—One method of providing an alternative type of income maintenance for a substantial number of aging men would be to liberalize the conditions of eligibility for DI benefits. Under existing provisions, an individual must be unable to engage in any substantial gainful activity be-

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[26] Computed from data in *Social Security Bulletin: Annual Statistical Supplement*, 1965, pp. 56 and 76.

[27] The 1963 Survey showed that married couples who were beneficiaries in the 62 to 64 age group had a median net worth of only $1,120 (apart from equity in a home), as compared with $2,320 for the beneficiaries in the 65 to 72 age group and $3,050 for beneficiaries aged 73 or more. The majority of nonmarried male beneficiaries had no net worth apart from equity in a home. Epstein and Murray, *op. cit.*, p. 319.

[28] For further discussion of this issue and of trends toward more flexible retirement provisions in other countries, see Margaret S. Gordon, "National Retirement Policies and the Displaced Older Worker," in *Age With a Future* (Copenhagen: Munksgaard, 1964), pp. 591–601. A suggestion for a deferred retirement credit is included among the recommendations in Pechman, Aaron, and Taussig, *op. cit.*

cause of a disability that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.[29] There is no provision for insurance benefits for individuals with serious permanent partial nonoccupational disabilities, as there is in many other industrial countries. In fact, in a good many other industrial countries an individual need not be completely incapacitated to qualify for full disability benefits.

If we consider the provisions in effect in 30 industrial countries in 1967,[30] we find that 16 countries did not require complete incapacity to work as a condition of eligibility for a regular disability pension. In most of these countries, the requirement was expressed in terms of loss of at least a certain percentage of one's earning capacity. Australia, for example, required loss of 85 per cent of working capacity; Austria required loss of 50 per cent of normal earning capacity; and Denmark required loss of two-thirds of earning capacity in suitable work. The most common requirement was loss of two-thirds of one's earning capacity. The other countries required incapacity for any work as a condition of eligibility, except for two which did not have a nonoccupational disability insurance or pension program.

Moreover, 13 of these industrial countries provided partial disability benefits for individuals who were not so severely disabled as to meet the eligility conditions for full disability benefits. In The Netherlands, for example, where loss of 80 per cent of earning capacity in a suitable occupation was required for a full invalidity pension, a partial pension was provided for individuals who had lost 15 to 80 per cent of their earning capacity. The full invalidity pension provided 80 per cent of previous earnings, while the partial pension provided from 10 to 65 per cent, according to a schedule related to the degree of disability.

The minimum percentage loss of earning capacity for a partial pension in other countries was higher, ranging from 25 per cent in Norway to 70 per cent under the welfare pension insurance program in Japan, and in most of these countries the percentage loss of earning capacity determined the percentage of full pension benefits which would be provided. A few countries provided partial disability pensions for persons who were not completely incapacitated but were incapable of continued employment in their "usual work." It should be recognized, also, that there were wide variations in other eligibility conditions, e.g., years of insurance required, as well as in benefit levels under these programs.

We have seen that, among men aged 45 to 64 who are not in the labor force in the United States, 43.2 per cent were unable to work at all and 24.3 per cent were able to work but limited in the amount or kind of work in 1964–1965. Moreover, among employed men in this age group, 10 per cent were limited in work activities by one or more chronic conditions, and among the unemployed, 26 per cent were limited.[31]

I would urge modification of our requirement for full disability benefits to include persons who are severely but not completely incapacitated and the provision of partial disability benefits to persons with long-term partial nonoccupational disabilities. In this connection, I am well aware of the difficulties of determining the percentage loss of earning capacity and would not necessarily suggest that the disability rating be made on a quantitative scale. Under the more liberal provisions, a person meeting the requirement for full disability benefits would become eligible for regular retirement benefits at age 65, as do present DI beneficiaries. Partial disability benefits would, of course, provide much less adequate income maintenance to the recipients, but presumably the majority of the beneficiaries would receive some income from earnings.

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[29] See Wilbur J. Cohen and Robert M. Ball, "Social Security Amendments of 1965: Summary and Legislative History," *Social Security Bulletin*, XXVIII (September, 1965), 14, for information on a change in this provision adopted in 1965. Previously the disability had to be of long-continued and indefinite duration.

[30] *See Social Security Programs Throughout the World, 1967*, U.S. Social Security Administration (Washington, D.C.: U.S. Government Printing Office, 1967). The 30 industrial countries included in this analysis are all those with less than 50 percent of the labor force in agriculture around 1960, except for a few very small countries.

[31] Rosenfeld and Waldman, *op. cit.*, p. 40. On problems of conception and measurement in disability statistics, see Ronald W. Conley, *The Economics of Vocational Rehabilitation* (Baltimore: The Johns Hopkins Press, 1965), Chapter 1; see, also, Lawrence D. Haber, "Identifying the Disabled: Concepts and Methods in the Measurement of Disability," to be published in the December 1967 issue of the *Social Security Bulletin*.

Such provisions might, initially at least, be limited to those aged 50 and over, or even those aged 55 and over, in line with a proposal made by Herman M. Somers several years ago:[32]

"The present stern requirement that a worker be unable to do any type of substantial gainful work might be reconsidered for the disabled 55 years of age or over, to permit benefits if they are unable to do work similar to that performed during their lifetime. The severely disabled older worker generally finds that he cannot obtain work that is reasonably related to his skills or for which he might be trained. Such a provision would probably affect a majority of the 400,000 who have insured status under OASDI but are currently denied benefits."

An important advantage of liberalizing the definition of disability would be that such a program, properly designed and administered, could be used as a means of stimulating rehabilitation of a larger proportion of the disabled. Completely incapacitated persons are less likely to be rehabilitable than those whose disabilities are somewhat less severe, and only a small proportion of DI beneficiaries receive rehabilitation services. According to Somers, the proportion in the public assistance program receiving rehabilitation services has been even lower.[33] Complete incapacity, it should be noted, is also a requirement for receiving assistance from the Aid to the Permanently and Totally Disabled program.

It seems to me that we have not yet fully appreciated in this country the relationship between adequate income maintenance for the disabled and incentives to participate in rehabilitation programs, even though there is increasing recognition of the economic gains from rehabilitation of the disabled. Training allowances under our federal-state vocational rehabilitation program are very low, resources available to the program are seriously deficient in relation to the need, and there are lengthy delays between referral to rehabilitation and actual admission to a rehabilitation program. Severely disabled persons should be able to qualify for cash benefits promptly; the benefits should be sufficient to provide a reasonable level of income maintenance for the individual and his dependents while he is undergoing treatment; if he is deemed capable of benefiting from rehabilitation, he should be referred and admitted to a rehabilitation program promptly; and, ideally, there should be provision for a partial pension related to the degree of residual disability after completion of the rehabilitation program. Intensive placement services to obtain a job for the individual after rehabilitation should also be emphasized. These are all elements that are considered important in explaining the success of the workmen's compensation program in the Province of Ontario and other Canadian provinces,[34] and are also emphasized in both nonoccupational and occupational permanent disability insurance or pension programs in a number of European countries.

There are a good many other changes that are needed in our disability insurance program to broaden the protection provided and to make it a more effective vehicle for encouraging rehabilitation. Moreover, the absence of a temporary disability insurance program in the great majority of states is a drawback in relation to the achievement of the four objectives mentioned in the previous paragraph. In most European countries, disabled persons receive cash benefits through a temporary disability program in the early stages of their disablement.

Extended unemployment benefits.—For aging men who are encountering employment difficulties but are not disabled, the availability of a federal program of extended unemployment benefits, along the lines of recent Administration proposals which have failed of adoption by Congress, would be a distinct advantage. Extended unemployment benefits should be available only for persons with records of substantial attachment to the labor force, and should not be limited to recession periods.

Here again, there is ample precedent for such policies in other industrial countries. Among the 30 countries whose policies we have been examining, 16 have provisions for extending unemployment benefits or else provide for maximum duration considerably exceeding the 26 weeks maximum typically found in our state unemployment insurance laws. Frequently the maximum duration for

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[32] Herman M. Somers, "Poverty and Income Maintenance for the Disabled," in Margaret S. Gordon, editor, *Poverty in America* (San Francisco: Chandler Publishing Company, 1965), p. 244.

[33] *Ibid.*, p. 247.

[34] See Earl C. Steele, "Benefit Administration," in Earl F. Cheit and Margaret S. Gordon, editors, *Occupational Disability and Public Policy* (New York and London: Wiley, 1963), Chapter 9. Other chapters in this volume also include considerable discussion of the relationship between income maintenance provisions and incentives to participate in rehabilitation.

persons with a record of substantial employment in recent years is approximately a year. In West Germany, for example, maximum duration of unemployment insurance benefits varies from 13 to 52 weeks, according to the length of the qualifying period. To be eligible for 52 weeks of benefits an individual must have a record of 156 weeks of employment in the last three years.

Australia and New Zealand have no limit on duration, but their programs provide unemployment benefits on the basis of an income test and are not of the insurance type. Belgium's unemployment insurance system has no limit on duration except in special cases, but does require long-term unemployed persons to continue to meet the requirement of availability for work.

A few countries have special provisions for older, unemployed persons. In Norway, for example, the maximum duration of unemployment insurance benefits is normally 20 weeks, but is extended to 30 weeks for persons aged 50 and over. In Ireland, where old-age insurance benefits are not payable until age 70, there is no limit on the duration of unemployment insurance benefits for persons aged 65 to 69 who have a record of at least 156 weeks of contributions in previous years, whereas the normal limit is 26 weeks.

In addition to extended unemployment benefits, I see no good reason why the program of older worker allowances proposed by the Clark Subcommittee on Employment and Manpower in 1964 should not be seriously considered. Their recommendation was as follows: [35]

"The subcommittee recommends development of a new program of older worker allowances to bridge the gap between employment and retirement. These allowances would be available to workers over 55 years of age who have had a substantial past attachment to the labor force, who have exhausted their unemployment insurance benefits or have been unemployed 1 year or more and are not yet eligible for OASDI benefits. These benefits could be conditioned on continued availability for work, retraining, special work projects and perhaps even relocation to assure that employment takes priority over early retirement. This program is estimated to cost $50 million a year at the start, increasing gradually to a maximum of $75 million a year after 5 years. Benefits of approximately $2,000 per year could be provided for 20,000 to 25,000 persons, probably an adequate number under the restricted conditions proposed."

The Subcommittee also advocated a program of matching grants to State and local governments and nonprofit institutions for an experimental program to utilize elderly persons in needed community services, as advocated by the late President Kennedy.[36]

Public assistance.—Another major weakness in our system of income maintenance, as it relates to aging men, is the severe inadequacy of public assistance provisions. A long-term unemployed older worker with no minor dependent children, under age 65, and not permanently and totally disabled, cannot qualify for any of the federally aided assistance programs and is limited to such meager aid as may be available under general assistance in his state. Frequently, moreover, the requirements are such as to preclude aid to unemployed men except perhaps on an emergency basis.

Correction of this situation is long overdue, as the recommendations of the Advisory Council on Public Welfare recognized in its 1966 report. The Council called for assistance to all needy persons regardless of the cause of need, on the basis of nationwide standards adjusted to varying cost-of-living and other criteria among the States, and financed by federal funds except for a stipulated State share.[37]

Minimum income guarantees.—At this point, proponents of a negative income tax or guaranteed minimum income would be likely to say, "Why add to the existing complexities of our income maintenance system when the entire problem could be solved through an appropriate type of negative income tax or guaranteed

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[35] *Toward Full Employment: Proposals for a Comprehensive Employment and Manpower Policy in the United States,* A Report Together With Minority and Individual Views Prepared by the Subcommittee on Employment and Manpower of the Committee on Labor and Public Welfare, U.S. Senate (Washington, D.C.: U.S. Government Printing Office, 1964). p. 70.

[36] *Ibid.,* p. 69.

[37] *Having the Power, We Have the Duty,* Report of the Advisory Council on Public Welfare to the Secretary of Health, Education, and Welfare (Washington, D.C.: U.S. Government Printing Office, 1966), pp. xii–xiii.

minimum income?" In response to this line of argument, I should like to make the following points:

1. It is likely to be a long time before we adopt a negative income tax or a minimum income guarantee, and, even if we were eventually to adopt some such system, there would still be a need for maintaining and strengthening our social insurance programs. As I have argued in a paper to be published by the Joint Economic Committee,[38] negative income tax proposals are designed to provide for transfers to the poor at a given point in time, whereas earnings-related social insurance programs are designed to protect the stability of income over the life cycle. There is room for both approaches in an affluent society, and a need for retention of the social insurance approach if we are to *prevent* the ill, the disabled, the aging, and the unemployed from falling into poverty as well as to aid the existing poor.

2. The usual negative income tax proposal is not, in my opinion, particularly well adapted to the needs of the aging and disabled. One of the best negative income tax proposals I have seen is that of Professor James Tobin, who would exempt OASDHI recipients of cash benefits from his scheme.[39] Moreover, as I suggested in my Joint Economic Committee paper, careful consideration should be given to a different approach to providing a minimum floor of income for the elderly, i.e., a modest universal old-age pension for persons aged 65 and over, which would provide a minimum floor of income to which earnings-related OASDHI benefits would become supplementary. Such a scheme would do much to overcome the adverse effects of reduced early retirement benefits on the income status of the 65 and over group. Moreover, it should be financed either through general revenue or a combination of an earmarked flat per cent on the income tax rate and general revenue, as in Sweden, in order to stem the tide of increases in the regressive contributory OASDHI taxes. If a universal pension proved to be unacceptable, in view of our deeply entrenched national prejudice against "hand-outs," a modest income-conditioned pension system for the elderly whose OASDHI benefits and other sources of income are seriously inadequate might be considered.

However, as contrasted with a universal pension, an income-conditioned pension would probably discourage saving for old age, at least to some extent, and encourage persons approaching retirement age to turn over assets to adult children. Of course, an income-conditoned pension system can be structured like a negative income tax, so that an individual would always benefit from other income, e.g., income from assets. But any such approach is somewhat incompatible with the goal of a flexible policy toward the age of retirement and with the existing retirement test under OASDHI. I would suggest that a very logical role for an income-conditioned pension is exemplified in New Zealand, where a universal old-age pension is provided from age 65 on, and an income-conditioned pension is available for needy persons age 60 to 64.[40] We have seen that most elderly men who are awarded early retirement benefits under OASDHI are coping with problems of ill health of unemployment and tend to have a low education. Their saving capacity is likely to have been minimal, and thus an income-conditioned pension would not be likely, in the case of such men, to reduce saving.

3. One of the arguments advanced by proponents of a negative income tax has to do with the administrative simplicity of providing transfer payments to to the poor through the income tax system. Thus, those who advocate replacing our existing social security programs by a negative income tax are implicitly, and sometimes quite explicitly, advocating the separation of income maintenance from the provision of social services, such as counselling, placement, rehabilitation, and retraining. If the negative income tax were simply designed to supplement existing income maintenance programs, it would not, of course, have this effect. I believe that the development of social insurance in such countries as West Germany indicates that there are great advantages in an intimate relationship between the provision of income maintenance and the social services. The nature of these advantages has been indicated above in connection with

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[38] Margaret S. Gordon, "The Case for Earnings-Related Social Security Benefits Restated: With a Review of Foreign Trends Toward Dual Income Maintenance Approaches" (to be published by the Joint Economic Committee, U.S. Congress, in Part 2 of a series of volumes relating to problems of income maintenance for the aged).

[39] James Tobin, "On Improving the Economic Status of the Negro," *Daedalus*, Fall, 1965.

[40] The income-conditioned pension is also available from age 55 on in the case of unmarried women who are unable to work.

industrial injuries insurance in the Canadian provinces. Some will say that this view is paternalistic, but I would argue (1) that the marriage between social insurance and the social services should, in general, be such as to provide *incentives* for rehabilitation, retraining, etc., rather than compulsion, and (2) that all of the relevant survey research has demonstrated that large percentages of the persons who could benefit from social services do not know about their availability. Thus the complete divorce of income maintenance and the social services would, I believe, make it immensely more difficult to reach the people who need social services.

Answer 3. It has not been possible for me to develop projections in the limited time available, but I should like to comment briefly on the impact of the increased labor force participation of women on the future income status of the aged. At one time, I had supposed that the pronounced increase in the proportion of women in the labor force, especially in the 45 to 64 age group, would eventually have a highly beneficial effect on the income status of the elderly. This now appears less probable, for the following reasons:

1. Although there was a pronounced increase between 1955 and 1966 in the proportion of aging women with income and a relatively marked increase in the median incomes of women in the 45 to 64 age groups reporting income, the effect on the income of families in these age groups was not as pronounced as one would expect in view of the dual impact of increased labor force participation of women and increases in their earning capacity (Table 7). (I am using data for the years 1955 and 1966 because increases in the labor force participation of middle-aged and older women were pronounced in this period.) In part, the answer evidently lies in the fact that the earnings of women were not increasing as rapidly as the earnings of men, judging from the behavior of median incomes of year-round full-time workers. In part, the answer may lie in the fact that in some cases, though probably a distinct minority of all older women entering the labor force, aging women are entering to replenish depleted family income when their husbands withdraw or shift to part-time work. We need more research on these relationships, including data on married women in the labor force by labor force status of their husbands.

TABLE 7.—PERCENTAGE CHANGE IN MEDIAN INCOME FOR PERSONS, BY AGE AND SEX, FOR FAMILIES, BY AGE OF HEAD, AND FOR UNRELATED INDIVIDUALS, BY AGE AND SEX, UNITED STATES, 1955–66

[In percent]

Age	Persons				Families	Unrelated individuals
	Total with income		Year-round full-time workers			
	Men	Women	Men	Women		
Total	+58.2	+46.8	+63.8	+47.3	+68.2	+72.5
14 to 19	+19.2	+5.2	(1)	(1)	+69.1	+84.6
20 to 24	+49.8	+46.3	+52.8	+37.3		
25 to 34	+67.4	+46.8	+60.6	+45.5	+67.6	+104.9
35 to 44	+71.7	+63.7	+71.7	+45.0	+74.7	+60.6
45 to 54	+67.2	+59.9	+64.4	+49.7	+74.2	+82.9
55 to 64	+67.2	+76.1	+68.4	+58.9	+73.4	+71.4
65 and over	+61.7	+55.0	+78.6	(1)	+56.7	+72.5

[1] Median not published for 1955, since number of sample cases reporting income was less than 100.

Source: Current Population Reports: Consumer Income, U.S. Bureau of the Census, Series P–60, No. 23, November 1956; No. 24, April 1957; and No. 52, Aug. 21, 1967.

However, the evidence does not suggest that a major reason for entry of middle-aged and older women into the labor force is the declining earning capacity of their husbands. The long-run increase in the labor force participation of women is attributable to a number of factors, the most important of which, I believe, have been the long-term changes in the occupational structure which have been favorable to the employment of women, especially the growth in the relative importance of white-collar jobs. And, particularly with reference to the displacement of older men by women of all ages, Clarence Long reached the following conclusion in his extensive study of labor force participation:[41]

[41] Clarence D. Long, *The Labor Force Under Changing Income and Employment* (Princeton, N.J.: Princeton University Press, 1958, pp. 23–24).

"It would seem plausible—in view of the close moment-of-time relationship between education completed and participation, and of the great increase in the ratio of education completed by women to that completed by elderly men—that women displaced elderly men because of their better training for many clerical, personal service, and professional jobs in comparison to their relative wages. And financial assistance from a working daughter or wife—even her ability to support herself without help—doubtless aided many a sick or unemployed man to advance his retirement."

So far as short-run changes are concerned, recent research has demonstrated quite conclusively that married women tend to flock into the labor force at an accelerated rate when the demand for workers is expanding rapidly, but to be discouraged from entering the labor market when employment conditions are less favorable. However, on the basis of an analysis of year-to-year changes in participation rates for various age and sex groups from 1948 to 1964, Mincer has made the following interesting set of observations: [42]

"Nonwhite females exhibit peaks of participation *inverse* to the business cycle. It would seem that in this group the additional-worker effect dominates. This is clear in the case of adult women, as in the example of the 35-44 age group. This finding is important on theoretical grounds and in conjunction with other evidence. In my study of labor-force participation of women I interpreted the additional-worker effect as an alternative to dissaving, asset deccumulation, or increasing debt in family attempts to maintain consumption in the face of unemployment and other income losses. I argued, consequently, that such behavior should be particularly discernible in families at low levels of wealth, particularly in view of capital market imperfections. Supporting evidence in that study and in the work of Cain strengthens this inference. In the present context this means the 'additional worker' is more likely to be a low-income person than the 'discouraged worker'."

In this connection, it will be recalled that the men aged 62 to 64 who have been awarded reduced early retirement OASDHI benefits were predominantly men with low earning capacity and records of unsteady earnings. This has probably also been true of the men, chiefly nonwhites, who have withdrawn from the labor force in the age groups from 45 to 61. Thus the data suggest the possibility of a direct connection between the declining labor force participation of older men and increasing participation of older women, particularly among low-income nonwhites and to some degree among low-income whites. This is not by any means to suggest that such a relationship provides a major explanation of the increased labor force participation of older women, but only that its role may have been important in the case of those older women whose husbands have had records of low and unsteady earnings.

2. As indicated in reply to question 1, a large proportion of older women in the labor force are working part time and earning incomes well below those of older men.

3. Most important, perhaps, is the fact that the percentage of women being awarded reduced early retirement benefits is even higher than in the case of men, representing 61 per cent of all awards to women moving to current payment status in 1966, for example. This is having a seriously depressing effect on average benefits of all older women. Retired female workers receiving benefit awards at age 65, for example, enjoyed an increase in the average monthly benefit award of 74.6 per cent between 1955 and the latter part of 1965, reflecting the combined effect of Congressional action in raising benefits and increases in earnings of such women.[43] The corresponding increase for men was 49.9 per cent.

However, in part because so many women are opting to apply for reduced early retirement benefits, the increases during this period for all older female beneficiaries were very much smaller—for all retired female workers, 27.1 per cent; for aged wives of retired workers, 22.2 per cent; and for widows (who had benefited from an increase in the proportion of the primary benefit amount to which they were entitled), 51.7 per cent.

Thus, although the labor force participation rates of older women, including those in the 60 to 64 age group, have increased markedly, the pronounced tend-

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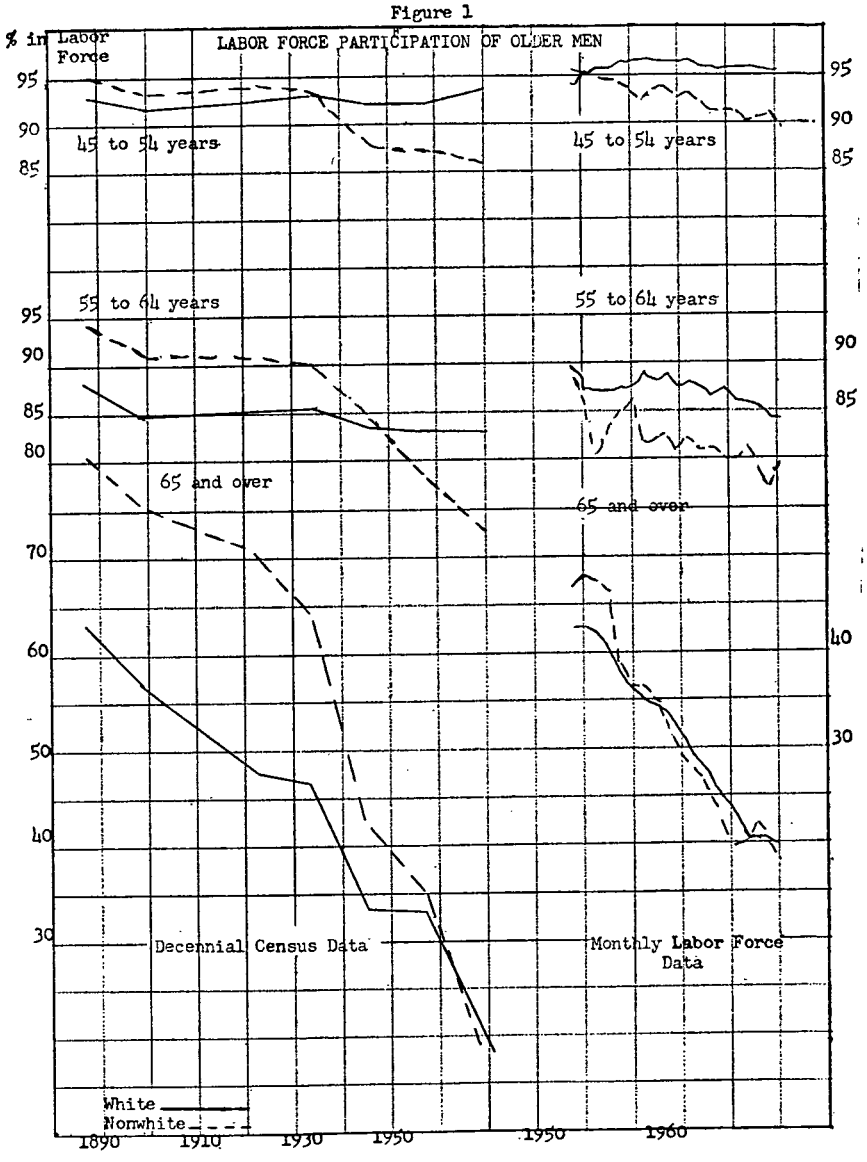
[42] Jacob Mincer, "Labor Force Participation and Unemployment," in Robert Aaron Gordon and Margaret S. Gordon, editors, *Prosperity and Unemployment* (New York: Wiley, 1966), p. 95.

[43] *Social Security Bulletin: Annual Statistical Supplement,* 1955, pp. 24–26 and 1965, pp. 56–65.

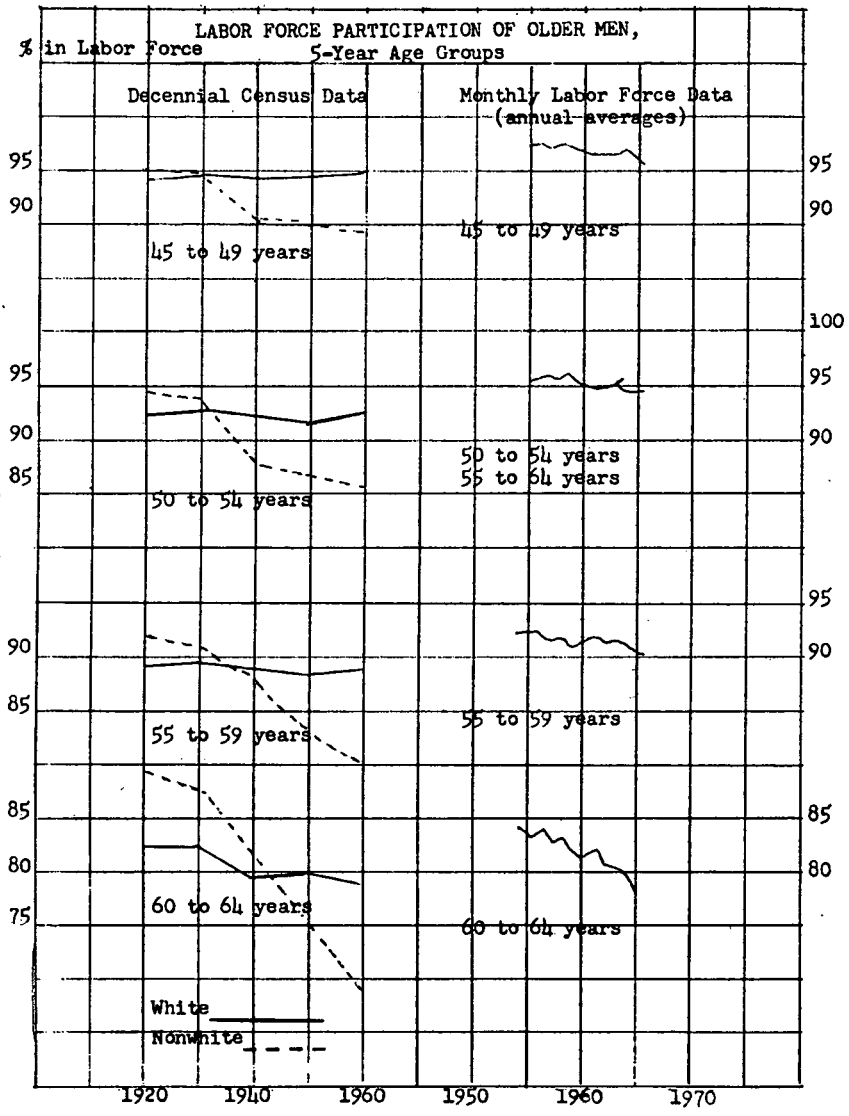
ency for women to apply for reduced early retirement benefits is holding down average benefits received by older women. Moreover, the retiring female workers, the wives, and the widows are all displaying this tendency to apply for reduced benefits. In the year 1965, for example, 50.6 per cent of all awards to retired female workers were to women aged 62 to 64; 56.7 per cent of allowances to aged wives of retired workers were to women aged 62 to 64; and 17.3 per cent of all awards to widows were to women aged 60 to 61 (widows' benefits awarded at ages 62 to 64 are not subject to actuarial reduction).[44]

Figure 1



[44] These figures are not adjusted to exclude conditional and deferred awards, etc., as are the data in Table 1.

Figure 2


LABOR FORCE PARTICIPATION OF OLDER MEN,
% in Labor Force 5-Year Age Groups
Decennial Census Data
Monthly Labor Force Data
(annual averages)
45 to 49 years
50 to 54 years
55 to 59 years
60 to 64 years
White
Nonwhite
95
90
85
80
75
100
1920
1940
1960
1950
1960
1970

ITEM 2: QUESTIONS SUBMITTED BY THE CHAIRMAN TO JAMES H. SCHULZ, U.S. COMMISSION FOR CULTURAL EXCHANGE WITH IRAN, AND HIS RESPONSE

1. Dr. Juanita Kreps of Duke University has directed our attention to your paper, "The Future Economic Circumstances of the Aged: A Simulation Projection, 1980." As you can well imagine, your findings are of great interest to the committee. May we have a summary of your findings, together with some additional discussion of the implications of those findings to present and future social policy?

2. Have you suggestions for research in related areas?

ANSWERS TO QUESTIONS SUBMITTED

1. Findings of my investigation regarding the future economic circumstances of the U.S. aged population

Using a simulation methodology and the assistance of a high speed electronic computer, distributions of pension income arising out of social security, private, and government pension coverage and assets in retirement were projected for the aged population in the year 1980. These projections were an attempt to investigate the pensions and assets which one could expect to be available to the aged, given the existing institutional pension structure and certain assumptions with regard to changes in these institutional arrangements in the next decade and a half. In general where doubt existed as to the appropriate assumption, the decision was made in favor of being consistently liberal.

The study found that given current trends in retirement income programs, aged poverty would not be eliminated by 1980. While there will be a sizable shift upward (improvement) in the distribution of pension income for aged persons, the study projected that there would still be a large proportion of aged units with very low pension income in 1980. And, what is most important, the study showed clearly that there would be little or no improvement in the *relative* income position of the aged population—given the continuing improvement of working population incomes.

If pension systems are to be used to eliminate poverty among retired persons and also to improve their relative economic status in the nation, the study indicates that significant changes in present U.S. pension systems (and trends) must take place in the future.

2. Suggestions for future research and discussion

(a) *Eliminating aged poverty.*—There is a need for research to identify and better understand the *unique* causes of aged poverty. Much of aged poverty is merely an extension of poverty rooted in the earlier years of life (e.g., negro aged poverty). However, there is increased evidence that there are large amounts of aged poverty generated by factors peculiar to the aging process: age discrimination in hiring, vesting provisions of private pension plans, early retirement pressures, and a lack of knowledge and foresight regarding individual "retirement planning." We need additional research into "why" people are not, economically, prepared for retirement living.

There is also a need for continued and thorough investigation of the extent of private pension coverage and the level of benefits *actually paid* to workers (now and in the future). Initial studies indicate that private pension coverage cannot and/or will not be extended to a very large proportion of the labor force. If these studies are correct, a serious problem is developing for the future; the labor force is dividing into two groups—workers with both private and public pension coverage (generally *adequate* for retirement provision) and workers with only public pension coverage (generally inadequate for retirement provision). More analysis is needed as to whether our present mixed pension system is compatable with retirement income adequacy and equity for all workers.

(b) *Retirement Income Shock.*—In a study which I have just completed regarding the relationship between pension income and preretirement earnings, I have found that there will be a very sharp drop at retirement in the incomes of most people retiring in the next two decades. This decline in income is much more than can be justified by reduced expenditure requirements associated with retirement living.

As the standard of living increases in the United States, it seems unlikely that a large proportion of the population will be willing to accept significantly lower living standards in retirement than they experienced earlier in life, especially when the living standard for the working population continues to rise. Consequently, in future years increased attention must be given to developing *relative* standards of retirement income adequacy for all retired persons, regardless of income level.

Thus, in addition to concern for the elimination of aged poverty (as well as poverty among other age groups), we must investigate ways of providing—individually and collectively—retirement programs which will *maintain*, and perhaps increase, the living standard of all aged persons during the so-called "golden years."

ITEM 3: QUESTIONS SUBMITTED BY THE CHAIRMAN TO PROF. JAMES N. MORGAN, PROGRAM DIRECTOR, INSTITUTE FOR SOCIAL RESEARCH, UNIVERSITY OF MICHIGAN

1. You and Dr. Katona have already given the Subcommittee on Retirement and the Individual a valuable summary of your work on early retirement. For the purpose of the Committee study, may we have your comments on such matters as:

   (*a*) Implications of your study as to the future numbers of men and women who retire at ages earlier than is now customary?

   (*b*) Implications of your study as to the actions that should be taken to raise OASDHI and other forms of retirement income to levels sufficient for greater numbers of individuals retiring before the traditional age of 65.

2. Professor Katona's reply to the Subcommittee letter said that more data on early retirement would be available later in the year. If it is now ready, may we have a summary?

3. What is your assessment of present research related to retirement?

ANSWERS TO QUESTIONS SUBMITTED

DEAR SENATOR WILLIAMS: In reply to your inquiry of November 20:

The implications of our studies about future retirement are that, even allowing for a lot of wishful thinking, the proportion of people retiring early will increase. Secondly, more of the early retirers will be people who planned for early retirement and are financially prepared for it. The result will be an increasing discrepancy among the retired between those who retired as they had planned to, and those who retired unexpectedly, often without planning and hence in most cases with inadequate retirement incomes. The discrepancies will be accentuated by the growth of private pension plans covering only some workers and not even all the workers in any particular company or industry.

The implications of this for policy with respect to OASDHI are that perhaps the most important revision might be the introduction of provision by which workers could make voluntary supplemental contributions to the system and thereby raise their retirement benefits. In this way workers in jobs without supplemental private pensions could provide similar supplemental benefits through the Social Security System efficiently. There would be some competition with private pension and annuity plans, but for the most part only with the individual not the group, plans, and the proposed scheme would be a great deal more efficient than individual private schemes.

Earlier retirement could also be handled this way, by allowing additional worker contributions to build a fund similar to the supplemental early retirement benefits the auto workers now have. Indeed, it could be left flexible whether the worker would use his extra payments to provide earlier retirement, or to provide higher benefits upon regular retirement.

As to our current research, we do not have a report ready yet, but I am enclosing a copy of a summary speech given recently to the American Gerontological Association.

Present research related to retirement is focused too much on static studies rather than more dynamic longitudinal studies that follow people over time as they retire, adjust, change their minds, and have experiences that younger people should know about. Such research is expensive and require long-term financing. Perhaps the HEW longitudinal study will take care of some of this gap, together with our retirement study, but many more such studies need to be done. In general such studies should focus somewhat more on behavior and basic economic

and living conditions, without, of course, neglecting attitudinal and mental health measures.

Sincerely yours,

JAMES N. MORGAN,
Program Director.

EXHIBIT A. RETIREMENT IN RETROSPECT AND PROSPECT BY RICHARD E. BARFIELD AND JAMES N. MORGAN

RETIREMENT IN RETROSPECT AND PROSPECT

The study of decision-making on early retirement was begun in 1967 by the Institute for Social Research and the Michigan Health and Social Security Research Institute primarily in response to social issues emerging from the increasing prevalence of retirement before age 65;[1] recently, for example, slightly more than half the men who have retired have taken reduced OAI benefits. The retirement decision certainly is one of the most crucial a person makes, and the primary focus of our research has been toward uncovering those factors which are important for this decision. We are also interested in the situations and attitudes of the already-retired; the study has enabled us to shed light on these.

During the course of the study we have obtained data from a representative sample of the national population and from a random sample of older workers—those around 60 years of age—in the automobile industry.[2] The later sample is particularly relevant for a study of retirement decision-making, since the auto workers form a fairly homogeneous group which is eligible for a relatively attractive early retirement benefit program (maximum pension of $400 per month at age 60) and which was involved at the time of initial contact in making a decision on early retirement. Yet homogeneity—blue-collar workers in a mass production industry who are entitled to the same retirement provisions—has obvious disadvantages; ability to generalize from findings obtained with a special group would be limited unless it were possible to place those findings in their proper broad frame. Thus a representative national sample is required, with all the heterogeneity of current incomes and occupations and retirement provisions which this implies. (Our sample is representative both of the retired and of those still working.)

The retirement decision study has been a cooperative research project, with the approval and cooperation of the United Automobile Workers union and of the manufacturers involved, and with support from the Social Security Administration.

Since the major part of our survey of auto workers occurred during the past summer (1967), most of my comments today will be taken from our national sample data. But at the end of this discussion, I will touch briefly on some preliminary analysis of the auto worker data.

Turning first to the condition of those respondents who were retired when interviewed for the national sample, we have found, of course, that the income of retired people generally is substantially lower than that of the nonretired. Nevertheless, our data do indicate a substantial improvement in the income of the retired during the past several years:

In 1957 the median income of the retired was 37 percent of the overall median; in 1959 it was 42 percent; in 1965, 47 percent.

In 1959 close to one-half of all retired families had a family income of less than $2000, while in 1966 only one-third of the retired fell in this income bracket.

The median income of families where the family head was retired was $2400 in 1959 as against $3100 in 1966 (figures are in 1966 dollars).

The income received by retired persons is still low, but it has been increasing relatively. These overall figures, however, do not take into account the substantial income differences which exist among the retired. Younger retirees have substantially higher current incomes than older retirees; for example, the median income of retirees under 60 years of age was $3800 in 1965 as contrasted with a

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[1] For the study "early retirement" was defined as retirement before age 65. The variable used in the multivariate analysis of early retirement plans was a dichotomous dummy having the value "1" for persons planning to retire before age 65 and the value "0" for all other persons.

[2] The tabulations are based on data from 675 respondents and therefore on a fairly small number of cases. Yet they are derived from a carefully drawn representative sample. The total sample of the 1966 survey consisted of more than 3,500 families and single individuals. In about 18 percent of that sample the head of the family, or the single person living without close relatives in a selected dwelling unit, was found to be retired in 1966.

median of $2500 for those age 70 or older; 20 percent of the former group had incomes of less than $2000, while 39 percent of the latter had such incomes. The younger retired are also the better educated. Since education is highly correlated with earned income, it was therefore inferred that the observed income differences are associated with similar differences in pre-retirement incomes. This inference is supported by several findings:

The proportions of older and younger retirees who received income from post-retirement jobs during 1965 were about the same.

The retiree's subjective evaluation of his living standard now compared with that enjoyed before retirement varied quite little across *age* groups.

Similarly, subjective evaluations of differences between current and pre-retirement incomes were similar for older and younger retirees.

Perhaps the most interesting findings about the retired derive from our analysis of differences between respondents who retired as planned and those who were forced to retire unexpectedly, most often because of health, and at times because of job loss. Incomes were higher for those who retired as planned; their median income was $4000 as opposed to $2800 for the unexpected retirees. Eighty percent of the expected retirees had savings available when they retired; 62 percent of the unplanned retirees had savings. (Presumably because of their generally more favorable economic position, those who retired as planned were less likely to have consumed part of their savings since retirement.)

Turning to a subjective measure of economic welfare, 73 percent of the expected retirees claimed to be enjoying a living standard which was as good as or better than that to which they were accustomed before retiring; only 52 percent of the unexpected retirees were in this position. Finally, the finding which probably most reveals the difference between these groups is this: nearly 70 percent of those who retired as planned felt favorably about their retirement when they ceased working, while less than 20 percent of the unexpected retirees expressed similar feelings. Incidentally, it is worth noting that these differences exist whether the person retired before, at, or after age 65.

Data received from non-retired respondents in the national sample indicates an increasing desire to retire early, and suggests that this tendency is more common in younger people:

Age	Percent planning early retirement	
	1963 survey [1]	1966 survey
35 to 44	25	43
45 to 54	23	33
55 to 64	21	22

[1] In surveys conducted in 1963, in connection with a study of individual saving and participation in private pension plans, the following question was asked: "Now I have a few questions about retirement. When do you think you will retire from the work you are now doing—I mean at what age?" The 1966 question followed other questions about retirement and about what things would be like later on. Both studies were made possible by grants from the Social Security Administration to the Survey Research Center.

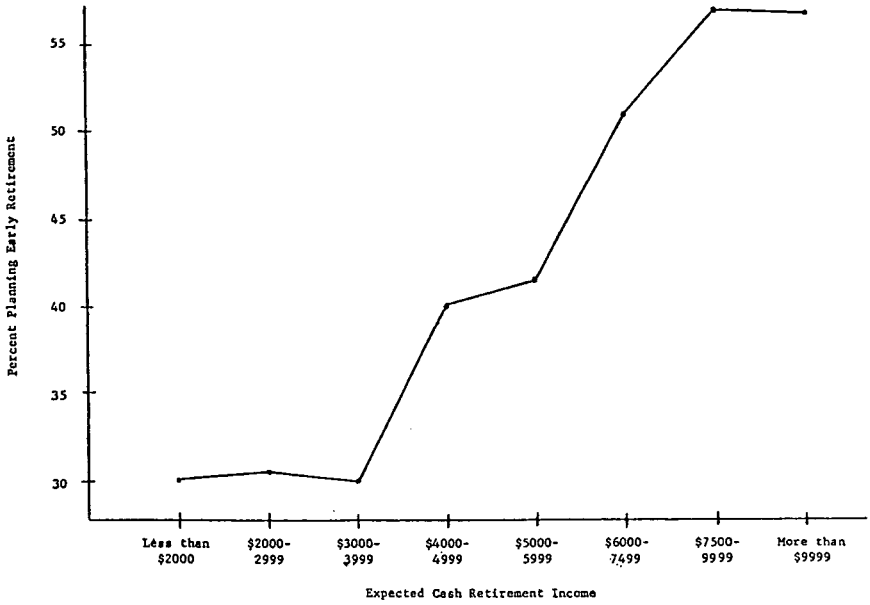
Indeed, the distributions of when people say they plan to retire are currently such that members of the labor force may be divided into three almost equal groups: those who plan to retire early, those who plan to retire at the age 65 to 69, and those who wish to work as long as possible or who have not thought seriously about retirement. Given then this tendency toward more purposeful early retirement, and the fact that future retirees generally will more resemble current *younger* retirees in their educational attainment and their eligibility for Old Age Insurance and private pensions, our findings about the currently retired seem cause for optimism. While in the past early retirement has been frequently associated with illness, obsolescence of job skills, and unemployment, early retirees in the future likely will come more and more from those who planned and saved and retired early because they could afford it; and for these people, we have reason to believe that the post-retirement years may be a meaningful and satisfying part of life.

I turn now to the factors underlying the expressed retirement plans of those respondents in our survey sample who were still in the labor force when our interviews were conducted. Analysis of data from the representative sample of such persons between the ages of 35 and 59 strongly supports an inference that financial considerations are of primary importance in the retirement decision. To oversimplify: people plan early retirement if they expect to have sufficient money with which to live comfortably. The single most important factor for the retirement decision is, we have found, how much pension an annuity income—this including both government and private pensions—the individual anticipates after retirement. And the way in which this variable operates is worth looking at somewhat more closely. Apparently, there is a "threshhold" level of such income which most people consider necessary to assure a reasonably adequate post-retirement living standard. Currently this level seems to be about $4000 per year; 46 percent of those expecting this much or more pension income plan to retire before age 65, as opposed to 30 percent of those expecting less than $4000 annual income. (See Chart A, page 11.) Now, it seems likely that $4000 is not an absolute figure, but one which reflects a current consensus about the minimum income necessary to provide reasonably comfortable living after retirement. Thus, the "threshhold" level may shift upward over time as living standards generally rise—and this upward movement should be all the faster if price level increases are not kept within reasonable bounds.

CHART A

EXPECTED CASH RETIREMENT INCOME AND RETIREMENT PLANS

(for 1652 household heads age 35 to 59 in the labor force)



Other economic aspects of retirement—the age at which the person will have no dependents other than his wife, the age at which he will own his home mortgage-free, expected income from assets (including his house equity), and anticipated earnings from part-time work after retirement—were also importantly related to retirement plans. Indeed, an index which combined the effects of these factors ranked second only to expected pension income in importance for the retirement decision in our multivariate analysis of retirement plans. But there were other things, of course, which are evidently taken into account when thinking about retirement. Persons in relatively poor health were more likely to plan early retirement (though this finding loses much relevance if we are concerned primarily with truly *voluntary* early retirement, and many more people

retire because of poor health than *plan* to retire for that reason, as is evident from comparisons with the reasons the *retired* give for retiring when they did). Respondents who look forward to enjoying recreational activities—hobbies, sports, travel, etc.—were substantially more likely to opt job retirement before age 65. Persons who expressed dissatisfaction with their job, either directly or by stating that they had thought of moving to a more promising or lucrative job, were more responsive to the idea of early retirement, as were those whose overall commitment to the "work ethic"[3] seemed somewhat tenuous. But all those relations are weak ones.

For perhaps a variety of reasons age was found to be negatively correlated with plans for early retirement; whether the observed difference reflects a genuine inter-generational shift in attitude about retirement, whether retirement simply seems less attractive as one ages, whether the concept of retirement is so different at age 40 from that at age 60 as to generate this negative correlation—our data really do not enable us to say. Finally, the perception of pressures toward retirement—from the employer, from the union, from colleagues—tended to induce a little accommodating behavior. Other variables, whose importance for the retirement decision had been anticipated, were found to have little if any influence after the multivariate analysis adjusted for their correlation with the important predictors. Current income, occupation, education, whether the respondent supervised others as a regular part of his job, and the time required to travel to work all exhibited no systematic relationship with retirement plans.

In addition to our analyses of the retirement plans of all workers in the labor force, we have looked at such plans within some interesting subgroups: older (age 50 to 59) respondents, older union members, and respondents who had attended college. The results here deviated hardly at all from those obtained in the whole-group analysis, though health considerations were more strongly correlated with retirement plans for all three sub-groups, understandably for the older respondents, less obviously so for the college-trained group.

Financial Factors Decisive

In general, then multivariate analyses of expressed plans to retire early indicate that financial factors are of major importance in the retirement decision, with attitudinal variables having perhaps less influence, though usually operating in expected directions. We did not, however, want to base all our conclusions on investigations of retirement plans expressed in response to a single question. After all, people (especially younger ones) may have only a vague idea of when they will retire, or their stated plans may merely reflect a compulsory retirement age. Accordingly, we developed another variable representing *involvement with retirement*) in terms of reported experience or behavior. This "involvement index" combined information on the respondent's knowledge about those who had retired early, his propensity to talk about retirement with someone outside the immediate family, his interest in enjoying more hobby activity after retirement, and, finally, his expressed retirement plans. These four components were all reasonably well correlated with each other, and the constructed index was found to be generally better correlated with the various predictors than the simple retirement plans variable. Its relation with expected pension income was, for example, rather more linear than that of expressed retirement plans. But the predictors—current and expected income, health, attitudes toward work and leisure, etc.—operated on the involvement index generally as they did on retirement plans, with economic and situational forces being generally the more important ones; and our previous conclusions remain essentially unchanged.

The final part of our national-sample analysis on which I will report concerns those respondents who expect to retire late—which we have defined to include plans to retire after age 70, plans "never" to retire, and plans to work "as long as I can." Investigated here was the influence of the same predictor variables as were used in the early retirement analysis, and some differences were observed. [The dependent variable again was a dichotomous one, having the value "1" for persons who planned to retire late (as defined above) and the value "0" for all

[3] As measured by the respondent's ranking of "working hours are short" in a list of six occupational criteria and by his responses to the following two questions: "Some people would like to work more hours a week if they could be paid for it, others would not. How is it with you?" and "Some people would like to work fewer hours a week even if they earned less. How do you feel about this"?

others.] Whether the respondent is self-employed was the single most important factor in late retirement plans, no doubt largely because late retirement is simply more feasible for the self-employed, who do not face compulsory retirement barriers. (In the early retirement analysis self-employment was the *least* important of the twelve predictors used in the regression analysis. This striking difference in importance apparently results from the relative polarization of planned retirement age for the self-employed; such persons are quite likely to plan retirement either before age 65 or after age 69, with few falling into the intermediate age range.) Both current and expected pension income were influential in deciding to retire late, with those having and/or expecting relatively low incomes being more likely to plan late retirement.[4] Respondents who claimed to enjoy their work were, as expected, more likely to postpone retirement; and age, again, had an independent effect, analogous to that found in the early retirement analysis. None of the other predictors was a significantly important influence on deciding to retire late, including the "other economic aspects" index; apparently the variables which inhibit early retirement, such as dependents or a mortgage after age 60, become unimportant in inducing plans to retire late.

Let me close with a few observations from our auto worker survey. Of those interviewed about one-third were retired and two-thirds still working. As expected, these two groups do differ in their eligibility for substantial early retirement benefits. While almost all the currently retired were of course eligible for and receiving such pensions (a few were receiving disability payments, which originate under a separate program), the non-retired as a whole were a little younger and had worked for the various companies fewer years, two factors which tended to qualify them for somewhat smaller pensions at the time of interviewing. It is nevertheless true that, within relatively narrow limits, both groups of respondents faced similar retirement benefit schemes; given this financial homogeneity, we look forward to isolating more clearly than in the national sample analysis those *non-economic* factors which are important for the retirement decision.

Here are a few differences which we have noticed in preliminary analysis of the data:

The retired were more apt to report having had difficulty in keeping up with their work (but no more likely to express dislike of their job).

The retired were much more likely to report an improvement in health over the last few years; 20 percent expressed such an improvement as opposed to six percent of the non-retired.

Forty-four percent of non-retired respondents reported that they plan to do more church and charitable work after retirement, but only 17 percent of the retired claimed to be doing more now than before retirement (perhaps good intentions are not always realized).

As in the national sample, some differences which were expected were not found: the repetitiveness of the work, the pleasantness of the place of work, the time consumed in the trip to work, and the respondents' amount of control over his work pace did not vary significantly between the two groups.

Perhaps the more interesting finding here has been that the retired auto workers seem eminently satisfied with their retirement; about 75 percent responded positively to the question, "Generally speaking, how do you feel about your life since retirement?" Apparently concurring in the attractiveness of early retirement, almost 60 percent of the people still working at the time of interview expressed plans to retire before age 65. Certainly these two findings would seem to indicate that, at least for this type of mass-production-industry worker, early retirement is both strongly desired and (initially, at least) largely enjoyable.

ITEM 4: INFORMATION FROM DR. SIDNEY GOLDSTEIN, DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, BROWN UNIVERSITY

DECEMBER 13, 1967.

DEAR SENATOR WILLIAMS: Thank you very much for your letter of November 20, asking me for a copy of my paper, "Home Tenure and Expenditure Patterns of the Aged, 1960–61." Rather than submit a summary of it, I am taking the liberty of enclosing two copies, along with tabular material. I am also enclosing reprints

[4] The data then did not support the conjecture that high current income might inhibit retirement because of the relatively greater cost of leisure to the affluent.

of other articles which I have written on the consumer patterns of the aged and on their labor force participation. I hope these will give you the information you are seeking.

I am pursuing the research on the consumer behavior of the aged and expect that it will materialize in the monograph on the subject. As you know, this research is based on the 1960–61 Consumer Expenditures Survey. The availability of the data from this study permits, for the first time, extensive comparisons of change in the economic status of the aged. I hope very much that the Bureau of Labor Statistics will continue to undertake such surveys on a regular basis so that a continuing evaluation of changes in the status of the aged relative to those of other age groups can be conducted.

But the cross-sectional approach which I have had to employ because of the nature of the available data has two serious limitations: (1) the data from the different surveys do not necessarily refer to the same group of individuals at different stages of the life cycle; and (2) it does not permit evaluation of the changes specific individuals undergo as they age and as they move from one socio-economic status to another.

I am convinced that an important source of information on the aged would be a large-scale longitudinal study in which a panel of older persons are followed as they move into old age and on into the later stages of the aging process. In particular, we need insights going beyond gross expenditure statistics into the reasons for change in income, spending and saving, and into the problems that changes create. For example, with respect to the question of the effect of home ownership, such a longitudinal study might better evaluate how a change in status from home owner to renter affects the overall economic situation of older units. A number of longitudinal studies of the older population, including one here in our Aging Center at Brown, have been undertaken, but to my knowledge none have focused in depth on the kinds of questions raised by my cross-sectional research.

I regret that my discussion now has to be brief; I am about to leave for a three-week trip to Bangkok and there is a considerable amount of paper work to get out of the way before my departure. If there are any other questions which you have, on which I can be helpful after my return in early January, please let me know.

Sincerely yours,

SIDNEY GOLDSTEIN, *Chairman.*

[Enclosures]

HOME TENURE AND EXPENDITURE PATTERNS OF THE AGED, 1960–61 [1]

(Sidney Goldstein, Ph. D.[2])

In evaluating the economic status of the aged, the extent of home ownership is a major variable. The high rate of home ownership by the aged clearly constitutes a significant factor in affecting their asset position; but the extent to which it contributes to their economic welfare has been questioned. Several studies have tried to ascertain whether inclusion of net imputed income from home ownership in the current income of the aged would significantly alter their income status (Schulz, 1967; Soc. Sec. Admin., 1967). Others have focused on the extent to which ownership affects the expenditure budgets of the aged, and particularly their housing costs (Crockett, 1963; Morgan, David, Cohen & Brazer, 1962; Murray, 1964). In this connection the advisability of aged units selling their homes in favor of rented housing has been questioned. This analysis makes use of consumer expenditure data to examine the relation between home ownership and economic status as measured by income, expenditures, and savings. Further, it explores how ownership affects outlays for housing as well as other specific categories of goods and services.

The overall low income level of the aged is well documented.[3] Yet, their relatively poor economic status, as suggested by data on current income, is not com-

[1] This investigation was supported by Grant HD–01550 from the National Institute of Child Health and Human Development, National Institutes of Health, Public Health Service. This article is a revised version of a paper presented at the annual meeting of the Gerontological Society, St. Petersburg, Florida, November 8–11, 1967.

[2] Brown University, Providence, R.I.

[3] For all married couples aged 65 and over in the 1963 Social Security Survey of the Aged, the median income was $2,875. For non-married men it was only $1,365; and for women only $1,015. One-third of the men and half of the women had incomes under $1,000 (Epstein & Murray, 1967).

pletely reinforced by the data on net worth, which for most aged persons corresponds closely to net assets since personal debts are quite small (Epstein & Murray, 1967). According to the the 1963 Social Security Survey of the Aged, only one-tenth of all aged married couples and just one-fourth of all unmarried men and women reported no assets. In fact, among the married, the Survey found three times as many with assets of $15,000 or more as with no assets. But three-fourths of the aged married couples and about two-fifths of the non-married were home owners. The proportion of older units without assets is substantially larger, if home equity is excluded, attesting to its importance among the assets of the aged. Almost one-fourth of all aged couples and just over one-third of non-married men and women have no assets other than home equity. The median asset holdings of couples aged 65 and over was $2,950 when home equity was excluded, compared with $11,180 when it was included.

Vital Role of Home Ownership

Because home equity plays such an important role in the asset position of aged persons, considerable attention has been given to its relevance for the economic welfare of the aged. One such analysis by James H. Schulz (1967), tried to estimate for 1960 "imputed" rental income emanating from home ownership by the aged. His findings suggest that "inclusion of imputed rent in the income of low income aged families would shift the measured distribution of income upward considerably." Benjamin Bridges, Jr., has also examined the question of imputed income from owner occupied housing (Soc. Sec. Admin., 1967). His findings demonstrated that for the aged, imputed income, depending on the method used, is 4.7 and 5.7 percent greater than money income; for those aged with incomes under $3,000, the ratios are 8.7 and 10.6 percent. These very sharp differentials are attributable to the high ratio of home value to money income among the aged, coupled with a low ratio of mortgage debt to money income. As Schulz points out, however, the significance of these differences between imputed and actual income for social policy is not at all clear, because of "the special nature of this income" which "arises out of estimating the value of services provided to people living in their own homes and hence is unavailable for food, drugs, or any other budgetary use" (Schulz, 1967).

Another way of evaluating the relative advantage of home ownership is through comparison of the amounts spent for housing by units renting and those owning their home. In addition, the amounts spent for other goods and services by renters and owners can also be ascertained. Research to date shows that the costs of renting are more than those of home ownership. The 1963 Social Security Survey found that the average expenditures for housing of married renters was $929, which compared to $724 for owners with homes not mortgaged,[4] thus confirming that the outlays of renters for housing are well above those of owners. The data for the non-married show similar patterns of differentials, as do those of the various income groups.

The Social Security Survey also demonstrated that home owners had, on the average, higher money incomes than those who did not own their homes (Epstein & Murray, 1967). One-fourth of married couples who owned their homes had incomes under $2,000, compared to 36 percent of those who were not owners. The median income of married owners was $2,995 compared to $2,505 for non-owners. These differences persist for the non-married men and women. Of the male owners, 56 percent had incomes under $2,000 compared to 72 percent of the non-owners. For women, the corresponding values were 77 percent and 86 percent, respectively.

The opportunity to explore further the relation between home ownership and economic status is made possible through the availability of statistics from the nationwide Survey of Consumer Expenditures in 1960–61, undertaken jointly by the Bureau of Labor Statistics and the U.S. Department of Agriculture. This survey provides the most comprehensive set of data available to date on the consumer behavior of the American population. Cross-tabulations by age and a

[4] The inclusion of mortgage-principal payments in the housing costs of units with home mortgages means that their housing expenditures of $1,340 are not comparable to the other two groups.

host of other key socio-demographic variables make possible detailed evaluation of the factors affecting the consumer patterns of the various age segments of the population. This investigation utilizes these data to explore for the aged population the relationship between home ownership and economic status as measured by income, savings, and expenditures. Further, it investigates how home ownership affects costs of housing and the distribution of expenditures among key categories of consumption. For purposes of this analysis, tenure status was measured at the end of the survey year. The data refer to the United States as a whole, including urban and rural areas.

TABLE 1.—PERCENT OF UNITS REPORTING HOME OWNERSHIP AT END OF SURVEY YEAR, BY AGE OF HEAD OF HOUSEHOLD AND INCOME CLASS

Income class	Age of head of household					
	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over
Under $1,000	[1] 35.3	44.7	54.5	57.6	55.9	56.7
$1,000 to $1,999	14.6	35.8	39.4	58.0	60.0	56.8
$2,000 to $2,999	11.6	36.6	46.3	59.4	68.8	75.2
$3,000 to $3,999	23.5	39.3	58.7	63.9	74.5	75.4
$4,000 to $4,999	33.2	48.9	62.1	67.6	72.0	72.7
$5,000 to $7,499	55.6	70.3	73.0	78.5	73.9	72.2
$7,500 to $9,999	65.3	80.5	79.8	74.2	74.3	85.7
$10,000 and over	73.0	84.0	85.3	79.6	82.5	[1] 87.5
Total	45.2	65.2	68.6	68.8	68.3	65.2

[1] Based on less than 20 cases.

TABLE 2.—NUMBER OF CASES IN AGE GROUPS 65 TO 74 YEARS AND 75 YEARS AND OVER, BY HOME TENURE AND INCOME

Income class	Head of household aged 65 to 74			Head of household aged 75 and over		
	Owner	Renter	Total	Owner	Renter	Total
Under $1,000	71	56	127	89	68	157
$1,000 to $1,999	267	178	445	151	115	266
$2,000 to $2,999	249	113	362	112	37	149
$3,000 to $3,999	202	69	271	52	17	69
$4,000 to $4,999	126	49	175	24	9	33
$5,000 to $7,499	156	55	211	39	15	54
$7,500 to $9,999	55	19	74	18	3	21
$10,000 and over	66	14	80	14	2	16
Total	1,192	553	1,745	499	266	765

INCOME AND EXPENDITURE DIFFERENTIALS

Home ownership represents the goal of a majority of American families, as evidenced by the rapid rise in the proportion of spending units owning their home, from 45 percent of the units headed by a person 25–34 years of age to two-thirds of those headed by a person aged 25–44 years; and it remains at this high level among all older groups (see Table 1). Among older units represented in the survey, 68 percent of those headed by persons 65–74 years of age and 65 percent of those in the 75 and over age category reported owning their own homes.

Within each age group, however, the proportion of owner units varies directly and considerably by income level, the range of variation being higher for the younger units than for the older ones. Among those aged 65–74, 68 percent of all units and a majority of those in each income level, own their home, but this varies from 56 percent of those with incomes under $1,000 to 82 percent of those with incomes of $10,000 and over. Within the $3–10,000 income range, approximately three-fourths of all units own their home. The same pattern generally characterizes the 75 and over age group. One must recognize, of course, that current income among the aged does not necessarily reflect income levels at earlier stages of the life cycle when home purchase actually occurred for most persons.

TABLE 3.—AVERAGE MONEY INCOME AFTER TAXES, AVERAGE TOTAL EXPENDITURES FOR CURRENT CONSUMPTION AND RATIO OF EXPENDITURES TO INCOME, AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average money income after taxes			
Under $1,000	$640	$767	$672	$688
$1,000 to $1,999	1,509	1,494	1,464	1,428
$2,000 to $2,999	2,499	2,485	2,430	2,459
$3,000 to $3,999	3,484	3,471	3,475	[1] 3,386
$4,000 to $4,999	4,442	4,493	4,581	[1] 4,355
$5,000 to $7,499	6,089	5,841	6,067	[1] 6,246
$7,500 to $9,999	8,482	[1] 8,765	[1] 8,277	[1] 7,906
$10,000 and over	16,314	[1] 13,847	[1] 16,406	[1] 13,002
Total	4,018	3,086	2,870	2,056
	Average total expenditures for current consumption			
Under $1,000	$1,160	$916	$986	$943
$1,000 to $1,999	1,697	1,612	1,640	1,503
$2,000 to $2,999	2,539	2,452	2,386	2,329
$3,000 to $3,999	3,396	3,145	3,130	[1] 3,236
$4,000 to $4,999	3,839	4,332	3,750	[1] 3,656
$5,000 to $7,499	4,798	4,992	5,093	[1] 4,953
$7,500 to $9,999	6,170	[1] 7,012	[1] 5,816	[1] 8,680
$10,000 and over	10,432	[1] 9,485	[1] 9,844	[1] 4,793
Total	3,438	2,837	2,555	1,987
	Ratio of average total expenditures for current consumption to average money income after taxes			
Under $1,000	181.3	119.4	146.7	137.1
$1,000 to $1,999	112.5	107.9	112.0	105.3
$2,000 to $2,999	101.6	98.7	98.2	94.7
$3,000 to $3,999	97.5	110.4	90.1	[1] 95.6
$4,000 to $4,999	86.4	96.4	81.9	[1] 83.9
$5,000 to $7,499	78.8	85.5	83.9	[1] 79.3
$7,500 to $9,999	72.7	[1] 80.0	[1] 70.3	[1] 109.8
$10,000 and over	63.9	[1] 68.5	[1] 60.0	[1] 36.9
Total	85.6	91.9	89.0	96.6

[1] Based on less than 20 cases.

The statistics on both money income after taxes and total expenditures for consumption clearly demonstrate that owners and renters differ significantly from each other with respect to economic status (Table 3). Among those aged 65–74, the average money income of owners is almost $1,000 higher than that of renters, $4,018 compared to $3,086. Although not quite as great absolutely, the relative difference for those 75 and over is even larger. The $2,870 average income of home owners exceeds the $2,056 average of renters by 39.6 percent compared to 30.2 percent in the 65–74 year group. Similarly, the average expenditures for total consumption in both aged groups is greater for owners than for renters but the average expenditures of the owners is further below the limits set by money income after taxes than it is for renters. These income and expenditure differentials are associated with variations in family size. At all ages, the average family size of owners is greater than that of renters. Among those aged 65–74, the average family size of owners is 1.9 compared to 1.5 for renters. Among units headed by a person 75 years old and over, households owning their home averaged 1.7 persons compared to 1.4 for renters.

For renters in the 65–74 year age group, overall expenditures amounted to 91.9 percent of available money income after taxes, compared to the 85.6 percent for owners. In contrast to comparable tenure groups in the 65–74 age category, both owning and renting units in the oldest group spent more of their money income, but again, this was more characteristic of the renting units, for whom the ratio was 96.6 percent compared to the ratio of 89.0 percent for the owners.

For both aged groups and for both categories of home tenure, there was a general tendency for the ratio between expenditures and money income to decrease with rising income level. Comparisons show, however, quite different relations between expenditures and income for the various income levels of owners and renters. Among those units with income under $3,000, owners consistently spent more in relation to money income than did renters. This was true of both aged groups, but especially of those in the very lowest income level. Beyond the $3,000 income level, with some exceptions, the ratio was generally higher for renters than for owners. This suggests that low income owners have other resources with which to supplement money income, thereby permitting their expenditure levels to exceed their money income further than can renters, who are forced to live more closely within the limits imposed by money income. This interpretation is supported by the data on net changes in assets and liabilities (Table 4).

DIFFERENTIALS IN SAVINGS

Overall, both owners and renters in the 65–74 year age group experienced savings, as measured by net changes in assets and liabilities, but the average amount saved was far greater for the owners ($178) than for the renters ($19). For the 75 and over age group, only the owners experienced savings ($113); the dissavings of the renters averaged $82. These differences relate closely to the variations in the relation between money income and expenditures. The owners in both the 65–74 and 75 and over age groups spent less in proportion to their money income than did the renters. Their ability to save more is understandable therefore. Moreover, among the 75 and over age groups, the level of expenditures of the renters was very close to the actual level of money income, a pattern consistent with dissavings on the part of renters aged 75 and over.

TABLE 4.—NET CHANGE IN ASSETS AND LIABILITIES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74			Head of household aged 75 and over		
	Net change in assets and liabilities	Net change in assets	Net change in liabilities	Net change in assets and liabilities	Net change in assets	Net change in liabilities
	Owner					
Under $1,000	−$414	−$491	−$3	−$336	−$310	−$26
$1,000 to $1,999	−243	−242	−1	−79	−79	0
$2,000 to $2,999	−196	−173	−23	−238	−341	102
$3,000 to $3,999	−95	−185	90	26	57	−31
$4,000 to $4,999	117	171	−54	447	4	442
$5,000 to $7,499	474	430	44	876	866	10
$7,500 to $9,999	735	668	67	[1] 1,078	[1] 1,068	[1] 9
$10,000 and over	3,996	3,223	773	[1] 4,479	[1] 4,430	[1] 49
Total	178	124	54	113	78	36
	Renter					
Under $1,000	−$134	−$106	−$28	−$337	−$372	$35
$1,000 to $1,999	−130	−103	−36	−101	−93	−8
$2,000 to $2,999	−126	−205	80	−48	−50	3
$3,000 to $3,999	76	50	26	[1] −177	[1] −162	[1] −14
$4,000 to $4,999	−69	−37	−32	[1] 27	[1] −121	[1] 148
$5,000 to $7,499	263	720	−458	[1] 856	[1] 837	[1] 19
$7,500 to $9,999	[1] 871	[1] 720	[1] 151	[1] −926	[1] −864	[1] −62
$10,000 and over	[1] 1,993	[1] 1,705	[1] 288	[1] 4,113	[1] 3,880	[1] 233
Total	19	49	−30	−82	−93	11

[1] Based on less than 20 cases.

Moreover, the differences in income level within the respective age and tenure status groups are also consistent with the variations in the ratio between the expenditures and money income. Among both owners and renters, the low income groups had considerable dissavings, whereas the high income groups were generally characterized by savings. Yet, in contrasting owners and renters of comparable income level in the 65–74 year age group, the dissavings of the owners were well above those of the renters. Most of these dissavings resulted from the net decreases in assets, attesting to the fact that owners had more resources

upon which to draw to supplement their money income than did renters. This, in turn, explains how low income owners were able to expend considerably larger sums for consumer goods and services than were available to them from money income, whereas the renters were forced to live more closely within the limits it imposed. The differences were not as marked or as consistent for those 75 and over.

HOUSING EXPENDITURES

Although the average total expenditures for current consumption of aged units renting their homes is considerably below that of older units who own their homes, this differential does not extend to outlays for housing itself (Table 5). (Expenditures for housing, in the present analysis, including the cost both of shelter and of utilities, which have been combined in order to insure comparability with those situations where cost of utilities is included as part of rental payments.) On the average, renters in the 65–74 year age group paid $746 for housing, compared to $668 spent by owners. In the 75 and over age group, both owners and renters paid less for housing than did those in the 65–74 age group. Yet, the average outlay of the renters ($622) was still higher than that of owners ($540).

TABLE 5.—HOUSING EXPENDITURES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average dollar expenditures			
Under $1,000	324	315	306	383
$1,000 to $1,999	414	531	424	525
$2,000 to $2,999	576	714	510	738
$3,000 to $3,999	681	917	644	[1] 906
$4,000 to $4,999	772	996	844	[1] 794
$5,000 to $7,499	818	1,100	901	[1] 1,320
$7,500 to $9,999	1,008	[1] 1,282	[1] 1,012	[1] 1,900
$10,000 and over	1,553	[1] 1,830	[1] 1,228	[1] 949
Total	668	746	540	622
	Percent of total expenditures			
Under $1,000	28.0	34.4	31.2	40.5
$1,000 to $1,999	24.4	33.0	25.8	34.9
$2,000 to $2,999	22.7	29.1	21.3	31.7
$3,000 to $3,999	20.0	29.1	20.6	[1] 28.0
$4,000 to $4,999	20.2	23.0	22.5	[1] 21.6
$5,000 to $7,499	17.1	22.0	17.7	[1] 26.7
$7,500 to $9,999	16.4	[1] 18.2	[1] 17.4	[1] 21.9
$10,000 and over	14.9	[1] 19.3	[1] 12.5	[1] 19.8
Total	19.5	26.3	21.1	31.3

[1] Based on less than 20 cases.

For both aged groups, this pattern of higher absolute costs for housing on the part of renters extended to all income segments, with the minor exception of the under $1,000 income group of the 65–74 age category (overlooking categories with under 20 cases). For most income levels, the differentials in housing costs between owners and renters were considerable. These statistics on average amounts spent for housing therefore lend strong support to the contention that rentals for older persons do require larger cash outlays. As Schulz has pointed out, "the common owner could sell his home, invest the funds, and receive an income from them. But he is faced with the basic question of whether owning his present house costs less (budgetwise) than selling it, investing the net funds received, and moving to 'suitable rental housing.' Whether it is cheaper, however, will depend on the nature of the accommodations rented and the amount of return he receives on the investment of the net funds resulting from sale of the house," (Schulz, 1967).

Not only do renters expend more in absolute dollars for housing than do owners, but, because the average overall current consumption expenditures of renters is lower than that of owners, the proportionate allocation for housing is considerably higher among renting units than among home owners. For all renters in the 65–74 year age group, 26.3 percent of total expenditures was devoted to

housing. This contrasted to only 19.5 percent of the expenditures of owners in this age group. For those 75 and over the differential was even sharper, with 31.3 percent of the total expenditures of renters and 21.1 percent of the expenditures of owners devoted to housing. Thus, especially among units headed by persons aged 75 and over, renting a home constitutes a particularly heavy drain on limited resources.

Among both owners and renters, housing as a percentage of total expenditures decreases with increasing income level. For those in the 65–74 year group with incomes under $1,000, 28 percent of the total expenditures of owners and 34.4 percent of the expenditures of renters were used for housing; but among those with incomes of $10,000 and over the corresponding values were only 14.9 percent and 19.3 percent (22.0 percent for the $5,000–7,499 group, the highest rental group with more than 20 cases). Thus, between the lowest and highest income levels considered here, almost twice as much of the total expenditures of the low income groups had to be expended for housing than was true of the highest income groups. The same pattern, in even more accentuated form, also characterized the 75 and over age groups. In a comparison of owners and renters, however, in every income level of both aged groups, renters consistently allocated more of their total expenditures to housing than did owners, and in a number of instances the differentials approached as much as 10 percent of total expenditures. Judged, therefore, by both the absolute and the relative amounts of average outlays for housing, renting compared to owning a home results in a considerably heavier drain on the money income of older spending units.

Closely related to expenditures for housing are the outlays for household operations and for household furnishings. The former includes: telephone expenses; servicing, repair, and rental of housefurnishings and equipment; household paper supplies, laundry and cleaning supplies; and other household supplies and services. Household furnishings and equipment includes the costs of purshasing household textiles, furniture, floor covering, major appliances, housewares, and insurance on furnishings, equipment, and apparel.

TABLE 6.—HOUSEHOLD OPERATIONS EXPENDITURES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average dollar expenditures			
Under $1,000	78	48	63	44
$1,000 to $1,999	113	95	109	98
$2,000 to $2,999	164	142	143	123
$3,000 to $3,999	205	233	247	[1] 202
$4,000 to $4,999	202	263	192	[1] 200
$5,000 to $7,499	275	380	413	[1] 628
$7,500 to $9,999	331	[1] 382	[1] 472	[1] 789
$10,000 and over	881	[1] 896	[1] 766	[1] 1,633
Total	219	187	179	149
	Percent of total expenditures			
Under $1,000	6.8	5.3	6.3	4.7
$1,000 to $1,999	6.7	5.9	6.6	6.5
$2,000 to $2,999	6.5	5.8	6.0	5.3
$3,000 to $3,999	6.0	7.4	7.9	[1] 6.2
$4,000 to $4,999	5.3	6.1	5.1	[1] 5.5
$5,000 to $7,499	5.7	7.6	8.1	[1] 12.7
$7,500 to $9,999	5.4	[1] 5.5	[1] 8.1	[1] 9.1
$10,000 and over	8.4	[1] 9.4	[1] 7.8	[1] 34.1
Total	6.4	6.6	7.0	7.5

[1] Based on less than 20 cases.

TABLE 7.—HOUSEHOLD FURNISHINGS EXPENDITURES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average dollar expenditures			
Under $1,000	62	20	27	29
$1,000 to $1,999	67	47	63	33
$2,000 to $2,999	118	70	103	35
$3,000 to $3,999	142	122	162	[1] 111
$4,000 to $4,999	210	160	114	[1] 132
$5,000 to $7,499	256	169	211	[1] 92
$7,500 to $9,999	251	[1] 334	[1] 234	[1] 417
$10,000 and over	480	[1] 205	[1] 406	[1] 0
Total	161	94	104	49
	Percent of total expenditures			
Under $1,000	5.3	2.2	2.7	3.0
$1,000 to $1,999	4.0	2.9	3.8	2.2
$2,000 to $2,999	4.6	2.9	4.3	1.5
$3,000 to $3,999	4.2	3.9	5.2	[1] 3.4
$4,000 to $4,999	5.5	3.7	3.0	[1] 3.6
$5,000 to $7,499	5.3	3.4	4.1	[1] 1.8
$7,000 to $9,999	4.1	[1] 4.8	[1] 4.0	[1] 4.8
$10,000 and over	4.6	[1] 2.2	[1] 4.1	[1] 0
Total	4.7	3.3	4.1	2.5

[1] Based on less than 20 cases.

The data for both aged groups show that the average outlays for household operations are higher for owners than for renters if measured in average dollars, but are relatively higher for the renters if measured as a percent of total expenditues (Table 6). The higher average outlays of the owners are largely attributable to the relatively sharp differentials in dollar expenditures for household operations among low income groups. Among these groups, both absolute and relative outlays are higher for owners than for renters. On the other hand, comparisons between owners and renters with incomes of $3,000 and over generally indicates the reverse; both average dollar outlays and expenditures as a proportion of total expenditures are higher for renters. This different pattern may reflect either less concern or less ability of low income renters to utilize their limited resources for household operations.

A somewhat different pattern emerges for household furnishing expenditures (Table 7). Both the absolute and the relative expenditures for this purpose by owners are well above those of renters in both aged groups. Moreover, with only limited exception and mostly in groups with relatively few cases, both the average outlays for household furnishings and the proportion which they constitute of total expenditures are higher for the owners than for renters of comparable income level. The differentials do, however, tend to be sharpest in the low income groups. In part, this may reflect the fact that some rented housing may include furnishings, thereby obviating the need for such renters to spend their own resources on furnishings. In part, however, the data suggest that concomitant with home ownership and the lower housing costs associated with it, owners are more able and find it more desirable to spend funds for household furnishings.

Tables 8 and 9 explore differences between owners and renters for two other important expenditure categories for older persons—food and medical care. In contrast to housing costs, the outlays of renters for food are below those of owners in both the 65–74 and the 75 and over age groups. This overall difference does not, however, extend to all income levels: The average food costs of various income groups show a mixed pattern, although for those with incomes under $3,000, only minimal variation exists between owners and renters.

TABLE 8.—FOOD EXPENDITURES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average dollar expenditures			
Under $1,000	324	321	314	277
$1,000 to $1,999	484	518	498	507
$2,000 to $2,999	705	730	670	707
$3,000 to $3,999	864	799	873	[1] 685
$4,000 to $4,999	968	1,095	934	[1] 886
$5,000 to $7,499	1,120	1,244	1,254	[1] 1,215
$7,500 to $9,999	1,473	[1] 1,671	[1] 1,354	[1] 1,964
$10,000 and over	2,043	[1] 2,225	[1] 2,081	[1] 822
Total	849	776	688	567
	Percent of total expenditures			
Under $1,000	27.9	35.0	31.9	29.4
$1,000 to $1,999	28.5	32.1	30.4	33.7
$2,000 to $2,999	27.8	29.8	28.1	30.4
$3,000 to $3,999	25.5	25.4	27.9	[1] 21.2
$4,000 to $4,999	25.2	25.3	24.9	[1] 24.2
$5,000 to $7,499	23.3	24.9	24.6	[1] 24.5
$7,500 to $9,999	23.9	[1] 23.8	[1] 23.3	[1] 22.6
$10,000 and over	19.6	[1] 23.5	[1] 21.1	[1] 17.1
Total	24.7	27.4	26.9	28.5

[1] Based on less than 20 cases.

In contrast to the larger absolute average expenditures for food by owners, renters allocate proportionately more of their total expenditures for food. In the 65–74 age group, 27.4 percent of total consumption expenditures by renters are accounted for by food purchases in contrast to 24.7 percent of the expenditures of owners. The same pattern, with a narrower differential, characterizes the 75 and over age group. Among low income units in the 65–74 year category, renters allocate higher proportions of total expenditures for food than do owners. Beyond the $3,000 income level, however, the differential narrows considerably. In the 75 and over age group, the very lowest income level deviates from the pattern noted for the 65–74 group; comparisons beyond $3,000 are not justified because of the relatively small number of renting units. Overall, therefore, with the exception of the lowest income group in the 75 and over category, the data suggest that renting a home is associated with proportionally higher expenditures for food. This, in turn, results from the fact that renters overall have lower levels of total expenditures for current consumption, while maintaining expenditures for food either equal to or somewhat higher than those of owners with comparably low income.

TABLE 9.—MEDICAL CARE EXPENDITURES OF AGED UNITS, BY HOME TENURE AND INCOME CLASS

Income class	Head of household aged 65 to 74		Head of household aged 75 and over	
	Owner	Renter	Owner	Renter
	Average dollar expenditures			
Under $1,000	131	60	120	98
$1,000 to $1,999	189	153	189	140
$2,000 to $2,999	276	228	358	317
$3,000 to $3,999	369	300	359	[1] 455
$4,000 to $4,999	378	293	632	[1] 306
$5,000 to $7,499	472	537	531	[1] 479
$7,500 to $9,999	562	[1] 731	[1] 574	[1] 1,728
$10,000 and over	823	[1] 644	[1] 1,311	[1] 868
Total	340	258	315	227
	Percent of total expenditures			
Under $1,000	11.3	6.6	12.2	10.3
$1,000 to $1,999	11.1	9.5	11.5	9.3
$2,000 to $2,999	10.9	9.3	15.0	13.6
$3,000 to $3,999	10.9	9.5	11.5	[1] 14.0
$4,000 to $4,999	9.1	6.8	1.69	[1] 8.4
$5,000 to $7,499	9.8	10.8	10.4	[1] 9.7
$7,500 to $9,999	9.1	[1] 10.4	[1] 9.9	[1] 19.9
$10,000 and over	7.9	[1] 6.8	[1] 11.5	[1] 18.1
Total	9.9	9.1	12.3	11.4

[1] Based on less than 20 cases.

Again in contrast to the patterns of differentials characterizing housing expenditures, the overall average outlays for medical care by renters is far below the average amount spent by owners; and this is true of both aged groups (see Table 9). Moreover, with only one exception, among those groups having an adequate number of cases on which to base comparisons the higher average outlays for medical care by owners characterizes all income levels of the population, but particularly the lowest income groups. In turn, this pattern also extends to the proportion which medical care expenditures constitute of total outlays for consumer goods and services. Owners in both the 65–74 and the 75 and over age groups devote proportionally more of total expenditures to medical care than do renters; and again, this is true of almost all income levels with adequate numbers of cases. This pattern of differentials suggests that the same values which argue in favor of home ownership and result in lower housing costs may also lead to greater use of medical services for both preventive and curative purposes. Moreover, the lower levels of expenditures for housing by owners would permit more of their total expenditures to be used for medical care. In contrast, renters, after higher payments for housing, would feel more pressed to use their limited remaining resources for food purchases and the other day-to-day costs of living.

DISCUSSION

Overall, for the two aged groups, the data from the 1960–61 Consumer Expenditures Survey suggest that home owners, as contrasted to renters, are characterized by both higher income and higher total levels of expenditures; they better manage to keep their expenditures within the limits of their money income; and they continue to build up more savings. Moreover, owners spend less for housing than do renters, judged both by absolute dollar expenditures and by the relative share of total expenditures attributable to housing costs. Conversely, they spend more dollars for both food and medical care, although the food costs of owners account for somewhat less of their total budget than do those of renters. But these conclusions hold only if comparisons are restricted to the total owner and renter segments of the aged population. Most need to be qualified and some need to be reversed if the comparison is made for comparable income groups, and especially if they are restricted to the income levels under $3,000, among which a majority of aged units are concentrated.

It is often suggested that the aged owner should sell his house, invest his funds, and move to a rented unit. The added income could be used for the higher housing costs of rentals. But whether the net result would be a gain would depend on the nature of the housing and the return received on the investment of the funds realized from the house sale. The data analyzed here suggest that the reduced housing costs resulting from home ownership probably permit allocation of limited resources to other categories of goods and services, thereby contributing to a higher level of living among owners than renters.

But the savings from lower housing costs is not the only factor. Home ownership is also undoubtedly a part of a much larger complex, including both higher income levels and a greater tendency to save. This interrelation accounts for the higher average income levels of owners, their greater average expenditures, and the greater ability of aged owners with low current income to turn to savings to make up deficits in their income-expenditure balances. In short, the same underlying values which lead persons to purchase a home may also account for their different style of life and their different expenditure and savings patterns.

Would these owners be better off if they disposed of their homes and used the cash income from increased investments for other purposes? On the average, the median market value of the owner-occupied housing of aged units was $9,858 for those in the 65–74 age group and $8,805 for those age 75 years and over. The amount of actual equity in these homes is not available. If it is assumed that equity was 80 percent, and that income received from a reinvestment of funds would be five percent per year, the average annual money income would be increased by approximately $400 and $350 for the two aged groups, respectively. These are, of course, only average figures and will vary considerably in individual cases.[6] Moreover, since the market value of owner-occupied housing varies directly with income level, the income gains for the lowest income groups will be considerably less. For example, among the aged 65–74 with incomes $1–1,999, the market value is $6,893 and the estimated annual income for reinvestment would therefore only approximate $275. The average amounts of added income are, however, greater than the differentials between the housing costs of owners and renters. This suggests, that, providing they find housing at rental values equal to those paid by renters, the owners would be able to use the added income to cover the higher costs of housing and still, on the average, have some additional income available for other purposes.

All other things being equal, this argues in favor of the aged selling their homes and moving to rented quarters. It overlooks, however, both the significant noneconomic factors involved, including the social-psychological value of continuing to live in one's own home, and the whole question of the physical quality of the owned vs. the rented housing. Without additional information on these considerations, especially in view of the fact that the average net gain in income would be only several hundred dollars, a realistic appraisal of the relative merits of retention or sale cannot be offered. The data do suggest that compared to those who rent, aged home owners are economically in a better position; they might be in a still better one if they sold their homes and used the income from investment for rent and also for raising their level of living by spending more on other categories of goods and services. But then again, the costs in noneconomic terms, may be too high.

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[6] It would also be possible to estimate the distribution of the principal over the remaining years of the units' lives so that the assets would be exhausted by the end of that period. This would increase the annual average income by a considerably greater factor. (See, for example, Epstein & Murray, 1967.)

ITEM 5: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. YUNG-PING CHEN, DEPARTMENT OF ECONOMICS, UNIVERSITY OF CALIFORNIA, LOS ANGELES, AND RESPONSE

1. Your paper, "Low Income, Early Retirement, and Tax Policy" is of considerable interest to the Committee because it suggests several alternatives to present methods of income supplementation for the elderly. May we have a summary of your findings for our hearing record, together with any additional commentary you may care to give?

2. What long-range policies do you recommend for adequate income maintenance among the elderly and the growing number of individuals who will, within the next 10 to 20 years, retire at ages earlier than is now customary?

ANSWERS TO QUESTIONS SUBMITTED

My studies of taxation and income maintenance have led me to the following conclusions:[1]

(1) Existing tax measures implementing the policy of preferential treatment of the aged are largely undesirable, in light of the "effectiveness" criterion.

(2) The tax-concession policy in favor of the aged itself seems vulnerable to objection, from the standpoint of the economic circumstances of the aged relative to those of the nonaged.

(3) To the extent that older persons encounter financial difficulties, the problem is low current income rather than high taxes *per se*.

(4) New approaches ought to be studied as part of long-range policies for adequate income maintenance among the elderly. There is need to develop feasible plans to help some older persons to convert their equities in the home into currently spendable incomes.

Any tax concession is an act of tax discrimination. Although tax discrimination *per se* may not be objectionable, discriminatory taxation on unsound or irrational basis is vulnerable to objection. Preferential tax treatment must be granted with a clear objective or set of objectives. As a guide to policy, I suggest the criterion of "effectiveness". In the case of taxing in favor of the aged, the test of effectiveness is simply the attainment of the objective of "aiding those aged needing aid". Any financial relief measure becomes ineffective if it aids both those in need and those not in need.

Existing tax measures for the aged are by and large ineffective means of policy on the following grounds:

(1) Under income taxation, tax concessions are offered to all aged persons on an indiscriminate basis, when the recipients are not a homogeneous group of individuals. High-income aged receive favorable tax treatment along with those with low incomes. Moreover, there is the fact that tax reductions are greater for those in higher income brackets than for those low-income aged, when tax rates are progressively graduated. (Double income-tax exemptions are a good example.) The worst case arises when the income of an older person is too low for him to qualify for these provisions at all.

(2) In property taxation, tax concessions are offered with certain eligibility requirements—the most common being "income limitation" and "exemption limitation." The former refers to the maximum amount of income which an aged homeowner may have without losing the tax privilege, while the latter

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[1] These conclusions are based on the major arguments and findings from the following articles by the author:

a. "Income Tax Exemptions for the Aged as a Policy Instrument," *National Tax Journal*, December 1963.

b. "Homestead Tax Exemptions for the Aged with Special Reference to the Revenue Effects of Alternative Exemption Laws in California," *Taxation of Property in California* (Sacramento: California Office of State Printing, 1964).

c. "Present Status and Fiscal Significance of Property Tax Exemptions for the Aged," *National Tax Journal*, June 1965.

d. "Taxation of the Aged: Some Issues and Possible Solutions," *Proceedings*, 58th Annual Conference of the National Tax Association, 1965.

e. "Preferential Treatment of the Aged in Income and Property Taxation," *American Journal of Economics and Sociology*, January 1966.

f. "Low Income, Early Retirement, and Tax Policy," *The Gerontologist*, March 1966.

g. "Poverty and Property: An Economic Issue in Old Age," *Proceedings*, 7th International Congress of Gerontology, Vienna, Austria, July 1966.

h. "Property Tax Concessions to the Aged," *Property Taxation—USA*, ed R. Lindholm (Madison: University of Wisconsin Press, 1967).

refers to the maximum amount of property value which is exemptible by law. One of the problems with the income limitation relates to the inclusion or exclusion of those sources of income which are, at present, nontaxable under income taxes. The exclusion of nontaxable incomes renders property tax concessions ineffective because they fail to preclude those with nontaxable incomes from receiving tax reductions. The inclusion of nontaxable incomes, on the other hand, invites a different problem because a self-assessment. This problem is accentuated by the fact that the income limitation, as presently constituted, suffers from the "notch" problem; namely, a taxpayer receives *no tax reductions whatsoever* if his income is beyond the specified upper limit, but he receives the designated amount of tax savings (also determined by his property value) if his income stays below the maximum allowable. Likewise, the other eligibility condition—exemption limitation—is troubled. When the tax concession is given on property with an assessed value below a certain limit, the tax privilege is abruptly terminated when the assessed value is above that level. Another problem is that the assessor will, then, be burdened with an additional psychological factor. If, on the other hand, a uniform amount of assessed value is exemptible, regardless of the total assessed value of the property, it will result in the granting of tax reductions to some aged homeowners who may not be in need.

And (3), another source of difficulties in the present tax policy stems from the fact that an increasing number of persons have elected to retire before age 65. For the early retirees, present tax measures fall short of their goal of offering financial aid to those older persons with low incomes due to retirement; these tax concessions are only available to those persons who have reached a specified age (usually 65). This problem is aggravated by the actuarially reduced pensions (an actuarially sound procedure, to be sure) which early retirees receive under most public and private pension plans. In the majority of existing arrangements, one has to wait several years before he may benefit from the various tax concessions measures.

Tax favors to the aged mean tax disfavors to younger persons, assuming that a given level of tax revenues is raised. Tax concessions are, in effect, subsidies. The case of tax favors must, therefore, rest ultimately upon the economic circumstances of the aged *vis-a-vis* those of the nonaged.

Several major arguments have been advanced for special tax consideration in behalf of the aged, all of which are somewhat related, only some of which apply to any specific measure. It is said that many of the aged have fixed or declining incomes, which, due to retirement, have little chance of being offset by higher future incomes. Further, it is said that they tend to incur higher living costs because of medical and drug expenses and expenses for personal care. Moreover, it is pointed out that older persons tend to spend a larger proportion of their incomes for housing, thus bearing a special burden from a tax on housing. Also, it is argued that the aged do not benefit directly from certain property taxes which primarily support government expenditures for schools. These arguments, when considered *separately*, may seem to provide a persuasive case for the aged. However, such arguments deal only with certain specific income and expenditure items, but fail to consider that the taxpaying ability of a person, young or old, must be judged according to his total budget requirements and wealth status, in addition to his income.

My investigations do not bear out the assumption that the aged as a group have an economic position inferior to that of the nonaged. The economic circumstances of the aged, in terms of net worth, appear to be better than those of most other age groups. However, since home equity represents a highly significant part of the superior net worth position of the aged, ways must be found to help older persons, if they so desire, to liquidate their home equity for supplementary incomes.

"Housing Annuity" Proposed

As part of long-range policies for adequate income maintenance among the elderly, I propose a "housing-annuity" as a workable scheme to convert home equity into currently spendable incomes. Since I regard low income as a more important problem than high taxes when the aged are finacially embarrassed, I believe, then, that increment in income instead of decrement in taxes should be a preferred approach. Although tax reductions result in income increment, the increase is usually rather small. Moreover, tax concessions are basically subsidies from the non-exempt to the exempt groups of persons. As such, tax concessions are undesirable in that the cost of subsidy is not readily discernible.

Regarding income augmentation among the aged, attention is too often focused on *public* income transfer programs to the neglect of possible *private* income maintenance measures. My research has convinced me that it is possible to devise a financial mechanism for the purpose of unlocking part of the economic strength which is now locked in the homes owned by the aged—their home equity.

Under my plan, an older homeowner, while assured of *life-time tenure* in the house, would create an irrevocable escrow to convey the property title to an insurance company at the death of the owner or of his spouse, if later, in exchange for a monthly annuity, which I call a "housing-annuity". The amount of annuity would be based on the appraised value of the property and the amount of equity. If the owner wanted to change his residence, he would have the option of selling his home to a third party and paying back to the insurance company the amount of the accumulated annuities received to date plus interest, or conveying title to the insurance company and receiving additional annuity payments. Any outstanding mortgage on the house would be paid off by the insurance company at the time of contract, and the annuity calculated on the net equity value. The problem of property appreciation and depreciation would be solved by a variable annuity arrangement or a renegotiation clause for adjusting annuity payments. To prevent frequent reappraisals, a plan might be created whereby the Federal Housing Administration (FHA) could guarantee the property's value over its economic life in return for an appropriate insurance premium.

Basically, a housing-annuity, as the one outlined above, is designed to assist older homeowners to supplement their income by helping them to realize their savings (or investment) in their homes. When a young person purchases a home, he is mortgaging his future incomes to acquire an asset; when an old person buys a "housing-annuity", he is mortgaging his asset to acquire currently spendable incomes. It cannot be overemphasized that this plan is in full accord with the freedom of choice, and that it guarantees the right of the annuitant and his spouse to stay in their home until voluntary or involuntary departure.

ITEM 6: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. HERBERT E. STRINER, DIRECTOR OF PROGRAM DEVELOPMENT, W. E. UPJOHN INSTITUTE FOR EMPLOYMENT RESEARCH, AND RESPONSE

1. Your paper, "The Capacity of the Economy to Support Older People," is of considerable interest to the Committee. Is it possible for you to give us a summary of your major findings, together with any additional commentary you may wish to give on recent developments that may change them in any way.

2. In view of the rather modest OASDI increase that can be expected through Congressional action this year, what are your recommendations for the future in terms of use of general revenue to support additional increases in the near future?

ANSWERS TO QUESTIONS SUBMITTED

NOVEMBER 30, 1967.

DEAR SENATOR WILLIAMS: I am happy to respond to your letter of November 20, 1967, requesting that I provide your Committee with my comments on matters pertaining to levels of income for our older citizens. Specifically, you refer to the paper "The Capacity of the Economy to Support Older People," which I presented in June 1962 at the University of Michigan's Fifteenth Annual Conference on Aging. In your reference to that paper, you have asked me for any additional comments I may wish to make regarding recent developments which may change the findings with which I concluded that paper. In addition, you have asked me, in view of the rather modest OASDI increases which will probably result this year, what I would recommend for the future regarding the use of general revenues to support additional retirement benefits for our older citizens.

In looking back over the period since 1962, one is driven to the inescapable conclusion that the situation instead of having improved with regard to income levels for older citizens has, as a matter of fact, grown worse relative to the other parts of our age distribution. For example, the median income of older families has fallen from 50.6 percent of that of younger families in 1962 to 46

percent in 1966. Older, unrelated individuals have fared even poorer; their median income dropping from 47.2 percent of that of younger individuals in 1962 to 41.9 percent in 1966. Even in terms of absolute dollar income, there has been very little improvement in the 65-and-older population. In 1962, the median dollar income of unrelated individuals aged 65 and over was $1,248.00. In 1966, this figure had risen to $1,443.00 representing a gain of approximately 13 percent. This, however, is misleading because of the fact that during the same period the Consumer Price Index for all items rose about 8 percentage points. For many items of importance to older people, e.g., hospital and medical services, the price level has risen far more rapidly. As a result, then, the real income situation for unrelated individuals, 65 years of age and over, is fairly close to what it was when I wrote my paper in 1962. The same situation exists in those instances where families with heads 65 years of age or over had income increases during the period 1962 through 1966. The median income for this group was $3,204.00 in 1962 as contrasted with a median income of $3,645.00 in 1966.

Unhappily, I must conclude that the situation at the present time is such that I could really change none of the conclusions which I arrived at in 1962. I doubt very seriously that unless there is a real increase in the sense of commitment on the part of this nation, we will see any improvement with regard to the income levels for our older population. The changes which I anticipate which will be made under our new social security legislation will be so insignificant with respect to the real income needs of our older population that it is indeed misleading to contend that we will materially benefit the income levels and hence material well-being of our older citizens.

Since 1962, I have changed my position on the source of OASDI funds. I no longer look to an increasing payroll contribution as a means of building an insurance fund capable of sustaining these types of guaranteed retirement incomes. I have come to the conclusion that in order to provide for the income levels necessary to support OASDI recipients more adequately, we must look to funding from general revenues. I have come to this conclusion because history has shown that as long as we continue to tie retirement income to any sort of insurance program, we use the inadequacy of insurance income as a means of curtailing necessary income payments for retirement. In addition, the social security tax is regressive in nature. Low income groups pay as much as high income groups. The insurance aspects of this program are such that they are, in reality, a delusion. I believe that we are sufficiently sophisticated by now that we no longer have to lean on the crutch of OASDI being an "insurance program." Indeed, older friends of mine who were involved during the 1930's in the development of this program tell me that the insurance image was designed by President Roosevelt's staff in order to forestall an easy revocation of this program by future, more conservative administrations.

Beyond this, those who have looked at the social security trust fund feel that during the next few years and into the mid-1970's, receipts which exceed benefit payments could exert a depressing effect on the economy. In essence, the present system which seeks to appear as an insurance fund—but really is not—and has the potential for becoming a "fiscal hoarder" is an anachronism. During the past thirty years, receipts have exceeded payments in all but 5 years. At present, there is an accumulation of about $20 billion in the trust fund. Finally, as you are undoubtedly aware, most of the European countries look to general revenues as the support base for social security programs. Although the United States leads as an innovator in hardware technology, we lag in our innovation and commitment in the social problem area.

During the last year, it has become obvious that when we have a real sense of commitment, such as Congress has felt exists in the case of the Vietnam War, we are able to obtain 12, 14 or 15 billions of additional dollars for these types of "emergency" commitments. I feel that the ability of the economy to support a much higher general tax level is such that we should be forced into the funding of necesary retirement programs for our older citizens on the basis of general tax revenues rather than on the basis of earmarked funds coming from OASDI payments tied to a schedule of payroll insurance payments. Since its inception in the 1930's, the OASDI tax has never approached what was contemplated in terms of becoming a sufficient level of support. I see no reason why our experience in the future should change radically from this past experience.

In your letter, I noticed that you have introduced a resolution for a White House Conference on Aging in 1970 or 1971. If that conference is to be held to provide further research results to support the needs for the elderly, I feel that the conference is unnecessary. We have more than enough research available at the present time which indicates the need for income support for our older population. I believe all that is really needed is a real sense of national commitment to do what most individuals feel is really necessary in order to provide a more dignified retirement income program for our older citizens. Most boldly put, the problem of a sufficient level of retirement income for our older citizens is a problem of national priorities. We have simply never placed retirement income for older citizens high enough in our national priority list to provide them with the income which is necessary.

Without repeating the rather lengthy paper I wrote in 1962 on this issue, which was published in the book *Aging and The Economy*, edited by Harold L. Orbach and Clark Tibbits and published by the University of Michigan Press, in 1963, I would close with a reiteration of a suggestion I made then. Specifically, any schedule of retirement incomes should be tied to a Cost of Living Index in order to ensure an automatic increase factor which moves us away from appropriation procedures and changes in the sense of commitment on the part of congressional committees. Also, as I indicated in 1962, I would considerably liberalize the earnings provisions for individuals aged 65 and over. I believe that the recommendation that $2,400.00 a year instead of $1,500.00 a year without loss of OASDI benefits is desirable. I would suggest that this income of $2,400.00 a year also be tied to a cost of living index. Thus, there would be no need over the years, with the possibility of inflationary erosion, that this level would have to be subjected to further hearings and legislative change.

Sincerely yours,

HERBERT E. STEINER.

ITEM 7: INFORMATION FROM PROFESSOR GEORGE F. ROHRLICH, DEPARTMENT OF ECONOMICS, TEMPLE UNIVERSITY

Mr. Chairman and Members of the Committee, I am honored by the interest you have expressed in a summary and expansion of testimony I gave before Senator Edward Kennedy on August 19, 1965, on various approaches followed and specific measures taken in several foreign countries to provide aged persons with the essentials of life—an assured income, housing, health care and other necessities.

The statement I made at the time focused on social insurance, social assistance, and on universal pension programs as the principal methods of providing old-age security. It pointed out that these different methods were sometimes used in combination with each other and, in many instances, in conjunction with certain other supportive measures. The main reason for this prevalence of multiple approaches emerged from even a cursory review of the basic conception and the ground rules underlying each of the prime methods and the limitations ensuing therefrom. Social insurance with its traditional tie-in of entitlement and of benefits to past work and earnings and with its characteristic orientation toward general and presumptive, rather than specific individual, needs may fall short of providing adequate old-age protection to persons with low or no earnings during their younger years and to aged persons whose needs are above the average. Thus real and legitimate needs might go unmet unless help is available from programs of some other type.

Social assistance, on the other hand, being geared to meeting actual, proven need, cannot readily dispense with some test of need or means to which some aged persons, even though needy, may not wish to expose themselves, regardless of their rights. Universal pensions, finally, by definition, are available to all persons once they attain a given age, without regard to need, past work, earnings, contributions or taxes paid by them. Hence, current costs of such program are bound to be higher than under either of the others unless benefit amounts are lower or the eligibility age is higher than under the other programs. In any event, the flat-rate benefit amounts will leave some needs unmet in some of the cases.

Yet, "social security" in the sense in which it has come to be accepted throughout most of the world—and this applies to "old-age security" *mutatis mutandis* as well—is expected to provide protection that meets each of the following

criteria, to wit: protection that is available (1) in all the common contingencies, (2) to all persons exposed to them, (3) at socially acceptable minimum standards, and (4) as of right. Clearly, the achievement of these aims calls for a variety of measures that interlock and complement each other.

In my earlier testimony reference was made to a variety of special features built into the social security systems of a number of foreign countries and to sundry supportive measures designed to underpin the social security programs proper. In so far as cash benefits are concerned, one of the most important types of provisions aims at safeguarding benefits against erosion. In the first place, this means effective measures for maintaining the real value of benefits in terms of purchasing power. More far-reaching provisions of this type are aimed at assuring to the aged some degree of participation in the rising levels of living enjoyed by the economically active population as a result of gains in economic productivity.

Another safeguard of crucial importance concerns the assurance, by one means or another, of a certain minimum income. A third category of cash income provisions seeks to alleviate extra burdens; most prominent among these are children's allowances paid in respect of young persons undergoing advanced studies or training and therefore dependent upon their parents for support until their middle or upper twenties.

Yet another set of provisions relate to the availability and assurance of low-cost housing. This is achieved in some instances through special cash allowances, but more often through indirect means, notably subsidies and incentive grants whereby suitable housing is in fact made accessible to aged persons, pensioners and others of small means.

Mostly outside of the cash-benefit sector, finally, but no less important in protecting the budgetary equilibrium of aged persons and their families are the various health, hospital and related service benefits. Specific references to national provisions of these several types can be found in my earlier testimony. (Cf. *Services to the Elderly on Public Assistance*, Hearings before the Subcommittee on Federal, State and Community Services of the Special Committee on Aging, U.S. Senate, 89th Cong., 1st sess., U.S. Gov't Printing Office, 1965, pp. 90–100.)

British-Canadian Developments

In supplementing and up-dating the information provided at that time, I would like to cite merely two developments in the social security systems of the United Kingdom and of Canada respectively, that have taken place since then and that strike me as particularly relevant and significant. Both pertain to the assurance of a guaranteed minimum income to aged persons and to certain other categories.

The British social security amendment under reference is perhaps as remarkable in the way in which it came about as it appears to be effective in producing results. Originating from a "deep concern" over the failure of many needy aged, believed to number in the hundreds of thousands, to apply for allowances under the National Assistance Act then in effect and a open letter by the Minister dated 12th July 1965, soliciting applications for such "financial help given as of right, and I stress 'as of right', to those whose income is below certain standards"—which proved to be of little avail, the government proposed and the Parliament enacted in 1966 a "New Supplementary Benefits Scheme" to take the place of the former National Assistance program. The avowed aim was to end "the sharp distinction which now exists in the administration of contributory and means-tested benefit" and to "provide a form of guaranteed income for those who require such a benefit over a long period".[1]

The new "supplementary pensions for people over pension age" are payable to men over 65 and women over 60 not in full-time work (comparable "supplementary allowances" are payable to those of younger age). Incomes below the guaranteed amount are supplemented up to the guaranteed level, with extra allowances for rent, usually in the full amount thereof, a standard allowance for incidental expenses, and lump-sum payments for exceptional requirements. Applications referred to as "claims", are made in writing, interviews are held at the claimant's option either in his home or at a local office. Supplementary pension benefits are paid together with the (contributory, social insurance) retirement pensions on one order book cashable at the Post Office. Awards are made by a Supplementary Benefits Commission within the Ministry of Social Security. Its decisions may

[1] Ministry of Social Security Bill 1966. Explanatory Memorandum by the Minister. Queen's Printer, London, May 1966. Cmnd. 2997.

be appealed by claimants dissatisfied as to benefit award or any condition attaching thereto or as to amount to an independent Appeal Tribunal. Awards to people over pension age are expected to be renewed annually unless their circumstances change significantly during the year.

It is noteworthy that during the first year of operations under the new plan, the Ministry of Social Security has certified 300,000 new aged beneficiaries out of a larger number of new applicants.[2] Since the financial improvements over the former National Assistance benefits are relatively modest, most of this increase must be ascribed to the more businesslike award procedures and terms used and the unobtrusiveness of the payment.

The Canadian social security system has undergone an important evolution during the last three years with the establishment of an old-age, invalidity and survivors insurance program and a program of Federal grants to the Provinces for hospitalization and health insurance, both of which will benefit the aged in years to come when these programs become fully operative.

For the present, however, and for some time to come, two amendments to Canada's universal pension scheme are most significant. One is the reduction in the eligibility age, formerly age 70, to age 68 in 1967 and to 65 in 1970 with one-year annual reductions in-between accompanied by an automatic adjustment of the monthly benefit (now $75 per person) in line with changes in the consumer price index.

The other is the institution of a guaranteed minimum income supplement for those currently reaching pension age whose income falls below a stated level. At present rates, the guaranteed income (total) is $105 monthly. In future, the total amount will consist of the index-link adjusted universal pension amount plus 40 percent thereof—the size of the guaranteed income supplement (now $30 per month) from 1968 onward. A statement by the applicant of his or her income during the preceding year serves as a basis for the award of a supplemental benefit. Administration is by the same Department (National Health and Welfare) that administers the universal pension and the new social insurance program.

I suppose that my selection of these two national legislative developments is somewhat indicative of the priorities that I attach to various possible program improvements. The solutions found in Britain and in Canada are not necessarily the best conceivable ones but, in my opinion, they do mark forward steps in our groping toward providing some assured minimum income to cover essential needs to everyone incapable of achieving this by his own efforts. To find some acceptable mode of doing that seems to be, indeed, an urgent and compelling task.

I would like to see, therefore, some significant research undertaken with a view to exploring the feasibility of a simplified and dignified minimum income guarantee for the aged. The outcome of the prolonged Congressional deliberations on the most recent Social Security Amendments of 1968 underlines the limitations to which our old-age and survivors' insurance program is subject in this regard. Some base-line program or provision to ward off acute need is thus called for. The aged, as a group, are not expected normally to engage in substantial gainful work. Thus, the "moral hazard" inherent in non-contributory cash benefits paid on the basis of actual or presumptive need supported simply by affidavit and subject to general verification in all but a few sample cases is minimal. Tests of various short-cut methods, with detailed analyses of the comparative reliability of the results obtained by each method should be highly illuminating in this regard.

Next to an assured minimum income, the assurance of adequate housing seems to me of the highest importance. A comparative study and evaluation of measures taken here and abroad to provide this assurance, including housing subsidies, public, low-and-middle income housing projects, housing allowances and supplements, an evaluation of their practical applicability in this country on a mass scale ought to yield us most useful information and policy leads.

One special facet of housing for the aged concerns the availability of certain services normally associated with nursing homes. In light of the dearth of such institutions and of the high cost and frequently unwilling acceptance of institutionalization, a separate research project devoted to the possibility and cost of providing centralized services of this type in connection with or affiliated to housing for the aged would have great practical importance. This is all the more true in view of the fact that the nursing-home phase of the Medicare program

[2] Ministry of Social Security, *Annual Report 1966*. London. Queen's Printer, July 1967. Comnd. 3338, p. 50 ff.

has to-date been one of the weaker parts of this, otherwise signally successful, venture.

Last, the problem of medical, hospital and allied care for the aged, though greatly lessened by the advent of Medicare, is far from solved. Research into the extent to which present exclusions and limitations (e.g. the non-eligibility of dependent wives below age 65 of retired persons, non-coverage or coverage limitations of certain services and drugs) have left aged persons to bear the cost of prolonged or chronic illness, the degree to which supplementary private insurance is actually available and at what costs, and similar questions to help us see the full extent and the nature of any unmet health needs of the aged *after* Medicare should command attention and a share of the research budget.

I wish to thank the Committee for having graciously extended the time limit for the submittal of this statement.

Respectfully submitted.

GEORGE F. ROHRLICH,
Professor of Political Economy and Social Insurance.

ITEM 8: MATERIAL FROM THE LIBRARY OF CONGRESS LEGISLATIVE REFERENCE SERVICE

EXHIBIT A. HISTORICAL REVIEW OF GENERAL REVENUE FINANCING IN SOCIAL SECURITY

(By Francis J. Crowley, Education and Public Welfare Division)

1. SUMMARY—PROS AND CONS

Proposals to use general revenues to finance the Social Security program are not new. The original proposals for a Social Security program contemplated the use of general revenues starting about 1965. During the 1940's, the law authorized an appropriation from general revenues if it was needed to keep the program solvent. In the Social Security Amendments of 1950, Congress appeared to settle the question by repealing the authorization for appropriations from general revenues. Further indication of this was the frequent reference to the self-supporting nature of the program that after 1950 was to be found in every Committee report dealing with social security financing. Recently, however, there has been a revived interest in the use of general revenues in the financing of the social security program. This interest is the result of a growing awareness of the growing magnitude of the social security tax and its effect on individual and corporate income. Almost all the legislative proposals which would provide a more liberal benefit increase than in the current administration bill use some type of general revenue financing. (Under present law, a worker's maximum social security tax is scheduled to rise from $290.40 in 1967 to $372.90, under the administration's proposals to $626.40, and under the House-passed social security bill to $448.40 in 1987.)

In discussing the financing of the Social Security program there is a tendency to discuss it both from its "insurance" or "equity" aspects and from its "social" or "welfare" aspects. Some who support the general revenue approach say that the payroll tax is the appropriate way to finance the insurance aspects (retirement benefits, for example) but that it is not the proper way to finance the broader social aspects of the program such as dependents benefits. In this context, the question of using general revenues to finance social security benefits becomes a question of defining the role of the social security program. Those who argue for general revenues in financing further benefit liberalizations point out that the equities of the program require such financing to assure that contributors get their money's worth from the taxes they pay. On the other hand, those who do not want general revenues to be used in financing the social security program argue that there should not be further changes in the program which emphasize the "social" aspects.

For others, there is a middle ground argument that no basic change is needed, that a balance should be maintained between the social and the insurance aspects and the total cost paid out of the earmarked payroll tax. It is this group who present the arguments that general revenues in the social security program will have an undesirable effect on people's attitudes about the system. Pretty much from start of the program, and right up to the present time, the Social

Security Administration, and proponents of the social security program in general, have talked about the contributory nature of the program, indicating that because people pay social security taxes, the benefits, unlike welfare payments, are paid as a matter of earned right. Moreover, they point out that because employers and employees know that improvements in the program will result in increased taxes that they themselves must pay, the payroll tax serves as a limitation against fiscal irresponsibility and too rapid expansion of the program.

Today, many who argue for and many who argue against using general revenues to finance social security start from much the same place; that the social security program is not a pure insurance program, that much of what it attempts to do is "social" or "welfare" in nature and that these social or welfare costs ought not to be financed by a payroll tax. The payroll tax, as opposed to the Federal income tax, is generally considered a regressive tax. Thus, the relative burden of paying the cost of the social security program falls more heavily on lower-paid workers.

Some who fear general revenue financing fear that future budgetary considerations would be such that the Executive and the Congress would, as with the Civil Service retirement program, neglect to provide currently the amounts that are not needed to meet current expenditures, but which are needed to keep the program on a sound actuarial basis.

Those who argue for using general revenues believe that the cost of the program includes the cost of paying full benefits to people who had little opportunity to work in covered employment, including those who were approaching retirement age when their work was covered under the program. The cost of paying these benefits—about one-third of the cost of the program—in this argument is considered a social cost that could properly be paid out of general revenues. If general revenues were used for this purpose, and if there were no change in the financing of the present program, these people point out that the additional income from general revenues would make it possible to increase benefits about 50% above present levels.

On the other hand, a witness before the Committee on Ways and Means testified in March 1967 on a proposal to provide reduced social security taxes. Under this proposal social security taxes would be reduced to a point where the benefits that could be paid under present law to a young worker entering the labor force would be equal to the full value of the employer and employee taxes paid on his wages; the cost of benefits to older workers in excess of the taxes paid on their wages would be met from general revenues.

2. INTRODUCTION

Since the inception of the Social Security program, a major question has been the extent to which the program should be financed out of general revenues. Recently the question has gained new significance with a number of witnesses appearing before the Committee on Ways and Means and the Committee on Finance to testify on the proposals recommended by the President and contained in H.R. 5710 recommending that general revenues be used to finance changes in the social security program. Because of the questions about general revenue financing that are being raised, it is appropriate at this time to review the history of earlier discussions and to put the present discussions in their correct historical perspective.

Central to today's discussion of the desirability of using general revenues to finance part of the social security program is the amount of payroll tax that is needed to pay for the present program and the additional amounts that will be needed to finance any liberalization in the system.

3. THE SOCIAL SECURITY ACT OF 1935

The earliest discussions of using general revenues took place in the Committee on Economic Security, whose recommendations formed the basis of the original Social Security Act. The Committee, which had been appointed by President Franklin D. Roosevelt in 1934, was composed of five members.[1] The social security

[1] The members were: Frances E. Perkins, Secretary of Labor (Chairman); Henry Morgenthau, Jr., Secretary of the Treasury; Homer Cummings, Attorney General; Henry A. Wallace, Secretary of Agriculture; Harry Hopkins, Federal Emergency Relief Administrator.

program proposed by the Committee had originally called for a Government contribution starting about 1965. However, when the President learned that the program was not "self sustaining" he insisted that it be changed. Edwin Witte, Executive Director of the Committee, described the President's reaction on learning that the program was not self-sustaining. Mr. Witte wrote:

> On the afternoon of January 16, after the President had already notified Congress that he would, on the next day, submit a special message dealing with social security, and after press stories on the message and the committee's report had already been given out at the White House, the President discovered a feature in the old age insurance part of the program which he did not like. This was the aspect that a large deficit (to be met from general governmental revenues) would develop in the old age insurance system after 1965, as was stated clearly in the press releases which were prepared by Mr. Fitzgerald of the Department of Labor. The President thereupon sent for Secretary Perkins, who, in turn, asked me to come over after the President had indicated that he could not support such a program. When I arrived, the President was still under the impression that there must be a mistake somewhere in the tables which appeared in our report. When advised that the tables were correct the President insisted that the program must be changed. He suggested that this table be left out of the report and that the committee, instead of definitely recommending the particular tax rates and benefit schedules incorporated in the original bill, merely present these as one plan for meeting the problem which Congress might or might not adopt.
>
> Following this conference with the President, all members of the Committee were communicated with and all agreed that the President's wishes in that matter must be carried out. The report was again withdrawn from the President and changes made which he had suggested. It was not filed in final form until the morning of January 17, although it bears the date of January 15, 1935. [Witte, Edwin E. "The Development of the Social Security Act." Madison, 1962, p. 748.]

The President, however, was not the only one who had some misunderstanding about the extent to which general revenues were to be used to finance the old-age insurance program that the Committee was recommending. Mr. Witte believed the members of the Committee on Economic Security did not realize that benefits in excess of the amount of social security taxes would be paid to substantially all people who entered employment prior to 1957. Mr. Witte explained this and the rationale for the Committee's recommendation in the following way:

> . . . The benefits provided in this bill were such as the actuaries figured could be paid for by 5 percent contributions on payroll over a lifetime of employment in industry. This meant that the combined rates on employers and employees would be adequate to pay the costs of the benefits only for employees entering the old age insurance system in 1957 and thereafter. In the first twenty years of the system far less would be collected than necessary to meet the costs computed on an actuarial basis. Due to the fact, however, that in any old age insurance system there are relatively few retirements during the early years, the amount collected in these first twenty years would nevertheless have been considerably greater than the disbursements during these years, so that the inadequacy of the rates would not create a serious financial problem until some years later. If the ultimate rate equaled only the actual current costs, however, the actuaries estimated that by 1965 a deficit would develop in the old age insurance fund, which would continue to increase until 1980. By that time this deficit would amount to approximately $1,400,000,000 per year. This deficit, the old age security staff proposed, should be met through contributions from the United States Treasury, although there was no way in which it could be guaranteed that when the deficits developed contributions would be actually made from general tax revenues, rather than be met through reduction of benefits or increase in the contribution rates.
>
> The Committee on Economic Security was told by its staff that the taxes currently collected would not meet the costs of benefits after 1965 and it accepted the idea that the deficits resulting thereafter should be met from general tax sources. In all discussions preceding the committee's final decision on the recommendations it should make on old age security, the plan recommended by the staff was discussed in terms of larger benefits to workers approaching old age than could be paid for through their contributions and

those of their employers, with the United States Government ultimately making up the resulting deficits from general tax sources. It is my belief that no member of the committee understood that payments in excess of contributions would be made not only to workers already approaching old age, but to substantially all workers who entered employment prior to 1957.

When Secretary Perkins and Mr. Hopkins, acting for the committee, presented its recommendations orally to the President on December 24, [1934] they described the recommendations on old age insurance in the terms used by the staff, and the President got the impression that the plan proposed contemplated payments in excess of contributions only to people approaching old age who did not have time to build up their own old age protection on a really adequate basis. He also accepted the argument made by the staff and the committee that the compulsory old age insurance system would reduce the costs of the noncontributory old age assistance grants and apparently formed the idea that the two programs combined would result in decreasing governmental costs as the years went on.

To satisfy the President, the committee's report was altered at the last minute, avoiding a definite commitment to the tax and benefit rates recommended by the staff. The working out of new rates to make the plan self-supporting, however, required time. So the rates recommended by the staff had to be included in the original bill. The Committee on Economic Security, however, had definitely told the President that it would revise these rates to accord with his views and would suggest an amendment to the Ways and Means Committee which would make the old age insurance system self-supporting (assuming the correctness of the actuarial calculations and continuance of the plan without material amendments in future years.)

Because Secretary Morgenthau presented this amendment, this proposal was termed the "Morgenthau amendment," and in all newspaper accounts was represented as if it was a proposal of the Secretary of the Treasury acting alone, whereas in fact it was an amendment recommended by the Committee on Economic Security and agreed to by all of its members. This amendment revised the bill to make the initial tax rate (for the years 1937, 1938 and 1939) 1 percent on employers and 1 percent on employees, and provided for increases of 0.5 percent every three years, until a maximum of 3 percent on employers and 3 percent on employees would be reached in the year 1949, after which this rate was to be continued indefinitely. The actuaries estimated that the increased tax revenues yielded under this plan would enable the old age insurance system to remain entirely self-supporting, at least until 1980. At the same time, it would result in an ultimate reserve of nearly $50,000,000,000 as against a reserve of $14,000,000,000 estimated by the actuaries under the original plan. This large reserve was regarded by the President as creating a far less serious problem than the deficits after 1965 contemplated under the original plan.

The Morgenthau amendment was criticized before the Ways and Means Committee on the score of the large reserve which it would create by Messrs. Latimer and J. Douglas Brown, connected with the Committee on Economic Security, and before the Senate committee also by Mr. Folsom of the advisory council. Apparently, however, their arguments made little impression upon any members of either committee. The large reserve was used as argument against the bill by Senator Hastings on the floor of the Senate, but neither he nor any other member of their congressional committee ever offiered an amendment to reduce the tax rates. The rates of the Morgenthau amendment were agreed to by the Ways and Means Committee without a dissenting vote and remained in the bill ever after.

[*Ibid.*, pp. 147–151]

4. FINANCING THE 1939 AMENDMENTS

An Advisory Council on Social Security had been appointed by a Subcommittee of the Committee on Finance and the Social Security Board in 1937. It reported in December of 1938, recommending basic changes in the system which departed from the 1935 Act's emphasis on the private insurance concept of a benefit tied directly to the amount of taxes paid. Instead, it recognized dependents and survivors and accentuated the policy of paying higher retirement benefits than

the equivalent taxes to people who retired early in the program. As to financing, the Council stated:

> Since the Nation as a whole, independent of the beneficiaries of the system, will derive a benefit from the old-age security program, it is appropriate that there be Federal financial participation in the old-age insurance system by means of revenues derived from sources other than pay-roll taxes.
>
> [Hearings on Social Security, Committee on Ways and Means, February-April 1939, 76th Cong., p. 39]

Emphasizing that dependency in old age was a national problem, the Council declared:

> . . . With the broadening of the scope of the protection afforded, governmental participation in meeting the costs of the program is all the more justified since the existing costs of relief and old-age assistance will be materially affected.
>
> Governmental participation in financing of a social insurance program has long been accepted as sound public policy in other countries. Definite limits exist in the proper use of payroll taxes. An analysis of the incidence of such taxes lead to the conviction that they should be supplemented by the general tax program.
>
> [*Ibid.*, p. 39]

The Council then went on to recommend a tri-partite approach "of distributing the eventual cost" of the system by equal contributions by employers, employees, and the Government. The Council indicated that this would permit the redetermination of tax rates and that "problems of financial policy can be far more readily resolved" because of the Federal contribution. As to the question of the amount of reserves necessary, the Council stated:

> With the changes in the benefit structure here recommended and with the introduction of a definite program of governmental contributions to the system, the council believes that the size of the old-age insurance fund will be kept within much lower limits than are involved in the present act. Under social insurance programs it is not necessary to maintain a full invested reserve such as is required in private insurance, *provided* definite provision is made for governmental support of the system. The only invested fund then necessary would be a reasonable contingency fund.
>
> [*Ibid.*, p. 40]

On January 17, 1939, President Roosevelt submitted the recommendations of the Social Security Board to the Congress. The Board report stated:

> As already stated, if the recommendations of the Board relating to benefits are adopted, early payments under the system will increase substantially. The tax provisions embodied in the present law would probably cover the increased annual cost for the first 15 years. They would also probably provide a small reserve, which would be invested and earn more interest. But when future annual benefit disbursements exceeded annual tax collections, plus interest earnings, some other provision would have to be made for the funds which, under the existing plan, would be secured from interest on accumulated reserves. It would then be necessary to do one of two things: increase the pay-roll tax, or provide for the deficiency out of other general taxes.
>
> The Board is of the opinion that it would be sound public policy to pay part of the eventual cost of the benefits proposed out of taxes other than pay-roll taxes, preferably taxes such as income and inheritance taxes levied according to ability to pay.
>
> The portion of the total costs to be met by taxes other than pay-roll taxes should depend upon the proportion of the general population covered by the insurance system. The wider the coverage, the more extensive this contribution from other tax sources might properly be.
>
> Although the Board believes that contributions to the old-age-insurance program should eventually be made out of Federal taxes other than those on pay-rolls, it does not believe that such taxes should be substituted for any part of the pay-roll taxes, provided in the present act, or that such other taxes should be used until annual benefit disbursements begin to exceed annual pay-roll-tax collections, plus the interest earned on the small reserve which would be accumulated.
>
> [*Ibid.*, pp. 8–9]

During the public hearings on the Social Security Act held by the Ways and Means Committee, Secretary of the Treasury Morgenthau in late March presented four plans for modifying the contribution rate schedule provided in the

Social Security Act. The variations in the plans related only to the years prior to 1943. [*Ibid.*, p. 2114] All four plans called for the rate schedule as contained in the Social Security Act of 1935, for 1943 and subsequent years; that is, 2 percent each on employer and employee in 1943, 2½ percent in 1946, and 3 percent in 1949. Plan number four, which was finally adopted with the enactment of the 1939 amendments, omitted the increase in tax rate from 1 to 1½ percent for the years 1940–42 as provided in the 1935 Act.

As to the revised thinking of the Roosevelt Administration on the government contribution, Secretary Morgenthau stated:

> My latest annual report presented the estimate that, without extension under the present law, 80 percent of the population of the United States ultimately will have qualified during their working life for at least the minimum annuity under title II of the act.
>
> This experience throws new light on our original belief that the act ought to be self-supporting. Four years of experience have shown that the benefits of the act will be so widely diffused that supplemental funds from general tax revenues may be substituted—without substantial inequity—for a considerable proportion of the expected interest earnings from the large reserve contemplated by present law. Therefore, it becomes apparent that the argument for a large reserve does not have the validity which 4 years ago it seemed to possess.
>
> There is no need at the present time and, I believe, there will be no need in the near future, for supplementing pay-roll taxes from general revenue. For all classes of beneficiaries, the values of the benefits which the act provides, are, and for a long time will be, substantially in excess of the contributions under the schedule provided in the law.
>
> [*Ibid.*, p. 2112]

Mr. Morgenthau indicated that he was also influenced in his thinking about the reserve and the rate schedule by the prevailing economic conditions. In this respect he said:

> There is another reason for questioning the schedule of tax rates and the resultant reserve set-up in 1935. We adopted a gradual step-up in the tax rate in 1935 in order to give industry an opportunity to accustom itself to the new taxes and so avoid any undue restrictive effects. The trend of business conditions in specific future years could not, of course, be accurately foreseen. In periods of incomplete business recovery like the present, the contributory old-age-assistance system should be so financed as to have the least possible deterring effect on business. It is, therefore, a pertinent question whether a substantial increase in the tax rate should be allowed to occur at the present stage of business recovery.
>
> The depressing effect of the present disturbed state of world affairs upon the American economy makes it especially urgent that at this time we do not place any available burdens on American productive enterprise.
>
> [*Ibid.*, p. 2112]

The Secretary recommended the adoption of an "eventual reserve amounting to not more than three times the highest prospective annual benefits in the ensuing 5 years." [*Ibid.*, p. 2113] This was cited by the Ways and Means Committee and the Senate Finance Committee in their reports accompanying the bill and a provision was inserted in the law requiring the trustees to report immediately whenever the trust fund reached this magnitude.

The Congress did not authorize a Government contribution in the 1939 Amendments when it froze the 1 percent tax until 1943. The Committee estimated that benefits would not exceed tax collections until about 1955 and that the revised system was sounder financially. After explaining the difficulty of estimating costs, both reports contained the following:

> Unforeseen contingencies may, however, change the entire operation of the plan. It is important, therefore, that Congress be kept fully informed of the probable future obligations being incurred under the insurance plan as well as the public-assistance plans. Each generation may then meet the situation before it in such manner as it deems best.
>
> If future annual pay-roll tax collection plus available interest are insufficient to meet future annual benefits it will be necessary, in order to pay the promised benefits, to increase the pay-roll tax or provide for the deficiency out of other general taxes, or do both.
>
> [S. Rept. 734, 76th Cong., p. 18; H. Rept. 728, p. 17]

The 1939 estimates of the Committees concerning the probable size of the reserve fund in future years proved to be very conservative. Under the proposal to "freeze" the tax rate at 1 percent until 1943, and thereafter to follow the original schedule as provided in the Social Security Act, the Finance Committee estimated that the reserve fund would be $6,871,000,000 by the end of 1955. [S. Rept. 734, p. 17.] The Ways and Means Committee estimated the fund would be $7,752,000,000 by the end of the same year. [H. Rept. 728, p. 15.] The change in world conditions due to World War II and the resulting expansion of industry increased the reserve fund far beyond what expert opinion could foresee in 1939. Although the tax rate did not rise above 1 percent, at the end of June 1950 the reserve in the fund was almost $12.9 billion.

5. FINANCING ISSUES IN THE 1940'S

In the years between 1942 and 1950 Congress enacted seven more postponements of the original tax rate. The principal architect of the "freeze" was Senator Arthur Vandenberg. Those who favored the "freeze" argued that there were sufficient assets and income flowing into the trust funds to take care of the requirements of the program for many years, that the Morgenthau "three times rule" was being more than met, and that the Social Security system was not the proper vehicle for curbing wartime inflation. The Roosevelt Administration in opposing the "freeze" argued that the Morgenthau rule was not supposed to be operative in the early years of the system; that the long-term actuarial soundness of the system required the tax increases scheduled in the Act, that if the rates were not allowed to go into effect as scheduled in the law, higher ultimate rates or a Government subsidy would be needed. Sometimes the argument was used that to allow the original rates to go into effect would help finance the war and curb wartime inflation.

The debate on the postponement of the tax rate in 1944 was of particular interest in that Congress froze (over Presidential veto) the tax and authorized an appropriation from general revenue to the trust fund of "such additional sums as may be required to finance the benefits and payments under this title." The general revenue authorization was a Senate floor amendment introduced by Senator Murray who was opposed to the tax "freeze." He quoted the Senate committee report, which had reported the "freeze" provision:

> It is obviously true that the change to the basis of contingent reserves, as contemplated by the amended statutes, that Congress obligates itself in the future to make whatever direct appropriations (in lieu of appropriations for interest on bonds in reserve) are necessary to maintain the full and complete solvency of the old-age and survivors benefits funds, because there could be no more solemn public trust. This is inherent in the decision made by Congress in 1939. The statutory rule, requiring contingent reserves which are at least three times as large as the total cost of the system in any one of 5 subsequent years, is a complete measure of contingent protection and always gives Congress at least 5 years' notice of any possibility of delinquency.
>
> [S. Rept. 627, 78th Cong., p. 19]

Senator Murray stated that his amendment only carried out the intent of the Committee statement. Senator Vandenberg agreed, saying, however, that there should be "no implication that any additional sums are necessary now or in the foreseeable future." [90th Con., Rec. 374]

During this period two reports of advisory groups are of interest as to the issue of a Government contribution. The Ways and Means Committee's Social Security Technical Staff established pursuant to H. Res. 204, 79th Congress, first session, began its study of various phases of the Social Security Act in the summer of 1945. Its report, *Issues in Social Security*, noted the problem of estimating benefits because World War II "played havoc" not only with estimates already made but also with the basis for future estimates. The report stated as to the growth of costs of the program:

> While at present the benefits are considerably less than half of 1 percent of taxable wages, we can foresee a possible growth to as much as 9 or 10 percent of wages. Perhaps for present purposes it is not really important whether the cost 20 years hence is four or seven times as much as now or whether by 1980 the benefits will be 6 or 8 percent of wages. Perhaps the really important expectation—one regarding which there is no difference of opinion—is that the total of benefits is going to increase gradually over a long period of years and will become many times as large as at present. [P. 110]

The report made the following suggestion for a tax schedule and a Government contribution:

> That, for old-age and survivors insurance as now provided, social-security tax rates be 1½ percent on the first $3,000 of wages from employer and employee alike during the 10-year period 1947–56, inclusive; that this rate be increased one-half percent in 1957, 1967, and 1977; that a Federal subsidy be anticipated in future years, any excess of benefit and expense payments over social-security taxes and interest on the trust fund for a particular year to be met by Federal subsidy until such time as this subsidy becomes a third of the year's total of benefit and expense payments. Whenever this stage is recognized as imminent, revision of the tax rate should be considered. Revision of the tax rate should also be considered if the trust fund reaches some chosen total like 20 billion or 30 billion dollars. [P. 121]

The Committee on Ways and Means had the report of the Social Security Technical Staff before it when it began its considerations of the Social Security Amendments of 1946. On July 1, the Committee reported out a bill (H.R. 6911) which would have raised the tax rate to 1½ percent and also would have repealed the provision authorizing necessary appropriations out of general revenue. A strong minority report was filed objecting, in the main, to the bill's increased Federal matching for public assistance but also pointing out that the Social Security tax rate "could just as well have been frozen at 1 percent for 5 years according to the authorities appearing before the committee." (H. Rept. No. 2447, 79th Cong.) H.R. 6911 was never brought to the floor but another bill (H.R. 7037) was reported (H. Rept. No. 2526, 79th Cong.) and acted upon which would have frozen the tax at 1 percent and have repealed the provision authorizing general revenue financing. The Senate approved the freeze but struck out the deletion of the general revenue authorization. The Finance Committee report stated:

> . . . to repeal this provision, as proposed by the House of Representatives, while continuing to freeze the tax, might be taken to imply an unwillingness of Congress to underwrite the solvency of the system.
>
> [S. Rept. 1862, 79th Cong., p. 3]

The legislation also authorized survivors benefits for uninsured veterans who died within three years after discharge. These benefits were to be financed out of general revenue.

The Committee on Finance appointed an Advisory Council on Social Security in 1947 which at the end of 1948 issued a report with a broad range of recommendations as to coverage, eligibility, and benefits. The Council suggested that if benefits were liberalized as it suggested (by about 50%) the tax rate should be raised immediately to 1½ percent but that a step-up to 2 percent "should not take place until actually needed to cover current disbursement." When the 2 percent rate was insufficient to meet current benefit costs, the Council believed that a Government contribution should be introduced. The Council wrote:

> There are compelling reasons for an eventual Government contribution to the system, but the Council feels that it is unrealistic to decide now on the exact timing or proportion of that contribution. When the rate of 2 percent on employers and 2 percent on employees, plus interest on the investments of the trust fund, is insufficient to meet current outlays, the advisability of an immediate Government contribution should be considered.
>
> The step-up to 2 percent should be postponed until actually needed. The Council believes that the excess of income over outgo, inevitable in the early years of the program, should be kept as low as is consistent with the contributory character of the program. Even with the increase to 1½ percent, assets of the trust fund may rise for a few years at an annual rate of about $2,000,000,000.
>
> For the reasons given above, the Council believes that the first step-up is needed when the liberalized program becomes effective, but we wish to emphasize that building up the trust fund is not the purpose of our proposed increase in the contribution rate, and we therefore urge that additional increases in the rate be postponed. The increase in the trust fund is an incidental result of the contribution rates, the benefit rates, and the eligibility requirements that seem to us desirable on other grounds. Unlike private insurance, a social-insurance scheme backed by the taxing power of the Government does not need full reserves sufficient to cover all liabilities.

Some people fear that additions to the trust fund will have adverse effects on the economy. Whether the economic effects of additions to the trust fund are good or bad will depend on the general economic situation and on the fiscal policies of the Government. In any circumstances, an annual surplus for a few years of as much as $2,000,000 would not, in our opinion, be unduly large or unmanageable; in fact, such a surplus would be small in comparison with the amounts involved in many recent financial operations of the Government. On the other hand, the Council sees no reason to increase this surplus even further by moving to the 2-percent rate before the demands of the system actually call for such an increase.

The Council believes that the Federal Government should participate in financing the old-age and survivors insurance system. A Government contribution would be a recognition of the interest of the Nation as a whole in the welfare of the aged and of widows and children. Such a contribution is particularly appropriate, in view of the relief to the general taxpayer which results from the substitution of social insurance for part of public assistance.

The old-age and survivors insurance program starts with an accrued liability resulting from the fact that, on retirement, the present members of the labor force will not have contributed toward their benefits over a full working lifetime. Furthermore, with the postponement of the full rate of contributions recommended above, even young people who enter the labor force during the next decade will not pay the full rate over a working lifetime. If the cost of this accrued liability is met from the contributions of workers and their employers alone, those who enter the system after the full rate is imposed will obviously have to pay with their employers more than is necessary to finance their own protection.[2] In our opinion, the cost of financing the accrued liability should not be met solely from the payroll contributions of employers and employees. We believe that this burden would more properly be borne, at least in part, by the general revenues of the Government.

Old-age and survivors insurance benefits should be planned on the assumption that general taxation will eventually share more or less equally with employer and employee contributions in financing future benefit outlays and administrative costs. The timing and exact proportion of this contribution, however, cannot be decided finally now. They will depend in part on the other obligations of the Government and the relationship between such obligations and current income. We believe that a Government contribution should be considered when the 2 percent rate for employer and employee plus interest on the investments of the trust fund is insufficient to meet current costs. To increase the pay-roll contributions above the 2 percent rate before the introduction of a Government contribution might mean that the Government contribution would never reach one-third of eventual benefit outlays, since under our low-cost estimates the annual cost of the benefits never exceeds 6 percent of pay roll even though it reaches 9.7 percent under the high estimate.

6. FINANCING ISSUES IN THE 1950's

Although the Congress did enact into law many of the recommendations of the Advisory Council, it did not accept the idea of a Government contribution. In fact, both Committee reports stated that the system "should be on a completely self-supporting basis" and the Congress repealed the 1944 authorization for an appropriation from general revenue. The Committee on Ways and Means stated:

> Your committee has very carefully considered the problems of cost in determining the benefit provisions recommended. Also your committee is firmly of the belief that the old-age, survivors, and disability insurance program should be on a completely self-supporting basis. Accordingly, the bill eliminates the provision added in 1943* authorizing appropriations to the program from general revenues. At the same time, your committee has recommended a tax schedule which it believes will make the system self-

[2] It is estimated that the cost of the protection for a generation of workers under the program for a full-working lifetime would be from 3 to 5 percent of payroll, while the level premium cost of the whole system including the accrued liability, is from 4.9 to 7.3 percent of payroll.
[Recommendations for Social Security Legislation, S. Doc. No. 208, 80th Cong., pp. 45–47.]
*Actually added in 1944.

supporting (or in other words, actuarially sound) as nearly as can be foreseen under present circumstances. Future experience may differ from the estimates so that this tax schedule, at least in the distant future, may have to be modified slightly—either upward or downward. This may readily be determined by future Congresses after the revised program has been in operation for a decade or two.

[H. Rept. 1300, 81st Cong., p. 31]

Also of interest is the provision of the 1950 Social Security Amendments which granted special wage credits to veterans of World War II and continued the benefits to survivors of veterans who died within three years of discharge. The bill that was reported by Ways and Means had authorized that the cost of these benefits be borne by general revenues while the Finance Committee provided that the cost be borne by the trust fund. The bill reported by the Conference Committee accepted the Senate version. The Senate report stated that the money should come from the trust fund "since there is a substantial amount now in the trust fund and, as will be indicated subsequently, the trust fund will continue for a considerable time to have an excess of income from contributions over outgo for benefit payments." [S. Rept. 1669, p. 19]

The Committee reports on all the major Social Security legislation enacted during this period emphasized that the system should be "self-supporting." The report of the Committee on Ways and Means on the Social Security Amendments of 1956 which introduced cash disability benefits into the system is typical:

Your committee continues to believe that the tax schedule in the law should make the system self-supporting as nearly as can be foreseen, or in other words, actuarially sound.

[H. Rept. 1189, 84th Cong., p. 11]

Another enactment in 1956 (Public Law 881, 84th Congress) changed the financing of the gratuitous wage credits previously granted for military service from the trust fund to general revenue and provided for the future contributory coverage of servicemen. The 1950 amendments which provided noncontributory $160 monthly wage credits to persons who served in the Armed Forces during World War II (the 1952, 1953, 1955, and 1956 legislation, also provided similar credits on account of service from July 25, 1947, through December 31, 1956) had charged to the trust funds the additional cost of the credits. The Select Committee on Survivor Benefits which reported the 1956 legislation stated:

The Committee deems it highly appropriate for the Federal Government to acknowledge this debt to the OASDI trust fund, for the program under which this debt was contracted is being terminated.

The Committee is of the opinion that legally no statutes have bound the Federal Government to reimburse the OASI trust fund, but there is no doubt that there was an implied responsibility, and it would be unconscionable for the Federal Government not to acknowledge its obligation in this regard.

[H. Rept. No. 933, Part 1, p. 27]

The 1956 enactment, however, switched the cost of the 1946 special veteran survivor benefit from the trust fund to general revenue, but no payments were made under this provision.

During the period, there was one important report of an advisory council in this area. The Social Security Amendments of 1956 established an Advisory Council on Social Security Financing which reported on January 1, 1959, on what it considered its main responsibility—"the method of financing old-age and survivors insurance and disability insurance." [Appendix IV to 19th Annual Trustees Report, House Doc. 181, 86th Cong., p. 59]

The council did not consider it part of its task "to evaluate in detail the effect of this system of social insurance on the stability and productivity of the economy." They believed, however, that a sound program could be of great value to the economy as well as to the individual citizen. In their major finding the Council stated that "the method of financing the old-age, survivors, and disability insurance program is sound, and based on the best estimates available, the contribution schedule now in the law makes adequate provision for meeting both short-range and long-range costs" and that the Council had "no suggestions for basic changes in the present plan of financing." [*Ibid.*, p. 60–61] They also stated that it was important that the income exceed outgo during the early years of the system and that the system be in close actuarial balance over the long range. The council endorsed both the employer and employee contribution. As to the worker's contribution it stated:

> The fact that the worker pays a substantial share of the cost of the benefit provided, in a way visible to all, is his assurance that he and his dependents will receive the scheduled benefits and that they will be paid as a matter of right without the necessity of establishing need. The contribution sets the tone of the program and its administration by making clear that this is not a program of government aid given to the individual, but rather a cooperative program in which the people use the instrument of government to provide protection for themselves and their families against loss of earnings resulting from old age, death, and disability. The Council also believes that the direct earmarked tax on prospective beneficiaries promotes a sense of financial responsibility. It is very important that people see clearly that increases in protection necessarily involve increases in costs and contributions.
>
> [*Ibid.*, p. 62]

As to the use of general tax funds it declared:

> We believe that the experience of the last 22 years has shown the advantages of contributory social insurance over grants from general tax funds. It is true that, up to the present time, workers as a group have not contributed a large share of the cost of their own protection. Most workers covered in the early years of the program will contribute during only a part of their working lifetime, and, under the graduated schedule in the law, contribution rates have been low relative to the value of the protection provided. But this situation is changing. Young workers starting out under the system in recent years will contribute a substantial part of the cost of their protection.
>
> [*Ibid.*, pp. 62–63]

As to the contribution of the employer and self-employed, a similar conclusion was reached:

> Protecting the members of the labor force and their dependents against loss of income from the hazards of old-age retirement, permanent and total disability, and death is, at least in part, a proper charge on the cost of production. Moreover, business enterprises have a significant stake in assuring that orderly provision is made to meet the needs of their employees and their families for income when their working lives are over. The earmarked contribution for social security is a recognition of this stake. The direct contribution gives employers status in the program and a clear right to participate in the development of the program and in the formation of policy.
>
> The rate for the self-employed—1½ times the rate paid by the employee—is a recognition of the fact that the self-employed person, in respect to his own employment, has some of the characteristics both of employee and employer. The Council has found no reason for a change in this rate.
>
> [*Ibid.*, p. 63]

The Council also recommended retaining a maximum limit on the amount of earnings taxed and credited toward benefits and that "the contribution should be levied on the same amount of earnings as the amount which is credited for benefits." It also recommended that the maximum should be increased from time to time as wages rise. As the role of trust funds—

> The Council approves of the accumulation of funds that are more than sufficient to meet all foreseeable short-range contingencies, and that will therefore earn interest in somewhat larger amounts than would be earned if the funds served only a contingency purpose. The Council concludes, however, that a "full" reserve is unnecessary and does not believe that interest earnings should be expected to meet a major part of the long-range benefit costs.
>
> [*Ibid.*, p. 67]

As to the Morgenthau "three times rule" the Council called for its repeal:

> We see no merit in the provision of present law which requires the trustees to report to the Congress whenever, in the course of the next 5 years, it is expected that either of the trust funds will exceed three times expenditures in any one year. The implication of the provision is that the trust funds should not be allowed to exceed the result of this formula. We do not believe that the trust funds should be held to any arbitrary relationship to expected annual expenditures, and we recommend that the provision be repealed.
>
> [*Ibid.*, p. 68]

Such a repeal was effectuated in the 1960 Social Security Amendments § 701, P.L. 86–778.

7. FINANCING ISSUES IN THE EARLY 1960'S

The sixties started with the Congress and the Administration maintaining much the same position that had been held since 1950, that the social security program ought to be fully self-supporting through the payroll tax. However, in 1965 and 1966 legislation was enacted that provided for significant appropriations from general revenues to pay for social security benefits. The Social Security Amendments of 1965 extended hospital insurance to everyone who attains age 65 before 1968 without regard to whether they could qualify for monthly social security benefits. The cost of these benefits is paid out of general revenues appropriated by the Congress. Also, the Prouty amendment to the Tax Adjustment Act of 1966 provides benefits paid for out of general revenues to people who are currently over 72 and who would not otherwise be eligible for monthly social security benefits.

In the 1960's the OASDI part of the program underwent three major amendments, those of 1960, 1961 and 1965. The financing of these amendments continued the policies of the 1950's. Two brief statements from the Committees that considered these amendments reflect the position of the Congress in this respect. The first report issued by a Congressional Committee in the 1960's was that of the Committee on Ways and Means on the 1960 Amendments. In its report the Committee stated:

> The Congress has always carefully considered the cost aspects of the old-age, survivors, and disability insurance system when amendments to the program have been made. In connection with the 1950 amendments, the Congress was of the belief that the program should be completely self-supporting from the contributions of covered individuals and employers. Accordingly, in that legislation, the provision permitting appropriations to the system from general revenues of the Treasury was repealed. This policy has been continued in subsequent amendments. Thus, the Congress has always very strongly believed that the tax schedule in the new law should make the system self-supporting as nearly as can be foreseen and, therefore actuarially sound.
>
> [H. Rept. 1799, 86th Cong., p. 34]

Identical statements appear in subsequent Committee reports. In the period after 1960 there was a growing awareness of the amounts of money involved in the social security program and a growing concern as to whether the payroll tax could be expected to continue to carry the whole burden of the growing program.

In 1963 and 1964, the Advisory Council on Social Security made a major study of the Social Security program. A large part of its effort was devoted to the financing of the program. Its report issued in January 1965 stated:

> The Council strongly endorses the social insurance approach as the best way to provide, in a way that applies to all, that family income will continue when earnings stop or are greatly reduced because of retirement, total disability or death. It is a method of preventing destitution and poverty rather than relieving those conditions after they occur. And it is a method that operates through the individual efforts of the worker and his employer, and thus is in total harmony with general economic incentives to work and save. It can be made practically universal in application, and it is designed so as to work in ongoing partnership with voluntary insurance, individual savings, and private pension plans.
>
> Under the social security program the right to benefits grows out of work; the individual earns protection as he earns his living, and up to the maximum amount of earnings covered under the program, the more he earns the greater is his protection. Since, unlike relief or assistance, social security benefits are paid without regard to the beneficiary's savings and resources, people can and do build upon their basic social security protection and they are rewarded for their planning and thrift by a higher standard of living than the benefits alone can provide.
>
> The fact that the program is contributory—that employees and self-employed workers make contributions in the form of earmarked social security taxes to help finance the benefits—protects the rights and dignity of the recipient and at the same time helps to guard the program against unwarranted liberalization. The covered worker can expect because he has made social security contributions out of his earnings during his working lifetime, that social security benefits will be paid in the spirit of an earned right,

without undue restrictions and in a manner which safeguards his freedom of action and his privacy. Moreover, the tie between benefits and contributions fosters responsibility in financial planning; the worker knows that improved benefits mean higher contributions. In social insurance the decision on how to finance improvements is always an integral part of the decision on whether they are to be made.

[The Status of the Social Security Program and Recommendations for its Improvement, Report of the Advisory Council on Social Security, p. 2]

8. APPROPRIATIONS FOR MILITARY SERVICE CREDITS

One section of the 1965 amendments deserves special mention because it illustrates a problem that occurs when appropriations from general revenues are used. Military service, which before 1957 had not been covered on a contributory basis, qualified veterans and their survivors for benefits under special provisions. As indicated earlier, the cost of benefits based on this military service was to have been paid out of general revenues. Up to the time of the 1965 amendments, however the Social Security Trust Funds had been reimbursed only for the cost of the benefits through August 1950. The law in effect prior to the 1965 amendments provided that the costs incurred after August 1950 and through June 30, 1956 were to have been paid over the ten fiscal years ending June 30, 1969, and the costs incurred after June 1956 were to have been paid annually. However, no payments were ever made under this provision. The 1965 amendments authorized a level annual appropriation from general revenues, starting in fiscal 1966, to amortize both the accumulated costs and the additional costs that would accrue through fiscal 2015 with annual appropriations for costs incurred after fiscal 2015. Following enactment of the 1965 amendments, annual appropriations from general revenues have been made for this purpose but the administration has not always requested the full amount as calculated by the Social Security Administration Actuary.

9. BLANKETING-IN THE UNINSURED FOR CASH BENEFITS

One of the most persistent issues in social security has been that of blanketing-in the uninsured. For the OASDI part of the program the number of quarters of coverage required before a person can be paid benefits has been gradually reduced but until 1965 the minimum number had always been six. The 1965 amendments provided special benefits at age 72 for certain people who had as few as three quarters of coverage. Subsequently, the Prouty Amendment to the Tax Adjustment Act of 1966 provided benefits for people with no quarters of coverage provided that they reach 72 prior to 1968. As noted the hospital insurance program covers all people who attain age 65 prior to 1968. The major portion of the costs of the benefits paid under these provisions will be paid out of general revenues. The only exception is that the benefits paid to people with three or more quarters of coverage will be paid out of the social security trust funds.

10. FINANCING HEALTH CARE BENEFITS

A major issue in the 1960's, hospital care for the aged, highlighted the question of how high the social security tax could go if the self-financing principle were retained, as well as whether this principle applied equally to service benefits and to cash benefits. The original Forand bill, around which the early controversy developed, used the self-financing method, and furnished the hospital benefits only to people over 65 entitled to social security benefits in their own right.

The financing of the health and medical care programs for the aged established by the 1965 amendments goes in two directions. The financing of the hospital insurance program (Part A) follows the payroll tax pattern established for the OASDI program in the 1950's. The medical care program (Part B) on the other hand, gets one-half of its financing from general revenues and one-half from fees paid by those enrolled in the program. The self-supporting nature and the actuarial soundness of the hospital insurance program (Part A) is described in identical words in the reports of both the Committee on Ways and Means and the Committee on Finance:

> Just as has always been the case in connection with the old-age survivors, and disability insurance system, the committee has very carefully considered the cost aspects of the proposed hospital insurance system. In the same manner, the committee believes that this program should be completely self-

supporting from the contributions of covered individuals and employers (the transitional uninsured group that would be covered by this program would have their benefits, and the resulting administrative expenses, completely financed from general revenues, according to the provisions of the bill). Accordingly, the committee very strongly believes that the tax schedule in the law should make the hospital insurance system self-supporting over the long range as nearly as can be foreseen, as well as actuarially sound.

The concept of actuarial soundness as it applies to the hospital insurance system is somewhat similar to that concept as it applies to the old-age, survivors, and disability insurance system . . . but there are important differences.

One major difference in this concept as it applies between the two different systems is that cost estimates for the hospital insurance program should desirably be made over a period of only 25 years in the future, rather than 75 years as in connection with the old-age, survivors, and disability insurance program. A shorter period for the hospital insurance program is necessary because of the greater difficulty in making forecast assumptions for a service benefit than for a cash benefit. Although there is reasonable likelihood that the number of beneficiaries aged 65 and over will tend to increase over the next 75 years when measured relative to covered population (so that a period of this length is both necessary and desirable for studying the cost of the cash benefits under the old-age, survivors, and disability insurance program), it is far more difficult to make reasonable assumptions as to the trends of medical care costs and practices for more than 25 years in the future.

In starting a new program such as hospital insurance, it seems desirable to the committee that the program should be completely in actuarial balance. In order to accommodate this result, the committee has developed a contribution schedule that will meet this requirement, according to the underlying cost estimates.

[H. Rept. 213, p. 49; S. Rept. 404, p. 57]

The financing of the voluntary, supplementary medical insurance program (Part B), as noted above, represented a departure from the payroll tax financing which had been used up to that time. Not only is one-half of the cost of the program paid out of general revenues but none of the cost is paid from payroll taxes. Moreover, the financing adopted is current financing. Thus those eligible for benefits pay (in 1967 and 1968) $3 a month for the insurance and the Government pays an equal amount. In 1969 the amount may rise to about $4 a month. The reports of the Committees that studied this legislation said:

The supplementary medical insurance system that would be established by the committee-approved bill has an estimated cost for benefit payments insured and for administrative expenses that would adequately be met during the first 2 years of operation (1967–68) by the individual premium rates prescribed plus the equal matching contributions from the general fund of the Treasury. Both contributions and benefit payments would begin in January 1967. In subsequent years, the committee-approved bill provides for appropriate adjustment of the premium rates so as to assure that the program will be adequately financed, along with the establishment of sufficient contingency reserves. Although provision is made for an advance appropriation from general revenues to provide a contingency reserve during the period January 1967 through December 1968, it is believed that this will not actually have to be drawn upon, but nonetheless it serves as a desirable safeguard to the financing basis of the program.

The committee has recommended the establishment of a supplementary medical insurance program that can be voluntarily elected, on an individual basis, by virtually all persons aged 65 and over in the United States (excluding only those aliens who have not been lawfully admitted for permanent residence or who have not had 10 continuous years of residence). This program is intended to be completely self-supporting from the contributions of covered individuals and from the equal-matching contributions from the general fund of the Treasury. . . . Under the committee-approved bill, the monthly premium rate can be adjusted for future years after 1968, so as to reflect the expected experience including an allowance for a margin for contingencies. All financial operations for this program would be handled through a separate fund, the supplementary medical insurance trust fund. . . .

The concept of actuarial soundness for the old-age, survivors, and disability insurance system and for the hospital insurance system is somewhat different than that for the supplementary medical insurance program. In essence, the last system is on a "current cost" financing basis. The situations are essentially different because the financial support of the supplementary medical insurance system comes from a premium rate that is subject to change from time to time, in accordance with the experience actually developing and with the experience anticipated in the near future. The actuarial soundness of the supplementary medical insurance program, therefore, depends only upon the "short-term" premium rates being adequate to meet, on an accrual basis, the benefit payments and administrative expenses over the period for which they are established (including the accumulation and maintenance of a contingency fund).

In the course of the Senate Finance Committee's consideration of the Social Security Amendments of 1965, Senator Russell B. Long proposed an amendment which would substitute a single and much broader system of health care aimed at covering catastrophic costs for the two complementary health care plans (Parts A and B) contained in the House-passed bill, and in the legislation as it was finally enacted. Two-thirds of the cost of this program would have been paid from payroll taxes and one-third from general revenues. In a press release describing the amendment the Senator said:

My plan would also utilize, to a greater extent, general revenue financing. This is in recognition of the fact that workers who will enter the labor force in the future (and their employers) would have to pay at least 40% more in payroll taxes than would be necessary to finance their own costs if the benefits of the presently retired and current workers were paid for wholly under the payroll system. This "social" cost of establishing the system, I believe, is more appropriately borne by federal revenue.

11. THE ISSUE NOW

Prior to the enactment of the Social Security Amendments of 1965 there had been discussion of what should be the limit of Social Security payroll taxation. Secretary of Health, Education and Welfare Ribicoff had stated in 1961 that he thought the combined employer-employee limit should be about 10% of payroll but left open possible increases in the tax base. The combined hospital insurance and OASDI tax under the 1965 Amendments amounted to 11.4% of payroll and there appeared to be a growing feeling among those who wished to further liberalize the social security program that future changes involving significant costs would be difficult to justify if they were to be financed solely through additional payroll taxes. In this context Robert M. Ball, the Commissioner of Social Security, wrote in the fall of 1965:

Improvements in the social security program of the kind suggested call for a reconsideration of the financial basis of the system. Workers in general have shown themselves willing to pay for improved social insurance protection, and there is no question that the major part of the cost of social insurance should continue to be met by a tax on covered payrolls. There is, though, justification for a contribution from the general revenues of the Treasury.

The justification for such a Government contribution arises from the fact that in order to make the program quickly effective in its early years full-rate benefits are being paid to people who were already old at the time their work was first covered under the program, even though only a small percentage of the actual cost of the benefits being paid to these people was met by the contributions they and their employers paid. Under the present financial arrangement the excess of the value of benefits over the value of the contributions in the early years of operation will be financed from future contributions. As a result, future generations of covered workers will get protection that is worth less than the combined employer-employee contributions with respect to their earnings, since some part of those combined contributions will go to pay part of the cost of paying full benefits in the early years. (Future generations of workers will, however, get protection that is worth at least as much as the value of their own contributions.) Since society as a whole benefits from a national social security system, it can be argued that the cost of the benefits for people already old when the social security program went into effect should be borne by the general revenues rather than by the social security tax.

[Robert M. Ball, Commissioner of Social Security. SOCIAL SECURITY: A CHANGING PROGRAM FOR A CHANGING WORLD. St. Louis University School of Law. Volume 10, Number 2, Winter, 1965: p. 237.]

At about the same time the AFI–CIO adopted a resolution calling for extensive changes in the Social Security program, including a 50% rise in benefits and a substantial contribution from general revenues. The resolution states:

> In order to make the social security program quickly effective in its early years, it was the decision of the Congress to provide for the payment of full-rate benefits to people who were already old at the time their work was first covered under the program, even though only a small percentage of the actual cost of the benefits being paid to these people was met by the contributions they and their employers paid. This has been sound public policy, necessary to help prevent widespread want and destitution and to contribute to the social and economic security of the Nation as a whole. The cost of the program resulting from these payments, though—about one-third of the total cost—should not be charged to future generations of workers and their employers. It is entirely appropriate that the cost of getting into operation a national social security system from which society as a whole benefits, should be borne by the population as a whole.

An elaboration of these ideas was presented by the Commissioner of Social Security in the following spring. Speaking before the American Society for Public Administration, the Commissioner discussed general revenue financing and suggested that by using general revenues it would be possible to increase benefits by about 50%. He said:

> A general benefit increase any greater than the 7-percent increase of last year could not be financed by an increase in the contribution and benefit base alone.
>
> For this purpose it would be necessary, in addition, to raise the contribution rates scheduled in the law or to introduce a government contribution. Various possibilities will be considered.
>
> . . . . Since the employer contribution in part, at least, is shifted to workers in the form of lower wages, it might be more equitable to finance from general taxation part or all of the so-called "accrued liability" resulting from payment of full benefits to the first generation of covered workers and so introduce another element of progressivity into the financing of the program.
>
> The idea that the accured liability costs could be met from general revenues is not a new one. It is, for example, part of the reasoning behind the government contribution in the British system and was mentioned by the Committee on Economic Security—the Committee that in 1934 recommended the establishment of the original program for the United States. Just recently in the United States the Cabinet Committee Report on Federal Staff Retirement Systems, which the President endorsed and transmitted to the Congress on March 7, used similar reasoning concerning the civil-service retirement system. They recommended that the financing of the civil-service retirement system should be based on the theory that the contributions of employees and of the Federal agencies, as employers, should fully meet the system's normal cost—that is, the combined employee-agency contributions should be at a rate that would have to be paid over the working lifetime of new entrants to the system to pay for the benefits provided under the current law, and the Government should finance the accrued liability by direct appropriations. The "normal cost" of social security is about two-thirds of the total costs over the long run so that, if general revenues were to take care of the entire one-third attributed to accrued liability, about one-half again as much money as at present would be available for program improvements. Another way of looking at such a government contribution is that it is in lieu of the interest that would have been available from full reserve financing.
>
> Contribution rate increases are also, of course, a possibility. These could be additions to the present employee contribution schedule, which for cash benefits rises from 3.85 percent this year to 4.85 percent in 1973, with the employer paying a like amount. Contribution rates for hospital insurance will be an additional ½ of 1 percent next year and will rise to 8/10 of 1 percent in 1987 and later.

[Robert M. Ball, Commissioner of Social Security. Address to the Annual meeting of the American Society for Public Administration. Washington, D.C., April 14, 1966.]

Still later in the year, Senator Robert F. Kennedy introduced a bill (on which no action was taken) that in broad outline paralleled the recommendations made the previous winter by the AFL–CIO. In addition to Senator Kennedy, the bill was sponsored by nine other Senators. Although the changes called for in the bill would have increased all benefits by about 50%, the Senator considered that the bill would make only "minimum improvements in Social Security benefits that are necessary now." The Senator's statement to the Senate when he introduced the bill contains an explanation of his reasons for using general revenues in the financing of the Social Security program.

What will be the costs of this legislation? The 50-percent average increase in benefits provided by the bill would cause a considerable increase in the payments out of the trust fund during 1968, the year in which the bill would go into effect. It is important to understand, however, that the bill does not contemplate, nor does actuarial soundness require, that this increase in benefits would be entirely paid for immediately. The trust fund would be replenished over a period of time. This creates no difficulty. The Social Security Administration has told me that "The proposed program as a whole is in close actuarial balance." The "temporary declines in the trust funds," the Social Security Administration adds, "are not significant in terms of the financial soundness of the program over the long run." Thus the costs of the program will be spread over a period of years. This is both actuarially sound and fiscally wise.

. . . The important thing is that we do what we can now toward making social security benefits truly adequate. To do that, in my judgment, we must be prepared to rely partially on general revenues. The general revenue contribution is the major new aspect of this bill. But that does not mean that we could not add general revenues to social security financing on a more gradual basis than the 9-year schedule which the bill provides. And, if it becomes necessary, the proposed benefit increases could be adopted in steps rather than all at once, although I believe that would be less desirable.

* * * * * * *

The turn to general revenue financing is well supported by considerations of history and policy.

First, as a practical matter, it is difficult to see how the payroll tax can be raised too much further. The payroll tax is highly regressive and, for low-wage employees particularly, a required contribution beyond what is contemplated in this bill would be very burdensome.

And the justification for total payroll tax financing over the years has been that the payroll tax is a contribution that each employee makes to finance his own benefits. In general, the original purpose was that the wage earner would be paid, during his years of retirement, what he had put in during his working years. But this original purpose has been modified somewhat in practice. Considerations of social justice have caused us to create some benefits which are not totally contributory, and these have been financed out of the contributions of others. We have provided benefits, for example, to poor and more irregularly employed workers; to widows and orphans; and to those disabled by injury or illness.

Second, it is essential to recall that Congress provided in the original Social Security Act for full-rate benefits even for those persons who were too old to be in the work force long enough to contribute fully for their benefits. The cost of these benefits is still being financed by the contributions of those who have followed. . . .

Third, the general revenue approach has been considered and discussed since the inception of social security. The first Presidentially appointed Council on Economic Security, Act, said that Government contributions to the system would eventually be needed, adding prophetically that, "It will not be necessary to have actual Government contribution until after the system has been in operation for 30 years."

[Congressional Record, July 28, 1966, p. 16606, 16607.]

A. THE REVIEW OF SOCIAL SECURITY FINANCING PRIOR TO THE 1967 AMENDMENTS

Earlier in the year, President Lyndon B. Johnson had indicated his intention of recommending substantial, though unspecified, changes in the social security program when the 90th Congress convened in January 1967. At the time he made this statement, he instructed Secretary of Health, Education and Welfare John W. Gardner to begin studies and conversations with interested parties on the nature of the changes that should be sent to the 90th Congress.

In this connection, John Carroll of the Social Security Administration prepared a paper, "Social Security Financing Revisited," as a background paper for a conference on Social Security financing held at the Brookings Institution on June 17, 1966. The introduction to the paper indicates that it was written in response to the President's statement that he would ask the 90th Congress for a substantial increase in Social Security benefits. The paper was designed to discuss the financing involved in a 35% to 55% rise in Social Security benefits. The paper goes on to say:

> The contemplated liberalization of benefits could not be financed by payroll taxation unless the rates were increased. Rate increases would be necessary even if the taxable wage base were increased to $15,000 from its present level of $6,600 or removed entirely. Past benefit increases have been accomplished each time by increased payroll taxation; rate levels have been increased; and, in some cases, taxable wage ceilings have been raised. Collections have swelled after each amendment partly because during the period coverage was greatly expanded. This source will not be available in the future because coverage is nearly complete.
>
> There is growing concern about the wisdom of continued reliance upon payroll taxation as the sole source of funds for social insurance. Doubts have been expressed by the Treasury, the President's Council of Economic Advisors, and the National Commission of Technology, Automation and Economic Progress that so regressive a tax should be increased.
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> [Department of Health, Education, and Welfare, Social Security Administration, Office of Research and statistics, "Social Security Financing Revisited," p. 2]

In Carroll's opinion, the most important arguments against using general revenues in the Social Security program are considered to be "institutional." In this connection the paper points out the important role played by the idea of a self-supporting system in securing public acceptance of the Social Security program. The paper states:

> There is a belief that sole reliance upon contributions from employers and employees is closely tied to the rights acquired by the insured workers. A government contribution would not be tied in this way and some believe that the claim of the worker—his assurance that his pension is his as a matter of right—may be damaged or weakened.
>
> Others fear that unless benefit levels are closely related to taxes upon the worker—taxes which can be clearly identified—there will not be sufficient constraint to prevent too liberal benefit promises. Few doubt that the statutory benefits would be paid. But the real protection of the system is the readiness of the society to keep benefits adequately up to date. Revisions of this sort are expensive and unless promises are restrained within workable limits future generations may allow benefit adequacy to fall behind.
>
> . . . It can scarcely be contested that earmarking of payroll taxes for OASDI reduced resistance to the imposition of taxes on low-income earners, made feasible tax increases at time when they might not otherwise have been made, and has given trust fund programs a privileged position semi-detached from the remainder of government. Institutionalists foresaw these advantages as means to graft the new programs into the social fabric.
>
> It is an open question whether or not the OASDHI program has matured sufficiently to be independent of the need for institutional safeguards. Perhaps the experience of the last thirty years makes it no longer necessary to place so much emphasis on these fears. It seems probable that the introduction of a government contribution, if explained in terms of the past service credit, need not weaken the system. There may be some advantage to having the size and timing of the government contribution determined statutorily. Provision of this type will draw the same criticism as other

arbitrary and fiscally inflexible features of the system, but may nonetheless be wise.

There seems to be little question that the well-established precedent of contribution by the covered worker should be continued for a meaningfully large share of the costs. There may come a day when the society accepts fully the notion of social responsibility for persons who experience interruption of earnings. When that day comes there is no reason why financing of the system need be tied to the earnings of the insured. Benefits could continue to be related to the previous earnings experience of the insured—one of the basic features of our social insurance system—without recourse to payroll taxation. It is a matter of judgment, but more informed persons doubt that this day has yet dawned.

[*Ibid.*, pp. 26–28]

Later in the summer, another element was added when the Social Security Administration's Actuary, Robert J. Myers, revised his estimates of the cost of the Social Security program to take account of certain changes in assumption growing out of more recent experience in assessing the long-term operation of the system. The revised estimates showed an actuarial surplus of 0.98% of taxable payroll for OASI while the Disability Insurance part of the program was under-financed by 0.15% of taxable payroll. Combined, the OASDI program had a surplus of 0.74% of taxable payroll or enough to finance an 8% increase in benefits. When the estimates were made public in October, President Lyndon B. Johnson indicated that he would send the 90th Congress a recommendation that Social Security benefits be increased by at least 10% and perhaps by as much as 15%. His recommendations for 15% benefit increase were sent to the Congress on January 23, 1967, and were to be financed by the surplus and by increases in the tax rates and the tax base.

In December of 1966 the Brookings Institution published a study by Joseph H. Pechman on tax policy which considers the question of continued reliance on payroll taxes to finance Social Security benefits.[3] While much of the author's concern in this area is with the regressive nature of the Social Security tax and its built-in inflexibility, he points out that there is considerable psychological advantage to the payroll tax.

Financing of Social Security through contributory and often regressive taxes is well established in most countries. Receipts are earmarked to make workers feel that they are receiving benefits as a matter of right rather than as a government donation. The ear-marked taxes emphasize the statutory reductions when the budget is tight. Moreover, increases in benefits are believed easier to obtain if they are financed by the contributions of future beneficiaries rather than from taxes in general.

[Pechman, *op. cit.*, p. 172]

As to the use of general revenues he mentions the precedents that exist in present law and that the combined employer-employee tax rate is scheduled to exceed 10%. Therefore, he feels that ". . . use of the general fund should be considered as an alternative to rate increases when additional funds are required to finance benefits." [*Ibid.*, p. 175]

When the Committee on Ways and Means took up the review of financing in connection with the 1967 amendments, the Administration's recommendation for changes in the Social Security program (H.R. 5710) in March 1967, considerable interest was shown during the public hearings in the financing of the costs of future changes in the program. There seemed to be a widespread feeling that future changes would probably require some changes in the way the Social Security program is financed. In this connection it should be noted that while a large number of witnesses showed concern about the financing of the program, there was no general agreement that future changes should be financed out of general revenues. Many argued that the Administration's proposals should not be enacted because the program was properly financed through payroll taxes and that because payroll taxes had risen to about the bearable limit, money was not available to pay the increased costs proposed by the administration.

In a broad way, the position of the AFL–CIO on the future need for general revenues is representative of the position of those who argue that future increases in cost will have to be financed out of general revenues. Testifying for the AFL–CIO, its President, George Meany said:

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[3] Pechman, Joseph A. "Federal Tax Policy," The Brookings Institution, Washington, D.C., 1966.

AFL–CIO members are properly known for their willingness to pay for what they get, in war and peace. I am completely confident that they will gladly pay their fair share toward a better Social Security system. Yet, it must be recognized that as we approach the goal of a 50-percent increase in benefits, as we continue to enlarge the scope of the system, a heavier proportion of the tax load will fall upon wage earners.

Frankly, Mr. Chairman, we all realize that because the Social Security tax is not progressive as to amount of income, it is regressive in the classic sense. We in the AFL–CIO have ridden along with this, over the years, for the sake of the greater objective which we know you share.

But in all candor I think you should know that in time, we shall urge a modest and gradual contribution to the Social Security trust fund from the general revenues of the United States. We believe this would be an effective way—and a simple one—to introduce the principle of progressive taxation to the Social Security system. We are not asking for this now, so I will not argue the case for it. But we will be back.

[President's Proposals for Revising the Social Security System. Hearings before the Committee on Ways and Means, House of Representatives, 90th Cong., 1st sess., p. 576. Hereinafter cited as "Hearings."]

The arguments against the use of general revenues in the financing of the Social Security program presented to the committee generally avoid direct argument and rely rather on laudatory statements regarding the self-supporting nature of the program by means of the payroll tax. Typical of these arguments is the testimony of Henry R. Chase who represented the Chamber of Commerce of the United States of America at the public hearings. He praised the committee for keeping the Social Security program on a self-supporting basis and pointed out:

In financing the many amendments to Social Security, Congress did so by levying additional taxes to cover current costs, and, at the same time, provided for escalating tax rates to meet growing future commitments. Success for this method of financing depends upon the willingness of today's and tomorrow's workers to pay the full cost of benefit commitments promised by Congress.

But he also warned:

The ever present danger of this method of financing is that Congress, through repeated and rapid liberalizations, may so load up the burden of taxes as to undermine the willingness of workers to support the full cost of Social Security. [Hearings, p. 1342]

In developing the Chamber's objections to much of the Administration's program, Mr. Chase presented the Chamber's position on increasing the cost of the Social Security program. He said:

We seriously question the advisability and prudence of piling further heavy tax costs on top of the already high and rising tax requirements for Social Security. No one knows whether today's workers or the young workers of tomorrow are willing to support the full cost of the present Social Security cash benefits programs. We won't know this unitl 1974—six years from now—when the maximum Social Security tax for cash benefits becomes effective under the present program.

In fact, we wonder in view of the testimony of Mr. George Meany, President of the AFL–CIO, whether workers are willing to support the present program, let alone the added burden proposed by H.R. 5710. This is because the AFL–CIO favors ". . . a modest and gradual contribution to the Social Security Trust Fund from the general revenues of the United States."

[Hearing, p. 1344]

In the course of the public hearings on H.R. 5710, Representative Herlong questioned the Under Secretary of Health, Education and Welfare, Wilbur J. Cohen, about the use of general revenues to finance the costs of some of the "welfare" aspects of the Social Security program. In his reply Mr. Cohen stated his belief that the contributory aspect of the program was necessary to the maintenance of public confidence, but that a situation could develop in which it would be appropriate to use general revenues to meet "social cost." The exchange between Mr. Herlong and Mr. Cohen follows:

Mr. Herlong. It seems to me that the extent that we continue to add war on poverty items to the Social Security Act, to that extent we destroy the insurance concept of the whole program.

Mr. Cohen. I don't think so for this reason, Mr. Herlong: a social insurance program is not like a private insurance program in a strict private-contract sense of returning to an individual, or a small group of individuals, only what they have paid in. As Mr. Ball said yesterday, and as we have said several times before the committee, one has to look at the employer contributions in this system as trying to carry out certain social objectives of seeing that the benefits meet certain minimum needs, and this may mean paying to an individual more than he or she has paid in. If I thought that any benefit in this bill undermined the contributory insurance system, I would not be for that particular type of benefit, because I think that the payment of this benefit as a matter of earned right and payment through a separate trust fund is essential to giving people a sense of security about the receipt of their benefits.

Mr. Herlong. The point I was trying to make here is that in my judgment the poverty program or the war on poverty items that are constantly being added to this program, it seems to me, ought more appropriately to be paid for by the general taxpayer rather than by the worker alone and his employer.

That is the point I was trying to make.

Mr. Cohen. Well, as the chairman brought out in his questioning, I do think that there is a point where, if one is going to raise the minimum benefits substantially beyond a level that is consistent with the total wage related system, then, that increase ought to be paid out of general revenues in recognition of social cost.

I would certainly concede that as a matter of principle, this ought to be carefully looked into.

[Hearings, pp. 371–372]

Representative Ullman inquired of several witnesses whether they had developed a rationale for using general revenues in the Social Security program. The replies, in general, pointed out that over the years the Social Security program had developed a large number of social aspects that should not be paid for as social insurance but rather as welfare.

The use of general revenues was not a direct issue before the committee inasmuch as no such provision was included in the Administration's bill.

In the spring of 1967 the general revenue issue also came up in the consideration of a particular proposal. On April 18, 1967 when the Senate was debating the Investment Tax Credit bill (H.R. 6950) Senators Prouty and Cotton introduced an amendment (which was not adopted) to increase Social Security benefits. The amendment called for increased expenditures of about $4 billion in the first year and would have been financed largely out of general revenues. The largest increases would have gone to people at the lower earnings levels with those at the highest level getting only a token increase. Senator Prouty stated on the floor of the Senate:

Mr. President, I believe that one of the most significant features of this amendment offered by the distinguished Senator from New Hampshire [Mr. Cotton] and me is the provision which provides for the financing of the increased benefits. This amendment provides that the costs entailed in it be paid from general revenues rather than from additional increases in an already too regressive social security payroll tax.

The social security payroll tax places too great a burden on low-income families who can least afford to pay for increases motivated by need rather than insurance principles. General revenues, which are obtained in a large part from the progressive income tax, provide a source which is based on the ability to pay. Utilization of general revenues for all future benefit increases will at least hold the line on the social security payroll tax which cuts most cruelly into the pocketbooks of low-income groups.

[Congressional Record, Vol. 113, no. 58, p. S5412]

The debate on the amendment revolved largely around the question of using general revenues in the Social Security program. Opponents of the amendment stated that the use of general revenues was a radical departure from established practice. Senator Williams of Delaware set the tone of the debate saying:

Once we start down the road of financing Social Security benefits from general revenue by direct appropriations we will have departed from the insurance concept of Social Security and changed it into a general welfare program.

[*Ibid.*, p. S5415]

Senator Gore believed that the Prouty-Cotton amendments would destroy the Social Security program and the following exchange took place:

Mr. Williams of Delaware. All of these amendments have merit. I said yesterday that one can take any of the proposed Social Security amendments by itself and make a wonderful argument as to its merits. I do not question that. On the other hand, any meritorious proposal which would give benefits to any group will cost some money.

While the Senate is voting for those benefits let us include in the bill provisions to pay for them. If we are willing to vote for the increases and if we consider them to be meritorious certainly we should be willing at the same time to include whatever payroll tax increase may be necessary to finance them; or if we are going to put a tax on the general revenue why not include a proposal to increase income taxes in order to bring in the necessary revenue to pay for the cost of the bill? If we do not want to increase income taxes to pay for these benefits or if we do not want to increase payroll taxes with an extra $4 billion then we must increase the ceiling on the national debt in order to pay for the cost; otherwise the Senate is merely going through the formality of saying it is in favor of something for which it does not have the money, and that is a farce.

Mr. Gore. Mr. President, will the Senator yield?

Mr. Williams of Delaware. I yield.

Mr. Gore. Does the able senior Senator from Delaware agree that the pending amendment would destroy the contributory nature of the Social Security program, that it would invalidate the integrity of the fund, violate the ratio between benefits received and wages earned, or payments made into the fund; and instead, by going into general revenue, make of this another mass general welfare program?

Mr. Williams of Delaware. There is no question about it. I have pointed out these facts before. The adoption of this amendment would be a great disservice to those who are depending on social security. The entire principle of social security has been that it was an insurance type of operation. We all recognized that those persons who came in at a later date would not pay as much money, but everybody was paying under the program. Social security was established on the principle that we wanted these elderly persons upon retirement to be able to walk into the post office, accept their check, and walk out with dignity saying, "This is something I paid for." This is important.

I recognize that we did depart from the principle in one instance last year or the year before when we blanketed in those persons over 72 years of age. We did that knowingly because there was no possible way in which these people could qualify in the labor force. They were out of the labor force, and recognizing that and that in a few years, based on the normal lifespan, the program would revert to a general insurance program we brought in that small group. However, those affected by the present amendment were contributors. They build up their equity. Any increased benefits given to them should be on the basis of increasing the contributing rate so that the program will remain as an insurance fund.

[*Ibid.*]

B. THE REVIEW OF FINANCING BY THE COMMITTEE ON WAYS AND MEANS IN CONNECTION WITH THE 1967 AMENDMENTS

The hearings before the Committee on Ways and Means, which opened on March 1, 1967, brought forth a further discussion of the appropriate method of financing the social insurance programs.

Dr. Carl H. Fischer of the University of Michigan is an actuary and was a member of the 1958 Advisory Council on Social Security Financing. He believes that it would be best to maintain the Social Security program on the present self-supporting basis. However, he feels compelled to examine the use of general revenues as a way of maintaining individual equity, i.e.: a correspondence between the value of the contingent benefit for the individual and the taxes which he and his employer pay into the system. Excerpts from his testimony on H.R. 5710 are an appendix to this report.

The question of individual equity was considered by Walter Reuther, the UAW President. In Mr. Reuther's view the choice is plainly one of continuing to neglect the needs of the elderly or of placing an undue tax burden on younger workers. Rejecting both possibilities, he sees the use of general revenues as a

"rational, and reasonable and equitable" way of building and paying for an adequate Social Security program. The UAW, therefore, recommends that the cost of the Social Security program be paid by equal contributions from employees, their employers and the Federal Government. This, they say, would be a way to ". . . face up to the basic problem that you can't provide an adequate system of social insurance and meet the complex problems of a highly industrialized society in the 20th century and expect to do that by a constant pyramiding of the payroll tax burden."

Following his prepared testimony Mr. Reuther was questioned on this point by Congressman Ullman. The following exchange took place:

> We have had a number of proposals, Mr. Reuther, to use general revenues for financing. Dr. Campbell presented one such point of view yesterday. But if we are going to do it it seems to me we need a rationale to limit such participation. Are we going to raise it from a third to 40 percent Federal revenues just because we need it? Are the composition of the committee and the political climate in the country to decide which way we are going to go in financing?
>
> This would really be a hodgepodge system. What we need if we are going to use general revenues is a real rationale upon which we can build a permanent system, a guideline for the committee so that when we do need increased financing we know exactly what the limitations of the system are. Do you have such a rationale in your proposal here today?
>
> Mr. Reuther. We are not proposing the use of general revenue as a matter of political expediency. I think that that would be unsound. I think that the social content of the overall social security system is a broad character which, as a matter of public policy, makes it not proper to place the exclusive burden of that cost upon the payroll tax.
>
> It seems to me that this does give you a rationale upon which you can defend the use of general revenues. The ratio of the general revenue, its contribution as compared to that of the employer and the employee, this is a changing thing.
>
> Obviously a wage earner who has access to the kind of affluence that is going to be possible 10 years from now will be in a different position. I think in terms of an UAW member 15 years from now getting $30,000 a year income. Well, syphoning off a portion of his wage is quite a different economical thing from syphoning off the same proportion of wage of a worker making $1,000 a year. What you are dealing with here is a dynamic economic equation that is going to change. I think you have to start out with a sound rationale so that you are not acting out of expediency and then the relationship of the relative elements in the total equation will respond to rational judgment in any given situation.
>
> [Hearings on H.R. 5710, Committee on Ways and Means, 90th Cong., 1st sess., pp. 1462–1463.]

Subsequently, Mr. Reuther furnished the Committee with additional arguments on the case for using general revenues. While the statement produced no new arguments, it does contain an interesting summary of the principle arguments that have been advanced in favor of general revenue financing:

> (a) Increasing the already regressive payroll taxes would create an unjustifiable burden on low paid workers, young workers and middle-income families with two wage earners, and small businessmen.
>
> (b) It would be grossly inequitable to expect Social Security taxpayers alone to finance the needed benefit increases for current beneficiaries who would not be paying for the added benefits.
>
> (c) As a practical matter the difficulties of raising payroll taxes sufficiently to finance truly adequate benefits are probably unsurmountable.
>
> (d) More adequate Social Security benefits with partial general revenue financing would reduce the cost of welfare programs also financed from general revenues.
>
> (e) The concept of general revenue financing for Social Security is not novel and has been recommended by many competent and responsible groups. The Congress has already adopted the principle with respect to certain payments for Social Security beneficiaries over 72 and for Part B of Medicare.

(f) When we do not count social insurance payments, because they are financed by employee-employer contributions, we are actually spending a smaller percentage of Gross National Product for social welfare programs than we were in 1940.

Those who claim that general revenue contributions would add a welfare component to the social security system simply do not recognize that this is a social insurance system designed to achieve social objectives. Properly restructured, as we are proposing, it will reduce public welfare programs.

[Hearings, pp. 1473–1474]

Dr. Colin D. Campbell, a Professor of Economics at Dartmouth College, expressed his concern before the Committee on Ways and Means as to the effect of the Social Security payroll tax on the incomes of younger people. In his view, the young worker will be grossly overcharged for his Social Security benefit; to prevent this, the payroll tax should be reduced so that no one will pay more than the cost of the benefits he might expect and the social cost of the welfare aspects should be paid out of general revenues. When Dr. Campbell testified before the Committee on Ways and Means, he was questioned rather closely by the Chairman of the Committee, Wilbur D. Mills. The chairman's questions bring out the rather substantial cost to general revenues that could result from the adoption of some of the proposals that have been brought up for discussion. The exchange between the Chairman and Dr. Campbell follows:

The Chairman. . . . Very frankly, when any witness before this committee begins to suggest that we start paying benefits out of the general funds of the Treasury he raises my curiosity beyond the point of containment.

How much would it cost to do what you suggest; namely, to finance out of the general funds of the Treasury all the benefits paid to presently retired beneficiaries in excess of what they themselves paid for those benefits?

* * * * * * *

Dr. Campbell. I am suggesting that you reduce the payroll tax . . .

The Chairman. I am not suggesting that either. I am talking about leaving the payroll tax exactly as it is and looking back to those who have retired and paid for their benefits, determining what we pay them in the way of benefits.

The difference between what they have actually paid and what we have given them in benefits is around $20 billion a year.

Dr. Campbell. That is right.

The Chairman. In the future that would probably, as times goes on, be about half the program cost throughout the future of the program. That will have to be paid for some way.

I don't know what your deficit is for 1968. It is argumentative right now. Some people say it could be as much as $18 billion. But if we began this in fiscal year 1968 the deficit would then be $38 million. We would have to raise some income taxes from somebody.

These very people you are concerned about, and I am concerned about, are going to pay income taxes, too. That would be a rather sizable bite out of the pocket of the young workers. I am just wondering.

I am not arguing with you.

Dr. Campbell. To a certain extent it would mean just replacing payroll taxes with income taxes but these are not exactly the same two groups.

The Chairman. I understand the difference between them.

Dr. Campbell. I think the gap between what people have paid for and what they have not paid for, unless the welfare aspect of the program is increased considerably in the future, is going to diminish.

The Chairman. I will check my figures. I think I am right on it.

I made quite a point, myself, out of the fact that those who have retired have qualified for benefits under very liberal eligibility requirements. Some people could retire with 18 months of tax payment, paying a very small amount, and receive for the remainder of their lifetime a benefit which is now at least $44 a month.

When you think in terms of the small amount they have paid and the large amounts that are paid to them in benefits, I don't think the $20 billion figure that has been given me is very far off.

Dr. Campbell. No; it is not.

[Hearings on H.R. 5710, Committee on Ways and Means, 90th Cong., 1st sess., pp. 1392–1393]

As has been shown in the preceding pages, the question of the role general revenue financing should play in the development of social security is not the closed question it may have appeared to be in the 1950's. There is, of course, no agreement that it would be either good or bad to make more extensive use of general revenues to support the program, however, an open debate is in process among people knowledgeable about the financing of the social security. If the present trends continue, it would not be unreasonable to expect the debate to be settled, one way or another, in the Congress.

TABLE 1.—TAX RATES IN EFFECT THROUGH 1967, AND SCHEDULED IN PRESENT LAW FOR THE FUTURE

Period	Contribution and benefit base	Employer and employee, each			Self-employed		
		OASDI	Hospital insurance	Total	OASDI	Hospital insurance	Total
		Percent	Percent	Percent	Percent	Percent	Percent
1937–49	$3,000	1	----------	1	(1)	----------	(1)
1950	3,000	1.5	----------	1.5	(1)	----------	(1)
1951–53	3,600	1.5	----------	1.5	2.25	----------	2.25
1954	3,600	2.0	----------	2.0	3.0	----------	3.0
1955–56	4,200	2.0	----------	2.0	3.0	----------	3.0
1957–58	4,200	2.25	----------	2.25	3.375	----------	3.37
1959	4,800	2.5	----------	2.5	3.75	----------	3.75
1960–61	4,800	3.0	----------	3.0	4.5	----------	4.5
1962	4,800	3.125	----------	3.125	4.7	----------	4.7
1963–65	4,800	3.625	----------	3.625	5.4	----------	5.4
1966	6,600	3.85	0.35	4.2	5.8	0.35	6.15
1967–68	6,600	3.9	.5	4.4	5.9	.5	6.4
1969–72	6,600	4.4	.5	4.9	6.6	.5	7.1
1973–75	6,600	4.85	.55	5.4	7.0	.55	7.55
1976–79	6,600	4.85	.6	5.45	7.0	.6	7.6
1980–86	6,600	4.85	.7	5.55	7.0	.7	7.7
1987 and after	6,600	4.85	.8	5.65	7.0	.8	7.8

[1] Self-employed not covered in this period.

TABLE 2.—TAX RATES UNDER PRESENT LAW AND H.R. 12080 AS PASSED BY THE HOUSE OF REPRESENTATIVES

[In percent]

Period	OASDI		HI [1]		Total	
	Present law	H.R. 12080	Present law	H.R. 12080	Present law	H.R. 12080
	Employer-employee, each					
1967	3.9	3.9	0.5	0.5	4.4	4.4
1968	3.9	3.9	.5	.5	4.4	4.4
1969–70	4.4	4.2	.5	.6	4.9	4.8
1971–72	4.4	4.6	.5	.6	4.9	5.2
1973–75	4.85	5.0	.55	.65	5.4	5.65
1976–79	4.85	5.0	.6	.7	5.45	5.7
1980–86	4.85	5.0	.7	.8	5.55	5.8
1987 and after	4.85	5.0	.8	.9	5.65	5.9
	Self-employed					
1967	5.9	5.9	0.5	0.5	6.4	6.4
1968	5.9	5.9	.5	.5	6.4	6.4
1969–70	6.6	6.3	.5	.6	7.1	6.9
1971–72	6.6	6.9	.5	.6	7.1	7.5
1973–75	7.0	7.0	.55	.65	7.55	7.65
1976–79	7.0	7.0	.6	.7	7.6	7.7
1980–86	7.0	7.0	.7	.8	7.7	7.8
1987 and after	7.0	7.0	.8	.9	7.8	7.9

[1] Hospital insurance.

EXHIBIT B. EXCERPTS FROM TESTIMONY OF DR. CARL H. FISCHER BEFORE THE COMMITTEE ON WAYS AND MEANS, MARCH 21, 1967

ALLEVIATION OF INEQUITIES BY SUPPLEMENTARY FINANCING

By individual equity is meant that there should exist a correspondence between the value of the contingent benefits for the individual and the taxes which he and his employer pay into the system. The lack of individual equity is due in large-

measure to the practice of charging all individuals the same tax rate regardless of age at entry or other factors. It is fairly obvious that the annual cost per individual required to provide a given level of old age benefits would have to be greater for those who enter the system at a higher age. Thus, it is clear that the old age benefits received by persons older at the time of entry into OASDI are worth considerably more than the value of the pension taxes paid by them and by their employers. This implies that at present persons entering the system at a younger age must pay more than the value of their own retirement benefits because part of their own pension taxes flow to other participants. This unfavorable and inequitable position of the younger members has been pointed out by numerous critics.

It has been suggested that the portion of an employee's benefits not financed completely by his and his employer's pension taxes should be paid out of general taxation revenues. In support, it is contended that a portion of the benefits are gifts—really welfare payments—and it is unfair for the Government to saddle the younger generation of workers with taxes, unrelated to their own benefits, to finance welfare payments for others. If the general public believes that these welfare benefits are socially desirable, then it appears logical for the general public to pay for them out of general tax revenues.

This deceptively simple proposal has at least two possible drawbacks:

(1) There is danger in upsetting the present provisions requiring the social security system to be self-supporting.

(2) The proposal does not take into account the further inequities created each time the social security law is amended.

DANGERS INHERENT IN GENERAL TAXATION SUPPLEMENT

There is, of course, a danger in permitting partial financing of social security by means of general taxation. Excessively large benefits could be legislated with the tacit approval of the members of the system who might be under the illusion that they are receiving something for nothing. As long as the OASDI system is a financially self-supporting unit, as at present, any increase in benefits must be accompanied by an increase in FICA taxes. This brings home to the participants that there is no magic in Federal benefits—that the benefits must be paid for. In the opinion of the advisory council on social security financing, 1957–58, on which I had the privilege of serving, this concept of long range actuarial balance was so important that it overrode the individual equity concept. In the words of the unanimously adopted report:

> The council endorses the long-standing practice adopted by Congress of including in the law a contribution schedule which according to the cost estimates places the system substantially in actuarial balance into the indefinite future. We believe this procedure to be the best way of making people conscious of the long-range cost of proposals to modify the present program.

It might be contended, in supporting the above recommendation, that the unfavorable treatment of the younger members inherent in a level tax rate for all is lessened in an inflationary economy.

INDIVIDUAL INEQUITIES ARISING FROM FUTURE AMENDMENTS

The proposal to compensate for a late start by means of supplementation from general taxation seems to ignore the effects of possible future changes in social security provisions. As experience has shown, the continuing inflation and loss of purchasing power of the dollar tends to encourage frequent changes in all of the major factors upon which taxes and benefits are based. The tax rates, the wage base, the benefit formulas, and even the age of retirement.

Thus, the simple proposal to require the pension-tax rate for those entering the system at age 21 to be just adequate for their own benefits and to make up the deficit for those entering at an older age by means of general taxation overlooks the new inequities created by adoption of each amendment thereafter. Each time that Congress changed the provisions a new calculation would show that, if individual equity were to be retained, an extra pension tax would be required to pay for the additional benefits. The amount of this extra tax would depend upon the age of the individual at the time of the amendment, of course, so that tax rates which varied by age would be required or else the individual equity concept would be lost.

To overcome this difficulty, an extension of the supplementary financing principle might be devised. Each time that the old age pension costs are increased by amendments to the social security law, raise the pension-tax rate to a level which would provide the average new entrant at age 21 with the total pension benefit promises as newly established. The pension-tax rate would be uniform for all members. This would mean that for all persons older than 21 at the date of the new amendment, the new total tax rate would be insufficient to provide all the newly increased old age pension benefit promises. The unfinanced benefit increases would then be provided out of general taxation revenues. This proposal appears to provide equitable guidelines for future amendments to the social security system.

TRANSITION PERIOD

An immediate question which arises relates to the current situation. Suppose that, in setting the tax rate at the level required to provide the anticipated benefits to a person now aged 21 we find that this rate is less than that currently payable. (It appears likely that this would, in fact, be the case.) Should FICA taxes be promptly reduced, leaving an immediate drain on an already unbalanced budget? I think that the sensible answer to that is clearly not. I would propose a pragmatic compromise, leaving the tax rate at its present level until at some point in the future the rate determined by the provision requiring equitable tax rates for the 21-year-old entrant had risen to the present tax rate level. From that point onward, the new policy would be brought into effect.

ITEM 9: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. RANDALL

1. What in your opinion will be the major service needs of older Americans as their numbers increase and as the retirement age continues to be lowered?
2. Are current research efforts adequate to plan for future needs in services and related matters?
3. Is it desirable to relate service needs to housing projects? If so, are present efforts adequate, and what new efforts should be made as the number and diversity of shelter needs increase?

ANSWERS TO QUESTIONS SUBMITTED

1. There will be at least 3 groups of elderly people and broadly speaking the services for the different groups will vary to some extent. The younger group will require, in addition to an *adequate income base* which certainly many do not have today, nor do provisions of 1967–68 legislation assure anything much better, not only opportunities for useful roles in the automated society anticipated, but preparation for them (hopefully more will have had some of this in their *middle years* before retirement), but also a society ready to recognize and accept the fact that retirement does not rob individuals of capacity to serve themselves and others. The middle group will need continuing observation and help to prevent their requiring all the medical care, medicaid and personal service which so many of the elderly require today. The third group will inevitably require—in greater degree—the supportive services which either enable them to remain in their own homes, or to be cared for in the several levels of institutional care if housing provisions and services to residents continue to be in the short supply that exists today.
2. *No housing* designed and operated mainly for the elderly should be *without* services which enable them to continue to live either independently or quasi-independently. The idea of offering such accommodations without the provision of services "built-in" as solidly as are the fixtures of the structure should be as outmoded as the familiar "horse and buggy" for transportation.
3. Current research efforts are not sufficient—but neither is the use of research that has already been completed. One grave error which enters into the use of findings of research unless it is *nationally* oriented is that findings of housing and services required, for instance, as for other types of services, of studies in one part of the country or even in other countries have very little relevance to other geographical areas of the country.

Appendix 3

MATERIAL RELATED TO PANEL 3:* FUTURE SOCIAL SERVICES

ITEM 1: ADDITIONAL MATERIAL FROM DR. WALTER M. BEATTIE,* DEAN, SCHOOL OF SOCIAL WORK, SYRACUSE UNIVERSITY

A Tentative Working Model for the Planning and Provision of Community Services to the Aging

Aging is a process of change through which there accrues a number of losses or deprivations not all of which are inherent in the biological or physical processes associated with aging, but rather have their roots in value systems and cultural practices through which we identify aging and out of which we define being old.

Planning for the aging must be:

1. *comprehensive* as aging embraces a variety of different individuals and includes a large segment of the life span
2. *flexible* as the needs of older persons continue to change
3. *dynamic* to allow for the movement of persons between the levels of services which may be offered.

Basic concern in planning for the aging is the individual and his ability to function and the identification of appropriate ways to intervene to assure optimum functioning. This implies:

1. levels of evaluation and assessment of individual situations and conditions
2. levels of services based upon evaluated need.

Clarification of planning goals is dependent upon the specific relationship of such goals to the condition or need for which we are attempting to develop appropriate services.

a. specific activities must be identified as they relate to the achievement of such goals.

Specific levels of services for the aging as related to specific goals of planning:

a. basic services
b. adjustment and integrative services
c. supportive services
d. congregate and shelter care services
e. protective services

Basic services level

A primary goal of any community plan must be the identification of what is considered to be the basic service needs of all persons including the aged. Specific services might include: Community health services, environmental sanitation, family and individual counseling, financial assistance, group servces, inpatient medical care, outpatient medical care, recreation, social treatment (group) services.

Adjustment and integrative services level

Specific goals: ways of permitting the older person to:

a. participate in the life of the community;
b. retain and utilize his capacities and potentials in a way that is socially approved and recognized;
c. adjust to new social roles in the family and in the broader community.

Specific conditions to which the goals are related are:

a. retirement
b. income reduction
c. loss of work-role (45–65 age group)
d. increased physical limitation

*See pp. 92–124 for testimony.

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Specific services would include:

a. specialized casework service to the older person and/or his family
b. old age assistance
c. recreation services for the aging
d. day activity center programs for the aging
e. retirement preparation

Supportive services level

Specific goal: to aid the older person to remain in his familiar habitat or to retain his usual living arrangement when this is no longer possible through his own efforts.

Specific conditions to which this goal is related

a. aged or handicapped persons living alone who may be bedfast or housebound with a physical disability.
b. inability to normally manage the home
c. isolation from others due to age, physical disability, illness and increasing deprivation of friends and relatives

Specific service would include:

a. friendly visiting
b. organized home care
c. home meal service
d. homemaker-housekeeper service
e. motor service

Congregate and shelter care level

Specific goal: to protect the older person from hazards of living in the open-community, or from his inability to cope with independent or family living situations due to physical and/or mental infirmity.

Specific conditions to which the goal is related

The difficulty and at times inability of older persons to maintain a completely independent living arrangement or are unable to meet or satisfy their basic needs for self-maintenance, care or protection.

Specific services would include:

a. day care for older persons
b. homes for the aged
c. housing for the elderly
d. inpatient medical care-custodial and long-term nursing
e. substitute family care

Protective services level

Specific goals: to protect the civil rights and personal welfare of older persons from neglect and/or exploitation by relatives, friends, the aged individual himself, and the community.

Specific conditions to which this goal is directed

Inability of older persons with limited mental functioning due to mental deterioration, emotional disturbance, or extreme infirmity to manage their own affairs in such areas as providing for personal and physical needs, planning and decision making, and handling of finances.

Specific service would be basically a coordinated and focused organization of legal, medical and social services.

ITEM 2: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. LOUIS LOWY, PROFESSOR OF SOCIAL WORK, BOSTON UNIVERSITY, AND RESPONSES

1. As you point out in your paper, "Group Work Practice with Older People," services for the elderly in many communities are ineffective or less effective than they should be because of erroneous preconceptions about the elderly. Would you care to discuss the implications of this problem as it affects total social service needs of the elderly at this time and in the future?

2. Have you and your associates attempted to estimate the number of trained social workers who will be needed to provide adequate service to a growing number of elderly and retired persons in decades to come?

3. What changes do you foresee in the social service needs of future generations of the elderly and retired?

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 4, 1967.

DEAR SENATOR WILLIAMS: I received your communication of November 27, 1967 and I appreciate the opportunity to submit to you my response to your questions.

First of all, let me say that I am gratified indeed that the United States Senate Special Committee on Aging is conducting a survey of social and economic changes that can be expected within the next three decades as our population of aging and aged Americans continues to increase rapidly. A White House conference on aging in 1970 or 1971 would indeed be another important milestone in moving towards implementing our future goals for older Americans and would also serve as a forum to assess the advances that would have been made since the first White House Conference and it would also serve to highlight those areas of needs which require increased attention.

I would like to take the opportunity to respond to some of the questions that you have posed to me.

1. Indeed, service for the elderly in many communities are either ineffective or less effective than they should be because attitudes towards aging and the aged in an essentially youth-oriented society are not favorable. Without going into details to marshal a considerable amount of evidence to substantiate this fact, I would like to point out that such attitudes have serious implications for the development and opportunity of social services to meet the varied needs of older people.

Despite many laws and programs that have developed since the White House Conference in 1961, many community planning agencies still assign low priority to provide the necessary resources of staff and money to develop services. Inevitably, a community has to make choices how to allocate its limited resources to the total spectrum of needs; and priority tends still to be given to services for youth and for programs which tend to make people self-supporting, although the Economic Opportunity Act has added an amendment to concern itself with the poverty of older people. The main thrust of the very limited war on poverty has been devoted to programs for the young and potentially employable adults. Governmental and non-governmental planning bodies tend to place social services for older people on the lower stratum of the priority list. Social service agencies, to a considerable degree, place services to older people at the lower end of their concerns.

Many social workers in a variety of health and welfare agencies have not found it attractive to select work with the aged as their major field of interest since they have not been exposed to working with older people because many training institutions have not provided such training opportunities. Relatively few schools of social work have instituted training programs preparing social workers in applied gerontology despite valiant efforts by the Administration on Aging and local commissions on aging to improve the situations. In a recent study conducted by Boston University School of Social Work it was found that stereotypes about aging and the aged are abound in the social welfare community. These stereotypes preclude many social workers from performing services in work with the aged. At the same time it was found that many students, when exposed to older people in their work or when exposed to curriculum material dealing with behavioral and social welfare aspects of aging, will revise their stereotypes and assume positions in offering services to the aging.

It is essential, therefore, that training institutions in the health and welfare field provide learning experiences to students which expose them to the reality of aging and the aged. At the same time, we have to make students realize that this segment of the population represents not only an important service-area for the present, but that many problems that are faced by our aged population will be faced by younger segments of our society in the years to come, in view of the advance of our technology with its subsequent impact on work and leisure. Attitudes cannot be changed overnight, but a beginning must be made as early as kindergarten, to expose pupils and students to the phenomena of aging and the aged. Our school books should include content about older people, contributions which they have made and should cast them in the role of "heroes" rather than in the role of "witches." Without such early attempts, attitude changes will not occur and subsequently the gap between generations will only increase. Since the development and provision of social services depends on policy makers and staff personnel, it can readily be seen that attitudes towards aging and the aged will invariably influence whether programs for and with the aged will be developed and carried out.

2. In view of the increasing development of new programs and new services, we have to look ahead and project further manpower needs. Such projections are extremely difficult to make because they have to be based on assumptions which do not hold constant. For example: will there be a reorganization of existing programs which would produce differential use of social workers? What types of new programs would be developed as a result of local community efforts? What kinds of services would be offered by more professionally trained social workers? and What kinds of services require professionally trained personnel? A good deal of thinking has been done about these manpower concerns, notably by the United States Department of Health, Education, and Welfare Departmental Task Forces on Social Work Education and Manpower. In its report "Closing the Gap in Social Work Manpower" it was estimated that more than 3,200 additional professionally trained social workers will be required than are now available in order to provide at least one specialist in social work services to the aging in every state and county welfare department by 1970. This figure does not include the number of trained social workers needed to staff non-governmental agencies such as multi-service centers, senior citizens clubs, caseworkers in voluntary family service agencies, in housing for the elderly, social workers in medical and mental hospitals, and community mental health settings. Presently, approximately 5% of trained social workers are employed in services to aging ("Closing the Gap in Social Work Manpower" report, November 1965). This figure, however, is somewhat misleading since trained social workers in other types of programs such as public assistance, family services, rehabilitation services, medical and psychiatric social work, do also serve elderly people. This merely points out the problems of arriving at accurate statistics upon which to base future predictions.

Despite this dearth of hard data it is nevertheless fair to assume that we need an additional 5,000 professionally trained social workers in the next five years to staff existing programs and services.

The social work profession, through its professional association, the National Association of Social Workers, and schools of social work in cooperation with the Council on Social Work Education have developed a variety of task forces and are engaged in a number of experiments to increase social work manpower. Nevertheless, it is important that additional efforts be undertaken to recruit actively qualified students to select services to aged as major areas of interest.

Increased numbers of stipends for students and funds to schools of social work to augment the training facilities and training resources are essential. At the same time, the efforts which have been inaugurated by the Administration on Aging to promote training programs on all levels have to be increased through provision of additional funding.

3. Our aging population, now and in the future, requires a dependable system of adequate income maintenance based on a social insurance program. In addition, adequate health services and housing are foundation blocks for insuring minimal social security of our aging population. A change from mandatory retirement to flexible retirement policy is indicated. We also have to develop a two-career concept for everybody. In practice, this means that our educational programs have to be restructured to enable people to prepare not only for a life of productive work but also for a life of fulfilling leisure. These ideas have to be further developed at a national forum such as a White House conference.

Given an adequate system of social, health and housing security, many older people require a series of social services as "social utilities" to cope with normal problems associated with the aging process. Social utilities are services which are offered to everybody as a matter of right, as much as "public utilities" are considered essential for the functioning of all of us. They will include counselling in relation to problems older people have with regard to family relationships, adjustment to a world of leisure, adjustment to new peers, etc. They will include group services to help people relate to their contemporaries, to develop skills in establishing new inter-personal relations, they will include services to enhance their sense of personal well-being.

Even if we had an adequate social security, health and social utility system, residual social services will have to continue to be provided for those individual older people who cannot cope with the difficulties and frustrations which they experience in the later years. It is imperative that we plan for the future and for this reason I would propose that we devote our efforts to the development of a social utility system which is available to every retired or older person without having to prove need. Under such a system, social services would be considered as a matter of right and accessible to any one at any time at any place.

The biggest obstacle in the present social service system is its fragmentation. The multi-service center has had considerable positive response from older people, because the multi-service center concept is indeed a counter-response to fragmentation of services which leads to frustration on the part of people and to non-use of existing facilities, programs, and services. Even if we had a sufficient number of counselling and group services, they would be inadequate if they are not coordinated and if older people do not have access to them. Older people themselves have to be involved in the planning and implementing of such coordinated services. The present record of participants in such programs as foster grandparents, VISTA, multi-service centers and others, bears witness not only to their capability but also to their commitment to remain part of the mainstream of life.

Social utilities and residual social services together should be available on an age-continuum. Retirement counselling, preparation for loss of family, help in grief work, are essential because everybody is potentially affected by stresses and losses.

I would suggest that the next White House conference concern itself with these issues and develop proposals for the next decade which would move us ahead to achieve not only a better day for the older American but for all of us since aging is a normal part of living and only a society in which the old and young find common interests, appropriate to their stage in life, will indeed be an humane society.

Sincerely yours,

LOUIS LOWY,
Professor of Social Work.

ITEM 3: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. ELLEN WINSTON, AND HER RESPONSE

1. What in your opinion are the basic social service needs of the elderly, and what are the likely such needs of the future?
2. While you were in government did you attempt to determine the cost of delivering optimum services to the elderly? If so, what are future requirements likely to be? If not, what research would you now recommend?
3. What are your views on the proposal, now under study in New York City, to make the state government responsible for delivery of welfare services?

ANSWERS TO QUESTIONS SUBMITTED

NOVEMBER 28, 1967.

DEAR SENATOR WILLIAMS: I am glad to comment on the questions posed in your recent letter.

1. While one can list many social service needs of the elderly, there are several to which special attention should be devoted.

a. Homemaker services are essential to providing services to individuals and couples who can and should remain in their own homes. All studies indicate the desire of the elderly to remain in familiar surroundings. They certainly should not be forced to move because of lack of help with the heavier chores of everyday living. At the present time there are between 8,000 and 10,000 homemakers in the United States to serve all groups, including families with children. Assuming that 400,000 elderly individuals or couples are in need of such service at any given time, and that one homemaker would be needed to serve 4 families since the amount of time per case would vary, this would mean a requirement of 100,000 homemakers to care for the elderly. This is an economical service as compared with group care and the size of the needed service could result therefore in substantial savings.

b. Protective services are needed increasingly as the number of persons in the more advanced ages increases. I refer to the need for some help in managing their affairs on the part of elderly people who do not have friends or relatives who can provide such services as assisting in money management, helping to obtain suitable housing, getting to needed medical care, etc. This is one of the basic social services which should be available to people in all walks of life through public social services and in some large communities at least through private social services.

c. Family care homes are comparable to the foster care home for children. They provide substitute family living for persons who because of a variety of

reasons do not choose to or cannot continue to maintain their own homes. Yet these elderly people do not need the expensive care of the nursing home or even of the large domiciliary facility. Family care homes make it possible for the elderly to remain in theilr own communities and like the two services listed above facilitate the maintenance of long time ties and maximum independence.

2. With respect to research into the cost of providing services to the elderly, very little money has actually been available. Mainly the emphasis has been upon the collection of data with regard to public assitance recipients. We could make more progress if we had available relatively simply answers to a number of questions, such as how many elderly people could stay in their own homes if the available social services were adequate to their needs. We could without great difficulty get the relative cost of a range of services. We are still not sure whether the ratio of one caseworker to 60 clients is sound. The estimate given above of the number of homemakers required is obviously an empirical one.

Under the time limits indicated in your letter, I would suggest that rather than involved research designs, it would be preferable to develop a series of fairly simple factual questions to which one would seek prompt answers.

3. You refer to the study being undertaken in New York State with regard to the possible advantages of State administration for public welfare. This study is just getting under way and will involve evaluating the recommendations made by earlier studies for the State to change from local to State administration. One point already seems to be quite clear and to have general agreement, namely that under States administration there could be substantially more effective use of skilled social work personnel.

In addition to the questions which you have posed, I would like to comment on three other areas as follows:

1. The necessity for a floor under income. Even with the improvements in the social insurance program, elderly people without other sources of income will continue to need supplementation through public assistance and those persons ineligible for Social Security payments will continue to require substantial payments from public assistance. As one looks at the range from State to State, or at the eligibility levels set under Title XIX by the various States for eligibility for medical care of the non-assistance recipient, the great inequities in basic maintenance are obvious. There should be provision for a floor under income high enough so that all elderly people could live in at least minimum comfort under self-respecting conditions. In this connection I refer you particularly to the recommendations of the Advisory Council on Public Welfare contained in, "Having the Power, We Have the Duty."

2. All available data indicate the desperate situation of many elderly people with respect to housing. Recent studies by the Department of Health, Education, and Welfare with regard to gross deficiencies in housing of public assistance recipients support the fact that this is a nationwide problem. We know that elderly people do not like to move. We have hardly scratched the surface of clarifying ways in which to improve both rental and owned property so that it is indeed suitable.

3. Preventive health care. With the increasing use of medicare, we are at long last meeting health needs of elderly people to some extent. I do not need to point out the areas not covered by medicare, some of which are included in State programs under Title XIX. Perhaps more important is the need for emphasis on preventive health care before age 65 so that as one result the general health level of elderly citizens will be raised.

Sincerely,

ELLEN WINSTON.

ITEM 4: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. DONALD P. KENT, CHAIRMAN, DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, PENNSYLVANIA STATE UNIVERSITY, AND HIS RESPONSE

1. As the former director of a federal agency on aging, you are in an excellent position to give an opinion on the role that the Federal level should play in developing State and local resources for older Americans within the next one or two decades. May we have your views on this subject?

2. How satisfied are you with current research efforts related to sociological implications of a steadily increasing population of elderly? Would you care to give the Committee details on any such deficiencies that may exist?

3. Your paper, "Social Services and Social Policy" in *Aging and Social Policy* describes the basic services required by an elderly population. May we have a summary of your major conclusions, together with your suggestions on services that should receive priority attention now that Medicare is in effect?

4. The same paper also described the need for personnel with specialized knowledge of aging. The Committee will receive projections of needs in this area from governmental sources, but we would like some commentary from you on areas of special need that should, in your opinion, receive early attention.

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 4, 1967.

DEAR SENATOR WILLIAMS: I am delighted that you have introduced a resolution calling for a White House Conference on Aging. A periodic stock taking by the Nation of where we are and a national dialogue on the directions in which we should be moving are certainly needed. The First White House Conference on Aging was a device which stimulated the development of state agencies on aging. It seems to me that the White House Conference you proposed can do the same thing for local agencies since your resolution calls for there to be a similar conference at the state level. If the state conferences could be an assemblage derived from local councils or committees on aging, we would have a beginning of a kind of network of agencies that is badly needed.

At present, programs within the health area function well because of the fact that we have a strong national health service, well organized state health departments, and professionally staffed local health departments. This network is augmented by close ties with the educational structure for medical and para-medical personnel and with the professional organization for hospitals, physicians, and nurses.

No such comparable network exist in the area of aging. Programs are developed at the federal level. These can be only partially transmitted to state levels and hardly at all to the local and neighborhood level. As a consequence, the hopes of the Congress are regularly frustrated because of the fact that we do not have a structure to equal function. It seems to me that the White House Conference you are proposing can be a step towards getting the kind of organization that is needed.

Everyone likes to be asked for his advice and I appreciate your posing some questions for me. I will, of course, respond. The press of activities makes it unlikely that I can meet your December 5th deadline, but I will certainly get my answers in before you close the record.

All good wishes.

Sincerely,

DONALD P. KENT, *Chairman.*

ITEM 5: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. ELAINE M. BRODY, DIRECTOR, DEPARTMENT OF SOCIAL WORK, PHILADELPHIA GERIATRIC CENTER, AND HER RESPONSE

1. Your paper, "Case Work and Research in Exploring the Social Cost of Care for the Elderly" is of considerable interest to the Committee. Can you give us a summary of your major findings, together with some discussion of the implications of your findings as they relate to the limitations on present knowledge about the social costs of keeping elderly patients in institutions and the community gains in removing them?

2. What suggestions do you have for additional research in related areas?

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 5, 1967.

DEAR SENATOR WILLIAMS: In response to your letter of November 20th, I respectfully call your attention to the following:

Your Question I: "Case Work & Research in Exploring the Social Cost of Care for the Elderly."

As described in the paper, this project was a pre-study for the specific purpose of developing instruments to measure social costs and gains for aged person, family, and society. Since the measures developed were used for testing purposes on a limited number of clients we do not have any hard data. However, the

work confirmed our clinical judgments and observations along the following lines:

1. A family approach is necessary. Practical as well as theoretical considerations dictate a family approach to planning—that is a view of the older person in the context of his family. Supportive services of all kinds are needed *by the family* to enable them to function at optimum level in fulfilling responsibilities to their elderly parents. Institutionalization often occurs as a result of severe stresses on family members as well as because of illness, etc. of the aging individual.

2. Need for uniform measures, ratings, etc. to facilitate communication among agencies serving the aged. These also would be practical aids to be used in helping older people plan by anchoring judgments to specific, concrete facts regarding the older persons functioning capacities. Enclosed are two such scales. The Physical Self-Maintenance scale was adapted at this agency from the Langley-Porter Physical Self-Maintenance scale. The Instrumental Activities of Daily Living scale was developed by the Social Cost Project.

3. Broad application of the Burden/Satisfaction Scale we developed could serve to:

a. Develop criteria for identifying those elderly individuals and their families who would derive most benefit from different types of living arrangements.

b. Identify social stresses for which appropriate services can be developed to support community living and to improve institutional programs. You can obtain any further information about the project from M. Powell Lawton of this agency, was Principal Investigator.

Your Question 2: Suggestions for research in related areas.

1. *Personnel research*—While it is conventional wisdom by now that there is a critical shortage of personnel to serve the aged, and programs of graduate training are increasing, *there is little or no information* with respect to the kinds of individuals best suited to this work. That is, what qualities of personality, behavior, background, etc. make a "successful" worker in the field (professional or non-professional)? Research addressed to identifying such characteristics would provide guidelines for active and effective recruitment, training, and utilization of personnel.

2. *Mentally-Impaired (i.e. "senile") Aged*

a. *Research to determine scope of the problem.*—There is no hard data available on the incidence, severity, etc. of mental-impairment throughout the U.S. The best estimates available indicate that 15% of the over-65 urban aged are mentally-impaired, and about half of those to a severe degree. This ailment is somewhat age-linked, occurring more often in those over 85. Since the number of people over 85 is increasing at twice the rate of the over 65 population as a whole, it is obvious that the problem will grow. Replication of the Syracuse study on a nation-wide basis would be useful in determining the extent of the problem in order to provide factual underpinning for social planning.

b. *Attitudes of society towards the mentally-impaired aged.*—It is widely known that negative social attitudes towards the aged exist among professionals as well as the general population, and that such attitudes affect the functioning of the aged. Studies of attitudes could provide guidelines for broad programs of education with respect to the mentally-impaired, thus serving as a preventive measure as well as supporting a realistic treatment goal.

c. *Kinds of physical facilities, programs, treatment methods required by this group.*—This is a major area of interest to the Philadelphia Geriatric Center, and we are doing a great deal of work on it. For example, we are about to build a research and treatment facility specifically for this group. Dr. Lawton has prepared a major proposal to evaluate the effectiveness of such a building. A three-year research effort is underway under my direction (NIH grant # IRII MHO 2601–01) to test the effectiveness of a highly individualized intensive treatment program. There are a wide variety of other pertinent activities going on under the overall direction of Mr. Arthur Waldman, Executive Vice-President.

3. *Community-based programs.*—Research is badly needed to identify and document the specific kinds of services needed by the 96% of over-65 people who are not institutionalized. If useful programs are to be developed to meet real needs, the planning should have facts as the foundation. To my knowledge, there is no hard data available on this subject.

Good luck to you and your Committee.

Very truly yours,

ELAINE BRODY,
Mrs. Elaine M. Brody,
Director, Department of Social Work.

ITEM 6: NEW YORK TIMES ARTICLE, DECEMBER 6, 1967

SECURITY FOR YOU—"REASON" FILLS VITAL AID GAP

(By Martin E. Segal)

Mrs. Magers, a 78-year-old widow, lives alone in a low-income housing project on Baltimore's east side. She gets just enough to get by on, and asks only to be permitted to live a quiet, independent life.

But last spring she fell and broke her shoulder. Doctors put pins in her arm, kept her in the hospital for a few weeks, and sent her home. Though Mrs. Magers did not need hospital care any more, she did need regular medical attention and help around the house. A neighbor told Reason about Mrs. Magers, and Mrs. Jennings went to see her.

Driving through Baltimore's poorest neighborhoods in her 12-year-old car, Mrs. Jennings doesn't look like an angel of mercy. But she is to Mrs. Magers.

"I guess I would have died before this," Mrs. Magers said, "If they hadn't taken over. I have a daughter in the city, but she's too sick to care for me. I'm so weak I can't walk by myself too far, so I have to hang on Mrs. Jennings' arm and let her steer me around. That fall really shook me up; not only arm but all over."

So Mrs. Jennings comes by regular (plus some irregular additional visits) to take Mrs. Magers to the doctor for treatment. She sees to it that there's food in the house, and that the necessary housework is done.

The result is the reason for Reason: to keep people like Mrs. Magers, independent, free, out of institutions.

The name Reason stems from "Responding to the Elderlies' Abilities and Sickness Otherwise Neglected"—a title dreamed up when the project was under the federal Office of Economic Opportunity. Recently it was taken over by the Baltimore Department of Health and functions as the Bureau of Special Home Services, supported by city funds.

A "Reason" team is made up of a supervisor, three health aides, and 15 escorts like Mrs. Jennings (almost all are over 60 themselves). There also is a program to help people over 60 get jobs.

All in all, "Reason" takes care of some 500 people; half are over 70 a third are over 75. Most live alone or as boarders; they have no families to care for them. About 20 percent are so ill they have to spend most of their time in bed or in wheelchairs.

So fiercely independent are these folks that they do not come forward seeking help. Perhaps they fear that if they ask for help they'll be put away. About half of Reason's clients are referred by other agencies, by neighbors, or by the people like Mrs. Jennings who provide Reason's service. The other half are sought out.

"Reason" is a free-wheeling project. It has to be. Its people have found that if you follow all the rules, answer all the red-tape requests, you wind up doing little. So they are . . . the best work is imaginative.

For example, when Mrs. Magers fell, she cracked the glass in her eyeglasses as well as the bones in her shoulder. But money is so tight in the Baltimore Welfare Department that there's a rule: no glasses except for people who have a job in sight and will need the glasses to get the job.

Reminded of this rule, Mrs. Jennings humphed. Mrs. Magers will get new glasses, rule or no rule.

It's hard to reduce something like "Reason" to dollars and cents. But it can be done. Reason costs about $230 a year per person served. If not for 'Reason', many would have to be institutionalized. That would cost between $3,500 and $6,000 a year.

ITEM 7: INFORMATION FROM DR. HUEY B. LONG, DIRECTOR, INSTITUTE FOR SOCIAL RESEARCH, FLORIDA STATE UNIVERSITY

NOVEMBER 20, 1967.

DEAR SENATOR WILLIAMS: Reference is to your correspondence of November 13, 1967, concerning the Special Committee on Aging and its study of social and economic changes that may be expected because of increases in the population of older Americans within the next three decades.

Reference is to your first statement concerning social planning activities that should be done now to prepare for the anticipated number of older Americans.

In my opinion, additional planning in this area should be devoted to the following problems: (1) transportation for the aged; (2) communications among and with this age group; (3) use of leisure; (4) provision for recreational facilities; (5) study of the psychological and social needs of this segment of the population that finds itself outside of the larger "producing" society.

It would appear to me that additional thought should be given by government and industry for the preparation of employees who are reaching retirement age and the kind of life that they may expect or may create for themselves, specifically, for another ten to fifteen years after retirement. Of course, earlier retirement ages suggest that we may have retirees living in this limbo for fifteen to twenty years.

I am not fully aware of all the research going on in areas a, b, c, and d that you mention in your letter, therefore I am not able to give a categorical yes or no. However, I should like to suggest that there is a need for capable research activities in each of the four areas.

I hope that the above comments are beneficial to you and your committee.

Sincerely,

HUEY B. LONG, Ph. D.,
Director.

ITEM 8: INFORMATION FROM DR. JAMES D. RONEY, JR., DIRECTOR, HEALTH PLANNING RESEARCH, STANFORD RESEARCH INSTITUTE

DECEMBER 9, 1967.

DEAR SENATOR WILLIAMS: Your letter of November 13 has been given to me for reply since the work of our program at the Institute is most closely associated with problems of aging. I apologize for not replying sooner, but the usual pressure of work has prevented me from giving your letter the thoughtful attention it deserves. This quiet Saturday is the first opportunity I have had.

As an anthropologist and physician I have been concerned with the problems of maldistribution of health services, the interrelationships between economic dependency and illness and the segmental discrimination in our society based upon age, ethnic group, sex and other criteria. Recent federal legislation has been helpful in alleviating some of these problems. Particularly the Medicare Act has been a major step in removing barriers to availability of medical care provided in a non-discriminatory way. In other words, the delivery of medical care can be by means of the normal channels that other people use, rather than through welfare institutions which frequently are not of the highest quality. At the same time, we need to make changes in the mainstream itself to insure the best utilization of personnel and facilities to provide the best possible care at the lowest cost.

Some of the major considerations in accomplishing this are the following:

1. Broadening of the spectrum of health care

Traditionally, sick people seek care from practitioners who treat them and discharge them. Increasingly, this clinical illness segment is viewed as a small part of the total spectrum of ilness ranging from perfect health to death, with healthy resistance, healthy susceptibility, inapparent illness and clinical illness with varying degrees of disability in between.

There is a need to incorporate the total spectrum into the mainstream of medical care. Care in such a system will include health maintenance, prevention of illness, early detection of illness, appropriate therapy and restoration to optimal functioning.

2. Improving training in the health professions

To carry out such a broad type of health care requires a somewhat different orientation and division of labor than we have today. This means that critical analyses of the types and appropriateness of education in the health occupations are necessary. Further, there is a need for utilizing the best in educational theory, methods and technology in the preparation of health personnel.

3. Active participation by all sectors of the economy

The problems of health are major problems of existence in our society as in others. They are not the domain of government alone anymore than they are of the health professions, of the manufacturers of health products or of the health institutions. They are the problems of society as a whole and each has

a responsibility to contribute appropriately. This requires better organization of effort and more effective communication among the responsible sectors.

4. Better information systems

Because of the magnitude of health problems and their cost, it is essential to keep meaningful information about the factors contributing to illness including characteristics of the individual, the environment and the interaction, about the means of managing the health problems, about the outcome of illness and about the costs involved. Only through a carefully designed system can we begin to understand health problems in their natural habitat.

5. Better environmental design

In order to safeguard the health and welfare of our total population including the aging, there is a need for better design of the environment in which we live including housing, transportation, recreation, workspace and tools, and control of pollution of the environment. Individuals vary in their requirements for optimal functioning by age and more attention should be given to the anatomical, physiological and behavioral compatibility of housing, transportation, recreation and so on.

These are some of my thoughts which are possibly pertinent to your letter of November 13. We have a research program in Health Planning at the Institute which is carrying on research in a variety of areas of health problems including those of the aging. Currently, we are studying the impact of Medicare on utilization of health facilities by the elderly. I am enclosing a brochure which describes our program which may be of interest to you.

If we may be of service to you or your committee, I hope you will feel free to contact me directly.

Thank you.

Yours sincerely,

JAMES G. RONEY, Jr., MD., Ph. D.
Director, Health Planning Research.

ITEM 9: INFORMATION FROM DR. WERNER Z. HIRSCH, DIRECTOR, INSTITUTE OF GOVERNMENT AND PUBLIC AFFAIRS, UNIVERSITY OF CALIFORNIA, LOS ANGELES

NOVEMBER 27, 1967.

DEAR SENATOR WILLIAMS: Thank you for your inquiry about our ideas concerning studies of the social and economic changes that may be brought about by increase in the number of aged people. We are extremely interested in your Committee's inquiry and hearing. In preparing this reply I have consulted my colleague Professor Yung-Ping Chen.

Improving the physical and mental well-being of the aged in an affluent urban society is of overwhelming importance. Again and again we are surprised how little thoughtful research of high quality has taken place so far. It is even more amazing to us to see large portions of our population isolated and neglected, mainly because of age. Understanding of the problems of the aged and of steps that may be taken to improve their lot strikes me as grossly inadequate, particularly in the light of what I recently saw in Scandinavia. The attitudes and actions of Sweden, Denmark and Norway regarding the aged appear greatly superior to those of many other countries, including our own. In short, there is much to be learned from the Scandinavian experience. We need more investigations and experimentations.

Turning to your second set of questions, concerning the adequacy of current research, we would like to offer the following comments:

Social services: Thus far, research in the field of the aging has predominantly centered around the psychological, sociological, and economic problems associated with advancing age. Relatively less emphasis has been placed on the exploration of the potential contribution of the aged toward the economic, psychological, and sociological health of the society. Preparation for the large number of aged and retired persons in the future would seem to require interdisciplinary approaches to research which aims at exploring the potentials of older persons. The foster grandparent program is a good case in point. There are numerous other types of social services that the "well-elderly" are capable of performing.

Housing requirements: Congregated living arrangements (such as retirement villages, retirement hotels, life-care facilities) have been on the increase in the last decade or so. Existing knowledge about "age-segregated" housing is meager, but bits of information are available regarding costs, turnover rates, and facilities in these housing sites. Available data suggest that housing in "natural neighborhood" settings (or the so-called "age-integrated" environments) may well remain the preferred arrangement by many. In either type of housing, increasing attention should be put on the special housing requirements which age and health would demand. What is known as "geriatric architecture" would be a significant contribution in constructing or remodelling homes.

Leisure facilities: In group living sites, recreational facilities such as swimming pools and golf courses may be provided. But these are physical-recreation facilities. More emphasis should be on the provision of cultural-recreation oriented facilities—for the enrichment from continuing education opportunities, for the conduct of group psychological and psychiatric counselling, and the like.

Tax structure adjustments: The tax-exempt status of many "non-profit" retirement housing set-ups needs to be investigated. Under the income tax laws, the application of capital gains to house value also may require further examination. (The present law has a once-for-a-life-time exclusion.)

Interstate migration: Florida and Arizona are the two states that have experienced substantial in-migration of older persons. This has not been the case in California. There does not seem to be much research on the effect of migration of older persons on land use.

Suitable living environments for the elderly: It would seem that a variety of living arrangements ought to be available to the aged. There is room for the further development of congregated housing. However, the traditional natural neighborhood houses may need to be preserved for those who prefer staying in their own houses. In the case of group living, more *rental* as opposed to *purchase* units should be made available, so as to avoid undue commitments of funds and at the same time provide chances for adjustment in case of dissatisfaction.

In reply to your final question, the Institute of Government and Public Affairs has supported a research project on the relative economic circumstances of the aged with special reference to property tax concessions for the aged.

Again, Senator Williams, let me express our thanks for this opportunity to express our views. Professor Chen and I are greatly interested, and would like to be informed of the progress of your hearings.

Yours very truly,

WERNER Z. HIRSCH, *Director.*

ITEM 10: EXCERPTS FROM PAPER BY HERBERT SHORE, EXECUTIVE DIRECTOR, DALLAS HOME AND HOSPITAL FOR THE JEWISH AGED, AND PAST PRESIDENT, AMERICAN ASSOCIATION OF HOMES FOR THE AGING, AT 1967 NATIONAL CONFERENCE OF SOCIAL WELFARE

RETOOLING AGENCIES AND PROGRAMS TO SERVE OLDER PEOPLE

All of us are painfully aware of the fact that until the passage of the Older Americans Act, and the establishment of the Administration on Aging, there just wasn't a central agency for coordination, planning, development for older people. I was reminded of the blind man and the elephant story, with each man claiming a different piece, with arbitrary boundaries superficially created. . . .

What has been the picture in America for the past 20 years? One can identify four broad clusters with separate goals, separate traditions, and identities:

The National Council on the Aging (and its predecessor committee) ensconced in the East as the single national voluntary organization. I need not recount their accomplishments; they are legendary. Their focus was to identify special projects or programs such as standards for homes, protective services, architectural design, furniture design, center programs, etc.

The Gerontological Society, again a voluntary effort by a small and zealous group that is research-oriented.

The University of Michigan group, setting the stage with the dynamic model of an Institute of Gerontology and with broad assaults on education and training.

Lastly, the multiplicity of *Governmental bodies*—the Federal Council, the the President's Council, the Special Staff of Aging—all small, understaffed,

and under-budgeted, hardly in a position to do the national job, to coordinate, to fund programs, etc.

Now this has changed to one central agency focus. . . .

One problem still consists of bridging the gap between research and practice, the problem of knowing far more than we are using. . . .

I suspect we have yet another problem that centers about the desire "to coordinate," which implies that there is something in existence to coordinate. In most communities, the problem is not one of coordination of the community: I know of none where a wide array of services are actually offered on anything but a demonstration program basis. When we list the wide array of services that we know about in the field of gerontology, we are usually thinking of pilot programs which would serve only a handful of people. I suspect our problem is not so much the creation of new services, but the actual provision of services we already know about. . . .

Further, since older people are not tangential to our society, we must make differentiations as to what services people need, in what quantity, and at what time. *Not every older person in our society needs us.* The problem becomes one rather that those who need services may need a multiplicity of them.

Perhaps one of the underlying causes of the problem of delivering these needed services for older people has been in the personnel shortage—the lack of trained and qualified people to staff the programs. Great emphasis has been placed on training centers and we are encouraged with the emerging trends and programs—Brandeis, Minnesota, Michigan, North Texas.

There are still some real and philosophical issues, in terms of training and curriculum content, bearing on the need of generalists or specialists or both. One of the things that I believe we can arrive at agreement is the paucity of trained people who have been able to assume leadership positions with State committees or commissions on aging; and on the other hand even if these people were available, are the states prepared or willing to finance these programs? It seems to me that this is one area where citizen concern must be made manifest. . . .

I sit on a technical reviewing committee for title III grants in our State, and I am impressed with the potential that these senior center programs now offer. Communities are mobilizing themselves to serve other people. Surely mistakes will be made and some programs will be spotty, but the important thing is that it is now possible to provide a range of programs and services in small communities as well as large, in rural as well as urban areas, where such programs and services have heretofore not existed. And what is true in my State is true all over the country. . . .

A program that is outstanding (even if it is not in the retooling category per se) is the Foster Grandparents Program. In my opinion this program is a superb illustration of developing services and bridging many of the gaps we are daily confronted with. Here older people can serve useful and important functions, earn needed funds and furnish something essential in the lives of others. I have on a number of occasions personally visited the Foster Grandparent Program at Denton (Texas) State School for the Retarded. The simple fact is that the milk of human kindness, of love, of daily contact, of concern has wrought virtual miracles (for the youngsters as well as the aged). If we are to have any criticism it would be that there aren't enough of these programs under way.

The National Council on Aging is to be congratulated for developing this session. They are true to their tradition and heritage of serving as advocates for a better life for older people.

The quest for the good life is not particularly new, nor even the approaches to finding it. Throughout history the attempts seem to have focused on either end of a continuum.

On one hand, the assumption has been made that happiness comes from within. The important thing is personal character, the frame of mind and attitude toward life. The other approach is that happiness comes from outside: the environmental conditions in which we find ourselves. The basic assumption of my topic is that outside the individual there are things that can happen and can be done to make for the good life.

I would not quarrel with this assumption at all. However, no environment is going to make some people happy. To limit ourselves to either approach is to overlook the contributions that both can make.

ITEM 11: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. GEORGE ROSEN, PROFESSOR, HEALTH EDUCATION, COLUMBIA UNIVERSITY

1. The Subcommittee on Health of the Elderly is conducting a study of Costs and Delivery of Health Services to older Americans. I believe, however, that the full Committee would benefit from any statement you might care to give on the subject of Health Programs for an Aging Population. Your chapter in *Handbook of Social Gerontology* gave an excellent presentation on that subject, and I feel that your current views would be most helpful to us.
2. What additional research do you feel is needed in this area?

ANSWERS RECEIVED

JANUARY 9, 1968.

DEAR SENATOR WILLIAMS: In response to your recent inquiry I feel that the following items should be looked at:

1. The Medicare and Medicaid Programs were enacted to relieve some of the financial stress affecting the aged. Whether this has actually occurred is still a moot point. Certainly one of the major financial burdens, namely the cost of drugs has not even been touched by the Social Security Amendments of 1965. Further information on the cost burden of drugs for the aged should be investigated.
2. There is a real need to examine the impact of the regional medical programs on the aged. Certainly, a specific attempt to evaluate these programs along this line should be made.
3. There is also a real need to investigate the problem of housing and health for the aged.
4. The whole problem of premature retirement and employment policies has an important bearing on aging and the aged. At the present time many individuals in their mid 40's and 50's are prematurely retired against their wishes by changes in industry. Such individuals are thus prematurely thrust into a category which begins to approximate that of the aged. I believe strongly that studies should be made on this problem. Certainly there should be some interest in attempting to maintain employment for the individuals who may continue productively in some degree even when they reach a higher age.

These are some of the items to which attention should be directed.

Sincerely,

GEORGE ROSEN, M.D., Ph. D.,
Professor, Health Education.

ITEM 12: INFORMATION FROM MRS. LUCI I. TERRY, DIRECTOR, SOUTHWEST CENTER FOR GERONTOLOGICAL STUDIES, UNIVERSITY OF OKLAHOMA

FEBRUARY 16, 1968.

DEAR SENATOR: Sometime ago Mr. Lee Rodgers, Director of the Department of Regional and City Planning, asked me if I would answer in detail your letter to him requesting information which might be useful to The Senate Special Committee on Aging. Since it was not possible for me to meet the deadline for your hearing record, I have availed myself of your invitation to write at a later time.

In regard to social planning for people in the United States past the age of 65 and those who will leave the labor force at earlier ages—

I would like to suggest that the social planning include and center around *social utility* of these citizens along with the much thought of current concern with *leisure time.*

It is my contention that society and its problems, no matter what the nature of the future changes and trends will be, is in constant need of its mature and aged members to take active and formative roles in the solution of its problems. The aging may well have social utility in providing the man-hours needed for all kinds of new services such as counseling, social work, rehabilitation of deviants, or in the general, specialized, and remedial training of its young. No matter what the state of the new technology and educational innovations, the aging might assist in meeting the interpersonal, social and care needs of its neglected or problematic youth.

It is a valid generalization from research that a significant proportion of elderly citizens are desirous of being needed by society at large. They have a need of being useful, of being engaged in meaningful and renumerative activities for which their careers before retirement have prepared them.

In the context of the past and current values of this society, work, at least some work, and not total and pure leisure, is and has been a desirable life activity and need, which, if not fulfilled by suitable, well-established, well-defined and well-titled opportunities, or roles, will leave a void and frustration in the lives of people.

In regard to your questions as to the adequacy of research on social services, housing requirements and leisure facilities for older Americans, I am aware of much meritorious research currently being carried on at various universities and centers around the country. I question, however, the trend, through "special provision" toward the isolation or social separation of the aged in communities developed specifically for them and in the leisure facilities which remove them from interaction with other age groups. It is my contention that the "separate but equal facilities" approach for the elderly would impoverish the social and psychological world of the younger generations as much as it would deprive the elderly of many benefits to be gained from an integrated, non-age-graded way of life.

I strongly recommend that the concept of "suitable living environment" be considered in a broad sense to include social relationships between the aging and the younger groups, psychological satisfactions which could be made available to older people, and the possible integration of the aged into socially profitable roles, profitable to both parties, the young and the old. There is reason to believe that the old persons of a society may provide a stabilizing influence which is much needed in times of social change. They are the "keepers of tradition," and not a few of them are capable of providing a young, vigorous society with the needed "wisdom of experience."

May I also take this opportunity to summarize the plans and activities of The Southwest Center for Gerontological Studies, which was established with United States Public Health Service funds two years ago as a training and demonstration center as a unit within The College of Continuing Education of the University of Oklahoma.

This Center has been concerned primarily with the immediate and practical task of providing intensive and interdisciplinary training to the professionals and semi-professionals who directly deal with or care for the aged. This training has been provided through an interdisciplinary core curriculum which is taught by faculty members of a variety of academic departments at the University of Oklahoma. The curriculum has been planned so as to provide not only for the transmission of available scientific knowledge through lectures but also for the exchange of opinion between faculty and students in seminars.

A related activity of the Center is a long-range and academic one, concerned with the evaluation and generation of social and moral value systems regarding the issue of the aged. Since last October a series of roundtable discussions have been held at which philosophers and social scientists of the University have intensively considered and critically evaluated the present and future fate of the aged in modern American society. It is hoped that the recorded proceedings of these sessions may be of value in the formulation of social policy for aging.

Because it is such a major and complex social issue, we can claim no single and quick solutions at this point.

The Southwest Center for Gerontological Studies will be happy to keep your Special Committee informed of the progress that is being made, both here and at other institutions, in research and planning for the aged.

Sincerely yours,

Mrs. Luci I. Terry, Ph. D.,
Director, Southwest Center for Gerontological Studies.

Appendix 4

MATERIAL RELATED TO PANEL 4:* MINORITIES PRESENT AND FUTURE

ITEM 1: REPRINT OF NATIONAL URBAN LEAGUE PUBLICATION "DOUBLE JEOPARDY—THE OLDER NEGRO IN AMERICA TODAY"

"Today's aged Negro is different from today's aged white because he *is* Negro . . . and this alone should be enough basis for differential treatment. For he has, indeed, been placed in double jeopardy: first, by being Negro and second by being aged. Age merely compounded those hardships accrued to him as a result of being a Negro."

INTRODUCTION

What do we know about the more than one million Americans who are daily exposed to the double jeopardy of being old and being Negro?

We know that nearly every older person suffers the indignity of feeling cast off, set aside, pushed into the background, of being considered useless and a burden to the busy, vigorous, useful younger generations in our youth-focused, work-oriented society.

We know that age, which brings the cumulative effects of the wear and tear of a lifetime, is hard enough for the person who can look back on a rewarding and satisfying life.

We know that Negroes bring to *their* older years a whole lifetime of economic and social indignities, a lifetime of struggle to get and keep a job, more often than not at unskilled hard labor, a lifetime of overcrowded, substandard housing in slum neighborhoods, of inadequate medical care, of unequal opportunities for education and the cultural and social activities that nourish the spirit, a lifetime of second-class citizenship, a lifetime of watching their children learn the high cost of being a Negro in America.

Until recently, the Negro who managed to survive to age 65 and beyond was "invisible." As he reached his sixth decade, he was forced, step by step, to withdraw into the back rooms and back alleys of life; there he could wait to die. Now new housing, community centers for older people, broader social security coverage and census studies are bringing to light the facts about the way he must live out these last years of his life.

We know that fewer than one-fourth of these more than one million aging Negroes hold any kind of job to help sustain themselves. We know that three times as many of them as their white counterparts are receiving old age assistance grants; that for many of them this assistance is all that keeps them alive; that many are existing at starvation levels.

These facts and many more you will find in this booklet. We hope they will give you a glimpse of what it is like to be old and Negro in America today. This glimpse may shock you. We hope above all else that it will move you to examine your community and find ways to help meet the great needs of these people.

Health and Welfare Subcommittee on the Aging,
National Urban League, July 1964.

THE OLDER NEGRO: HOW HE LIVES

For the most part, the aged Negro, if he remains in a rural community, lives on a dilapidated farm—or in a segregated ghetto if he lives in the city. Most older Negroes live in substandard conditions.

*See testimony, p. 125.

88-241—68——22

A study of the nearly 2½ million men and women who receive old age assistance reveals that, although a slightly higher percentage of elderly Negroes than whites head their own households, a majority of Negroes do not enjoy the independent and dignified living arrangements which all of us prize at any age.

Among the elderly who head their own households, about the same percentage of white and Negro men and women live alone (30%), but a higher percentage of Negroes (20%) than whites (12.5%) have other persons besides husband or wife living with them. Only 17.2% of Negro old age assistance recipients live with husband or wife only, as compared with 20.1% of white recipients.

Older Negro men and women also tend to live in seriously overcrowded quarters, whether they are renters or homeowners: 9% of older Negro renters and 5% of homeowners are overcrowded as compared with 3% of the total population who are renters and 1% of those who own their homes.

A greater proportion of Negro OAA recipients than whites live in someone else's household (28% as compared with 23%); a higher percentage in a son's or daughter's home (16% as compared with 15%). About 5% of all elderly Negroes live with non-relatives, as compared with the 2% average for all older persons.

The fact that so many older Negroes live in someone else's household means also that many older Negroes, women especially, must carry on the energy-consuming household work for large families and the care of young children at an age when the older person's health is poorest, energies lowest and the need for less stress in life is greatest.

As men and women grow older and the infirmities of age make them weak, ill or just less steady on their feet, the need for comfortable, safe and healthful housing increases. The study of all old age assistance recipients shows that only a fraction are in nursing or convalescent homes or other institutions. (10.5% of the white and 2.4% of the Negro recipients). Of all the men and women in homes for the aged only 2.8% are Negroes.

Of those remaining in the community, the majority of white persons receiving OAA grants have electric lights, telephones, refrigeration, hot and cold running water, inside flush toilets and central heating. But, except for mechanical refrigeration and electric lights, the *majority* of the 480,000 nonwhite recipients do *not* have these comforts which in America are considered basic.

More than half of ALL older Negroes live in housing which is either dangerously dilapidated or lacks essential plumbing. Only 16% of white older people live in comparably poor housing.

Wherever he lives, the older Negro is more often overcrowded, has to do harder physical work to help younger family members and is significantly less well-housed than his white counterpart—often dangerously so!

(Figures from U.S. Department of Health, Education and Welfare, 1960; Housing and Home Finance Agency, November, 1963, based on 1960 census data; Social Security Administration, 1960.)

(NOTE.—*In April, 1960 there were 20,940,000 nonwhite persons in the U.S., of whom 92% were Negroes. The terms nonwhite and Negro are therefore used interchangeably throughout this report, though the data cited may sometimes include the 8% of nonwhites who are not Negro.*)

THE OLDER NEGRO: HIS DAILY BREAD

Must life for the aged Negro mean the slum, the public aid roll, the second-hand store, the empty table?

Families headed by a person 65 or over make up one-third of all families counted as poor in the 1964 annual report of the Council of Economic Advisers. The aged account for an even larger share of adults living alone who are considered poor.

The pitifully low incomes of elderly people, especially elderly Negroes, is poignantly reflected in terms of daily bread and medical care. The $3,010 minimum annual income set by the Bureau of Labor Statistics as a "modest but adequate" budget for an elderly couple provides not quite an egg a day per person for the table and for use in cooking, about a half-pound of meat, fish or poultry (barely enough for two small servings) and no provision for a special diet or the expensive kinds of medical care all too often associated with the terminal illnesses that strike one in ten aged couples every year.

Even this $3,010 minimum has been challenged by experts on the needs of older persons as being barely adequate to *sustain* an elderly couple. How inade-

quate then is the lot of the 7 of every 10 elderly Negro couples who have less than $3,000 a year, for the one in two couples whose incomes are less than $2000 and for one couple in 10 who must live on *less than $1000 a year!*

The older Negro man or woman who lives alone faces a daily existence even more bleak than that of married couples. $1800 is the figure set by the BLS for a minimum sustenance budget for the lone elderly person, a budget which does not cover such basic items as medical care, carfare to the clinic, replacement of worn-out clothing. Yet 76.6% of the older Negro men and 96.5% of the women have less than $2000 a year and 45.7% of these men and 68.5% of lone older Negro women must try to get along on less than $1000 a year.

Moreover there are more older Negroes who are alone than white men and women because of the higher broken marriage rate and the shorter life expectancy among Negroes: 44% of the older men and 75% of the women are alone. In 1962 widowers accounted for 31% of all Negro men 65 and over, compared to 18% for white men. *Two-thirds* of the women were widows, compared with just over half for aged white women.

Because of their inferior earning capacity, more Negro men than white men never marry and so face retirement and old age alone, with no possibility of turning to a wife or grown children to ease health care or financial stress.

Born in the rural South before the turn of the century, most Negroes in their sixties today had little if any opportunity for schooling as children. Those who did usually had to leave school after a few grades in order to help support the family, usually from the time they were big enough to work in the fields.

The nearly universal fact of the older Negroes' meager schooling is the starting point of a vicious circle: inability to read and write rules out the possibility of learning to do skilled work which in turn leads to unsteady, part-time, low-paying jobs so that now in their later years these Negro men and women either do not qualify for social security benefits at all or receive very small benefits because of their low lifetime earnings.

In the early days of the social security program, the exclusion of such categories as farm labor and domestic service automatically excluded the majority of Negroes from sharing in this old age protection. Even though more workers in all categories are covered now, there are still over 1 million Negroes, especially those in domestic service, who have never enrolled because they lack understanding of their rights and the benefits involved or because their employer hasn't pursued the matter or because they themselves have been reluctant to cut in on their cash earnings, so badly needed for current living.

But for those who do receive benefits, the expanded coverage cannot cancel out the long-standing wage and employment differences that result in smaller benefits for Negroes. Nonwhite aged men receive an average benefit of $69, as compared with an average benefit of $86 for white men. For women, the average monthly payment for nonwhite beneficiaries is $51, for white, $65.

Such meager benefits simply cannot meet the daily needs of men and women who have never earned enough in their whole lives to support themselves adequately, much less make investments, buy health or retirement insurance or set aside savings for their old age. There are still far too many aged Negroes whose work life or the work life of those who supported them has not qualified them *at all* for social security benefits.

It is not surprising, then, that three times as many Negroes as white people need old age assistance—480,000 of them in 1960. For many white aged persons the necessity for public aid to keep from starving comes as a shocking introduction to their last years. For many aged Negroes it is an old and sad story, particularly for those Negro men forced out of the labor market in their forties and fifties during the depression and later when the age of automation set in and fewer and fewer unskilled jobs were available. When these men reached age 65 they were simply moved from general public assistance rolls to old age assistance.

Each states makes its own rules as to who is eligible and sets the maximum amount a needy old person may have—ranging from a high of $325 a month in the state of Washington to $40 a month in Mississippi. About half the states do not specify a maximum figure, but the very food of virtually hundreds of thousands of elderly people is given or withheld by state legislators. For instance, in November 1963, the Illinois State Department of Public Aid *reduced* the assistance to old men from $41 to $33 a month and *reduced* aid to blind old men from $47 to $33 a month!

For the older Negro in our society, the experience of being without cash, food and comfort is not new—he has lived with it all his life. But in his later years,

he has less physical vigor, fewer resources than ever and, worst of all, he is finally confirmed in his lifelong hopelessness.

(Income figures from Social Security Administration's 1963 Survey of the Aged; social security figures from the Social Security Bulletin, February 1964; facts on marital status from Bureau of the Census, Current Population Reports, March 1963; figure on those not enrolled in social security from Bureau of Labor Statistics reports; facts and figures on old age assistance from 1960 reports of Social Security Administration.)

THE OLDER NEGRO: HIS JOB OPPORTUNITIES

Must restrictive hiring practices continues to limit the job opportunities of men over 45 in more than half of our states? Must we continue to add to this discrimination because of age, the burden of discrimination because of color?

The child is father of the man—even unto old age and death. So it is that the educational, social, employment and income disadvantages of the younger Negroes in our society keep piling up decade after decade until in their old age they find themselves completely impoverished with less than nothing to show for all the years of hard work and suffering.

Negro men of all ages are less likely than white men to find employment. In 1960, when 78% of all white men aged 14 or over were employed, only 70% of all Negro men of working age had jobs. Among those over 65, 30.6% of the white men and 29.3% of the Negroes were employed.

Negro men are less likely to have steady jobs. In 1961, 65% of employed white men and 51% of employed Negro men were working the full year at full-time jobs. Among those 65 and over, 42% of the white men and 35% of employed Negro men held steady jobs.

On the other hand, Negro women work outside their homes more often and longer than white women. In 1962, only 35.6% of all white women of working age held jobs, while 42.2% of the Negro women of working age were employed. Of the women aged 65 and over, 13.3% of the Negro women were still working, as compared with 9.8% of the white women. But Negro women also characteristically work parttime; in the 65-and-over age bracket, 30% of employed white women and only 14.8% of employed Negro women had full-time jobs.

Both Negro men and women are more likely to find work which is unskilled and low-paid, but those who do skilled, professional or technical work are likely to be paid less for it than a white person in the same work or profession. Four out of 10 nonwhite employed men in 1962 were service workers or non-farm laborers. Of all employed Negroes, men and women, in 1960, more than half were employed as farm laborers, domestics, and service workers. At the other end of the spectrum, only 5% of the six million employed Negro men and women were doing professional and technical work.

Nonwhite workers can look forward to about half the lifetime earnings of white workers with comparable education. Among white and Negro workers having eight years of elementary school, Negroes' lifetime earnings average 61% of the whites'; for high school graduates, Negroes' earnings average 60% of the whites'. Among college graduates, the gap between Negroes and whites is, ironically, even wider: a Negro college graduate earns in his lifetime only 47% of what a college-education white can earn.

During the biggest earning years, the unemployment rate for Negro men is three times that of white men; after age 65, it remains more than twice as high.

More Negro men than white men "retire" early, many for health reasons, but a substantial number are actually forced out because of company or union policy and because, as a rule, Negroes are "last hired, first fired." A study of 100 Negroes receiving old age assistance in a Midwest industrial city showed that 80% of the men and 75% of the women had stopped working before 65. Of the men, 28% had done so because of company or union policy; only 4% because they just wanted to.

Scanty or inferior quality education, fewer job opportunities, less steady work, a high rate of unemployment and low pay scales make inevitable the insecurity and poverty of aging Negroes.

(Employment information from *Monthly Labor Review*, July 1963 and U.S. Bureau of the Census, 1960. Information on income by comparative schooling from statement before U.S. Senate Subcommittee on Labor and Welfare, July 1963. Retirement information from study conducted by Community Services Department, Detroit Urban League, 1961.)

THE OLDER NEGRO: HIS HEALTH AND HIGH DEATH RATE

Negroes who reach the age of 60 are the survivors. These men and women who have overcome six decades of inadequate medical care—and have survived the ravages of discrimination, poor education, slum conditions and unemployment—must they endure in their last years a continuation and intensification of the sufferings of a lifetime?

The high incidence of poor health among Negroes of all ages inevitably leads to a high death rate—shockingly high in this age of medical breakthroughs against the killing diseases. It means that fewer Negroes than white persons live to reach old age.

Of every 1,000 white Americans in their late forties, 5 will die in the coming year—if they are Negro, 10 will die. The white baby boy born today can expect to celebrate his 68th birthday—if he is Negro, his life will be seven years shorter.

The incidence of death from the leading killers—heart disease, cancer, brain hemorrhage and accidents—is proportionately higher for older Negroes than for older white people. In spite of miracle drugs and antibiotics, Negroes are more likely to die before age 65—often from diseases we think of as yesterday's killers. Deaths of nonwhites aged 65 and over from tuberculosis account for 15% of all deaths; those from influenza and the pneumonias, 8% of all deaths. Nearly 16% of all patients in tuberculosis hospitals are nonwhites.

Of course, death rates describe only part of the health picture. The Negro, in comparison to the white, has more diseases and disabilities, one-third more "restricted-activity" days, has twice as many days in bed and loses one and one-half times more days from work because of disease and disability. One study showed that of 100 older Negroes in a large urban area, 64% of the men and 84% of the women had to stop working before age 65 because of ill health.

Yet, despite their greater need for medical care, Negroes of all ages visit physicians less often than white persons and go to the dentist about one-third as often. After age 65, all Americans see their physicians more often, their dentists less often. Negroes in this age group visit their physicians an average of 4.6 times a year, but white people this age see their physicians an average of 6.9 times a year.

One factor that may explain the fewer physicians visits among Negroes is that there are only 27 Negro physicians for every 100,000 Negro persons, but there are 157 white physicians for every 100,000 white persons. Significantly, fewer Negro physicians live and practice in the states having the most Negro residents. It is not suggested that there should be more Negro physicians because it is more desirable for Negroes to be treated by physicians of their own race; it *is* suggested that racial discrimination rears its ugly head in matters of health, just as it has in all other areas of Negro life. Although *overt* discrimination is becoming less frequent on the front line of health services—the family doctor, the visiting nurse, the health department clinic and the general hospital—Negroes are still confronted with the flat refusal of many medical specialists, dentists, nursing homes and other special health personnel and facilities to accept Negro patients.

It is widely known that the lack of skilled nursing home care in this country hase reached the proportions of a national tragedy; for Negroes needing this kind of facility, the situation is intolerable. There are pitifully few nursing homes which even open their doors to Negroes. For example, a 1962 study in Louisiana, a state with a high concentration of Negroes, showed that, compared with 103 nursing homes serving 3,418 white persons, there were 22 nursing homes serving 488 Negroes.

What happens to the aged Negro who is ill or infirm and has no one to care for him? State after state has indicated in reports and other documents that, because there is literally no other place for them to go, chronically ill Negroes have been condemned to live out their lives in custodial care mental hospitals!

The stark fact is that most Negroes cannot afford the burgeoning costs of medical care and must either do without or settle for that which the community provides at nominal or not cost—care which, more often than not, is offered with indifference, at best, and frequently in a way calculated to humiliate.

Existing health insurance has been of little help to the Negro population; the kinds of jobs they have carry little or no health insurance; the older Negro has even slimmer resources with which to secure insurance protection against his increased medical needs, where insured, discriminating hospital practices have often nullified insurance benefits.

Medical assistance for the aged is one of the most pressing unmet needs in our nation today. The Kerr-Mills program which went into effect in October 1960 is so hemmed in by restrictive provisos that it currently helps only slightly more than 1% of the whole aged population. Approximately 12% of the U.S. population 65 years and over receives old-age assistance. Although there is wide degree of variation of limitations in the scope of medical services available to old-age assistance recipients, every state but one (Arizona) has a vendor payment plan for medical care.

The Kerr-Mills program is further limited by the inclusion of the "means test" for eligibility which insists that the older person have limited and often meager assets or resources of his own. In many instances, the Kerr-Mills program also deprives the grown children of older men and women of their life savings, even when this means sacrificing *their* children's futures. A medical care plan which does not impose this indignity on older men and women, their children and grandchildren should be the cornerstone of any humane anti-poverty program.

A minimal step would be the establishment of a medical and health care program for the elderly through the social security system. It would greatly benefit millions of citizens, by increasing their chances of securing adequate medical care without decreasing their dignity and self-respect.

Negroes are more likely to die before 65. They are more subject to disabling illness, get less—and less adequate—medical care and less assistance in meeting its cost. In community after community, in all sections of the country, the pattern of health facilities and services in hospitals, clinics, homes with or without nursing care under commercial, religious or non-profit auspices, has not allowed for adequate care of Negroes.

(Information from U.S. Department of Health, Education and Welfare, Public Health Services: National Vital Statistics Division, Health Statistics Series 8 #15–1960 and Series B #32–1960; U.S. Department of Commerce, Bureau of the Census 1960; Reports, White House Conference on Aging 1961, President's Council on Aging, 1963. Nursing homes: Beattie, *Phylon*, 1960 and Pollack, Earl S. *et al.*, unpublished study citing State Department of Hospitals' Annual Report on Personnel-Nursing Homes, July 1962. Mental hospitals: "Report on Patients over 65 in Public Mental Hospitals," American Psychiatric Association, 1960 and "Mental Illness Among Older Americans," U.S. Senate Special Committee on Aging, Sept. 1961. National Urban League Health Report, 1964.)

THE OLDER NEGRO: THE EMPTY HOURS

Can we not, while lifting their level of living, also lift their spirits?

For older people who elect to retire or have retirement thrust upon them, there is an adjustment about which much has been written—an adjustment to lower income, loss of work companions, idle hours. Often, even for those with comparative economic advantage, the disruption of the life pattern brings on loss of self esteem, lack of purpose, withdrawal from people and from life.

What are the differences faced by Negroes? In the first place, few Negroes retire; most are forced out of the labor market because employment opportunities dwindle rapidly as age increases, or because ill health overtakes them. The great majority of those who are lucky enough to have a choice in the matter, elect to continue work, because of their own or their children's financial need. A 69-year-old Negro mechanic told the personnel director of a large corporation, "I want to keep on working as long as I can, so I can help my children and grandchildren. Young people have a hard time getting along these days."

Among those who do stop working, many live alone, since fewer Negroes and their spouses are still living together at this age, and many more Negro men than white remain unmarried because of theiy risky job chances and low earnings. At the same time—perhaps because only 2.8 of the residents in homes for the aged are Negroes—more Negroes than white live with sons and daughters. In the experience of those working with older people a great many older Negroes, particularly women, "help out the young people" by caring for grandchildren, while the mothers and fathers work. While this situation means that the older person is needed and useful, it also often prolongs the period of strenuous physical work to the hardship point. Those who are denied even this feeling of usefulness are left to face their final days, most of them in poverty, most of them in hopelessness.

In most places, the myriad of programs which have sprung up to enable older people to participate in educational, recreational and social activities are not available to Negroes. Where they are, the life situations and life-long experiences

of these older people impose barriers. Some are still employed, many are in poor health, a substantial number have taken on family responsibilities in the homes of their sons and daughters. Many Negroes who have lived six decades or more in a pattern of segregation and discrimination find it difficult to believe in their own acceptability, and small wonder! Beyond these observations, we do not yet know enough about how Negroes older people can be helped to fill the empty hours with activities that will have special meaning for them. One study of 100 Negro men and women receiving old age assistance in a large Midwest industrial city showed that their so-called "leisure" hours were spent in activities of an extremely limited nature.

We take for granted that all older people want to continue as useful, participating, recognized, wanted members of the community. Social welfare workers testify that older Negroes want and need essentially the same things as do white older people. But what of those who have been useful—sometimes in ways which they would not have preferred—and upon whom limitations as to participation and recognition have been placed, who have not been wanted members of the community? As one social worker puts it, "We have never involved, motivated or worked with older Negroes in such measure as would give us insight into their special wants and needs." All older people need protection against the hazards of life, but few older people cherish isolation from community living. Older Negroes are more likely to find themselves increasingly isolated because of lack of funds, lack of inner resources because of years of deprivation, and, for many, lack of family and community roots.

In a culture which is primarily youth-oriented, all older people find many difficulties in continuing in the mainstream of community life. Older Negroes have special added difficulties because of their life experience and their life situations. These must be much better understood before satisfactory planning can be done for activities which will truly fill the void of the empty hours.

(Information from: Reports, President's Council on Aging, 1963; U.S. Dept. Health, Education and Welfare 1960; figure on Negroes in home for the aged, U.S. Dept. of Commerce, Bureau of the Census; Study, Community Services Dept., Detroit Urban League, 1961; social welfare observations, Beverly Diamond, Consultant, National Council on the Aging.)

WHAT CAN YOUR COMMUNITY DO?

"The underlying aim is to create a community climate in which people, as they grow older, can maintain status, realize their potential and continue in dignity and health to find meaning and satisfaction."

A wide gamut of services must be thrown open to older Negroes. Some will have to be initiated; already existing services must be made available to *all* older people, without discrimination.

Most urgently needed by all our aging population, but especially by Negroes, are improved standards of *income maintenance*, better *housing* and *health and medical services.*

The need for higher *social security benefits* is well known; less-publicized is the fact that *old age assistance grants*, upon which so many older Negroes largely depend, remain at starvation levels in some states. Only pressure from conscientious citizens can raise these levels. For employable older Negroes, *vocational training and retraining* is badly needed.

Special housing for all older people is needed. Ideally such *living arrangements* should be *suitable for both well and infirm aged*, and located near enough to housing for young families so that some feeling of normal community life is maintained. The slum housing in which many thousands of Negroes live is bad enough for young and middle-aged families; for older people, the health and accident dangers are much greater.

Health services in any community should offer both *preventive and health maintenance* opportunities for older people; medical and dental care, visiting nurse service, occupational therapy, skilled nursing care for those older people who must live in institutions.

To enable older people to remain as self-directing and independent as possible in their own homes as long as they are able and want to, home help services are needed, such as *homemaker services* (of the 208 such agencies listed in 1961, all but a few were still being operated largely for families with children), *friendly visiting, portable meals*, and the programs of the *multi-service centers* for older

people, of which there are now some seven hundred, and which include educational, recreational, family counseling, health, home finding and other services.

Counseling services should include *protective services* for those too feeble or confused to managed their own affairs. One study in a large Eastern city estimated that 5 to 10% of urban old people not in institutions are in need of such service.

Education and *recreation* programs for older Negroes should be studied with the intent to meet special needs. Adult education programs, so interesting and helpful to many older people, may have to begin with plain reading and writing, since older Negroes today were born before the turn of the century and many were given a meager schooling. This simple program could open up a new world for such an old person, leading to reading newspapers, preparation for voting, use of public libraries and reading for enjoyment.

Negroes can be helped to have more of a part in community affairs, assisting with voter registration, working in legislative activities, and giving other volunteer help to community organizations of all kinds.

In past decades, one of the delaying actions in opening services to Negroes—often accepted as reasonable by sincere and concerned folk—has centered on a myth which might be similarly applied to these needed services: "If we open our nursing home—or our Center—or our service—to Negroes, other people will stop coming." Experience has now shown that, even in communities where the segregation pattern is most entrenched, services *can* be extended to Negroes without disruption or disaster.

Each older person is an individual. Services must be planned and programs created with the specific needs of specific persons and groups in mind, and must be available for all older people, wherever they live.

(This section based on "Guide to Planning and Action", excerpted from "The Community and Its Older Residents", published by National Council on Aging. Available, upon request, with check-list of community services and programs for older people, from the Council, 49 West 45th Street, New York 36, N.Y.)

CONCLUSION

The plight of the one and a half million older Negroes is by far the most desperate of any people in our society.

For hundreds of thousands of these Americans, whatever we can do now will be too late. But we can begin to free them from real want. It is not too late for something older Negroes cherish: We can give their children and grandchildren a chance. In this generation, we can crash the barriers that separate men and women from adequate wages, steady employment, decent conditions in which to bring up their families.

The facts you have read here comprise only a sketch of the older Negro in America today. Much more must be learned before a full-scale portrait can be made. Research, experiment, planning—all are needed, not only on a nationwide basis, but in the many cities, towns and villages where older Negroes are living out their last years. Our obligation is to see to it that their tragedy will never be repeated in this nation, that the aged Negroes of the future will not face their time of life burdened by the accumulated hardships of a lifetime, that never again will they "be placed in double jeopardy."

(Grateful acknowledgement is made to those who cooperated to produce the materials and ideas for this pamphlet. Basic data was furnished by the federal agencies, departments and publications cited; compiled by the Research Department, Office of Aging, Department of Health, Education and Welfare; and processed by the Research Department, National Urban League. Some of the ideas in the text were adapted from a speech given by Mr. Edwin C. Berry, Chicago Urban League, at the annual conference of the National Council on the Aging, February 1964. Special thanks are due the National Council on the Aging for leadership, technical assistance and consultation to the Urban League's Health and Welfare Subcommittees who were responsible for carrying out this special project.)

ITEM 2: QUESTIONS SUBMITTED TO DR. JACQUELYNE J. JACKSON, CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT, DUKE MEDICAL CENTER, AND HER RESPONSE

1. Your paper, "Negro Aged and Social Gerontology: Current Status and Some Emerging Issues," is of considerable interest to the Committee because—as the accompanying letter indicates—we were concerned about the special needs of elderly members of minority groups. Can you give us a summary of your major findings, together with some discussion of the implications of your findings in terms of the value of federally-assisted programs to the older Negro subjects you interviewed.

2. What suggestions do you have for additional research in related areas?

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 6, 1967.

DEAR SIR: This is in response to your letter of 20 November 1967.

Insofar as Negro aged are concerned, my most important finding is that *almost nothing is known about Negro aged.* Most of the few data available pertain to their objective socioeconomic conditions, as measured by such indices as income, education, and housing. As you well know, a majority of them can readily be classified as being at or below the poverty level by the current federal guidelines. One implication of a finding regarding their objective socioeconomic conditions and those who will become aged within the next several decades, however, is that aged Negroes in very low-income situations will also have fewer rural persons. It appears as if aged Negroes in poverty-level conditions need more public assistance in urban than in rural areas. If this is so, then the federal government will have a much larger proportion of aged Negroes depending upon it for assistance.

A more important implication of my general finding regarding the paucity of data on Negro aged as it relates to the value of federally-assisted programs to older Negroes is that the lack of much needed data prevents the most efficient planning and utilization of resources. Therefore, the most urgent need which may confront a Special Committee on Aging might be the undertaking of or support of a research study designed to at least (1) identify the significant homogeneous sub-groups of Negro aged; (2) specify their objective and subjective conditions as they relate to their age and to the various societal institutions affecting them; (3) determine their *perception* of their problems, needs, and desires; and (4) evaluate the services provided by currently available federally-assisted programs for these aged. Special attention should be given to the isolated, urban aged Negro male. It may also be necessary to examine certain kinds of changes which may be taking place in the types of instrumental assistance which adult children may be able to provide for their parents when both occupy extremely low income levels.

I am enclosing a copy of a paper I presented at the 1967 annual meeting of the Gerontological Society, St. Petersburg, Florida, which indicates some of the types of research deficiencies I find in the present literature. I think that several research problems singled out there ought to be considered in any research related to Negro aged. I am also enclosing a Xeroxed-copy of my "Social Gerontology and the Negro Aged: A Review," as background for the former paper. A copy of the latter may also be obtained from *The Gerontologist*, September, 1967.

In considering special problems which minorities may have, I think that in addition to the usual problems of health, income, and housing, some attention might well be given to their subjective experiences with the personnel of the various agencies which service them—not the least of which may be the attitudes of physicians who treat them. I suspect that many of the welfare agencies provide insufficient handling of the problems which some of these aged have. Some indication of a resentment of types of discrimination found within such agencies was obtained from selected samples of Negro aged in Macon County, Alabama, and two counties in Georgia, copies of which are also enclosed.

I suspect that in the next several decades, the most crucial problems with which the federal government may have to deal will be in the area of providing adequate housing, located adjacent to or near sufficient transportation and/or shopping areas, and the type of housing which will permit heterogeneous age-grouping; providing semi-institutional housing and institutions for those aged Negroes in need of more intensive support and care and who are without families

providing such services; extending the monetary benefits beyond the levels to which aged Negroes in dire circumstances may be entitled to if one only considers their work history, etc., for it is already apparent that the majority of them who qualify only for the minimum Social Security benefits under OASI tend to have insufficient income, when measured by the cost-of-living indices; providing sufficient and efficient medical and dental care, *and* helping, where necessary, to change negative attitudes toward using such facilities (which also means changing, in some cases, the very nature of the facilities); and in trying to construct teams or social service workers who will be able to handle effectively their objective and subjective needs. For example, some social workers might be trained to help assess the "giving potential" of certain aged Negroes and involve them in voluntary programs useful in helping other age groups and the community generally.

To conclude, my major findings as they relate to Negro aged indicate the need for a comprehensive research study, which seeks to relate the interaction of various factors affecting Negro aged and to identify their significant subgroups (including the "problem" groups), so that the data which emerge can provide an effective basis for sound and rational social planning for these aged. In particular, special attention should be placed upon those who are now and are likely to be isolated, low-income, urban-dwelling males.

If I may be of further assistance to you, please call upon me.

Very truly yours,

JACQUELYNE J. JACKSON, Ph. D.

P.S.—I have some data which I am presently comparing in an effort to isolate certain factors which may distinguish between Negro and white aged and the two sexes within each racial group, based upon a sample of North Carolinians. If the data reveal any significant differences which may be useful to you, I shall be happy to forward them.

[Enclosure]

EXHIBIT A. NEGRO AGED AND SOCIAL GERONTOLOGY: CURRENT STATUS AND SOME EMERGING ISSUES[1]

(By Jacquelyne Johnson Jackson, Center for the Study of Aging and Human Development, Duke Medical Center, Durham, N.C.)

Within the general concern of understanding aging, some gaps emerge. One such gap is about aging Negroes. The fact that a paucity of data exists for Negro aged especially can be attributed to a number of factors. One important factor has been the tendency to exclude systematically Negro aged from gerontological investigations.

Recently, however, Negro aged are being included with increasing frequency in such investigations. Moreover, the probability of an accelerated proliferation of this newer trend appears likely. If so, then those investigators concerned with Negro aged and those concerned with further identification of the commonalities of aging may well find that the resolution of certain critical issues may improve substantially the validity and reliability of their work. These critical issues include particularly those of the relevancy of race and aging and of race and research.

These conclusions I reached after examining social gerontological literature available on Negro aged since 1950. The purpose of this paper is to share with you certain judgments I have formed about the current status and emerging issues of the existing social gerontological literature on Negro aged. While I shall be concerned with the content of that literature, I am more concerned about its significant omissions.

At the outset, I should indicate that this paper has a very limited scope and lacks many details and bibliographic references. I have already provided, however, a bibliographic collection and a critique of its content. Some of you may be interested in it. If so, please refer to my article entitled "Social Gerontology and the Negro Aged: A Review," *The Gerontologist*, September 1967, pp. 168–178.

A nutshell summary of the current status of social gerontological literature on Negro aged is simply that social gerontologists know almost nothing about Negro

[1] This paper was supported in part by Research Training Grant 5 to 1 HD00164 of the National Institute of Child Health and Human Development. Acknowledgment is also made of the very helpful criticism provided by Dr. George L. Maddox, Duke Medical Center, Durham, North Carolina.

aged. Most of the few data on Negro aged pertain to their socio-economic conditions. Yet such data are rarely related to aging processes. For example, a generalization that the collective socioeconomic status of Negro aged is lower than that of white aged, while valid, can scarcely be regarded as a significant conclusion for a gerontological study. Further, while it is also true that the life-expectancy span for Negroes is shorter than that for white, the literature has not yet dealt wih causal inquiries designed to investigate the late old-age racial reversals of the life expectancy patterns. One explanation may well lie within the cultural adjustment patterns.

Few comparative findings characterize the present social gerontological literature on Negro aged. Those that do exist most often vary from each other. There are, for example, variations in findings about health statuses, about the functions of the familial and religious institutions for these aged persons, about psychological reactions to economic statuses, about adjustments to aging, and about what it means to be *both* old and Negro. Some illustrations may be useful.

In its study, *Double Jeopardy, The Older Negro in America Today* (1964), the National Urban League concluded that Negro aged were in much poorer health than white aged. On the other hand, Youmans (1963) found no significant differences between the subjective health ratings of his Negro and white Kentucky subjects. Shanas (1962) provided no racial comparisons in her *The Health of Older People, A Social Survey*, despite her usage of a national area-probability sample and of Negro interviewers for the Negro subjects. Yet, she also provided no justification for not having employed a racial control in the data analysis. Hence, at the present time, we cannot determine the validity of the "fact" that everyone knows Negroes are in much poorer health than are whites. In considering aged persons, this fact may even be a myth! But why guess? Such a "fact" can be subjected to empirical testing with relative ease today.

Stone, in 1959, contended that the religious institution, as compared with those of the family, the economic, and the educational, *was* the most important one for aging Negroes. Smith (1966), having determined that aged Negroes were in "multiple jeopardy," concluded that the rural, aged Negro usually "derives the greatest source of satisfaction from his religion, not from activities involving his family and relatives, as does his white counterpart." Heyman and Jeffers (1964) inferred that aged Negroes whose major lifetime occupations had been manual attributed far more importance to religion than did manual and nonmanual aged whites and nonmanuel aged Negroes.

But, my replication of the date Heyman and Jeffers (1964) used showed that greater refinement of the occupational variable negated their findings. In other words, when the manual subjects were subdivided into lower and upper manual categories, then no differences existed between the racial groups as measured by major lifetime occupation and religious items on the Chicago Activities and Attitudes Inventory. Why the change in results? To put it simply, I did not compare aged persons whose major lifetime occupations had been that of domestics or day laborers with skilled persons. Hence, in this instance, race appears as an irrelevant variable, social class as a relevant variable. Too often, investigators have failed to establish adequate control for social class when they make racial comparisions.

It is informative to note that those investigators such as Ball (1966), Davis (1966), and Dhaliwal (1966), who specifically asked their aged Negro subjects to rank hierarchially such items as religion, family, friends, and health did not conclude that the religious institution was of greatest importance for the aged Negro subject. Their data, and that of Sherman (1955), suggest that aged Negro subjects *with* children or other significant family member(s) typically attach more importance to their families than to their religions. Neither Stone nor Smith, whom, you will recall, stressed the significance of religion for aged Negro subjects, asked their subjects which institution was of greatest importance for them.

Both Smith and Stone might do well to recall W. I. Thomas' "definition of the situation" or Weber's *verstehen*. In a similar vein, at least one article in the social gerontological literature presently under review also has direct applicability here. Busse, Jeffers, and Obrist (1957), using the self-age category placement technique, reported a significant relationship between age identification and race. But, in 1962, Jeffers, Eisdorfer, and Busse, having evaluated that technique, reported that idiosyncratic meanings were attached to its age terms. Hence, justified usage of the technique, they concluded, required validation for "each

subject in a given population." The general intent of their conclusion might well be extended to investigations of such areas as those of the relationships of race and aging to the familial and religious institutions. In any case, existing data are too sparse, too fragmentary, to permit any generalizations about any such relationships at the present time.

These and other illustrations not cited here can be amassed to indicate that the current status of social gerontology and Negro aged is one which provides relatively little useful information about the *processes* of again among Negro aged. I regard this as one of the most serious omissions of the current literature.

What else is missing? Most of all, I miss some indication of the developmental processes of sociocultural and psychological aging among Negro aged *within* their subcultures, some indication of the relevancy of race to aging, and some considerations of the immediate and long-range goals which should have priority value in studeis of Negro aged.

More knowledge about aging within Negro subcultures can be obtained by placing greater emphasis upon the settings within which aging occurs. More investigators will have to go out to the aged, rather than having the aged come to them. At the present time, I think that there should be less emphasis upon comparisons beween Negro and white aged, for such comparisons not only tend to be invidious; they also provide little information since they are most often characterized by insufficient socioeconomic variable controls. Moreover, they generally provide us with findings already logically, although not necessarily correctly, deducible from data previously collected. Social gerontologists are now informing us anew that Negro aged, e.g., tend to display greater pessimism and anomie than aged white and that they feel less powerful than whites in mastering their environment. So what? What may be more relevant is which aged Negroes display greater or less pessimism and anomie than other aged Negroes, and how, if at all, such attitudes are related to their adjustment to aging and to their dying.

Social gerontologists are tending to follow the paths of earlier investigators of Negroes. They show a tendency to use "white, middle-class adjustment models" in evaluating Negro aged. Even Negro investigators, on occasion, have used the "ratio-standard models" (i.e., characteristics of Negro aged should approximate those of white aged). All such investigators display inadequate knowledge and understanding of Negro aged subcultures and of their earlier life-styles within such subcultures. None of them are dealing with the critical issue of what it means to be *both* Negro and an aging individual.

Social gerontologists might make a notable contribution to the behavioral science literature by helping to isolate those situations under which race is relevant, and, therefore, those situations when race becomes irrelevant. They may make a start by trying to untangle race and social class. No more emphasis, it seems to me, need be placed upon efforts to demonstrate the existence of segregation and discrimination. They are here. They are real. What are their consequences upon aging? Their effects should not be confined to economic and economic-related indices, nor should these attain paramouncy. I, by no means, wish to negate economic factors, but, given these, what else? It may be that even when sufficient socioeconomic controls are established in studies of Negro and white aged, a need may yet remain to explain particularistic aspects of behavioral and attitudinal patterns. How, e.g., are self-concepts related to aging among Negroes?

In trying to formulate answers to these and other questions, where might one first place his monies? While I have no definitive answers, I think that an *excellent starting point would be to investigate precisely the kinds of goals desired and to establish criteria for hierarchial and concurrent initiation of such studies.*

Additionally, such studies as the following ought to be placed high on any resulting list. *A longitudinal study of a random sample of aging Negroes within central cities especially* is needed. Such a study might investigate the *interracional effects of all relevant sociocultural and psychological factors upon their aging.* It should at least produce some *identification of the significant Negro aged homogeneous subgroups within those localities.* These subgroups could then be compared with each other in the search for aging commonalities. Only then might other racial comparisons be undertaken.

Studies designed to determine the validity and reliability of various "facts" regarding Negro aged, including *especially those of their health statuses and of the functions of their families and their religions,* may be useful. Certainly, we need studies set up to determine the most adequate methodologies for investigating Negro aged. Such factors as the effect of the color of the interviewer upon the reliability of the data obtained, and the criteria used for measuring desired indices bear investigation.

Finally, some *indication of how social change in such areas as Negro subcultural institutions, urbanization and urbanism, automation, both increased and decreased segregation,* and of *how the effects of Negro protest movements may affect the* objective *and subjective conditions of the next several generations of Negro aged are warranted.* A pessimistic view of present conditions within certain Negro ghettoes suggests that the life-expectancy span for older Negroes may begin to decrease within the near future. Their infant mortality rate has already begun to increase.

In closing, I would like to state that the review of available data suggested generally that much more *empirically validated and reliable knowledge about Negro aged are needed.* Such knowledge can be especially useful in assisting in the delineation of the commonalities of aging and in providing data for social planning for these aged persons and their future counterparts.

In order to achieve maximum effectivenesses in such tasks, those who study the Negro aged ought to be qualified by both gerontological training and experience and by adequate knowledge and understanding of and objectivity with which they approach aging persons in Negro subcultures. Above all, they should deal effectively with the tasks of specifying the relevacy of race to aging, and should go beyond those social scientists who have been sitting on the fence for the past few decades by not resolving this critical issue.

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ITEM 3: REPORT BY DR. FRANCES M. CARP, AMERICAN INSTITUTES FOR RESEARCH

Utilization of Services by Elderly Members of Minority Groups

THE PROBLEM

Provision of services for the elderly is futile unless the services are used. Physical provision of services does not guarantee their utilization. Furthermore, utilization rate does not always follow the pattern of need. This has been pointed out as a matter of concern in many areas—in medical services (Ostfeld, in press; Eisdorfer, in press)), housing (Beyer & Niertrasz, 1967) and senior

centers (Wildensky, 1961; Blenkner, 1961), for example. Physical availability of services as judged by "objective" observers does little to meet the needs of elderly persons unles the services are physically and psychologically available to potential users. Persons in greatest need of a service may not be those who make use of it.

The gap between provision and use may be even greater when an additional factor—membership in a minority group—is operant. Moore and Holtzman point out that: "Membership in racial and ethnic groups, distinctive from the majority population, serves as an important conditioning factor in access to and availability of cultural resources. It determines in large measure what is obtainable for the development of children and youth." (1965, p. 111.) It may, in similar fashion, determine what is obtainable for the service of old people. A panel discussion at the sixteenth annual meeting of the National Council on Aging, highlighted "the plight of the elderly, especially those who are members of the racial minorities." One member of that panel, Art Zamora of San Francisco, "discussed problems unique to the Mexican-American minority, estimated at seven to eight million people, most of them in the Southwest and California." (The National Council on Aging, 1967.)

As one example of the situation in regard to public housing: In San Antonio, Texas, in 1959–60, Victoria Plaza, a high-rise public housing project especially designed for the elderly was built. Before construction was completed, there were approximately twice as many legally qualified applicants as there was space. However, only 3% of the applicants were Spanish-named, while the 1960 Census reported 50% for the area, and the Roman Catholic Archdiocese estimated 55% (Carp, 1966). In other public housing projects which are neither age segregated nor high-rise, the Spanish-named sector of the population was adequately represented.

There is little doubt that the Latin-American elderly are very poorly housed, in general, and that they are too poor to obtain standard housing through private means. Spanish-named elderly persons comprise one of the least privileged segments of the population, yet they do not avail themselves of special housing facilities which are low in cost. At present a second high-rise public housing apartment house for the aged is under construction in San Antonio. In an effort to attract Latin-American applicants, the architect gave special consideration to their cultural background, their habits of interacting with others, and their desire for privacy. Throughout the years of preparation and publicity the staffs of the San Antonio Housing Authority and of Senior Community Services have sought diligently to inform and attract the Latin-American members of the community. Despite these efforts, Spanish-named applicants are few. Out of the first 500 applicants for apartments in the new building, 20 had Spanish surnames.[1]

Failure to utilize public housing facilities obviously is not a Latin-American trait, nor is it a characteristic of old persons. Young Latin-Americans, and young and old Anglo-Americans use public housing. Rather it is a characteristic of old Latin-Americans, and it may determine behavior only in relation to facilities limited to the elderly. The exact number of old persons in public housing other than that designed for the aged is not known. It is not possible to compare the number of Latin-American aged who utilize public housing as subordinate family members rather than as heads of families.

Non-utilization of public housing facilities for the elderly by Latin-Americans may stem from one or more of several sources:

(1) Older Latin-Americans may not be informed about public housing facilities for the aged. Those who live in public housing generally have moved within families. Younger family members may have been responsible for obtaining the necessary information. Age-integrated public housing units are located in the part of town where the Latin-American population is concentrated, and are familiar aspects of these neighborhoods. The public housing facilities for the elderly are located outside this area. Many older Latin-Americans speak or read little or no English and understand little of it. The patterns of their lives may give them meager contact with the Anglo culture and what goes on in it.

(2) They may know about the facilities but not want to live in them. For example, they may not like the very modern, high-rise construction. They may

[1] This count was made from names which are being supplied to the Principal Investigator by the Housing Authority for a study of the effects of residence in public housing for the elderly.

not like the absence of yards and gardens. They may not want to get rid of pets, which are forbidden.

(3) The facilities for the aged may be so located in the community that old Latin-American people do not want to move there for fear of losing contact with family and friends, accustomed neighborhood facilities and church parishes.

(4) They may prefer to stay within the multigenerational family for positive rather than negative reasons. The Spanish-American culture may afford more meaningful roles to its old than does the Anglo culture. It may provide them more support and prestige, and allow them to find more meaning in their own lives in old age. The roles to grandmother and of matriarch may be especially rewarding to the older Latin-American woman because of the relatively low position of prestige and power she has held through infancy, childhood, youth and wifehood. Even in her role as mother, she is not only under the dominance of her husband, but must also remember that even the youngest male child is "un hombre."

(5) Latin-American old people may feel, more sharply than younger generations, the impact of prejudice. That prejudice is operant in the situation is suggested by the fact that not only were there far too few Spanish-named applicants to Victoria Plaza, but also there were no Negro applicants, though Negroes comprised about 10% of the city's population at that time. Some Anglo applicants asked research interviewers whether there would be Negro or Latin residents, and said they would not accept apartments if there were to be. A well educated, attractive Latin-American interviewer had to be dropped from the study, because the refusal rate to her contacts was nearly 100%. In every case, the old person subsequently participated in the study with a blonde, blue-eyed interviewer.

(6) There may be a reluctance on the part of elderly Latin-Americans to move into the Anglo way of life. It is by no means clear that Latin-Americans generally value it highly. Older persons may take advantage of the fact that they are not forced to accept the Anglo culture as, for example, wage earners and parents of school-age children must. One clear indication of this resistance to Anglo acculturation is the persistence of Spanish language usage. A very high percentage of children come to the first grade in San Antonio each year knowing no English. Older sisters and brothers may have learned it in school; most fathers must know it to use at work; probably most parents and many grandparents were born in the U.S. and went to public schools in which they were forced to use English. Nevertheless, use of Spanish at home and in the community persists. Older persons may not want a living situation in which they would feel alone in an alien and non-preferred culture, and one in which a "foreign-language" is spoken.

(7) The family context may be so accustomed that it does not occur to the old person to take action independently of the family. The tendency to take action only as a member of a family group may be a firmly ingrained lifelong habit, and the old person may have had no experience in unilateral decision-making and action.

(8) Younger family members may not want older members to move out, either because they perform useful services and fill accustomed roles, or because the subculture would perceive such a move as deviant, and derogatory, to the family.

(9) Some older Latin-American residents may not qualify for public housing residency as heads of households because they are not U.S. citizens. (A few non-citizens applied for apartments in Victoria Plaza [Carp. 1966].)

(10) It is quite possible that many cannot afford apartments in the new buildings.

(11) Generally they may not consider their familiar situations to be really bad. For those who immigrated from Mexico, the comparison with earlier housing might be favorable. In general, they may be housed about as well as at any other time in their lives. (In this way they are unlike the comparison group of Anglo applicants for public housing.)

It is important to ascertain the reasons why Latin-American old persons in San Antonio, Texas, and other old members of this and other minority groups in other parts of the country, do not apply in representative numbers for public housing which is especially designed for and limited to the elderly. The community cannot act intelligently to make special housing available to the poor and elderly member of a minority group until the reasons for his non-utilization of it are known. To be effective, the course of action taken to remedy the situation must follow from its cause. For example, publicity about the residences will

do little to raise the application rate from the Latin-American community if the cause is dislike of the design of the building, anticipation of social exclusion, or feeling of importance in a three-generation household.

Publicity will be effective if lack of information is the cause of non-utilization, and if dissemination is through appropriate channels and makes use of suitable media. Knowledge should be obtained about sources of information on services for older members of minority groups. This knowledge can be used to design information campaigns to try to inform aged minority group members about public housing, medical services, senior centers, etc.

Utilization rate may not be specific to housing, but may be a more general tendency which affects similarly the use of various services in the community. If utilization rate of minority group elderly is significantly below that of others only in regard to housing facilities, efforts to change the situation should be pointed at housing. If utilization rate of medical and senior center facilities is also low for elderly Latin-Americans, remedial action must be more broadly based.

PREVIOUS WORK

Most investigations into the utilization of services have studied those persons who use them. The nonparticipant in any situation is less likely to be understood. He is not visible, and he is not available for study observation.

Factors affecting application for retirement housing have been studied (Peterson & Larson, 1966). However, this study includes only persons resident in rather luxurious retirement communities (Leisure Worlds). These people were more affluent and generally they were younger than the group in question, and they were living in housing designed for retired persons. Factors affecting application for cheaper housing have been studied (Carp, 1966). In the latter study, the unsuccessful applicants were similar to the nonapplicants in that they were old, poor, and lived normally in the community rather than in a special residence for the elderly. However, neither study includes people who make no effort to live in such special housing.

In regard to medical services, Ostfeld (in press) has presented dramatic evidence of the very high incidence of illness among the old and poor who do not seek medical attention, even when medical services are available in the community. Ostfeld was interested in rates of disease and disability. His study was not designed to probe the reasons for seeking or not seeking medical attention when ill. However, Dr. Ostfeld interprets its results to indicate that serious attention must be paid to problems of utilization of health services.

Wilensky (1961) pointed out that despite the development of, publicity about, and claims for Golden Age Clubs, senior centers and similar programs, only about two percent of the aged avail themselves of these services. Blenkner added the comment: "One receives the impression that those who do are less in need of organized, subsidized activity and attention than those who do not attend or belong to such programs." (1961, p. 419.) The situation does not seem to have changed since 1961. Consultants who assisted the University of Michigan staff in a planning session for new curriculum on senior centers were much concerned about the low utilization rate and the selective factors which operate (July 1967).

RESEARCH NEEDS

There is need to investigate the determinants of non-utilization of services by seeking out persons who probably would qualify for public housing, health and senior center services, but who have made no effective effort to secure them, to explore the reasons for their non-utilization. This information should then be used to improve service utilization by these persons, many of whom are badly in need of the services.

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ITEM 4: MATERIAL SUBMITTED BY DR. JEANNE M. THUNE, DIRECTOR OF RESEARCH, JOSEPH B. KNOWLES CENTER, NASHVILLE, TENN.

NOVEMBER 29, 1967.

DEAR SENATOR WILLIAMS: I was pleased to read in your letter dated November 20, 1967 of the attention which the Senate Special Committee on Aging is directed toward the social and economic changes that can be expected to take place as the proportion of aged in our population substantially increases. Whether the next several decades leave us with grave social problems or unique social opportunities depends to a large extent upon the wisdom with which study and planning is carried out during the next few years by committees such as the one under your direction.

Through research grants provided by the sections on Aging and Applied Research of the National Institute of Mental Health, Senior Citizens, Incorporated of Nashville, Tennessee has been able to carry out a series of studies that appear to be highly relevant to the work of the Special Committee on Aging. We have completed the second year of a three-year study of racial attitudes of 640 older whites and Negroes, and have assessed attitudes in interracial situations such as housing, public transportation, schools, and work. Our research design has enabled us to study the pattern of attitude change with respect to interracial conflict and cooperation which has occurred in this community during these past two years. We have been able to study attitude changes that have occurred within the individual as he participates in community life and also to evaluate the effect on racial attitudes of both older whites and Negroes of such specific factors as a local civil rights demonstration.

Although the study is still in progress and a complete reporting of our findings will not be available until a year from now, I will be pleased to send you such information as we have at this time. It will take at least one more week before we are able to bring this material together and to prepare it in a form which can be readily studied and interpreted by your committee.

We appreciate the opportunity to help clarify some of the needs of the aging and to help formulate plans to meet these needs.

Sincerely,

JEANNE M. THUNE,
Director of Research.

DECEMBER 26, 1967.

DEAR SENATOR WILLIAMS: On November 20 you wrote requesting a summary of the major findings from our study of racial attitudes of older adults, implications of our findings as they relate to the attitudes of older Negroes to federally-assisted programs, and any suggestions we might have for additional research in related areas.

I replied on November 29, stating that the information was not immediately available but would have to be compiled and would be sent at a later date. A copy of the report containing the information you requested is enclosed.

I shall be happy to supply further information on any aspect of our study of racial attitudes of older adults which may be of particular interest to the Special Committee on Aging.

Sincerely,

JEANNE M. THUNE, Ph. D.,
Director of Research.

Exhibit A. Preliminary Results Obtained After Two Years of Studying Racial Attitudes of Older Adults

It is difficult to plan for social legislation that will adequately and efficiently meet the needs of a population that is changing in character. The population increases as more people live longer, and the increasingly large numbers of older adults have needs that are unique to themselves, their age, and their role in society. While it is necessary to know that older people different from younger in needs and even to know what many of these needs are, before additional planning can be done effectively it is necessary to know to what extent, and how, old people differ from young in their thinking, feeling, and response to the social legislation that already has been enacted and is in effect. Are there qualities unique to chronological age that make it difficult for older people to participate in the rapid social changes that have characterized the past several years? And are there defineable and manageable situational conditions that might help bring about positive changes in social behavior and, eventually, in the feelings of older adults?

Research aims

These questions were included in two of the aims of a three year research program undertaken by Senior Citizens, Inc. in Nashville, Tennessee. 1. Are the changing social attitudes of the community at large reflected in concomitant changes in the attitudes of older people? 2. Is attitude change in older persons increased by the presence of facilitating situational conditions?

The social attitude with which we have been most concerned and on which we have obtained most data is that of attitudes toward racial integration. During the past two years we have studied 320 older Negroes and 320 older whites, each over a period of one year, to determine how they felt about many of the situations that arise from racial integration and how they dealt with these situations. From these 640 persons we have learned much about how older adults feel regarding integration now and how they felt about the same situation more than a year ago. These data are related to the first question, the extent to which older adults participate in social change. The present brief report will be confined to methodology and results relevant to this first question, as the research design of our study is such that we will not have enough complete data to enable us to answer the second question until all data have been collected one year from now, October 1, 1968.

The process of desegregation in Nashville, Tenn.

The older adults from whom we obtained our information live in Metropolitan Nashville, Tennessee, a border southern city containing a number of colleges and universities, and large businesses. Public schools were fully desegregated in September, 1965, although private educational institutions began desegregation earlier. Public facilities, hotels, restaurants, and public transportation are desegregated, and there is increasing integration in business. Public housing is only minimally integrated, and residental districts are still largely segregated, especially in the suburban areas. Athough the process of desegregation has been rather orderly, there have been sporadic incidents of tenseness. Several sit-in demonstrations occurred in the summer of 1965 during the integrations of eating places, and in the spring of 1967 there were several days of uneasiness following Stokely Carmichael's appearances on three college campuses. Although violence actually erupted, it was checked by prompt action of the police force and was followed by mobilization of both white and Negro leadership in the community.

Description of subjects

The average age of our subjects is 68 years: the average of Negroes is 67, of whites 68½; 21% are men, 79% are women. These older adults would be described best as "average" or a broad "middle class", an assignment based on education, income, residence, and activities.

Research design

During four consecutive 6 month time intervals beginning Oct. 1, 1965, and ending Sept. 30, 1967, we selected four groups of whites and four groups of Negroes and studied the members of each of these groups over a period of a year.

Attitude measures

As an older adult became a subject in the study, he was interviewed in his home at his convenience by a well-trained interviewer of his own race. During

the interview, which typically required an hour and a half to two hours, he was asked how he felt about many of the situations that arise from racial integration and how he dealt with these situations. In addition to the structured questions and as a part of the interview, each of the older adults were administered three objective tests. One of these tests yields a measure of personal ego strength, the other two tests measure two kinds of behavior defined as "prejudice": (1) the tendency to assign racial stereotypes and (2) preference for remaining socially distant from members of a different racial group.

Comparison between measures obtained from each of the four pairs of groups as they are tested at six-month intervals will give an indication of whether the racial attitudes of our older populations are changing as a result of changing social conditions within the community at large.

Measure of prejudice: a social distance scale

Results that we are reporting were primarily obtained on the second measure of prejudice, a measure of social distance. In this test the subject was asked to choose what he would do in a biracial situation when given five alternative ways of behaving. The alternatives range from non-discriminating behavior in which the subject may choose to interact with and accept members of another race, to racially discriminating behavior in which the subject prefers to remain socially distant. The biracial situations included on the test involve voting, housing, working, and social interaction in church, clubs and private homes.

The prejudice score obtained on this test gives a measure of a person's preference for remaining apart from and nonacceptant of members of another race.

Racial differences in prejudice

We found a difference between scores obtained by older Negroes and those scores obtained by older whites on this test. This difference cannot readily be accounted for by chance factors such as sampling error and was found in all four pairs of groups. Older whites, much more than older Negroes, prefer to remain socially apart from members of the other race.

Differences between whites and Negroes in discriminatory behavior are more pronounced in certain biracial situations than in others. Responses obtained on the following items taken from our social distance measure of prejudice illustrate these racial differences.

National voting behavior of whites

The first item is taken from the test form administered to white subjects.

Item for white subjects: Your favorite congressman is up for re-election and you learn that he supported Civil Rights legislation:

65% of the 310 older whites said they would vote for him no matter what his stand on civil rights.

18% said they would not vote for him.

15% said they were more inclined to vote for him.

In this instance, *personal* favoritism was more important for older whites than any particular stand on a social issue.

The following corresponding item is taken from the test form administered Negro subjects.

National voting behavior of Negroes

Item for Negro subjects: Two men are running for United States Representative in your district; one is white the other is a Negro. The white man is better qualified than the Negro for the position:

38% would help the white person get elected.

21% would vote for the white but would not make their decision public.

32% would vote for the Negro.

In this situation, one third of the older Negroes discriminated against the better qualified white candidate for a national office.

The next two items compare voting behavior of whites with Negroes in a social situation.

Social voting behavior of whites

Item for white subjects: A member who meets the qualifications is running for president of your club; however he is a Negro:

30% would vote for him but not mention this to others.

14% would help him get elected.

28% would vote against him.

24% would not vote at all.

When presented with a choice of voting for a qualified Negro for a social office, almost half of the whites will vote for him although most will not openly discuss their vote.

Social voting behavior of Negroes

Item for Negro subjects: Two members are running for president of an integrated club to which you belong; one is a Negro and the other is white. The white member is better qualified than the Negro for the presidency:

44% would help the white member get elected.
22% would vote for the white member *privately.*
31% would vote for the Negro.

When presented with a better qualified white candidate for a social office, two thirds of the Negroes will vote for him, and vote openly rather than keeping it private as do whites. However, in a personal social situation as in a national situation, one third of the older Negroes will vote for a member of their own race regardless of qualifications.

The following situations involve the degree to which older adults accept integrated housing.

White acceptance of integrated housing

Item for white subjects: A new high rise housing project for senior citizens is erected near your home. It offers better housing at less money than your present home:

57% of the older whites would move in if it were for whites only.
31% would move in if only a *few* Negroes lived there.
8% would move in if half the tenants were Negroes.
4% would move in if 90% of the tenants were Negro.

Negro acceptance of integrated housing

Negroes were given somewhat different alternatives to choose from in the item concerning moving into an integrated apartment house, one of which was to stay in the old segregated neighborhood:

40% of the older Negroes preferred to stay in their non-integrated neighborhood.
9% would move in if only a few white people lived in the apartment.
24% were willing to move into the better facilities if 90% of the tenants were white.
27% were willing to be the *only* Negro tenant.

There are striking differences between older Negroes and whites in the degree to which they will actively participate in the integration of public housing. Older Negroes are willing to be the "only one" in a situation in which integration is just beginning. Only a very few older whites would correspondingly enter into a situation in which they become a member of the "minority" group.

White acceptance of neighborhood integration

The following items concern racial integration as it progresses in neighborhoods. When white people were asked what they would do if a Negro family moved into their neighborhood:

22% would be acceptant of the Negro family.
44% would accept the fact of integration but not become friendly with the Negro family.
34% would try to sell their property and move.

Negro acceptance of neighborhood integration

When Negroes were asked what they would do if a white family moved into the neighborhood:

79% would accept the white family as new neighbors.
19% would accept the white family if they made some friendly gesture first.
2% would not be friendly with the white family.

One third of the older whites would move from a neighborhood before accepting Negroes as equals. Nearly half of the older whites would exist with the family and make no gesture of friendship. In contrast to this, 98% of older Negroes would accept the white family, to the extent of making the first gesture of friendship, or after the white family made a first gesture.

Older Negroes are less willing to move into public housing in which they are the only Negroes than they are to accept a single white family that moves into

an otherwise all Negro neighborhood. But older Negroes are much more willing than are older whites to make an overt move for integrated housing or accept others as they move toward integration of neighborhoods.

RACIAL RIOTS

At the time of the racial riot in the spring of 1967 we were interviewing older adults as subjects in the last pair of groups. We included questions about the riot as a part of this interview.

Knowledge of riot

Virtually all respondents claimed some knowledge of the riot.

Cause of the riot

When asked the causes of the riot:

40% of the Negroes and 11% of the whites replied "Don't know."

20% of the Negroes and 50% of the whites replied "Carmichael and Black Power."

16% of the Negroes and 5% of the whites replied "Young people or students."

10% of the Negroes and 16% of the whites replied "Previous injustice or bad treatment toward Negroes."

13% of the Negroes and 11% of the whites replied "Police, Communists, outside forces."

Attitude change due to riots

When asked if the riot changed their viewpoint about the problem of "race relations"

87% of the Negroes and 57% of the whites said "no."

11% of the Negroes and 35% of the whites said "yes."

2% of the Negroes and 8% of the whites said "Don't know."

Older adults do keep up with events that are a part of the integration process, although they may not have a clear understanding of the reasons why these events occur. Negroes, more than whites claim not to know why such things as riots happen. Older whites blame someone such as Stokely Carmichael for the violence.

Older adults, particularly older Negroes, claim that riots do not change their attitudes about race relations, but other data that we are obtaining show that attitude change is actually taking place, and that the change is in an adverse direction.

SUGGESTIONS FOR FUTURE RESEARCH IN RELATED AREAS

When we began the study of racial attitudes of both older whites and Negroes, we found it necessary to construct our own measures of racial prejudice. We have developed one test in particular, an objective social distance scale that discriminates among subjects and appears to be a valid measure of prejudice for older people of both races. We are now in the process of revising this scale for use with other younger age groups. The availability of an instrument such as we are developing opens up a variety of studies that should be of interest to your Special Committee on Aging.

A scale that is standardized on different age and racial groups would make possible comparative studies of groups that differ on variables such as age, race, geographic location and size and type of community. It should be of great interest to determine how racial attitudes of these different groupings *contribute to* and are *affected by* civil disturbances and social legislation.

BACKGROUND MATERIAL

The following section summarizes the research that is relevant to the two questions we have formulated as the aims of our present research.

1. Are the changing social attitudes of the community at large reflected in concomitant changes in the attitudes of older people?

2. Is attitude change in older persons increased by the presence of facilitating situational conditions?

Research pertinent to each of these questions will be presented separately.

Do the attitudes of older persons reflect the changing attitudes of the community? Although it is often assumed that older persons are rigid as to attitude change, there is little research evidence to support this contention, particularly

as it pertains to attitudes toward the Negro. If we are to draw conclusions from the theoretical framework of pervasiveness and persistence of attitudes, we would question whether older people in the South are reflecting to any significant degree the changing attitudes that are occurring toward the Negro (e.g., Adorno, *et al.* 1950; Copper & Jahoda, 1947; Pettigrew, 1954). A recent study was reported by Kogan and Wallach (1961) in which attitudes of groups of young and old, white men and women were compared on a number of concepts. It was found that the older sample evaluated Negroes more positively than did the younger group. While this finding might indicate that older people are less racially prejudiced than younger, Kogan and Wallach hypothesize that the findings lend support to the concept that old people identify with minority groups.

The fact that older people have been assigned to a quasi-minority role is in accord with Havighurst's (1953) contention that America neither honors nor rejects the aged, but ignores them. This view is also shared by Kooy (1963), who advances the following hypothesis about the aging in contemporary Western society:

"Where the local society loses the character of a closed society, the status and role of the aged will decrease. The number of institutional roles played by aged people increases in the absolute sense, but decreases relatively. Lowered status and decreased role, though not always perceived as such by the aged themselves, cause frustration among older people" (p. 59).

Pagani (1961) present further evidence that failure to reflect cultural change may be not so much a function of age per se, as an assignment to a minority role by our particular American society. His study was conducted in a small Italian town in which older people continued to play an important community role. Pagani found that elderly people often had a *more* favorable attitude toward economic change than did the young.

"When change affects the entire society and tends to be assumed as a major cultural value of the whole population, the attitudes of older groups undergo substantial modification. Elderly people do not become alienated from society. Of course, their rate of acceptance can vary according to the times and specific patterns of social integration, but, in the long run, elderly people appear to succeed in participating in the main societal values" (p. 90).

During the three year period involved in our proposed study, we will have obtained measures of behavior and of feelings toward Negroes from four replication groups of older white adults and similar measures of attitudes toward whites from four replication groups of Negroes recruited at six month intervals over a two year period. From these initial assessments we would hope to determine whether there is a measurable change in the feelings and behavior of the older population over time, occurring as a result of simply living in the community.

Does the presence of facilitating situational conditions produce increased attitude change in older persons? We were unable to find any research dealing directly with situational factors that facilitate change, or the processes underlying change, in racial attitudes of older people. However, within the past ten years, much legal, educational, and social effort has been directed toward bringing about changes in both interracial feelings and interracial behavior. These efforts have provided opportunity for research into the understanding of the processes of attitude change, particularly as it relates to change in intergroup behavior.

One recurring finding obtained from research dealing with both long integrated and newly integrated groups is the discrepancy between an individual's actual intergroup behavior toward members of another race and his self reported feeling. This incongruity of behavior and feeling was probably first demonstrated by La Piere, who in 1934 traveled across the country with a Chinese couple, stopping at a number of tourist accommodations essentially without trouble. Later, on writing to each of the proprietors of both the eating and the sleeping places and asking if they would accommodate Chinese, La Piere found that 93% of the proprietors who answered the questionnaire said they would not.

Kutner, Wilkins, and Yarrow (1952) demonstrated this same phenomena in a study in which a number of restaurant owners readily seated and served a Negro woman who was accompanied by two white women. However, when these same restaurant owners were asked, first by mail and then by telephone, to reserve tables for a "social affair" involving Negroes, all failed to answer the mail request. After the telephone conversation, five out of the eleven reluctantly agreed to make the reservation.

The incongruity of stated policy and behavior has been demonstrated in a number of communities, as both schools and neighborhoods have become desegrated. Public opinion may have been strongly against integration, and yet when the schools actually integrated, there was usually little or no difficulty (Williams & Ryan, 1945). In Bridgeview, New Jersey a negative relationship was found between those white families with highest prejudice and movement from the neighborhood when Negroes moved into the block (Fishman, 1961; Leacock, Deutsch, & Fishman, 1959). Fishman (1961) suggests that a non-attitudinal factor seemed to be involved: "Objective occupational status and subjective status needs were frequently found to be clarifying and regulating variables in conjunction with the apparent contradictions between attitudes and behavior" (p. 50).

While individuals may learn to accept associations with members of other racial groups in situations when they have on-the-job contact with these groups, there may be little generalization of this acceptance to other contexts. Minard (1952) contrasted the working-time behavior with after-hour behavior of Southern white miners and found that during work, or work related situations such as union meetings, integrated behavior was the accepted norm. However, in after-hour social situations, the two races occupied different status levels, and did not interact. Similarly, Harding and Hogrefe (1952) found changes in the attitudes of nearly all white salegirls who worked directly with Negro salesgirls in a department store. This department store related behavior did not carry over into after-hour social behavior, as indicated by the fact that few white salesgirls were willing to have Negroes as neighbors or personal friends.

The incongruity of attitudes and behavior, and the inconsistency of behavior across situations led Bradbury (1953) to hypothesize that discrimination is a "rational mode of adaptation," which enables the individual to achieve his goals whether these goals be economic, social status, power, etc. There is strong evidence that anti-Negro prejudice in the South is related to socio-cultural and social adjustment factors, and that the roles a Southerner may take are backed by strong social sanctions, and even by law (see Pettigrew, 1953; Prothro, 1952; and Quinn, 1954). Simply insuring personal contact between the two races may, or may not, bring about a change in observable behavior or feeling. There are other motivational factors (e.g., values that the individual brings to the situation, and particular situational conditions) that strongly enter into determining whether changes in feeling and behavior occur.

Two interesting studies, one made in New York City (Saenger & Gilbert, 1950), and one carried out in a Florida suburb (Greenfield, 1961) demonstrated the relevance of established personal values and specific situational conditions in effecting attitude change. In the Saenger and Gilbert study, white women shoppers who stated they would not let a Negro sales girl wait on them, did accept service from a Negro clerk (1) if they were in a hurry, and (2) if the social situation encouraged such behavior. It was hypothesized that when a variety of motives combine to produce two contradictory attitudes, the chosen behavior will be in line with the accepted behavior in that specific situation. Desired behavior may be elicited even *without* prolonged social contact, if certain other conditions prevail.

In the Florida study made during the desegregation of a suburb, Greenfield found that stated attitudes of the white population correlated with such factors as occupational status (re: the Bridgeview and other studies) but also found that perceived social climate was important in predicting action. Those people identifying as Southern, whether they were born in the South or not, were 90% *against* desegregation, while those identifying as Northern, or as neither Northern nor Southern, were 88% *for* desegregation.

Two studies dealing with desegregation, one made with white high school students (Campbell, 1957) and one using white college women (Pearline, 1954), found that student attitudes were actually less a consequence of amount of contact, and were more in line with the attitudes of "relevant others." Whether or not a student's feelings and behavior changed depended on whether she identified with the more liberal college or high school peer group, or whether she maintained her parental identification.

When we quote studies of "racial attitudes" we are usually giving results obtained from studies of white people and often of college age people. There is very little material available concerning racial attitudes of older white adults and we know of no studies dealing *specifically* with racial attitudes of older Negroes. Older Negroes seem to be a special case of a neglected population. There are

however some studies in which the population was divided into age groups, and in some instances age did relate to differences in behavior. In general, however, variables other than age were much more important in determining the amount of prejudice a person had, or the opportunity he had to overcome his prejudice.

Williams (1964) has recently published the results of an eight year program of research on behavior and attitudes in relations among racial groups in the United States. The sample studied in the research program was drawn from four different sections of the country and included whites and Negroes ranging in age from about 18 to old age (past 75). As a result of this research, Williams states positively that ". . . Out of hundreds of tabulations, there emerges the major finding that in all the surveys in all communities and for all groups, majority and minorities, the greater the frequency of interaction, the lower the prevalance of ethnic prejudice" (Williams, 1964, pp. 167–169).

This statement is in agreement with the general findings of the research we have just cited. As opportunities for contact increase (as for example through civil rights legislation), then the amount of prejudice in the Negro population should lessen. There is, however, the question of which comes first—interaction or lessened prejudice. Research has also demonstrated that prejudice interferes with opportunity for contact, and that coming in contact with a member of a minority group does not necessarily result in favorable interaction with him (Williams, 1964). Negative attitudes may develop or be strengthened when contact and/or interaction occurs under restrictive conditions (Noel and Pinkney, 1964).

Since opportunity for contact must exist before interaction can take place, we are concerned with the factors that influence opportunity for contact. It is not a particular problem for a member of the majority group to find an opportunity for interaction with minority group members. In many instances, contacts will occur in the course of daily living. Opportunities for closer contact, and interaction, are often a matter of of choice for the white person. Opportunities for contact with whites is not so simple for the Negro, and is influenced by a number of factors; age, sex, education, and social status being among the most important.

Age, per se, does not appear to be a significant variable affecting opportunity for contact. There is only a slight tendency for younger people to have more opportunity than old to participate in intergroup contact. For both Negroes and whites, men have much more opportunity than women for intergroup activity. Amount of education increases the chance for exposure to people of different ethnic backgrounds, with one exception, and that is in the South. In the South, the less well-educated Negro is often in contact with whites, but usually in a menial role. However, the better educated Negro has opportunities more frequently for other than menial role contacts.

In general, higher economic and social status also increase opportunities for interaction. However, the less well-to-do southern white tends to have more occasion to interact with Negroes in his work and everyday living.

When age, education, and sex are examined simultaneously as factors influencing opportunity for interaction, age becomes less important, and sex and education increase in importance. Social status remains independent of sex and education. The group having most opportunity for contacts, *other than role-defined*, is thus the upper-status educated male, while the group having least opportunity is the lower-status uneducated female (Williams, 1964).

Thus, while age, per se, does not appear to be a factor in determining opportunity for contact, correlates of age (e.g., lower status, less education, and longevity of females) are determiners of opportunity. Not only does the Negro have restricted opportunities for a variety of contacts, *older* Negroes are especially penalized.

Simply having the opportunity to interact does not guarantee that any single individual will "take advantage" of the opportunity, however. Variation in personality, as well as status and role, help determine whether or not an individual decides to participate in intergroup activities. Among Negroes, the well-adjusted, who do not feel an undue amount of bitterness and frustration, are those most likely to enter into situations involving white people. Conversely, it is the Negro who wants to get ahead or improve himself who is most likely to be exposed to integroup contact (Williams, 1964).

Evidence of relationships between personal adjustment, social mobility and decision to increase interracial contacts are reported in a study by Weinstein and Geisel done in Nashville, Tennessee, the community directly involved in the

present study. It was found that Negro families that elected to send their children to integrated schools, and thereby adhere to the changing cultural norms, were of higher socio-economic status than those who elected to send their children to all-Negro schools. The "desegregated" group also felt that integration would have more favorable effects on their children. Further, they had more favorable attitudes toward "pioneering" in race relations, and were less "socially alienated" than the "segregated" group.

Relationships between vertical mobility and desire to increase contact were found in a study reported by Rubins (1959). In this instance, age of respondent was found to be an important factor in decision to increase contact opportunities. Both white and Negro residents of central city areas of Boston were asked if they would prefer to move from their residences. Of the 353 Negro informants who were interviewed, 240 expressed a wish to move. However, more choices were made to move to either another central area or to a suburb where Negroes had already settled. Rubin states that few people wish to "pioneer" and subject themselves and their families to discrimination. That group least desirous of being pioneers and moving from their homes were older, low income, locally satisfied, somewhat segregated people who were apparently accommodated to their situation. The group desiring to move into Boston suburbs (where they would have opportunity to interact with whites) were young successful persons who were partially dissatisfied with situational conditions and were vertically mobile.

The foregoing research findings provide us with some clues as to whether Negroes are changing in their attitudes towards whites. We also have some answers, although somewhat indirectly, to the first major question in our study: Are older Negroes participating in the general attitude change of the total Negro minority group? It would appear that not only are older Negroes likely to possess those characteristics predisposing them to *lessened* opportunity for contact, but they also possess qualities that are related to failure to take advantage of the opportunities that do occur. Williams (1943, p. 167) states that in general, younger people are more likely to take advantage of a contact opportunity than older people, but the differences are small. In the case of Negroes, those small differences disappear among those with little *opportunity* for contact.

Many of the characteristics that determine opportunity for contact and probability that one will take advantage of opportunity are the same characteristics that relate to the degree to which one is prejudiced. In fact, both increased contact with lessened prejudice arise out of a complex set of relationships of which they themselves are a part. The foregoing statement sounds very much like the cat chasing its tail, but in the complex interaction of a number of factors, some variables are bound to be both cause and effect. Prejudice relates to opportunity for interaction; both prejudice and increased numbers of opportunity for interaction relate to how *effective* the interaction will be.

The following research demonstrates this complex interaction of factors. Noel and Pinkney (1964), using data from the eight year Cornell research program, looked for relationships between a number of personal and social characteristics and prejudice (defined in terms of social distance) in both white and Negro subjects. The main focus of the study was to determine whether certain characteristics found to relate to prejudice for the white sample were also related to Negro prejudice. Noel and Pinkney have attempted to clarify the manner in which these social and personal characteristics correlate with prejudice found in whites as well as to compare the effect the same characteristics have on Negro attitudes toward whites.

Socio-economic status, one of the best known correlates of prejudice, was defined by Noel and Pinkney in terms of education and occupation. It was clear that the more education he has, the less likelihood that either Negro or white will show prejudice. The relationship was more complex between occupation and prejudice, in this case prejudice defined in terms of social distance. Among whites, the higher the occupational status, the less distance expressed toward Negroes, while among Negroes, the relation was curvilinear. A considerably smaller proportion of the middle class group expressed social distance than either the high status or low status Negro.

Westie (1953), also using a social distance scale, found a complex relationship between socio-economic status (S.E.S.) and prejudice when both Negroes and whites were grouped according to high or low S.E.S. The higher the Negro status, the less distance expressed toward whites in general. However, upper sample Negroes accorded Negroes greater distance toward low status whites

than did lower sample Negroes, e.g., upper sample Negroes tend to express slightly more distance toward white ditch digger than lower sample Negroes express toward white ditch diggers. Upper status Negroes expressed least distance toward whites of high status while they expressed greatest distance to lowest status whites. Upper status Negroes are less categorical in their responses to whites than are lower status Negroes. The response of Negroes to whites vary according to the area of interaction in which responses are elicited.

Cothran (1951) found a curvilinear relationship between S.E.S. and prejudice similar to that found by Noel and Pinkney. They found that lower class Negroes are more unfavorable in their stereotypes of white people than are either the middle or upper class Negro, and that middle class Negroes possess the most favorable conception of whites. Cothran, Noel and Pinkney (1964) and Williams (1964) interpret these findings in the light of a "competition hypothesis." Both lower status Negroes and upper status Negroes experience direct competition from whites, while middle status Negroes experience no such threat.

Most relevant for our study are the relationships Noel and Pinkney found between age and prejudice. When the sample was divided into three age categories, with old being 55 and over, the overall relationship between age and prejudice was not significant for either whites or Negroes. However, among whites, the middle aged (35–54) are less prejudiced than the old, with young (18–34) intermediate in amount of prejudice and not significantly different from either the older or younger group. Both older and younger people are equally likely to be less prejudiced with increased interaction (Noel & Pinkney, 1964; Williams, 1964).

As was noted earlier, the sex of the person is significantly related to amount of prejudice. Women of both races are more likely to manifest prejudice (defined as maintaining social distance) than men. This relationship holds even when such variables as education, inter-racial contact, and social participation are controlled. As an explanation of this finding, Noel and Pinkney suggest that inter-group contacts of females occur in a restricted role change—in roles that are prescribed and definitive. "Role relationships exclusively of this type might reasonably be expected to promote a negative attitude toward intergroup contacts and a desire to avoid further contacts. . . ." Noel and Pinkney (p. 615). Social participation has been reported to be associated with lessened prejudice. However, Noel and Pinkney (1964) and Williams (1964) found no such relationship to exist in either the white or Negro samples when church attendance or non secular club attendance was used as an index of social participation.

From these findings, it becomes apparent that not *all kinds* of contact situations are the kind that bring about attitude change. Attitude change is a result of the interaction of a number of factors, prejudice being one.

Research reviewed in the foregoing section deals primarily with two factors involved in the complex of attitude change: (1) opportunity for contact and the variables related to opportunity, and (2) personality variables, particularly those that relate to prejudice. This research points up the complex interaction of variables involved in "setting the stage" for racial attitudes of Negroes to change.

The findings also indicate the importance of a third determiner of attitude change: the social-situational milieu in which one individual interacts with another. The research reviewed in the following section deals with a number of the variables included within this group of determiners, namely, specific group and situational conditions, social pressures exerted by the group, and the structure of the larger social order.

While the manner in which any individual interacts in a group depends to some extent upon his evaluation of how he thinks other people in the group think and feel, Negroes are particularly susceptible to group influences (Williams, 1964). If, as a teen-ager, a Negro develops strong in-group feelings, he is not likely to interact with whites. If he has no teen-age contacts with whites, he is not likely to have contacts with whites as an adult. In other words, for the Negro, early group influences strongly affect adult behavior, particularly as it relates to inter-racial friendships.

There is a consistent tendency for those adults having any close inter-racial friendships to be less prejudiced than those who have no such friendships and it has been found that the more intimate the level of interaction, the lower the prejudice (Williams, 1964). Of particular concern to our study is the fact that the more intimate the specific inter-racial interaction, and the more favorable, the lower will be the level of Negroes prejudice toward all white people. Research

supporting this finding in the case of "white prejudice" was reviewed earlier in this Problem and Background section.

A seemingly incongruent finding (more personal contact brings about lessened prejudice) was obtained in a number of studies carried on as a part of the long range Cornell series (Williams, 1964). Negroes who reported having a white good or best friend did not appear to be less prejudiced (i.e., desire social distance) than those Negroes who reported having no good white friends. Conversely, whites who reported having Negro good or best friends did show the expected lessened prejudice. On closer examination of more complete data, and a clarification of terms, the seeming incongruence was explained. Not only were respondents asked if they had friends of another race, they also were asked if they had done anything social with the friend of the other race. Those Negroes who reported having a close white friend with whom they had done something social, *did* express significantly less prejudice, defined as social distance, than did those who reported no such type of contact.

A Negro's definition of the word "friend" appears to be related to a contrast effect. Any sort of positive action on the part of a white person, when viewed against a background of prejudice and discrimination, would appear greatly magnified and labeled as friendly. Negroes are more skeptical about whites who profess to desire close social interaction. While "friendship" is a vague term easily assigned to many contacts, "social interaction" is reserved for intimate, extensive relationships (Williams, 1964).

A white person's report of friendship with a Negro appears to refer to a general feeling tone expressed in a specific social context. If, for instance, the relationship between a white and a Negro on the job is relaxed and easy, the white person is prone to report the Negro as a friend. When asked if they had done anything social with this Negro friend, there were so few whites who responded positively, that analysis would have been meaningless. However, when a white person does assign the term friend to Negroes, he does show less social distance prejudice. The relationship between friendship and prejudice is clearly present, but close social interaction is not reported as a part of a "friendship."

It is evident that Negroes may interact with whites regularly and still maintain social distance. This situation is particularly likely to occur in the South, where intergroup prejudice is greater and where group pressures are such as to perpetuate and reinforce prejudice (Noel & Pinkney, 1964; Williams, 1964; and Pettigrew, 1954).

This is not to say that there can be no change effected by interaction in a highly structured situation. While changes in intergroup relations as a consequence of friendly interpersonal relations that conform to traditional norms are unlikely to be extensive or important in terms of immediate effects, changes may occur in the *long run*. Change will occur if the traditional norms permit enough latitude for the acceptance into the group of a large number of outgroup persons.

The relevance of specific situational conditions interacting with personal values has been clearly demonstrated and spelled out in recent research done in connection with interracial housing. Wilner, Walkley, and Cooke (1955) reported attitude change in white housewives who lived in biracial projects, amount of change correlated positively with perception of social climate. Those housewives who perceived other white women as approving of association with Negroes changed more than those white tenants who perceived other white women as disapproving. The pioneering study of attitude change in interracial housing by Deutsch and Collins (1951), demonstrated successful attitude change in a biracial housing project when the following conditions are met: (1) the Negroes do not actually confrom to common stereotypes; (2) closeness and amount of contact be sufficient to prevent marked perceptual distortion; (3) the Negro behaves in a "positive" manner other than his job requires it; and (4) the social climate is strongly liberal and anti-prejudice.

Our study is being carried out in the South, where the larger social order provides a great deal of structure to the roles a Negro and a white may take. It is our belief, however, that even working within this larger social structure, we may facilitate attitude change by providing the opportunity for older Negroes to interact with older whites under conditions demonstrated to be effective in reducing prejudice.

The social-situational milieu of Senior Citizens Center contain those elements Williams (1964), Cook (1957), and others, have stressed as being most facilitating for effective attitude change: (1) opportunity to interact in a non-

threatening situation, (2) equal status of both groups and (3) low prejudice of group leaders. Conditions which exist within the Nashville Senior Citizens Center provide the facilitating context within which we have attempted to initiate positive changes in interracial feelings and behavior.

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ITEM 5: MATERIAL SUBMITTED BY PROFESSOR HOWARD A. ROSENCRANZ, DEPARTMENT OF SOCIOLOGY, UNIVERSITY OF MISSOURI

DECEMBER 4, 1967.

DEAR SENATOR WILLIAMS: We are pleased to learn of your interest in our St. Petersburg presentation.

It should be emphasized that this initial effort was an unfunded, pilot study with a sample size that precludes elaborate generalizations. However, the comparative design, as well as the interview schedule, was sufficiently sophisticated to provide several extremely insightful findings. These, in fact, warrant, or even demand further study. In this connection we are hopeful that support might be obtained for a larger investigation of the same nature.

Attached are restatements of generalizations that appear supported by our study. In addition, we have indicated our feelings about the very great need for more basic research of this kind—research which will give substance and direction to the program efforts and amelioratory projects all too often begun prematurely at the community level.

Very truly yours,

HOWARD A. ROSENCRANZ, *Professor.*

[Enclosure]

Racial Differences in Life Satisfaction and Adjustment Between Welfare and Non-Welfare, Non-Institutionalized, Aged Males

(By Tony E. McNevin and Howard A. Rosencranz)

This is a descriptive report of findings from an exploratory study of male Negro-White, OAA vs. Non-Welfare, older respondents. Very briefly, this investigation utilized an interview schedule which included questions in the general areas of health, social adjustment and participation, living arrangements and mobility, and background information including education, occupation, religiosity, and the like.

The composite sample consisted of one hundred male respondents, all living in natural neighborhoods in one community. The fifty OAA subjects, representing equal numbers of Negroes and Whites, constituted the entire population of non-institutionalized male welfare recipients within this community. An equal number of non-welfare, negro and white, respondents were selected for purposes of comparison through an area probability sampling design. Thus, four sub-samples, each consisting of twenty-five respondents, may be separated for purposes of analysis.

The age distributions of the four sub-samples were roughly identical. In terms of education, the samples varied considerably. For example, the non-welfare negro respondents were about two times as likely to have gone beyond the seventh grade than were their OAA counterparts. Similarly, the white, non-welfare respondents were twice as likely to have gone beyond tenth grade than were the white welfare recipients. Generally, both welfare groups showed less educational achievement than the non-welfare groups. The sub-samples also differed in terms of previous occupations. This difference was, primarily, between welfare and non-welfare groups, regardless of race. Eighty-seven percent of all welfare recipients had been employed in skilled or unskilled, manual occupations; whereas, fifty-two percent of the non-welfare respondents were manually employed. Thus, the non-welfare sample was both educationally and occupationally higher than the welfare sample.

To remain within the time limits, this presentation will consist of an examination of differences and similarities based on four-fold sample comparisons on the three selected topics of: 1) Social Adjustment; 2) Familial and Friendship Associations; and, 3) Religiosity.

No hypotheses are projected, nor propositions tested; however, several appreciations are implicit and inherent in the study design: A. Negro and white comparisons of aged should not assume homogeneity of either population. B. Familial and adjustment variables might yield greater within-group differences than between-group differences and C. An economic factor may account for variation in social adjustment ratings.

SOCIAL ADJUSTMENT

The LSI–A was used to provide a quantitative measure of social adjustment. Mean LSI–A scores for the four samples were as follows:

Negroes (on OAA), 10.76.
Whites (on OAA), 19.37.
White (non-welfare), 13.21.
Negro (non-welfare), 15.73.

Essentially, these scores indicate that, regardless of race, the OAA respondents showed lower LSI–A scores. Interestingly, the negro non-welfare respondents score more highly than any of the other groups.

FAMILIAL AND FRIENDSHIP ASSOCIATIONS

About two-thirds of the respondents in all samples were married at the time of the study. A slightly higher number of males were widowed in both negro samples, perhaps reflecting lower female longevity within the negro population. The present marital status of respondents masks the fact that greatly differing familial patterns had operated during the adult life of the respondents. This is obvious when we consider that over one-third of the negro welfare group had fathered children by previous marriages. This figure was eleven percent for white welfare recipients, twelve percent for the non-welfare negro group, and

only seven percent for the non-welfare white group. This seems to indicate greater marital stability for both non-welfare groups, perhaps accounting for some of the variation in adjustment scores in favor of the non-welfare respondents. The great discrepancy between the negro groups (35% vs. 12% having children by previous marriages) suggests the operation of a class factor upon marital patterns within the negro community. This pattern may be of special significance in differentiating negro welfare and non-welfare adjustment scores.

Added to this, it was found that the welfare negro sample had a greater number of children by all marriages than did the non-welfare negro group. Twenty-five percent of the welfare negro sample, and twelve percent of the non-welfare sample had seven children or more. In fact, ten percent of the welfare negro group had ten or more children. Only two percent of all white respondents had over seven children.

Many of the negro welfare recipients (21%) were living with one child (a negligible number lived with two). This would suggest considerable economic disorganization, since, according to Missouri law, an OAA recipient may live with a child *only* if the child is also receiving economic aid. Only nine percent of the non-welfare negro sample, and a neglible proportion of whites (1.3%) were living with children. Again, this illustrates a significant difference between welfare and non-welfare negro samples, as well as racial differences in family structure.

In summary, the samples were not significantly different in terms of present marital status. However, a greater proportion of negro welfare recipients had fathered children by previous marriages, had greater family sizes, and had a tendency to live with children who were drawing welfare benefits. In comparison, one third as many of the non-welfare negro group had fathered children by previous marriages, showed considerably smaller family sizes, and did not tend to live with children to the same extent as the welfare groups. The white welfare group was similar to the negro non-welfare group in proportions having children by previous marriages, was similar to the white-non-welfare sample in terms of family size, and did not live with children. The non-welfare white group had fewest children by previous marriages, smallest family sizes, and lived apart from children.

In terms of friendship, forty-two percent of the welfare white group claimed no close friends. This was in sharp contrast to both welfare and non-welfare negro groups, each of which showed about two-thirds having seven or more close friends. The non-welfare white sample showed thirty-one percent having no close friends. Thus, the white samples are similar in that a relatively large proportion of each claimed no close friendship associations. Those whites having friends interacted (on the basis of number of contacts) with these associates to a lesser degree than did negroes with their friends. This seems to suggest a greater involvement of the negro aged in primary relationships in comparison with the white sample, and may be an influence upon the higher adjustment scores of the non-welfare negro sample as compared to the non-welfare white sample. It could also aid in explaining the fact that the welfare negro sample scored the same as the welfare white sample, despite the seemingly, more advantageous familial structure of the welfare white sample.

RELIGIOSITY

About three-fourths of the negroes in each sample (75% OAA, 79% non-welfare) reported attaching more meaning to religion than *they had ten years* prior to the study.[1] One-half of the welfare white sample reported more meaning to religion as compared to one-third of the non-welfare white sample. The significance of this was borne out in analyzing the number of church-related activities involving the respondents two months prior to the study. Both negro samples participated substantially (a mean number of 10.2 church activities). The welfare white sample participated more fully than the non-welfare whites (7.3 vs 5.0 activities). Thus, it would seem that religion may come to have more meaning to the negro population with increasing age.

[1] R. G. Lloyd, "Social & Personal Adjustment of Retired Persons," *Sociology & Social Research* Vol. 39: 312–316. May, 1955. (Lloyd found that for 140 M–F retired Negroes in Orangeburg County, S. Carolina, 57% said church had more meaning, 42% said church had same meaning.

RESTATED FINDINGS

1. Life satisfaction adjustment scores were lower for OAA recipients—irrespective of race. LSI scores were significantly higher for non-welfare negroes.

2. Life styles differed between racial groups and economic groups. By life style was meant differences in family patterns and activities, marital relationships, presence or absence of children and grandchildren, and differences in leisure activities.

3. Church activities and religiosity was greater for Negroes than Whites. But OAA white respondents participated more than non-welfare whites. Church participation, thus, seems to be a correlate of economic status.

4. Family membership was greatest for Negro OAA respondents. By family membership was meant living with children or relatives. In other words, the three-generational family was more apt to be found among negroes than white respondents, and among OAA rather than non-welfare respondents. Compared to white OAA recipients, negro OAA recipients seem to be emeshed in primary support structures. Interestingly enough, these primary relations did not appear to positively affect social adjustment scores. When it is further appreciated that frequently the older negro OAA respondent was living with relatives or children themselves recipients of welfare assistance or living with illigitimate children, then the economic factor and kind of family organization assume more significance as explanatory variables than do the psychological values more commonly and positively associated with "primary" human relationships.

These are brief conclusions from a pilot study which included Negro and White elderly, noninstitutionalized males in two economic groups. One-half of each racial group was made up of O.A.A. respondents, yielding White and Negro welfare and non-welfare groups. Comparisons involved two major measures—A life satisfaction index and a health classification index. Social variables included age, education, occupation, marital and familial pattern, size of family, and mobility.

Scores on the life satisfaction scales were lowest for both O.A.A. white and O.A.A. Negroes. Negro non-welfare elderly received higher scores than the White non-welfare elderly. This means that the economic factor importantly affects adjustment and attitudes, irrespective of race. The self-sufficient aged tend to be happier, more active, and satisfied with retirement.

General life-style differed between the racial and economic groups: A significantly greater proportion of male Negro Welfare recipients had fathered children by previous marriages, had greater family size, and had a tendency of living with children who were also drawing welfare benefits. In comparison, only one-third as many of the non-welfare Negro group had fathered children by previous marriages, showed significantly smaller family sizes, and did not tend to live with children to the same extent as the Negro welfare group.

Both welfare and non-welfare White groups were low in proportions having children by previous marriages, did not tend to have large families, and did not tend to live with children under any circumstances: The non-welfare White group had fewest children by previous marriages, and smallest family sizes.

Family membership was greatest for Negro O.A.A. recipients: The three-generational family (Grandparents, children, and grandchildren) was much more apt to be found among Negroes than Whites, and among the O.A.A. as compared to non-welfare Negroes. The fact that O.A.A. Negro aged were living with relatives who were also on welfare may be partially accounted for by a social class factor. Other research has found that the middle-class Negro does not tend to live with or near relatives to the same extent as the lower class Negro. Thus, class patterns of kinship may account for these O.A.A. aged Negroes living with relatives, and concommitant economic factors may distate that many of these relatives live through welfare benefits.

The Negro group was much more enmeshed in family support structures: This family support seemed to be of direct and primary importance to the Negro on welfare. The welfare White spends much more time in watching television and engaging in hobbies which do not require social participation than does the welfare Negro who is involved in more complex social interaction with both relatives and friends. In fact, *both welfare and non-welfare Negro groups claimed a significantly larger number of close friends than did either white group.*

In spite of a more involved family support structure, the welfare Negroes showed significantly lower life satisfaction than did the non-welfare Negroes: This could be due to the welfare Negroes living with and around relatives drawing welfare benefits. Thus, while a large degree of interaction takes place with relatives, the tone or feeling involved in this activity could dampen or actually be

detrimental to the satisfaction of the elderly. It is probably not optimal that the aged Negro be constantly exposed to younger persons having economic and familial difficulty to the extent that they are supported by welfare agencies. This pattern of living with or near relatives would probably be of more benefit to the aged Negro OAA recipient if these younger relatives were self-sufficient, and more untroubled by personal and familial contingencies. This is pointed out by the fact that the non-welfare Negroes showed higher life satisfaction scores than the Whites who were not on welfare, since even the self-sufficient Negroes had broader family relationships than the White Respondents.

This greater degree of Negro social participation carried over into the area of church attendance and religious feeling: Both welfare and non-welfare Negro groups attended church more often and expressed greater value for religion than did the White groups.

POLICY IMPLICATIONS

We recognize that our study only suggests tendencies that may merit consideration for long-range planning at the problem level; nonetheless, certain of these seem quite significant.

1. Economic status does affect elderly adjustment, but these economic factors are quite interrelated with persistent behavioral considerations. (For example, marital-status continuity, education, mobility, etc.) Therefore, economic support *only* will not represent a complete solution, not contribute greatly to immediate solutions.

2. Family patterns of the depressed Negro aged are rife with problems affecting general aged adjustment. (Large family size, marital instability, mobility, etc.) Family planning for lower income Negroes must be dealt with on a rational, realistic, basis.

3. Low educational level for this generation of aged Negroes may function to prevent, rather than enhance, productive, satisfying use of retirement leisure. Voluntary associations, and morale inducing activities, may be more available to future aged OAA recipients, but for this generation it seems that the Church serves as the major access organization. More specifically, at the present time, church affiliation is a channel of access and would seem to guarantee a higher chance for success in reach these elderly than "golden-age" clubs or similar organizations.

ITEM 6: INFORMATION REQUESTED BY THE CHAIRMAN FROM DR. E. S. RABEAU, ASSISTANT SURGEON GENERAL, DIRECTOR, DIVISION OF INDIAN HEALTH, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

DEAR MR. CHAIRMAN: This is in response to your request for information that would reflect future needs in aging and related fields with regard to Indian people.

We hope the U.S. Senate Special Committee on Aging will find the accompanying information and comments useful for this survey.

We are most appreciative of your interest in this important matter.

Sincerely yours,

E. S. RABEAU, M.D.,
Assistant Surgeon General, Director, Division of Indian Health.

[Enclosures]

The Division of Indian Health serves approximately 385,000 Indians and Alaska Natives who live on Federal reservations or in Native communities located in 24 States. This service population resides in predominantly rural areas and represents about three-fourths of the total Indian population (536,000) living in the States. This is a young population group. Nearly half are under 15 years and about 16 percent are 45 years and over, whereas less than one-third of the U.S. general population is under 15 and one-third is 45 and over.

By the year 2000 it is estimated that the service population in the 24 States will have increased to 720,000. This projection is based on the average population growth rate among Indians and Alaska Natives from 1940 to 1960. Projection of the estimated service population is affected not only by growth rate but also by migrations from reservations to other localities and from localities to reservations. The extent of migration is difficult to estimate, particularly on a long-term

basis; however, the migration factor was not considered in deriving the 720,000 estimate.

Mortality statistics of Indians and Alaska Natives fluctuate considerably from year to year within each age group. Therefore, a five year (1961–1965) average annual mortality rate for each age group was used in projecting populations in these categories.

In the year 2000, more than one-fifth of the projected service population, or 150,000, will be over 45 years old. Of the 150,000, 45,000 will be 65 and over, more than double the current number of approximately 18,000.

These changes may necessitate a new focus in the health program. Primary efforts since 1955 have been directed toward curative, preventive and rehabilitative services for those in younger age groups.

The extreme social and economic deprivation of the Indian and Alaska Native people creates barriers to the prevention of illnesses and to the utilization of health services. These barriers include low levels of education and employment, poor housing and water supply, lack of transportation and geographical isolation together with differing cultural concepts of "well" and "sick." Many aging Indians still request health services only when illness becomes severe or when they are influenced to seek help by family members who find the care of the aging interfering with individual and family interests.

Comprehensive community health services are provided through the Division's system of 51 hospitals, 53 field health centers and over 300 health stations augmented by a contract medical care program; these services are family centered. Health practices and habits of the aging are being influenced by the progress made in involving Indian communities, tribal groups, families and individuals in identifying and resolving their health problems.

Health problems of the aging and the aged are reduced by:

(a) Social assessment of the needs of the family which includes recognition of the changing roles, functions and status of the elderly Indian and social planning to meet the needs of the elderly patient.

(b) Home visits by public health nurses to the chronically ill and aged Indians. However, these visits are limited because of the higher priority needs of children and young adults.

(c) Health education directed toward Indian communities, groups, families and patients.

(d) Environmental health programs concerned with safe water supplies and waste disposal systems, vector control programs, home sanitation and safety programs, and correction of other conditions that adversely affect the physical and social environment of the aged as well as the general population.

(e) Increased use of medical facilities by the aging. In FY 1966, almost 30 percent of the hospital days in Public Health Service Indian and Alaska Native hospitals were utilized by patients aged 45 and over. The most urgent medical needs of the elderly are being met but elective and restorative services have a lower priority.

(f) Psychiatric and psychological consultation and services to Areas and Service Units through the Division's developing mental health program. These services and work of the limited mental health staff are largely confined to the many emotional and adjustment problems of the younger patients, especially the school children. However services for acute and emergency mental health problems among the aging are provided.

(g) Continued utilization of the Division's medical and health services by those living in boarding homes or individual housing established for the elderly by Tribal groups.

(h) Expanded community health aide programs which are reaching increasing numbers of the elderly.

(i) Nutritional and dietetic services provided for all age groups including the needs of the elderly. Malnutrition as a secondary diagnosis is a major problem in the Division's service population. Nutrition and dietetic services emphasize educational programs based on cultural dietary practices, available foods, economic resources, and nutritional needs. Normal and therapeutic diets served to hospital patients demonstrate ways of improving traditional food habits while using foods available in home communities. Nutrition education materials are developed for and adapted to the particular needs of specific tribes and groups. Studies of nutritional status, food prac-

tices, and nutrition related health problems and illnesses are continuing. Nutrition consultation is provided to agencies working with Indians and Alaska Natives on educational activities and in group feeding programs. The aging and aged directly and indirectly receive the benefit of these services.

The number of aging and aged beneficiaries discharged from Public Health Service Indian and Alaska Native General Hospitals has increased substantially since fiscal year 1958. There were about 10,700 (Table 1) discharges age 45 and over in 1958. By 1966 this number increased to almost 13,300, an increase of about 24 percent. The percent increase for the 45–64 and 65 and over age groups was 22 and 27 percent, respectively, for the same period.

While the number of discharges of those 45 and over has increased from 1958 to 1966, their proportion to the total discharges in each year has remained fairly constant. Table 2 shows that the 45 and over discharges ranged from 19.6 to 20.4 percent of the total discharges in any one year. The average length of stay, (Table 1) and the percent of total hospital days (Table 2) for each year for the 45 year and over age group has also remained fairly constant since 1960. As the Division's comprehensive medical care activities grew, greater numbers of the aging and aged received hospital care.

Increased utilization of Public Health Service Indian and Alaska Native Hospitals by the aging and aged beneficiary population is demonstrated by Table 3. The discharge rate for each elderly age group has increased since 1958. In 1966 the discharge rate for 45 and over was 34.5 per 1,000 service population. This is about 5 discharges per 1,000 population more than the rate of 30.0 in 1957. A gradual increase in this discharge rate is expected. The average age at death for Indians residing in the 24 reservation States is now about 44 in contrast to 39 in 1955. More people are living long enough to reach the older age group, the period in life when more hospital care is required. Therefore, as the average age at death increases for Indian and Alaska Native populations, it is anticipated that the discharge rate for the 45 and over age group will continue to increase.

Age specific mortality rates by selected causes for 1959–1964 period are shown in Table 4 per 100,000 population for the 45 and over age group. Indian and Alaska Native death rates are computed as three year averages because of the small number of deaths within a given year.

All Races mortality rates are for single years and correspond to the mid-year of the three year Indian and Alaska Native average death rate. The five leading causes of death of the aged and aging in both populations were diseases of the heart, malignant neoplasma, vascular lesions, accidents, influenza and pneumonia. The Indian and Alaska Native age specific death rate was higher than the All Races rate for two of these disease categories, diabetes mellitus and accidents.

The higher Indian and Alaska Native mortality rates for tuberculosis, diabetes mellitus, influenza and pneumonia, gastritis, accidents and homicides are influenced by the excessively low socio-economic conditions of this population.

The percent change in death rates between 1959 and 1964 for all causes has increased for Indians and Alaska Natives and for All Races by .5 and 1.8 percent, respectively, (Table 5).

Although the Indian and Alaska Native death rates for influenza and pneumonia and gastritis (Table 4) are higher than for All Races, the percent increase in these rates from 1959 to 1964 is lower.

Indian and Alaska age specific mortality rates for diabetes mellitus and accidents are considerably higher than All Races and appear to be increasing at a faster rate than the All Races. On the other side of the coin, the Indian and Alaska Native rates for diseases of the heart and malignant neoplasms are considerably lower than the corresponding rates for All Races. Furthermore, rates of the two disease categories have decreased for Indians and Alaska Natives since 1959 but have increased for the All Races population.

Services which are presently needed for the older Indian and Alaska Native and which will be needed increasingly in succeeding years include:

(a) Public health nursing follow-up of the chronically ill and aged. This would require additional staff and vehicles in each of the Division's Service Units.

(b) Social evaluation of homes where older patients reside to determine family relationships and attitudes toward the elderly to assess the preventive and medical social services required. Where needed, staff should encourage the elderly who have feelings of dependency or anxiety or fear of rejection to request and use available services, and should provide per-

sonal guidance and counseling to help the elderly care for themselves to the extent of their capabilities.

(c) Physical and occupational therapy by the few therapists now employed by the Division serve primarily the high volume of crippled children, tuberculosis patients and young adults. There is not sufficient staff to meet the total needs of elderly patients with strokes, fractures, arthritis, etc.

(d) Environmental health assistance including adequate housing, running water, heat and lighting.

(e) Homemaker services, provision of prostheses and transportation to and from clinic facilities.

Other staff expansion needed to meet the health needs of the increasing numbers of elderly beneficiaries include: physician-nurse-social worker teams; nutritionists, health educators, speech therapists, health aides and supervisory personnel.

It is estimated that 600 nursing home beds will be needed by 1970, largely for the elderly. Additional financial assistance also is required to provide and maintain dignity and comfort for the individual in his later life.

With the reduction of infant mortality and infectious diseases to infants and young children, the life expectancy of Indians has been increasing. More people are living long enough to reach the older age groups and as a consequence, chronic diseases are becoming more frequent. These diseases represent a significant work load in inpatient and outpatient services because of the necessity for long term care, rehabilitation and follow-up.

The Division of Indian Health will continue its efforts to meet these changing program needs.

TABLE 1.—NUMBER OF DISCHARGES, HOSPITAL-DAYS, AND AVERAGE LENGTH OF STAY IN PHS INDIAN AND ALASKA NATIVE GENERAL HOSPITALS BY AGE AND SELECTED FISCAL YEARS

Fiscal year	Number of discharges			Hospital-days			Average length of stay	
	Total	45 to 64	65 plus	Total	45 to 64	65 plus	Total	45 to 64
1966	13,281	8,015	5,266	191,128	105,994	85,134	14.4	13.2
1964	12,815	7,785	5,030	187,090	105,010	82,080	14.6	13.5
1962	11,265	6,828	4,437	180,606	101,214	79,392	16.0	14.8
1960	11,078	6,707	4,371	159,822	89,871	69,951	14.4	13.4
1958	10,706	6,571	4,135	(1)	(1)	(1)	(1)	(1)

[1] Hospital-days and average length of stay not shown because data available included tuberculosis patients in medical centers.

TABLE 2.—NUMBER AND PERCENT OF DISCHARGES AND HOSPITAL-DAYS BY AGE, FISCAL YEARS 1958–66, PHS INDIAN AND ALASKA NATIVE GENERAL HOSPITALS

	Discharges			Hospital-days		
	Total	45 plus	Percent of total	Total	45 plus	Percent of total
1966	65,015	13,281	20.4	667,227	191,128	28.6
1964	63,914	12,815	20.1	687,698	187,090	27.2
1962	57,564	11,265	19.6	646,758	180,606	27.9
1960	54,691	11,078	20.3	566,623	159,822	28.2
1958	53,744	10,706	19.9	(1)	(1)	(1)

[1] Hospital-days and average length of stay not shown because data available included tuberculosis patients in medical centers.

TABLE 3.—DISCHARGE RATE PER 1,000 SERVICE POPULATION BY AGE GROUP AND FISCAL YEAR, PHS INDIAN AND ALASKA NATIVE GENERAL HOSPITALS

Fiscal year	45 plus	45 to 64	65 plus
1966	34.5	20.8	13.7
1964	33.7	20.5	13.2
1962	30.4	18.5	12.0
1961	27.7	16.5	11.1
1958	30.0	18.4	11.6

TABLE 4.—MORTALITY RATES PER 100,000 POPULATION 45 YEARS AND OVER FOR SELECTED CAUSES OF DEATH INDIANS AND ALASKA NATIVES, AND ALL RACES, CALENDAR YEARS 1959–64

	Indian and Alaska Natives			All races		
	1958–60	1962–64	1963–65	1959	1963	1964
All causes	2,711.7	2,578.3	2,726.0	2,661.0	2,778.1	2,709.0
Tuberculosis	99.3	95.9	94.9	17.6	14.1	12.4
Malignant neoplasms	341.0	334.1	337.5	452.4	468.4	468.3
Diabetes mellitus	84.2	101.3	103.5	50.4	54.6	53.5
Vascular lesions	266.0	307.3	287.8	357.7	352.4	341.7
Diseases of heart	766.6	772.5	733.9	1,189.4	1,233.9	1,201.7
Influenza and pneumonia	155.0	162.8	161.7	74.7	98.9	80.2
Gastritis	10.5	14.1	10.8	7.8	9.1	8.9
Accidents	246.7	255.7	277.0	84.3	87.6	86.8
Suicide	18.0	11.5	11.9	22.9	22.6	21.9
Homicide	15.9	18.7	20.8	4.3	4.6	4.8

TABLE 5.—PERCENT CHANGE IN DEATH RATES FOR INDIANS AND ALASKA NATIVES AND ALL RACES AGE 45 AND OVER, BY CAUSE, 1959–64

	Indian and Alaska Natives	All races
All causes	0.5	1.8
Malignant neoplasms	−1.0	3.5
Diabetes mellitus	22.9	6.2
Vascular lesions	8.2	−4.5
Diseases of heart	4.3	1.0
Influenza and pneumonia	4.3	7.8
Gastritis, etc	2.9	14.1
Accidents	12.3	3.0
Suicide	−33.9	−4.4
Homicide	30.8	11.6

Appendix 5

MATERIAL RELATED TO PANEL 5:* TRENDS IN SHELTER AND ENVIRONMENT

ITEM 1: MATERIAL SUBMITTED BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DECEMBER 4, 1967.

DEAR SENATOR WILLIAMS: This is in response to your November 20, 1967, request for information about housing for the elderly in connection with your Special Committee on Aging's hearing beginning on December 5. As always, it is a pleasure to be in touch with you.

For your convenience, I am enclosing a summary of activity in our several senior citizens housing programs and our FHA Section 232 nursing home program. Also included is a brief statement with regard to the use of rent supplement funds on behalf of the elderly.

As requested, we have prepared and enclosed a projection on future housing needs of the elderly. In addition, I am enclosing an earlier paper which discusses the need for housing for the elderly based on 1960 Census data (see *Providing Appropriate Housing for Older People in the Low and Lower Middle Income Range—The Need and the Market*, pp. 5–7).

While we are not aware of any specific studies on new kinds of shelter that may be needed for the elderly, there does seem to be increasing interest in housing for the "frail elderly".

Several of our programs may, under certain conditions, include provisions for housing of this type. For example, group residential facilities which provide individual living rooms with a central kitchen and dining room may be financed under our low-rent public housing program. These projects are intended primarily for those elderly who, while still able to live relatively independently, may need help in preparing meals, caring for living quarters, and other minor assistance. Since local housing authorities cannot assume responsibility for deficits incurred in food service, it is necessary that some other public agency assume this responsibility by contract with the local authority over a 40-year period. Because of this requirement, only a very limited number of local authorities have been able to develop these group residential facilities under the low-rent program.

While all units in profit-motivated FHA Section 231 projects must include private kitchens, nonprofit sponsors may include either independent living units with private kitchens or non-housekeeping units without private kitchens. Central dining facilities may be included along with other community facilities, as well as limited infirmary and nursing beds for project occupants. There are no income limits for occupancy in housing developed under Section 231, which is intended for a wider income group than the low-rent program or our direct loan program. Therefore, Section 231 housing may include a wider range of facilities and services than is feasible under the low-rent or direct loan programs. Here the cost of services may be a limiting factor in reaching the middle or low income group.

With regard to the direct loan program, our policy requires that all units be equipped with private kitchens and baths for fully independent living. Community facilities may include central dining, if feasible, as well as meeting rooms, lounges, and the like. Infirmaries and nursing beds are not permitted, although limited facilities for emergency treatment and health examinations may be included. These policies have been followed in order to achieve the lowest possible rents for the lower-middle income elderly for whom the program is intended. However, we are reviewing our policies in this program to determine how it

*See testimony, p. 157.

might permit us to serve more adequately the needs of older people who require limited care.

Another area of need which is attracting attention is housing for the physically handicapped. This has developed since the Housing Act of 1964 permitted occupancy by the handicapped of any age in housing developed under our direct loan and FHA housing for the elderly programs, and provided that single handicapped persons, regardless of age, could live in low-rent public housing. The 1964 Act also provided that the single handicapped could be eligible for housing developed under FHA Section 221 sales, cooperative and rental housing programs. For your convenience, I am enclosing our Department's testimony on S. 222, a bill relating to assuring reasonable accessibility for the physically handicapped in public buildings, which contains considerable detail on a number of projects for the handicapped in various stages of development.

With regard to research, I am enclosing a directory of projects which have been financed under our Section 207 low-income housing demonstration grant prorgam, which includes five demonstrations specifically related to the elderly. Further details on these five projects (Mich. 1, Mich. 3, Ill. 1, Ohio 2 and Pa. 3) are contained in news releases which also are enclosed. Many of the other grants also relate to the elderly, even though they are not the particular focus of the demonstrations.

In addition, I am enclosing copies of several studies which have been published by the Department related to housing for the elderly. They include Part I and Part II of *Senior Citizens and How They Live*, both analyses of 1960 Census data; a report titled *Some facts about FHA Housing for the Elderly—Projects and People; Proceedings of the Interfaith Conference on Housing for Senior Citizens;* and a *Study of FHA-Assisted Nursing Homes.*

As you know, Section 1010 of the Demonstration Cities and Metropolitan Development Act of 1966 provided HUD with the authority to conduct research and studies related to applying advances in technology to housing and urban development. An appropriation of $10 million has been made available for commitments in fiscal year 1968 for these purposes and for the general conduct of the Department's research effort. With the program currently being developed, the elderly will be given consideration, along with the needs of other groups.

I would like to mention a provision contained in S. 2700, the Housing and Urban Development Act of 1967, reported by the Senate Banking and Currency Committee, which could be quite helpful to the elderly with respect to their housing. Section 203 of the bill would remove maximum statutory interest rates with respect to any FHA mortgage insurance program. Instead of statutory maximums, the maximum interest rates could be set by the Secretary of HUD administratively. With respect to the elderly, FHA's Section 231 housing for the elderly program, under present law, is limited to a maximum interest rate of 5½ percent. The removal of the statutory maximum could encourage more sponsors to use this program if interest rates could be adjusted in keeping with changing market conditions.

I hope this letter and the various materials enclosed will be helpful to you and to your Committee. We will, of course, be pleased to submit any further information that may be relevant to your survey while your record is open. In the meantime, please let me know if we can be of any further assistance.

Sincerely yours,

DON HUMMEL,
Assistant Secretary.

EXHIBIT A. IDENTIFICATION OF MARKET POTENTIALS AMONG ELDERLY HOUSEHOLDS FOR FEDERALLY SUBSIDIZED RENTAL HOUSING, 1970 AND 1975

This paper presents forecast estimates of the number of elderly households who will qualify by income for admission to housing produced under the following Federally subsidized housing programs: low rent public housing, rent supplement housing, and Section 202 senior citizen housing. The first two programs serve the same income levels, and they are characterized by their "deep" subsidy. In the case of rent supplement housing, the subsidy consists of an annual suppelment payment made to the private owner of the project. In the case of public housing, the subsidy consists of an annual contribution payment made by the Federal government to the local housing authority, (a public owner), tax forebearance by the local community (under payment in lieu of taxes agreement), and indirect subsidy provided by tax-exempt bond financing. The subsidy under

the Section 202 program consists essentially of BMIR financing (3 percent interest).

For the purpose of this forecast, elderly households are defined as consisting of primary families in which the head is 65 years of age or older and all primary individuals age 65 and older. Bureau of the Census family projections were used as the basis for estimating the total number of elderly households for each of the forecast periods.

The forecasts of average family income were based on procedures developed by the National Industrial Conference Board. This methodology "assume that all families will experience substantially the same *rclative* increase in earnings in years ahead. The magnitude of that increase is the adjustment factor used in estimating future income patterns." The projection reflects increases in real income based on the assumption of fixed prices.

It was also assumed that income limits for admission to low rent public housing and to rent supplement housing would increase in direct proportion to increases in real income. The following income limits for determining eligibility for the deep subsidy programs were used for the purpose of this forecast:

Year:	*Income limit*
1970	$3,400
1975	3,900

The "primary potential market," for low rent public housing and rent supplement housing consists of elderly *renter* households whose annual incomes fall below the above indicated amounts. This market is estimated as follows:

Year:	*Income eligible elderly renter households*
1970	2,382,000
1975	2,680,000

A "secondary potential market" for the rent supplement and public housing programs consists of low income homeowners residing in substandard housing. A number of these families, it is believed, would welcome the opportunity to improve their housing, but to a lesser degree than elderly renter. (It is believed that only a very few of the homeowners occupying standard housing would move into low rent public housing or rent supplement housing).

The "secondary potential market" has estimated on the assumption that the absolute number of substandard housing units occupied by the elderly would remain about the same, even though the proportion of substandard housing will decrease. This assumption is based on the fact that the low income of the elderly puts them at a serious disadvantage in competing for standard dwellings. The number of elderly homeowners living in substandard housing and with qualifying income in 1970 and 1975 was projected to amount to approximately 535,000 households in each of the forecast periods.

LOW RENT PUBLIC HOUSING AND RENT SUPPLEMENT HOUSING

The combined primary and secondary market potential among the elderly for rent supplement and low rent public housing programs is estimated as follows:

Year:	*Potential market*
1970	2,917,000
1975	3,215,000

Early retirement programs would not significantly affect the market potential for low rent public housing and rent supplement housing programs. The median income of admissions of elderly households to low rent public housing has been below $1,500 a year. This median is generally substantially below the admission limits which have been established for the elderly in the great majority of local public housing programs. The principal effect of early retirement programs, it is believed, would be reflected—among those who benefit from fairly liberal retirement benefits—in a higher incidence of admissions with incomes more nearly matching the income limits, and a smaller incidence of admissions with extremely low incomes.

SECTION 202 HOUSING

The market potential for Section 202 housing is considered to consist of those elderly households whose income exceeds low rent public housing admission limits, but which incomes fall below the admission limits established for the Section 202 program. Employing the same forecast techniques utilized with regard to the potential market for low rent public housing and rent supplement housing, the following income ranges were used for purposes of determining income eligibility in each of the two forecast periods:

Income ranges served by section 202 program

Year:	
1970	$3,400 to $5,000.
1975	3,900 to 5,700.

The "primary market potential" consists of elderly renters whose incomes fall within the above-described income levels. The number of elderly renter households whose incomes fall in this range is estimated, as follows:

Number of elderly tenant families within income range

Year:	
1970	520,000
1975	469,000

Limited occupancy experience in Section 202 housing projects so far indicates that between 25 percent and 30 percent of the tenants had moved from homes they owned into the Section 202 housing. This "secondary market potential" from among homeowners is taken into consideration by adjusting upward the estimated market potential, based on elderly renter households with qualifying income. Such an adjustment factor, it is believed, would amount to about 25 percent (i.e. the estimated primary potential market is multiplied by 1.25). This would be reflected in the following combined potential market estimate:

Potential market for 202 housing

Year:	
1970	650,000
1975	586,000

Demand for Section 202 housing would be increased with earlier retirement. The number of elderly households increases by 25 percent if the definition of elderly is reduced from 65 years and over to 60 years and over. Reduction of retirement age would probably increase the demand for Section 202 housing units correspondingly.

We have not considered Section 221(d)(3) BMIR housing as a significant housing resource for the elderly. Although the rentals for small-size units under 221(d)(3) BMIR would be about the same as those obtained in 202 housing, Section 221(d)(3) projects do not generally supply the same range of services and amenities that the elderly seek upon retirement and which are provided in Section 202 projects.

Elderly households with incomes in excess of $5,000 and $5,700 respectively in 1970 and 1975 can be served by private unsubsidized housing. It is estimated that in 1970 and 1975 approximately 3,232,000 and 4,055,000 elderly households will have income in excess of these income ceilings.

Attached hereto is a table showing the projected number of elderly households in 1970 and 1975 by income and tenure.

We did not identify the housing market potentials among elderly households beyond 1975 for lack of information—

(1) the future role and scope of federal transfer payments benefitting the elderly,

(2) future increases in participation and liberalization of private and public retirement programs,

(3) future gains which will extend life expectancy.

ESTIMATED NUMBER OF ELDERLY HOUSEHOLDS BY INCOME AND TENURE, 1970 AND 1975

[In thousands]

Income (constant 1965 dollars)	1970			1975		
	Total	Owner	Renter	Total	Owner	Renter
Less than $3,000	6,352	4,103	2,249	6,581	4,251	2,330
$3,000 to $3,999	1,203	870	333	1,405	1,017	388
$4,000 to $4,999	827	506	321	855	523	332
$5,000 to $6,999	1,422	1,091	331	1,533	1,176	357
$7,000 to $9,999	1,010	788	222	1,270	991	279
$10,000 to $14,999	632	512	120	855	693	162
$15,000 or more	717	581	136	934	757	177
Total	12,163	8,451	3,712	13,433	9,408	4,025

EXHIBIT B. EXCERPT FROM: PROVIDING APPROPRIATE HOUSING FOR OLDER PEOPLE IN THE LOW AND LOWER MIDDLE INCOME RANGE—THE NEED AND THE MARKET*

(By Sidney Spector, Assistant Administrator, Housing for Senior Citizens, Housing and Home Finance Agency)

* * * * * * *

MEASURING THE NEED FOR HOUSING FOR ELDERLY

There are four major categories that can conveniently be used to estimate overall need:

1. Those elderly who live in deficient housing;
2. Those elderly who have to live with children;
3. Those elderly who live in standard housing, no longer suitable for the changes of age; and
4. Those elderly who must be relocated as a result of government public works programs.

We are fortunate to have aggregate figures from the special runs of the 1960 Census data made by the Bureau of the Census and published in Vol. VII of the Bureau's reports.

1. *Deficient.*—There were 2,773,000 units, in which the head of the household was 65 and over and which can be classed as in a deficient condition, i.e.,—They are dilapidated, or deteriorating, or sound but "lacking some or all facilities." [1]

These 2,773,000 units constituted 30 percent of all households headed by people 65 and over. Thus, although persons 65 and over comprise only about 10 percent of the total population, they have 22 percent of all deficient housing in the U.S.

The income portrait of this group places most of them in the low or lower-middle class:

1959 INCOMES IN HOUSEHOLDS WITH HEADS 65 AND OVER AND WITH DWELLING UNITS CLASSIFIED AS DEFICIENT

Income	Percent of total	Number of households
Less than $1,000	39.6	1,100,000
$1,000 to $1,999	29.1	807,000
$2,000 to $2,999	12.0	333,000
$3,000 to $4,999	10.6	293,000
$5,000 or over	8.7	240,000
Total	100.0	2,773,000

*Given at Western Regional Institute on Housing, September 22, 1963, at Asilomar, Pacific Grove, California.

[1] In addition, there are 424,000 deficient dwelling units containing persons 65 or over but in which the heads are under 60 years of age.

Of these physically deficient households, 489,000 were classified by the Bureau of the Census as dilapidated. This is housing "which does not provide safe and adequate shelter and in its present condition endangers the health, safety or well-being of the occupants. The defects are either so critical or so widespread that the structure should be extensively repaired, rebuilt or torn down."

This is a very large, immediate market but current incomes in this group are also sadly dilapidated:

1959 INCOMES IN HOUSEHOLDS WITH HEADS 65 AND OVER AND WITH DWELLING UNITS CLASSIFIED AS DILAPIDATED

Income	Percent of total	Number of households
Less than $1,000	48.8	239,000
$1,000 to $1,999	27.8	136,000
$2,000 to $2,999	9.7	47,000
$3,000 to $4,999	7.9	39,000
$5,000 or over	5.8	28,000
Total	100.0	489,000

There were thus 375,000 dilapidated homes headed by persons 65 and over with incomes below $2,000; there were also 86,000 such households in the lower middle income range of $2,000–$4,999.

2. *Elderly with children.*—In addition to these 2.8 million deficient housing units, there is the critical problem of over 2,000,000 households in which persons 65 or over live with children or relatives—in Census Bureau terms, in "households where the head is under 60." [2] If research in gerontology has given clear evidence of anything, it is the conclusion that most older persons want to live near their children and grandchildren, but independently of them. Various studies indicate that family ties may be closer and stronger today, than in the more dependent three generation households where jealousy, strife and hostility were often the dominant environments.

This is a group which I can categorize as frequently living in emotionally or mentally substandard households even if the homes are in *physically* standard condition.

These two groups, then, amount to nearly 5 million households with persons 65 and over who occupy physically or mentally deficient living arrangements. This is a very large immediate market of need both among owners and renters.

3. *Elderly in standard housing.*—In addition to these two groups, there are 6.5 million households (owner-occupied and rented) which are "sound with all plumbing facilities" and where the head is 65 and older. Many in this category however live in houses which are unsafe, difficult to maintain, too large for efficient living, or lack the services which older persons need. Many would much prefer the benefits of specially designed housing for the elderly.

It is not as yet possible to delineate the true market in this group of households classified as standard. Extensive depth research into attitudes, motivation, available opportunities and a whole series of complicated variables is required. But we do know something of their income picture and, therefore, the basic limits on their power of choice. This 6.5 million divides up as follows:

1959 INCOMES IN HOUSEHOLDS WITH HEADS 65 AND OVER AND WITH DWELLING UNITS CLASSIFIED AS STANDARD

Income	Percent of total	Number of households (millions)
Less than $1,000	18.5	1.2
$1,000 to $1,999	20.0	1.3
$2,000 to $2,999	15.4	1.0
$3,000 to $4,999	18.5	1.2
$5,000 or over	27.6	1.8
Total	100.0	6.5

[2] These two million households include the 424,000 deficient households headed by persons under 60 but with household members 65 or over.

4. *Elderly subject to relocation.*—A special category of need—included in the above total figures—are those senior citizens who live in the midst of expanding programs of urban renewal, highway construction, public works building, etc. They are immediate victims of such public activity and require relocation to a facility which has the benefits of a community atmosphere and minimize the trauma of forced change. It will take sensitive understanding, trained counseling and available dwelling units to make necessary transition bearable.

Summary.—There is no way at present of adding up these figures into an effective demand picture. We can assert, however, that the *need* is very big indeed. The data indicate that there is a sizable national market today—in national statistical terms—for the programs in HHFA and the Department of Agiculture as they are presently constituted. There is, however, a much larger market which cannot be expressed or fulfilled at the bottom end of the lower-middle income category. To translate their need into demand may require extension of present financing aids.

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EXHIBIT C. HOUSING AND HOME FINANCE AGENCY'S NEWS RELEASE, MARCH 19, 1963

Housing Administrator Robert C. Weaver today approved a grant of $42,524 to Kundig Center in Detroit, Michigan, to study and evaluate the manner in which it provides existing housing, near the Center, for aged persons with incomes ranging from as low as $40 to no more than $200 a month.

This is the first grant in the elderly housing field to be made under the Low-Income Housing Demonstration Program authorized by the Housing Act of 1961 for the development and demonstration of new or improved means of providing housing for low-income persons and families.

Kundig Center is a day-care center for elderly people, and operates on a non-sectarian basis. It is located near downtown Detroit in a neighborhood made up largely of big old houses. Vacant rooms in these houses are leased by the center, often from landlords who are themselves elderly, and then subleased to the elderly at no profit. These persons are then able to obtain inexpensive meals, and recreational, medical, legal and other counseling services at the Center, which is within walking distance.

Currently, the Center rents and then subrents rooms to 97 residents whose average monthly income is about $96. It is this housing program which will be analyzed; it has not connection with a 25-unit home for senior citizens built at the Center with a Federal loan of $135,850 made by HHFA under its direct loan program for senior citizen housing.

Research technicians from the University of Detroit will study the rooms-renting operation over a 15-month period, concluding with the preparation of a report for publication.

The descriptive analysis will cover the various aspects of the Kundig housing system for possible use to other communities, such as; how its neighborhood scope is determined; the standards and procedures for screening and selection of properties, landlords, and tenants; the terms of both agreement between the Center and the owner and the landlord-tenant contract; rent determinations and collections; and the types of services provided other than housing, as they contribute to the housing arrangement.

The investigation will also examine the prospects for similar operations in other urban communities, large and small, taking into account such factors as typical related zoning and housing regulations and the likely extent of vacant, habitable rooms near neighborhood centers, settlement houses, and churches that might operate such programs.

Comparison of results, in terms of housing costs, efficiency, and satisfactions, will be made between a 30 person group of Kundig Center leases and two similar elderly groups housed otherwise. The first comparison group will be rooming houses and low-cost hotels and the second those in an institutionalized type housing.

"The study of the Kundig Center rooms-rental system is regarded as of considerable potential significance, in view of the fact that the 1960 Census revealed as many as 2.9 million persons nationwide, at age 65 or over and living alone, have incomes of less than $2,000," Dr. Weaver said. "Besides providing housing at very low-income level, Kundig Center does so within a non-institutional en-

vironment. It serves elderly desires for privacy and independence without housekeeping responsibility. Moreover, it is a means for constructive use of unused living space, providing additional housing resources quickly and without capital expenditures. The latter is especially significant for communities where renewal and other governmental activities are displacing large numbers of elderly."

EXHIBIT D. HOUSING AND HOME FINANCE AGENCY'S NEWS RELEASE, JUNE 5, 1963

The design and testing of low-rent public housing for occupancy by physically handicapped (of any age) and elderly families will be undertaken with a grant of $106,315 approved today by Housing Administrator Robert C. Weaver.

The grant is to the Toledo (Ohio) Metropolitan Housing Authority, which will carry out a project authorized by the Housing Act of 1961 which provides for Federal grants to public or private bodies to develop and demonstrate new or improved means of providing housing for low-income persons and families.

The project will be operated as a low-rent public housing project, with the rents of tenants subsidized through an annual contributions contract from the Public Housing Administration. The unusual feature will be the special provisions for physically handicapped families who will be among the tenants. The cost of this will be paid by the Federal grant.

The project had its origin when the Toledo Housing Authority made a survey of more than a thousand physically-handicapped low-income families and found that they needed housing especially designed for their handicaps.

The Authority thereupon decided that a 150-unit high-rise development for the elderly which it had already applied for to the Public Housing Administration should be designed to serve as many as 75 to 100 families with handicapped members.

The units for the handicapped will have many things in common with units for the elderly, such as hand rails and grab bars, but also special features such as doors wide enough for wheel chairs to go through, and plumbing fixtures accessible from wheel chairs.

The project will be located in the Vistula Meadows Urban Renewal area. This downtown site will afford the residents—elderly and handicapped alike—convenient access to various facilities and services, such as recreation, shopping, and churches. Transportation will be near. Health, welfare, and rehabilitation facilities will also be close at hand. Especially important for the handicapped is the fact that Goodwill Industries is building a new plant adjacent to the housing project, and it is expected that many of the handicapped will find employment there.

An advisory committee will assist in planning and operating the demonstration. Its members will include representatives of the City Health Department, the University of Toledo, the Academy of Medicine, Public and private welfare and recreational agencies, as well as leaders from industry, labor and the professions.

The Federal grant will cover the cost of administering the program architectural consultations on the special design features, the cost of evaluating the results, and special equipment for the handicapped such as hospital beds and wheel chairs.

Administrator Weaver, in commenting on the project said that while it is well recognized that the housing problems of the aged and the handicapped somewhat overlap, the feasibility of congregate living of these two groups has been questioned. "This demonstration should provide an answer," he said.

EXHIBIT E. HOUSING AND HOME FINANCE AGENCY'S NEWS RELEASE, JUNE 5, 1963

The housing of elderly low-income families in private rental apartments under a rent assistance plan will be tested with the aid of a Federal grant of $228,250 approved today by Housing Administrator Robert C. Weaver.

The experiment will be conducted in Chicago where some 70,000 elderly families of low income can't afford adequate housing. The grant is to the Chicago Housing Authority, which now operates 184 units of elderly housing and has 4,600 more in various stages of planning and development—not nearly enough to meet the need.

In consequence, and urged by the Metropolitan Housing and Planning Association of Chicago, the Housing Authority has decided to experiment in housing elderly families in private apartments located in various sections of the city, beginning with 100 such families. The Chicago and Dearborn Real Estate Boards and a number of community conservation organizations have pledged their cooperation. Already the owners and managing agents of 35 apartment structures have indicated interest in participating in the demonstration.

The project is authorized by the Housing Act of 1961 which provides for Federal grants to private bodies to development and demonstrate new or improved means of providing housing for low-income persons and families. The program is supervised by George B. Nesbitt, director of the low-income demonstration branch of the Housing and Home Finance Agency.

This is how the Chicago project will be carried out.

First the Housing Authority will satisfy itself as to the physical condition of the buildings, their maintenance and services, and the rents to be charged. It will then enter into Participation Agreements with the landlords.

Next the Housing Authority will select elderly persons who can qualify as tenants in these buildings. Their incomes must be under $3,000 a year for single persons and under $3,600 for two-family households.

Under the Participation Agreement the landlord will agree that not more than 25% of the tenants in a building will be participants in the test program. Thus the low-income families will be mixed in with tenants requiring no rent assistance. He will also agree to semi-annual inspection and rent review; response to request for information by the Housing Authority; and Authority intervention in any landlord-tenant dispute should inequitable treatment of the tenant appear to exist.

The subsidized tenants will have the same rights and responsibilities as the other tenants in the building. They will pay their part of the rent directly to management and the Housing Authority will pay the difference.

Approximately $200,000 of the grant money will be used to subsidize the rents during the 36-month demonstration period. The remainder of about $28,000 will cover the cost of conducting the demonstration, the evaluation, and the publication of final report. A consultant from the University of Chicago will assist with the evaluation.

EXHIBIT F. HOUSING AND HOME FINANCE AGENCY'S NEWS RELEASE, JULY 8, 1964

Housing for elderly low-income persons and couples under a rent supplement plan in a moderate-income nonprofit housing development will be tested with the aid of a Federal grant of $77,836 approved today by Housing Administrator Robert C. Weaver. The grant was made to the University of Michigan in Ann Arbor. The demonstration will be carried out and evaluated by the University's Division of Gerontology.

The grant is provided under the low-income housing demonstration program authorized by the Housing Act of 1961. George B. Nesbitt is the director of the program.

Under the demonstration 20 low-income persons 62 years of age or older will be chosen for apartments in Lurie Terrace, a 142-unit, 8-story apartment building being built with a $1,700,000 Senior Citizens Housing loan.

Lurie Terrace is sponsored by Senior Citizens Housing of Ann Arbor, Inc., a nonprofit corporation which has agreed to make available, for the demonstration, apartments for 20 low-income persons.

Lurie Terrace is located in central Ann Arbor, adjacent to a large city park and within walking distance of the city's business center.

All apartments are equipped with kitchens and full baths; in addition there is a common activity room and an outdoor terrace on each floor. On the top floor is the dining room with a view of the city and the park. Tenants are expected to eat at least 20 main meals there each month.

Criteria for the selection of the low-income participants will be developed with the advice and assistance of an advisory committee, to be composed of representatives of local and county government, real estate, churches, family service agencies, Urban League, service clubs, and the Senior Citizens Guild.

The criteria to be established will serve the demands of the demonstration objective. Tenants meeting the criteria will be proposed for admission to Lurie Terrace.

Decision on the actual admission of tenants will be in the hands of the management of Lurie Terrace. The selected low-income tenants will meet the same requirements as other tenants in the development—preference to residents of Washtenaw County and sufficiently good health to be able to take care of an apartment.

The difference between the rents charged by Lurie Terrace and the amounts that the low-income occupants can pay, will be met out of demonstration grant funds.

At the expiration of the demonstration period the Washtenaw County Department of Social Welfare will supplement the incomes of the demonstration households to assure them of continued occupancy of their Lurie Terrace apartments.

The demonstration will test whether a rent supplement plan is a feasible method of providing such nonprofit housing to low-income elderly; the advantages and problems connected with mixing varying income groups; and the effects on the health and well-being of the elderly of good housing that offers privacy, sociability, independence and security.

"We know that the housing needs of our elderly population are great," Administrator Weaver said. "We do not know whether housing low-income persons whose rents are subsidized among those who pay the full rent will work. If it does we will have found an additional method of providing housing to those who need it most and can afford it least. We are fortunate that this demonstration involves some of the country's leading experts on problems for the elderly. We will gain through this demonstration very much needed new insights regarding the relationships of housing to the well-being of older people."

EXHIBIT G. HOUSING AND HOME FINANCE AGENCY'S NEWS RELEASE, JUNE 24, 1965

The Housing and Home Finance Agency today approved a grant of $90,000 to the State of Pennsylvania for a project to demonstrate and test methods for providing improved housing at modern cost for low-income elderly persons, including those on public welfare.

The demonstration is to be carried out by the Office for the Aging in Pennsylvania's Department of Public Welfare. Its objective is to: (1) stimulate nonprofit organizations to undertake the development of housing for the elderly; (2) raise standards to be met by landlords of private housing rented to elderly people on public assistance.

The Federal grant is provided under the low-income housing demonstration program authorized by the Housing Act of 1961 to develop and demonstrate new or improved means of providing housing for low-income families. George B. Nesbitt is the Director of the Program.

The grant to Pennsylvania will be used to establish and finance an "Elderly Housing Staff" to assist trade union, church, fraternal, and other nonprofit sponsors of housing for the elderly with organization, market assessment, site acquisition, design and planning, financing application, and other technical problems.

The Staff will also explore the possibilities of upgrading housing standards to be met by private landlords whose tenants are elderly people receiving public assistance. This activity will complement the Pennsylvania Department of Public Welfare policy of withholding rental allowances of welfare recipients found to be living in dwellings that fail to meet minimum housing standards. An improvement in housing standards would serve the interests of some 50,000 persons receiving old age assistance grants and about 13,000 persons over 65 years of age who are blind pensioners.

A number of private and public agencies will cooperate on the demonstration project. These include the Pennsylvania Commission on Aging; various state associations within the housing industry; state and local religious bodies, labor and fraternal organizations; and other units of the State government, including the Departments of Labor and Industry, Health, and Commerce.

State university resources will be used to assist with evaluation of the demonstration. A final report will be issued at the end of the 33 months duration of the project. A series of "how-to-do" booklets will be released during the demonstration, covering such matters as market assessment, financing aids, elderly housing standards, and alternative management plans.

"This effort may well produce a format for use in other states," said HHFA Administrator Robert C. Weaver. "It should provide a tested and systematic

approach for adding to the low-income housing supply for the elderly, as well as for improving the quality of existing housing occupied by welfare recipients. Another potential is not to be overlooked. If the effort to improve housing quality works with the elderly on welfare, it should be put to work for the benefit of others on public assistance who live in substandard rental housing."

ITEM 2: INFORMATION FROM ROBERT D. BLUE, CHAIRMAN, IOWA COMMISSION ON AGING

NOVEMBER 30, 1967.

DEAR SENATOR WILLIAMS: Responding to your letter of November 20th, I should like to express my thoughts with reference to the questions which you enclosed relating to housing needs.

1. With reference to the first question as to recommending changes in policy in terms of dealing adequately with future housing needs, I would make the following observations:

(*a*) There are too many uncoordinated existing federal loan programs. These different programs make loans and buildings are erected from the proceeds of such loans without any relationship to what other agencies are doing in the area served.

(*b*) Representatives from HUD tell me that they are having trouble when they have to move people out of housing developments because of illness and they have no place to move them.

(*c*) HUD is now permitting a portion of the facilities built by them to be used for personal care. This program should be enlarged and HUD should make loans for retirement facilities and nursing care facilities.

(*d*) Most smaller communities cannot afford to have both housing facilities and nursing facilities as separate units. To do so increases administrative costs and other care costs.

(*e*) A substantial portion of people seeking public housing desire to locate in units where both their housing needs and their nursing needs can be met without the necessity of moving to a new nursing facility when such care is needed. This is particularly important for couples where one spouse is ill and needs nursing care and the other is well and ambulatory.

(*f*) With the exception of the Hill-Burton funds, other housing funds for the aged are on a loan basis rather than a grant basis and these loans are currently paid off on an amortization basis through the rental charged. In other words, the current residents of such homes are actually paying for the erection of the buildings. The economic status of many of these people is extremely limited and the principal charges included in the amortization of the loan, which are reflected in the rental charges, are burdensome.

(*g*) Blindness is a common ailment of the aged. The blind should not be segregated, but more thought of the needs of the blind should be given in the design of housing facilities.

(*h*) The present Federal Housing Program for the elderly is poorly designed and administered so far as meeting the needs of the aged chronically ill.

(*i*) If the present programs are to be continued and HUD does not expand its program to cover nursing facilities, then some arrangements should be made so that an organization desiring to build a combination retirement home and nursing facilities could get a combined loan from HUD, FHA or SBA. Since the period of amortization for FHA and SBA loans for nursing facilities is shorter and the rates of interest substantially higher than the loan period and the interest rates of HUD, it is desirable to enlarge the HUD program.

(*j*) I would abolish the activities of the Farmers Home Administration in the field of aging entirely. It constitutes duplication of effort as well as competitive effort and I feel that they are not staffed with people who understand the needs of the elderly sufficiently to justify their continued existence.

2. Are total environmental needs of the elderly given adequate consideration in current programs?

(*a*) My answer to this question is no. The transportation needs of the elderly are very often ignored in the location of any facilities. This problem is becoming aggravated by the breaking down of community public transportation systems.

(*b*) Because of cost, insufficient space is allotted for activity programs and there is insufficient variety in these programs. This is particularly true of those

who are dependent upon Old Age Assistance programs to meet their needs and who reside in remodeled dwelling houses.

3. Recommendations on research for future programs:

(*a*) Too little consideration has been given in the federal programs to the part that state and local governments play in furnishing housing for the elderly.

(*b*) I would recommend that a national study be made of the housing provided for by county units of government for the care of the aging with special emphasis upon the age of the facilities, means for supporting them and the type of service rendered by them.

(*c*) A study should be made of the facilities provided for veterans. Many states have facilities which provide for indigent veterans. So far as I know, no study has been made in this area.

(*d*) A study should also be made of the existing programs of the veterans hospitals for the care of aged, ill veterans. I know that some such care is being furnished on a contract basis. How extensive this program is or may become, and the cost of care furnished should be studied. I think this important because so large a segment of our population, both men and women, are veterans.

(*e*) Until recently many state mental hospitals have been both treatment and custodial centers for the aged ill, particularly those suffering from arteriosclerosis. Recently state mental hospitals have reorganized so that they are primarly treatment centers and the aging patient suffering from arteriosclerosis is pushed out of the state hospital. This problem should be studied and consideration given with reference to providing adequate housing facilities for these persons and a study made by state hospitals of the use of the space that has been vacated.

(*f*) A national study should be made with reference to what state and local programs are providing housing for the elderly which is built or subsidized with local or state tax funds.

(*g*) Over the country generally there is a rash of cases dealing with property tax exemption by local taxing authorities. These cases are being variously decided. Non-profit facilities that provide nursing care are quite commonly granted tax exemption. Facilities providing only room and board or apartment living are quite frequently being subjected to property taxes. There is no clear understanding on the part of judges and lawyers as to what amounts to charity which results in a confusion of definitions. The section of the Internal Revenue Department dealing with non-profit corporations has some confusion about what a charitable operation is and in my judgment, the federal statutes in this regard could be more clearly stated. A study of the problem of property tax exemption on a national basis for non-profit charitable homes should be made. I might add that I am informed that in Michigan the state pays to the local government the taxes which would normally be assessed against the property were it not a non-profit organization, but this law is confined to buildings that are built under the 202 federal loan program.

4. Projections on future housing needs:

(*a*) Much of the mid-west is just emerging from the pioneer period. As a state, Iowa is 121 years old. A considerable amount of the housing used for residential purposes by individuals and a substantial number of buildings, such as county homes, state mental hospitals, state homes for veterans, date back at least to the Victorian period. While there is no study in Iowa of these needs, replacements both of individual housing and institutional housing for the aged will be quite large for a substantial number of years in the future, and I feel sure that this will be true of a large number of mid-western states.

Very truly yours,

ROBERT D. BLUE,
Chairman, Iowa Commission on Aging.

ITEM 3: ADDITIONAL INFORMATION SUBMITTED BY DR. WILMA DONAHUE,* DIRECTOR OF GERONTOLOGY, UNIVERSITY OF MICHIGAN

THE STORY OF GLENDALE TERRACE—"HOUSING FOR THE ELDERLY AND NON-PSYCHOTIC DISCHARGED PATIENTS"

Glendale Terrace, (also known as Toledo's Golden Age Village), was constructed by the Toledo Metropolitan Housing Authority, in a joint effort with the Ohio Department of Mental Hygiene and Correction, the Housing Assistance Ad-

*See testimony on p. 182.

ministration, and the United States Department of Housing and Urban Development.

The Honorable James A. Rhodes, Governor of the State of Ohio, initiated "Golden Age Village" concepts, and the Toledo Metropolitan Housing Authority has completed the first of its kind in the nation. The second such project is under construction in Columbus, Ohio. This development was promoted to provide decent, safe and sanitary housing for the elderly and non-psychotic persons released from the Toledo State Mental Hospital who had no where else to go.

The Ohio General Assembly amended the State law to permit the Director of Ohio Mental Hygiene and Correction to sell State-owned land to a Housing Authority and to assist financially in the development of a housing project, in order to house some non-psychotic discharged patients. The Department of Mental Hygiene and Correction paid for many of the spaces and much of the equipment which could not be approved by the Federal Housing Agency.

Glendale Terrace was constructed on 7½ acres of land purchased by the Toledo Metropolitan Housing Authority from the State of Ohio. This site, located at 3200 Glendale Avenue (East of Byrne Road), is adjacent to the Southland Shopping Center which is within a very short walking distance from the project. The site is also located near many churches of various faiths, as well as banking facilities. Private bus service has been provided to a Catholic Church which is approximately 3 miles away.

The Heatherdowns city bus is located one block from the project and will take residents into the downtown area of Toledo.

The project was designed by Munger, Munger & Associates, Architects. The general contractor was Rudolph-Libbe, Inc.

The reddish brown brick building consists of 100-units of which 50 are one (1)-bedroom apartments and 50 are efficiencies. One-bedroom units are rented to elderly or disabled couples, or two (2) unrelated adults of the same sex who wish to live together, while the efficiency apartments are for single person occupancy.

The flat rental for the one (1)-bedroom apartment is $45.00 per month—the efficiency is $40.00. All utilities are included in the rent, as well as a range, refrigerator and draperies. Each unit is equipped with an emergency alarm buzzer which sounds in corridors and also turns on a red light above apartment doors. These buzzers are located in the bedrooms 16 inches from the floor. The reason for this is—if someone were to fall, it is easy for them to crawl to the buzzer switch to sound the alarm.

An ample amount of electrical outlets are provided on all walls and placed waist high, in order to prevent residents from having to stoop to reach them.

Each apartment has a shower with grab bars to insure safety and to allow wheelchair residents to get in and out easily. The showers have safety valves which can be adjusted for the desired water temperature before entering the stall.

All doorways are extra wide to accommodate wheelchairs. A master television antenna, with a connecting plug, is provided in each apartment.

Located near the management office are central apartment type, locked mailboxes to insure maximum security. The keys provided for the aaprtments also unlock the mailboxes, as well as the outside entrance hall door nearest the resident's apartment.

All apartments provide ample closet space. The front door opens into an inside corridor which leads to the Community and Service areas and other apartments. This design allows easy movement through the housing complex, without exposure to the outside weather conditions. The rear door leads to an outside patio for ideal summer living.

Built in cabinets, as well as tiled floors, add to the beauty and easy living in each apartment.

Included in the interconnecting complex of 100 units is a community facilities building which includes beauty and barber shops, multipurpose room, arts and crafts rooms, health center, social service office, conference room, maintenance shop, a kitchen and the management office. The beauty shop is operated on Tuesday, Thursday and Friday, from 8:30 A.M. until 4:30 P.M. The barber shop is open in the 1st and 3rd Wednesdays of the month by appointment.

The multi-purpose room lends itself to many activities, because it can be divided by a large folding door. The outside door leads to a large patio for group cookouts.

Arts and crafts rooms include a waiting room, sewing room, a kiln and potters wheel in the ceramics area, a room for leather works and painting, plus an office for a recreational therapist and hobby room.

Within the health center, there is a nurse's station, dental, doctor's, podiatrist's offices, and an examining room. The nurse, and many staff personnel, are paid by the State of Ohio.

A Lucas County Welfare caseworker's office is used for counseling on personal and financial problems. The worker is on the project five days per week.

All residents can obtain any tools needed for lawn care from the maintenance shop. Each tenant is encouraged to cut a very small area of grass in front of their unit and to plant and maintain flowers. The maintenance staff takes care of all service requests from residents and management.

Four neighborhood lounge areas are located in various sections of the project. Two of these are equipped with color television sets and furnishing for relaxation. One is used as a game room and the other houses a pool table. Each lounge is adjacent to a coin operated laundromat. In addition, small outdoor clothes drying areas are located near the laundromats.

Someone is available in the management office to collect rents and take care of any other management problems on the project, Monday thru Friday, from 8:30 A.M. to 5:00 P.M. Emergency phone numbers are listed on the office window to call when needed.

Screened refuse disposal areas are provided with surface recessed cans surrounded by concrete to improve all sanitation aspects.

Parking lots were designed with curb cuts to provide ramped walks leading to and from the apartments. Landscaping includes grass, flowering shrubs, evergreens and trees.

The building is heated by forced hot water with adjustable on and off valves in each apartment.

Many hand extinguishers and fire alarms are put up throughout the building to insure maximum security in case of fire. There are also fire doors between the hallways.

All occupants residing in the project must be capable of independent living. However, many special services are offered at Glendale Terrace which are not normally found in most regular Senior Citizens' public housing projects. Glendale Terrace offers a package deal for services made available at a nominal cost, through the State of Ohio Department of Mental Hygiene and Correction, whereby residents can have a completely furnished apartment, including bedding, linens, towels, blankets, detergents, toilet tissues, etc.

Two balanced meals are served daily in the central dining room (multipurpose room), plus groceries are provided weekly to enable the residents who purchase the "package," in order to prepare their own breakfasts and have snacks. Meals are scheduled on a monthly basis, and arrangements for food services must be made a month in advance. The largest portion of the meals are prepared at the Toledo State Hospital and transported to the project in heated trucks. The food is kept warm through the use of portable hot food trays.

Personal care services include medical attention, such as routine medical visits to the health clinic, routine dental, podiatry, sight and hearing examinations, including minor treatment; general physical examinations once a year or more, if necessary; immunizations as necessary and advisable throughout the year; emergency visits to units by nurse or physician; therapy (physical, speech, occupational, etc.), as need indicates. Screening tests (e.g., glaucoma, diabetes, tuberculosis, etc.) are made regularly.

Some supplies for recreational purposes are also furnished by the State of Ohio.

Beauty and barber needs provide the ladies with one shampoo and a hair set every two weeks, two permanent waves per year, and a haircut once a month. The men receive one haircut every two weeks.

Monthly charges for the package deal are as follows:

Services	Efficiency unit	1-bedroom unit (per person)
Furniture rental	$15	$12.50
Personal care	15	15.00
Meals (with other personal care services)	40	40.00
Meals (without other personal care services)	50	50.00
Rent (TMHA)	40	[1] 22.50

[1] Or $45 per month.

For a total of $110.00 for a person living in an efficiency unit, or $90.00 per month for two persons each sharing a one-bedroom apartment, the total needs of an individual could be met, with the exception of clothing and a few incidentals.

Personnel employed at Glendale Terrace: part-time Housing Manager, Management Aide, Nurse (R.N.), two psychiatric aides, receptionist, social worker, one maintenance superintendent, one laborer, two food service workers, two kitchen helpers, one barber, one beautician and several volunteers.

The initial occupancy began on May 26, 1967, subsequent to ribbon cutting ceremonies. Families admitted to the project were from the general population of Toledo. Seventy (70) units were rented to these families at that time.

As of September 1, 1967, thirty (30) apartments were rented to non-psychotic discharged patients from the Toledo State Hospital. There is a long waiting list on file at the Central Application Office, of the Toledo Metropolitan Housing Authority, for persons interested in living at Glendale Terrace.

Occupants range in age from 37 to 94 years. Non-psychotic persons from the Toledo State Hospital occupy 30 of the 100 apartments. In this group, there are 13 men and 27 women. Of the total population at Glendale Terrace, there are 49 men and 99 women.

There are tenant organizations through which tenants help to plan their own program, such as arranging to have travelogs, entertainment by outside groups, sewing, bake sales, auctions, etc.

This is indeed a "village of *happiness*." Visit it.

ITEM 4: INFORMATION FROM THOMAS A. JENKINS, PRESIDENT, AMERICAN ASSOCIATION OF HOMES FOR THE AGING

DECEMBER 1, 1967.

DEAR SENATOR WILLIAMS AND MEMBERS OF THE SPECIAL COMMITTEE ON THE AGING: The American Association of Homes for the Aging is pleased by your invitation to submit reactions and comments pertaining to the proposal for a White House Conference on the Aging in 1970, and to attend the hearings on December 5 and 6. As you know through our close association with all appropriate governmental agencies and with members of your Committee and its staff, the American Association of Homes for the Aging is the national membership organization for nonprofit, voluntary, governmental and church sponsored Homes for the aging.

We would support your recently proposed legislation, Senate Joint Resolution 117, proposing the convening of a White House Conference on the Aging in 1970 because many of the issues discussed then bear re-examination and consideration along with concerns that have emerged over the past six years.

It was, indeed, following the last White House Conference that increasing concern for the lack of a spokesman for nonprofit facilities for the elderly led to the creation of this Association in 1961 through a Ford Foundation grant and sponsorship by the National Council on the Aging. Since its inception the program of this Association has been focused exclusively on services needed by the older people in this country, rather than directing its activities toward self-interest of the institution or industry providing care. Characteristic of the services provided in nonprofit institutions is an awareness of the total need of the older person. The nonprofit facility for the elderly is a resource available and accountable to the entire community and responsive to its needs.

A summary of issues affecting long-term care that were raised at the 1961 White House Conference and that still need scrutiny includes:

A. In the institution:
   - Changes in character of applications for admission.
   - Rises in costs.
   - Confusion about institutional roles.
   - Need for education of Boards, staff and community leaders.
   - Ill-informed and skeptical health and welfare planners.
   - Confusion about nature of the "Home" and its range of services.
   - Confusion about accreditation and licensing, extent of future governmental control.

B. In the broad field of services to the aging:
   - Great unmet need for housing at low cost.
   - Great unmet need for nursing and attendant care.

Great unmet need for rehabilitation.

Great unmet need for opportunities for constructive living.

Concern over these needs exceeding the existing facilities and existing professional techniques.

Concern over needed flexibility and imagination to develop requisite programs and services.

Concern over care of the disoriented and mentally disturbed or aberrant individual.

The need to develop planning mechanisms so as to provide appropriate care in the appropriate setting.

Much admirable progress has been made in varied services to the elderly in this country since the White House Conference in 1961. However, crucial facets of some of the issues appraised at that conference have come to light under the reality of the world faced by the older person of today and tomorrow.

While sorely needed advances have certainly been made with the Medicare legislation, we have consistently identified areas of concern, particularly as they focus on benefits to older people served in long-term care facilities. If we are concerned with the individual's need for comprehensive health care, and want to provide a continuity of care so that the older person does not suffer neglect or fragmented treatment we must devise effective means for meshing services provided under Titles XVIII and XIX. This Association has expressed its concern over mechanical and unnecessarily rigid rulings determining how a patient's "spell of illness" is to be terminated under the Medicare program.

There are still problems in implementing the Medicare legislation in providing adequate reimbursement at every level of service appropriate to the need of older persons. In many instances, older persons being cared for in long-term care facilities (which have for a long time provided high caliber medical care and are certified as Extended Care Facilities) are being disenfranchised and are denied their rightful Social Security benefits.

Moreover, it is clearly within the intent of the Medicare legislation that all certified providers of extended care services should be reimbursed by the same formula. We believe that a reimbursement formula that fails to recognize the realistic needs of the voluntary health system and more fully reimburses the for-profit sector of the health system requires serious re-examination.

We also believe that a strengthening of the Utilization Review program, with adequate community interpretation and assistance to Home administrators, would foster smoother functioning of the Medicare program and guarantee effective and economic provision of suitable services to the elderly.

The Association would like to stress again its concern about the voluminous paper-work generated by Medicare. It would recommend that simplified methods for obtaining reimbursement for Title XVIII patients can be worked out without jeopardizing the Medicare program and without opening the door to unethical practices. Toward this end we would recommend setting up experimental procedures in reimbursement.

Other aspects of the Medicare program that need clarification are: development of sound reimbursement formulae, definitions relating to custodial care and extended care which accurately describe services as needed by and provided to older people. The field of long-term care still does not have adequate means of reporting costs of care in relation to a clear delineation of services provided.

While this Association has extensively participated in discussions related to lowering medical costs, it is important to reiterate how serious is the health picture for the nation's elderly. At our recent Sixth Annual Meeting, Mr. Boisfeuillet Jones, chairman of the President's newly-created National Advisory Commission on Health Facilities, characterized the nation's health facilities as "seriously inadequate, particularly for persons over 65," and stated that "the situation would not be improved unless drastic constructive steps are taken." The inadequacy of today's medical care system is aggravated by the demands for services arising through the Medicare and Medicaid programs, the acute shortage of medical and health manpower and the growing number of elderly persons, who generally require twice as much medical care as persons under 65. Mr. Jones pointed out the number of Americans over 65 will rise from the present 18 million to 21 million by 1975, and to 23 million by 1980. Obviously, greatly expanded services and improvement of care are required in order for the nation's long-term care facilities to appropriately broaden and intensify their programs of health care to their residents. Mr. Jones declared that the nation is faced with the need to construct additional health facilities amounting to 40 billion dollars in the next decade. Of this an estimated total of 6 billion dollars would be for Extended Care Facilities.

In addition he stated that the nation will require, among other steps, an extension of group practice of medicine, more effective training and recruitment of professional medical personnel, and a greater and more imaginative use of ancillary sub-professional health workers.

This Association's program of activities highlights some of Mr. Jones' observations and, moreover, indicates that the nonprofit institution for the elderly has a potential for service to the community greater than is currently recognized. The nonprofit Home with its outstanding service potential can provide health care services to the elderly residing in the outside community through out-patient clinics; home care programs and other creative and economical health care systems, multi-purpose senior centers and other community programs.

The manpower needs in the long-term care field must be viewed along with the broad manpower needs in all fields in our changing society. There are real shortages in the long-term care field of trained staff, and both long-range and short-range training programs are needed. Much sound groundwork has been laid for curriculum development and the planning of long-range training for the administrators of long-term care facilities; development of graduate training for administrators is needed. Many good possibilities exist for short-term training courses and in-service training programs in nonprofit Homes which can not only include the training of older and unskilled workers, but can also be focused on developing new job descriptions for untrained, sub-professional jobs in health care.

As we plan improved health care to the elderly, added clarification is needed in our progress with accreditation and registration of facilities and towards raising standards. Much interpretation and assistance in raising the standards of facilities is needed; an orderly and comprehensive program of institutes; close association with facilities on the local and regional level, realistic publications geared to practice, and practical aides in raising current standards of practice, need to be developed. Thoughtful steps toward certification of professional staff need to be taken.

Our concern for better service to the elderly must bear with it the essential emotional, cultural, residential, economic, creative and spiritual needs of older people, as important and as integrally a part of the older person's need as are his medical needs. Concern for these "social components of care" lead us to a fuller understanding of the services we must provide to our elderly. It also bears implication for community planning for a *variety of services* in a *variety of settings.*

We welcome the Committee's emphasis on the need for more and improved housing. As we plan for our nation's aging, we must fully understand what is entailed in viewing housing as more than mere shelter. We can strive toward independent living for the older person as long as he is assured of a range of additional and ancillary services as the need arises: health care, social work services, recreation, homemaker services, provision of meals, senior centers, adult education, and other communal services. We need to plan for experimentation in construction of newly and creatively designed facilities in response to a clearer view of the wide services our elderly need in the most appropriate settings.

In summary, we need to plan for smooth coordination of services and collaboration of the efforts of all community groups concerned with delivery of services to the older person. Those providing long-term care must assume their appropriate role in this effective collaboration to include reasonable medical program planning, comprehensive health care planning, manpower planning and facility planning. We must emphasize that new and imaginative approaches to creating appropriate and stimulating environments for our older people are called for, not only solely focused on health but in terms of the older person's total care—the total environment in which he lives. This implies a clearer understanding of the segment of the older population for whom we are designing facilities; many kinds of community resources must be provided, the full range of facilities and services and settings in direct response to the full range of need evidenced in our elderly population.

In further response to the questions contained in your letter with regard to our suggestions for the 1970 Conference, may we re-emphasize the fact that this association, created following the 1961 White House Conference, has become an important respected spokesman and instrument for improvement in the field of long-term care. To quote "A Report of the Special Committee on Aging, United States Senate" (February 11, 1963)—

"The committee believes that the American Association of Homes for the Aging has provided a significant medium through which these issues can be evaluated, solutions tested, and programs supported. It strongly recommends

that all governmental agencies operating in fields related to the work of the Association lend it their utmost cooperation."

We would urge that the 1970 White House Conference allows for careful examination of the needs and character of our elderly population and consideration of the specifics and the reality in delivering services to this population, before designing the machinery by which the older person will be served. We observe that too often legislation will be passed in which a concept and a kind of institution has been super-imposed upon practice, e.g. the "Social Care Home" or the "Extended Care Facility." Those involved in providing services to the elderly are then arbitrarily required to match services to the preconceived configuration embodied in the legislation. Springing from this set of circumstances are serious flaws and anomalies impeding effective care to the elderly individual.

Our Association offers its services to your Committee and to the staff who will be working on the 1970 Conference. Because we represent a unique sector of the long-term care field, it is self-evident that our participation on all levels in planning and assisting with the Conference is essential. We welcome your efforts on behalf of our nation's elderly persons and look forward to being of assistance.

Sincerely,

THOMAS M. JENKINS, *President.*

ITEM 5: QUESTIONS SUBMITTED BY THE CHAIRMAN TO MR. PAUL HAYDEN KIRK; KIRK, WALLACE, McKINLEY & ASSOCIATES, ARCHITECTS, SEATTLE, WASHINGTON

1. What changes would you recommend in policy and in magnitude of effort in terms of dealing adequately with the future housing needs of older Americans, as well as those individuals who may retire at ages earlier than is now the custom?
2. In your opinion, are total environmental needs of the elderly given adequate attention in current programs? What recommendations do you have for change? What related services and facilities should receive priority attention?
3. Have you any recommendations on research that may be needed for future programs related to housing for the elderly?
4. If you have projections on future housing needs—local, regional, or national—the Committee would be happy to have them.

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 12, 1967.

DEAR SENATOR WILLIAMS: I am sorry that I have not been able to comply with your request relative to your December 5 deadline. I have been out-of-town and therefore unable to answer until this date.

The following remarks are in response to the questions posed in your letter of November 20, 1967.

Question 1.—In our recent high-rise apartment for the elderly in Seattle, Jefferson Terrace, 1700 applications were filed for apartments with only 300 apartments available. Obviously, my concern is that more such housing should become immediately available to enable those who so desire to live in adequate housing.

Question 2.—Again in Jefferson Terrace, through a separate method of funding, a Community Center Facility was added to the original programmed areas as permitted under the public Housing Administration restrictions. In my opinion, the basic social areas permitted under the program are not sufficient and adequate social spaces should become an integral and programmed portion of every project.

Question 3.—We are also involved in a program of low-income housing for the handicapped which we feel to be a very needed housing program. We would urge that this become part of future programs.

Question 4.—In a recent survey made in the Seattle area, it was determined that there is an immediate need for 7200 units of low-middle to low-income housing in the Seattle urban area. I am positive that, with the tremendous waiting list of people seeking housing in Jefferson Terrace, there is an unlimited need in most areas for low-income elderly housing.

Again, I regret the delay in answering; however, I am very interested in this aspect of housing and would be only too happy to be of assistance in the future.

Sincerely,

PAUL HAYDEN KIRK, FAIA.

ITEM 6: INFORMATION FROM DR. M. POWELL LAWTON, RESEARCH PSYCHOLOGIST, PHILADELPHIA GERIATRIC CENTER

DECEMBER 6, 1967.

DEAR SENATOR WILLIAMS: We enclose a response to your Committee's questions about housing the elderly. Inasmuch as our research is only partially complete, we cannot enclose statistical table to accompany our recommendations. However, the memorandum makes clear which conclusions are based on data and which are purely recommendations. If you have need of any further information, please do not hesitate to get in touch with us.

Yours sincerely,

M. POWELL LAWTON, Ph. D.,
Research Psychologist.

[Enclosure]

RESPONSES TO QUESTIONS ON HOUSING FOR THE ELDERLY

Thank you for your interest in some thoughts we may have on future needs of older people in the area of housing. Responses to your questions have been considered by the professional staff of the research project: Mr. Powell Lawton, Research Psychologist and Project Director; Ira de A. Reid, Sociologist and Co-project Director; Arthur Waldman, Consultant in Planning; George Nash, Senior Sociologist; Patricia Nash, Senior Sociologist; Bonnie Simon, Associate Psychologist; and Jeanne Bader, Associate Psychologist.

As a prelude to our attempt to address ourselves to the questions you ask, let me make explicit the source and extent of our knowledge. We are about halfway through a large-scale investigation of the impact of planned housing on older people. To date we have interviewed almost a thousand older people, about half of them prior to their move into housing for the elderly, and half of them while actually living in housing for the elderly. (By this we mean housing where the minimum age for entrance is 62.) Four hundred have been interviewed both prior to moving and one year following their move. During the remainder of our project we shall see another 500 people. At this stage, however, we have only a limited amount of data at hand, and none of the areas which we are studying are yet completely analyzed. Therefore, at this time we speak from a wide background of observation and experience, but from a limited amount of quantitative data.

SPECIFIC QUESTIONS POSED BY THE SPECIAL COMMITTEE ON AGING

1. What changes would you recommend in policy and in magnitude of effort in terms of dealing adequately with the future housing needs of older Americans, as well as those individuals who may retire at ages earlier than is now the custom?"

The major policy change we would recommend is for planned housing to include provision for the entire spectrum of need. At present, this coverage is spotty—good in some areas, barely adequate in others, and nonexistent in still other areas.

Private building has, in general, appeared to keep up with the need for new housing by older people who are both economically and physically independent. Whether these ideally matured people wish to stay in dispersed housing in the community at large or in age-segregated retirement communities, we have seen no evidence of tremendous unmet needs among this segment of the population. While we have no research data on this point, the success of communities such as the Leisure Worlds of the west, Sun City, and others attest to the fact that a need exists. On the other hand, there may be a leveling off of demand for this type of housing in the future, if the slowing down observed in certain sites in the East is any indicator of a general trend.

Middle income housing of the type built under the CFA 202 plan also clearly has appealed to a large number of people. However, this type of housing has two major limitations: It is still outside the financial capability of the majority of older people and, with a few exceptions, it requires a relatively high degree of physical independence of its occupants.

Public housing has been extremely successful in building for older people of low income. Our data indicate a very high degree of satisfaction with their situation among tenants in age-segregated public housing. Further, we find that the pleasure of living in such housing is very difficult for people living in relatively deprived conditions to anticipate. Many of them in retrospect say that they never knew what they were missing. The negative aspects of public housing are similar

to those mentioned in connection with middle income housing. Our data implies that there are still segments of the low-income population that are not being adequately served by public housing for the elderly. We draw this tentative conclusion primarily from the fact that a very high proportion of these tenants appear to be people of high lifelong competence—we simply find a gross underrepresentation of people who in earlier life would have been candidates for welfare services. Similarly, we observe an underrepresentation of elderly Negro tenants in public housing. Some of our research is addressed to the question of why this should be so. We feel that a more active effort to identify people in need should be made. We also question the appropriateness of insisting on very high levels of independence and health for *all* public housing tenants.

Other research strongly supports the findings of other researchers that older people prefer age-segregated housing. However, our findings do suggest that older people do not reject so strongly the idea of living in close proximity to younger adults as they do to living near young children and teenagers.

Thus, one finds an economic stratum that is not currently served by planned housing, and a rather wide stratum of only moderately independent older people who are not adequately served. Our recommendation in policy would be the deliberate inclusion of a large number of alternative types of housing built so that people of all degrees of financial and physical independence would have maximum freedom of choice.

2. In your opinion, are total environmental needs of the elderly given adequate attention in current programs? What recommendations do you have for change? What related services and facilities should receive priority attention?

This question has been partly answered in the foregoing paragraphs. However, we would like to detail some thoughts on specific aspects of the environment. In general, we feel that any less than perfect level of personal competence requires a modification of the environment that will make necessities and amenities easier to attain, without at the same time destroying the wish to strive for oneself.

Medical care is not now offered as part of the housing environment by any federal housing program. Both public housing and 202 housing are loathe to allocate space for on-site medical services, and in all cases, support of this activity must come from private or community sources. The rationale for this policy is that such service gives an aura of sickness to the setting, which discourages initiative and is emotionally depressing. However, in our early data approximately half of our respondents who are about to move into locations providing no medical services say they would like to have on-site medical services; it is of interest that the percentage desiring these services *decreases* one year following occupancy, as if the general security of planned housing resulted in the reduction of anxiety about health care. However, the percentage in the one location with complete data to date still shows 35% so wishing. By contrast, where medical service is available within the housing setting, few wish that there would be no service—70 to 95% approve of having it.

Meal services. Meal services are infrequently provided. When they are, they usually are included in settings financed by the sponsor organization rather than governmental programs, or offered as part of a senior center operated by a community group. Before occupancy, about 30% of our applicants express a wish for meal services, which appears in turn to decrease somewhat following occupancy. Where meals are purchased on a voluntary basis, utilization appears to be sporadic, with perhaps 20% using this service several times a week, anad 35 to 70% never utilizing it.

Other services. Our information on maid service, social service, and activity organizers are too spotty at present to present any data on.

On the basis of our current information, we suggest that there is a sizeable minority of older people whose needs would be better served by having the option to choose to receive various services other than shelter within the planned housing setting.

We have not yet analyzed data relevant to the question of whether too easy access to basic services impairs the independence of the older person. However, early data does suggest that to some extent, the services offered within a housing site determine the characteristics for the people who apply. With two roughly similar populations, we found that applicants to a site offering meal and medical services were older, less healthy, and less independent than were applicants to a site without these services. Thus, within limits, people seem to assess their own capabilities in such a way as to match them appropriately with their chosen environment. On the other hand, early data also suggest that those who are

most healthy and independent as applicants continue to be most outstanding in amount of activity, social life, and energy output as tenants—in other words, there is no gross evidence of a decline in the most competent people.

Our recommendations are that all federal programs should both (1) allow funds for the construction and early functioning of basic services for the elderly and (2) more actively seek out local agencies of the support of such services over a longer period. It seems to the observer that federal programs have tended to discourage allocation of space for such services by their insistence that a local program be committed in advance of construction of housing.

We realize that these services are probably not appropriate for all older people, and an effort should be made to distribute such programs geographically and economically so as to serve defined segments of the older population. In general, the policy of building for older people whose main need is housing only should continue to predominate, but the studied exclusion of other alternatives should be abandoned.

3. "Have you any recommendations on research that may be needed for future programs related to housing for the elderly?"

Population studies of housing needs should be undertaken. There is tremendous variation among geographic, economic, and ethnic groups in degree of need and desire for new housing.

There are 5 or 6 major projects in housing for the elderly now under way. The longterm fate of people studied in these projects will be particularly interesting in planning future policy. For example, there is no good information presently at hand on how a population changes in health and independence over the years. Does a housing environment planned initial tenants of a given level of competence reach obsolescence as the population ages? What is the distribution of changes in environment over a period of years? Followup of these studies will be essential, particularly to answer adequately questions about the effect of services.

4. "If you have projections on future housing needs—local, regional, or national—the Committee would be happy to have them."

Projection of future housing needs are outside the scope of our research and the competence of our research staff. However, we see a very clear need for the expansion of federal programs in housing for the aged, inasmuch as private building cannot provide housing within the income of most older people.

ITEM 7: INFORMATION FROM REV. GREGORY D. M. MALETTA, EXECUTIVE DIRECTOR, MINISTRY TO THE AGING, DIOCESE OF WASHINGTON

DECEMBER 28, 1967.

DEAR SENATOR WILLIAMS: Thank you for your letter of November 20, 1967, inviting me to respond to four questions relating to the housing needs of older persons.

May I first commend you on your fine leadership of the Special Committee which is in the tradition of the late Senator McNamara and Representative Fogarty.

The Senate resolution calling for a White House Conference on Aging for 1970 is very timely. While much has been done in recent years to meet the needs of the elderly, more must be done. But Programs do need to be re-evaluated periodically to see that they are appropriate for the times.

As one whose ministry of social concern covers over twenty years, I am gratified by the various programs which the Congress has passed to help meet human needs.

In regard to the questions you pose, I have the following observations:

1. It is a well known fact that many elderly people live in inadequate and substandard housing. The basic reason for this is that most elderly do not have an adequate income to permit them to obtain good and comfortable housing. The key to this problem, it seems to me, would be some plan to provide the elderly with a minimum income that would permit them to live above the poverty level. How this is to be done, I cannot say, perhaps through some form of individual subsidy. I know that Public Housing and the Rent Supplement Programs have a subsidy. However, these programs reach few elderly people. They tend to bring large groups of older people under one roof, not taking into account the fact that many older people want to live among other age groups.

Another way to assist older people obtain adequate housing is to assist them obtain loans at below market interest, so they can purchase small homes.

2. Little attention is being given the total environmental needs of the elderly. Most older persons wish to remain in their own homes as long as possible. I believe we should encourage them to do so. At the same time we need community services that will assist the elderly at times of need. Both public and private non-profit organizations should be encouraged to develop such services; Meals-on-Wheels, Recreation, Counseling, etc.

Some Public Housing projects and some 202 (Elderly Housing) projects do, in some cases, provide more than shelter.

3. We certainly need research to learn more about the housing needs of the elderly, from the physical and the social points of view. "Future for the Aged," by Dr. Frances M. Carp (University of Texas Press, 1966), was published as a result of a research project of Victoria Plaza and its residents in San Antonio.

To my knowledge, no research has been undertaken of Elderly Housing projects built by non-profit sponsors under Section 202 of the National Housing Act of 1959, as subsequently amended.

4. It would appear that many of the needs of the elderly are economic and social, as indicated by the fact that 40% of all elderly persons have resources of less than $1,000.00. We can see why income is so important.

It is also true that the conditions of the elderly may change suddenly from health to illness. We need community efforts to develop a broad range of services and facilities to meet the changing needs. Community agencies, public and private, should experiment with services, and focus on prevention. There has been too much emphasis on the sick aged.

Unfortunately, community agencies have done little to respond to the many needs of the elderly, perhaps because the aged have poor appeal for society.

As more consideration is given to the needs of the elderly, there is greater need for co-ordinating efforts at the community level. In this way we may obtain better and detailed knowledge of what the housing needs—and other needs of the elderly are, and will be, in the near future.

Thank you for giving me the opportunity to share these observations.

Sincerely yours,

Rev. GREGORY D. M. MALETTA,
Executive Director, Ministry to the Aging.

ITEM 8: INFORMATION FROM MR. NICK J. MILETI, PRESIDENT, SENIOR CONSULTANTS, INC., CLEVELAND, OHIO

DECEMBER 26, 1967.

DEAR SENATOR WILLIAMS: This is in reply to your recent letter requesting suggestions in the scope of your Committee's work.

In our opinion there are several significant legislative needs which should be met promptly.

1. There is no "tool" presently available for the nonprofit sponsor who wants to provide services to the Older Persons in its community in an Extended Care Facility. The closest legislation that we know of that is applicable is Section 232. This program is not responsive to the needs for the following reasons:

(a) It is a Nursing Home Program;
(b) It is a 90% loan;
(c) It is a market rate program and it is a 20-year term.

We recommended that a direct loan program of no more than 3% for 50 years at 100% of the cost (in other words similar to 202) be passed as soon as possible. We have a half a dozen clients in all parts of the country who would make immediate use of the program. A number of these are very successful sponsors of 202 facilities who are anxious to expand their scope of service to include the kind of services which only an Extended Care Facility can offer.

Just consider for a moment the Medicare standards as they relate to Extended Care Facilities and all the ramifications, present and future, of Medicare, combined with fact that there is no Federal program available to allow Extended Care Facilities to be built.

In addition, we feel that in this legislation, provision should be made for the inclusion of training both on a capital cost as well as operating cost basis.

2. A second basic need, legislatively, is for Community Facilities Grants to be made automatically and in conjunction with a 202 Loan.

In our experience, a Community Multi-Purpose Senior Center is an integral feature of a 202. With spiraling costs and the self-sustaining aspect of a 202, the amount of community facilities that it is possible to build within the 202 program limitation keeps shrinking every year.

In addition, our recommendation would have the effect of lowering the rents in a 202 from $10 to $15 a suite a month.

3. We recommend Federal legislation which would have the effect of establishing a national standard of taxing 202's. We are referring, of course, to local real estate taxes and at present the situation is chaotic.

The legislation could be similar on the National level to that presently in effect in Michigan and Connecticut. It could work something like this. The Tax Assessors would assess the property and establish the tax in the usual fashion. Then those communities and states who care to participate, could, on a sharing basis, reimburse the taxing authority (example Municipal, ⅓; State, ⅓; Federal, ⅓).

The most significant advantage would be lowering rents in all 202's by the present amount of taxes paid. In some facilities this runs over $20 per suite per month. I believe the other advantages are obvious to you.

Of course there are other legislative needs in which we feel your Committee might be interested in taking a leadership position.

Perhaps the above is enough from us at this point. We hope we are responsive to your inquiry and would like to add our personal thanks for your great concern over the years for the Older Persons in this country.

If we can be of any further help, do not hesitate to contact us.

With best regards in this Holiday Season, we are

Sincerely,

NICK J. MILETI,
President.

ITEM 9: MATERIAL FROM JASON R. NATHAN, ADMINISTRATOR, NEW YORK CITY HOUSING AND DEVELOPMENT ADMINISTRATION

DECEMBER 6, 1967.

DEAR SENATOR WILLIAMS: This is to acknowledge receipt of your recent letter in which you requested further information about the proposed plans for a coordinated city effort for the Single Room Occupancy Buildings (S.R.O.'s) on the 300 block of West 85th Street particularly in reference to plans for meeting the needs of older people on the block.

The unattached poor senior citizen who lives in an S.R.O. by preference or simply because he has no place else to live, usually finds this type of building ill suited to meet his social and health needs. For the individual persons residing in such an environment, there is little to nourish hope or motivation. Community resources are seldom used to any long range benefit and are often not geared to meet the special needs of this population. Dischargees from hospitals and prisons return to an environment of contagion. The healthier and more stable are forced to move or remain in isolation that breeds deterioration: The sick remain sick; the unemployed remain unemployed; the violent create a mood of fear. The S.R.O.'s remain homes of loneliness, suffering and violence. They are environments of despair.

The multi-services program is an attempt to break this cycle of deterioration.

We are at too early a stage in our plans for the block to have clearly identified the needs of specific age groups. However, we feel that all of the tenants, including the elderly will benefit from present and proposed services.

Preliminary data has indicated a need for a highly flexible program. A beginning survey has shown that the six S.R.O.'s on the block differ greatly in their composition. For example, the medium age varies from 57 in one building to 36 in another; 45% of the surveyed residents in one building are drug addicts; but only 7% in another building; alcoholism is common in all the buildings but is very high in one specific building.

Enclosed for your information is a summary of the current services program on the block and a brief description of future plans.

Thank you for your interest in this matter.

Sincerely yours,

JASON R. NATHAN,
Administrator, Housing and Development Administration.

[Enclosures]

EXHIBIT A. SUMMARY REPORT MULTI-SERVICE PROGRAM FOR TENANTS IN MULTI-PROBLEM SINGLE ROOM OCCUPANCY BUILDINGS ON THE 300 BLOCK OF WEST 85TH STREET

DESCRIPTION OF THE PROBLEM

The 300 block of West 85th Street is located in the Mid-West Side Poverty Area, (West 74th Street on the South, to West 114th Street on the North, Central Park West on East, to Riverside Drive on the West), of the borough of Manhattan, New York City.

In the Mid-West Side Poverty Area, out of a total population of 220,947 there are some 16,000 people, with a variety of problems who live under deteriorating physical conditions in Single Room Occupancy buildings. About half of these people are know to clinics, hospitals, courts, and the police, because of a history of socio-medical problems. About 40% of this population are welfare recipients. The problems of this S.R.O. population and the often dilapidated and shabbily maintained buildings in which they live, cause manifold neighborhood difficulties and are in large measure responsible for accelerating deterioration of an otherwise sound area. The physically unprotective environment of the S.R.O.'s is improper housing for many because of the physical and emotional problems they have.

The multi-services program on West 85th Street is one of several programs that have been set up in this area to cope with the problems described above.

DESCRIPTION OF THE CURRENT PROGRAM AND PLANS

Through the mechanism of a partnership arrangement between interested community groups, public agencies, and private agencies, a central, coordinating multi-service program has been organized on the 300 block of West 85th Street to meet the variety of needs of about 650 tenants in 6 multi-problem S.R.O. buildings. In order to house the multi-services program a vacant building in the center of the block has been rented by the City of New York and necessary rennovations are presently being done. The basement space of this building will house a unit of VISTA workers from the Neighborhood Conservation Bureau of the Housing and Development Administration. The Housing and Development Administration is the first of 10 superagencies requested by Mayor Lindsay in his broad reorganization of City government. It consolidates four code enforcement agencies and part of a fifth whose many employees will now be part of a single effort that encompasses all aspects of building and renewal. These VISTA workers who are currently working out of a small office in one of the S.R.O.'s have already provided concrete information and referral services to meet the needs of the S.R.O. tenants who have been contacted. A beginning tenant organization named, "N.I.P.", Neighborhood Improvement Project has been organized as well as a tenant newspaper and library. The tenants as well as VISTA workers have set up escort services for such tenants as need help in making necessary visits to clinics and hospitals and other social agencies. A committee of tenants have volunteered to visit other tenants confined to their rooms or in hospitals and in need of support and companionship. But outings have been arranged to places of interest in the city. The tenants are currently discussing plans to start a food club which would enable them to obtain good fresh food at low prices. Plans are being made to involve the tenants in making a movie about the block to dramatize the effects of "air-mail garbage".

The Department of Social Services, which is the City agency that gives aid to those stricken by poverty and other ravages requiring financial and social service assistance, will operate a local center on the first floor of the recently rented building.

The responsibility for the public assistance caseloads on the block have been consolidated so that the social caseworkers can work on the block full time and thus provide broader social services to their clients in addition to the traditional public assistance services. O–CAP, office of Coordinator of Addiction which is the City agency responsible for narcotic addicts will use the 2nd and 32nd floor to operate a model therapeutic community for narcotic addicts. Cleaning services, maintenanec and repair of the building will be undertaken by the residents of Phoenix House, a nearby Narcotic Rehabilitation Center with whom a work contract has been arranged.

The psychiatric Division of a neighborhood hospital has started an In-Service Training Program for staff which are providing services to the tenants on the block as well as for the members of N.I.P. so that staff as well as the indigenous leaders of the block can be more helpful to the residents of the block.

The Manpower and Career Development Training Division of the Community Development Administration which is the anti-poverty arm of the City's second superagency, the Human Resources Administration, has provided a part time worker to give employment counseling for residents of the block.

The local district office of the Neighborhood Conservation Bureau, as it has done in the past, has continued to use its entree to the code enforcement agencies in order to improve the physical environment of the S.R.O. buildings.

HEALTH AND MEDICAL SERVICES

A survey of the needs of welfare clients has already resulted in an identification of some of the problems to be dealt with (as yet, the non-welfare clients have not been interviewed). For example, 381 welfare clients were interviewed. Preliminary figures indicate that the medium age is 45, *seventy-seven people (21%) are over sixty.* There are 91 for whom alcohol is a serious problem; 86 have histories of drug addiction; 77 have criminal records; 67 have histories of mental hospitalization; 76 clients have chest conditions of whom 39 are diagnosed TB; there are 4 known cases of venereal disease, 9 admitted homosexuals, and 17 classed as prostitutes or highly promiscuous. These figures reflect only the most over behavior and higher incidence is probable.

The major purpose of the survey had been to determine the need for a public health nurse on the block. This need has been demonstrated and in the future a Neighborhood Health Service Facility plans to assign a health team composed of a doctor, a public health nurse, and two visiting nurses to work with the West 85th Street services program on a referral basis.

The Public Health Nurse would coordinate health services. Once a health problem would be picked up on, the coordinator would be responsible to seek available resources to deal with this problem. For example, if a mental health problem was involved, the Division of Community Psychiatry of a neighboring hospital which has been deeply involved in the services program might be used as a resource to work with this problem. Also the public health nurse could make referrals to the visiting nurse who would then provide whatever nursing services are needed, such as bedside nursing services, physical nursing care, diet needs or other nursing services prescribed by a doctor. Also, of course, the Health Department, the City agency for dealing with health problems, could be used as a referral source for general health problems such as tuberculosis, etc.

ADVISORY COMMITTEE

The agencies and community groups involved have formed an advisory committee. Functions of the advisory committee include:

1. Close coordination and cooperation between municipal agencies, private agencies and local community groups participating in the program so that as gaps or problems in rendering services become apparent, appropriate resources can be developed.
2. To provide for continuous flexibility in the programs of the agencies in terms of the SRO population. For example, the Department of Social Services has already agreed to consolidate the public assistance caseloads of its workers on the block, as well as to provide a fuller social srevice role for its caseworkers in these buildings. Discussions have been initiated about the need for a flexible schedule in the workload of the caseworkers since coverage is often sorely needed on weekends and in the evening hours.

PROPOSAL FOR COMMUNITY KITCHEN

For various reasons including the lack of a family to take care of them, when they are ill, the inability to get around or properly take care of themselves, the lack of adequate kitchen facilities and variety of foods, many of the S.R.O. tenants have developed poor eating habits. These factors plus apathy, long term neglect of their health needs, poor health habits, excessive use of alcohol, lack of a proper diet, poor budgeting of limited funds, difficulties around using available health facilities, etc. have resulted in many of the S.R.O. tenants being in poor physical condition and in an excessive number of "health emergency cases." For

example, a recent survey of police records have revealed an average of 40 ambulance calls a month to the 300 block of West 85th Street. Heavily contributing to this large ambulance caseload are the dischargees from mental institutions, the elderly and other residents who have been preyed upon by criminals who have taken advantage of their defenselessness; and the alcoholic, and the narcotic addicts who are undergoing a crisis period.

For the unemployed S.R.O. tenant, the days immediately preceding "check day" i.e., before they receive their welfare check, social security check, "disability check," etc., are often crisis days. For various reasons, including the spending of the very small amount of money available to maintain their existence on alcohol, drugs, poor spending habits, money being stolen or lost in some way, etc., the S.R.O. tenant has often no money available for food prior to "check day."

In order to supplement the work already being done, to meet these needs a proposal has been submitted for O.E.O. (Office of Economic Opportunity) funding in order to provide for the establishment of a cooperative community kitchen operated by the tenants to meet their own needs and to provide for a pre-employment training program for residents of the block. If it is funded, a free, well balanced nutritional hot lunch will be made available to block residents. It will also serve as a rehabilitative mechanism that would provide job training opportunities for the S.R.O. residents on the block in order to increase their potential on the job market.

Elderly residents in particular could be involved in a recreation program which could be developed around this cafeteria program. This could include entertainment by senior citizens, birthday parties, use of senior citizens to prepare and serve the food, bring in of speakers to provide an incentive to senior citizens to develop more beneficial patterns of money management and eating habits, etc.

EXHIBIT B. NEW YORK TIMES ARTICLE, OCTOBER 28, 1967

CITY TRIES NEW APPROACH TO AID "BLOCK OF MISERY" ON W. 85TH STREET

(By Maurice Carroll)

On the west, white-clad nursemaids walk with children along Riverside Drive. On the east, uniformed doormen stand in front of the apartment houses along West End Avenue.

The block between, undistinguished except for the lacy facade of Stanford White's building, the Red House, looks unexceptionable at a casual glance.

"The block probably contains more human misery than any in the city," said a minister who knows well what lies behind the facades—a warren of bleak cubby-holes, the lodgings of what the welfare people call "S.R.O.s—single-room occupancy" cases.

This is the 300 block of West 85th Street, an unhappy place where the tired, the beaten, and some who prey upon them come to live. The city, after long delays, is about to try a new technique for helping these people.

The first steps already have been taken. A musty former yeshiva, built 77 years ago as a stable, has been rented by the city. The lease was signed Oct. 9. The building, at 325 West 85th Street, will house a number of city agencies working on the block. Welfare casework—about half the block's shifting population of 1,000 collects welfare checks—has been consolidated in one caseworker team and, probably in December, that team will move into the former yeshiva. A neighborhood association also has been formed.

PLENTY OF PROBLEMS

This is the first time that a variety of city agencies ever has attempted a cooperative on-the-site attack on the problems of a single block.

"There are as many social as housing problems there," said *Jason R. Nathan*, the city's Housing and Development Administrator, whose agency is coordinating the city effort.

"Until about two-and-a-half years ago, it wasn't as bad as this," said the Rev. Robert Schrock of St. Paul and St. Andrew Methodist Church, a block away at West End Avenue and 86th Street.

"There seemed to be more people who had jobs," he recalled. "The girls who lived at the Brandon residence house in the middle of the block weren't as afraid to go out at night."

When did he begin to realize that the misery had deepened?

"When four old men walked in here with lumps on their heads within two days to tell how their welfare money had been stolen from them. That was about two years ago."

Mr. Schrock was one of a number of neighbors who, concerned at the concentration of problems on this single block, urged the city last summer to undertake a coordinated rehabilitation effort.

HOPES TO HALT SPREAD

Jeanne Miles, co-chairman of the 85th Street Block Association, which was formed in January by neighbors of the problem block, is concerned that the blight might spread even further. She said that her group hoped to function as a catalyst, to halt the deterioration of the area without simply moving the S.R.O. people out to some other area where their troubles would persist.

The troubles are a compound of old age (although a Welfare Department statistical sampling showed—contrary to the impression gained on a tour through the S.R.O. buildings—that 57 per cent of the block's residents are under 50), of drugs, alcoholism, sickness.

A police official noted that the "whole upper West Side shows a high incidence of addiction." Another police spokesman said that the department was making "every effort" to combat the problem, pointing out that "the New York Police Department has materially increased the size of its narcotics bureau in the past year."

Again and again, in conversations with those who hope to do something about the block, it was suggested that a major underlying problem was apathy. People were described as too tired, too beaten, too unconcerned, to better their own lot.

The educational level is not low; 73 per cent of the welfare sample had at least some high school training. But few have any close family ties, and family life itself is almost absent from the block.

"There are 12 families on public assistance in our sample," said Elsie Hannifin, supervisor of the special unit, "perhaps 12 more on the block altogether."

The prodding of the civic groups helped bring about the city plans for the block, which should begin in the remodeled Yeshiva before the year's end. Welfare recipients will be able to meet their caseworkers on the block, rather than going to the Amsterdam Center at 30th Street and Eighth Avenue, where their cases are handled.

Dr. Efren Ramirez, coordinator of addiction programs, will set up a unit in the building. The manpower and career development agency in the Human Resources Administration will provide job counseling.

Workers from VISTA (Volunteers in Service to America) hope to set up a cafeteria to provide a balanced diet for the customers and jobs and training for the workers.

But it was a melancholy experience for the VISTA workers who conducted a summertime census of the block to gather opinion from residents about the contemplated city projects.

An elderly man edged his door open timidly at their knock. He kept the chain fastened to keep it from opening all the way. "It's a tough building," he apologized. He said politely that he would be interested in whatever the city might be doing.

A young woman and two men were lounging in another room, listening to a noisy radio. Over the din, the VISTA workers explained some of the plans. The girl smiled knowingly, shook her head—she wasn't much interested.

A brawny man in his thirties was shaving in his room. "The block's gotten noisier in the last few years," he said. He could take care of himself, though, he indicated. The new city center?

"It'd be nice," he said. "Something for the old people."

ITEM 10: LETTER FROM WALTER C. NELSON, PRESIDENT, EBERHARDT CO., MINNEAPOLIS, MINNESOTA

NOVEMBER 27, 1967.

DEAR SENATOR WILLIAMS: I am pleased to know that you are hopeful of developing a White House Conference on Aging in 1970 or 1971. Certainly the last Conference held in 1961 has produced outstanding results. The evidence of the

excellent housing for aging is apparent all over the country and frankly, we in Minneapolis are especially conscious of it because it has been so very well done.

I will attempt to answer the four questions you have asked me to express myself on at this time but I realize that because my orientation is particularly to housing, the answers to the whole question are only partially given.

1. I believe that the government efforts on housing for the elderly should be concentrated on those that have attained age 65 and that we should not attempt to go below that age level in view of the special needs of those in the 65 and over bracket.

2. I believe that the environmental needs of the elderly are being given excellent attention in our area. It may be that those people residing in these properties have some special thoughts with respect to changes that they would like to see developed and additional services and facilities that may be advisable. I do not have any particular opinions on those situations.

3. It is my opinion that the persons occupying the housing for the elderly should be interviewed on a comprehensive basis in order to develop some of the situations that should be researched and studied before any future programs are considered. I believe that the needs vary with the sections of the country and definite consideration should be given to a regional type of program with respect to the research contemplated.

4. It is quite apparent on the basis of applicants eligible to occupy existing and contemplated housing for the elderly in this area that a substantial number of additional units will be needed. I think the program is one that must include a substantial amount of building by private persons under government insured programs in addition to the direct, subsidized type of housing which has been so very effective to date.

Very truly yours,

WALTER C. NELSON,
President.

ITEM 11: LETTER FROM WALLACE F. SMITH, ASSOCIATE PROFESSOR OF BUSINESS ADMINISTRATION, UNIVERSITY OF CALIFORNIA, BERKELEY

NOVEMBER 29, 1967.

DEAR SENATOR WILLIAMS: Professor Paul Wendt has asked me to reply to your letter of November 13, which inquired about research on problems of the elderly. A few years ago I did some research on housing for the elderly at the Center for Real Estate and Urban Economics, and have maintained an interest in the subject. (The study, published in 1961, was entitled "Housing for the Elderly in California.")

In 1966, the Center for Real Estate and Urban Economics published a monograph by Michael B. Barker, "California Retirement Communities," a copy of which is enclosed for the use of your staff.

From 1963 to 1966 I participated in a demonstration project conducted by the San Francisco Council of Churches which dealt with the problems of elderly persons in an urban renewal area. The report of that undertaking, *Preparing the Elderly for Relocation, A Study of Isolated Persons*, was published in 1966 by the Institute of Environmental Studies, University of Pennsylvania, from which copies may still be available. The project was one of four parallel undertakings in different cities, under the direction of Professor Chester Rapkin. Reports were produced for each of the four cities, and in addition a book, *The Elderly in Older Urban Areas*, by Paul L. Niebanck, was also published, and a summary volume had been planned.

With regard to present needs, I would have to say that my own views and those of people with whom I have worked in the field strongly favor implementation of existing and emerging programs in the field of preference to additional research. That is, we tend to feel that a major need has been uncovered and the means to meet it have been identified, so that the question is not so much what should or could be done but how quickly can we move ahead on rather clear findings.

The need I speak of is for a community service which links the elderly with welfare, health, housing, social and recreational services which already exist at least in principle in most cities. The elderly are so often isolated by temperament,

emotional history, health and resources, with the result that they do not seek out community services which can help them. The traditional community service in the field, for its part, does not reach out to the needy but isolated client. The resulting impasse gravely diminishes the effectiveness of even very comprehensive community programs for the elderly. The need is for a type of service which bridges the gap which secures the confidence of the isolated elderly person and brings him into productive contact with community agencies. It is a sensitive and difficult task, it is feasible and important, but it is not being done.

The other emerging needs of the elderly in the United States include greater pre-retirement counseling and a more flexible opportunity for employment without loss of social security benefits. Very probably, research on these issues would be productive in sharpening the concepts involved. In the main, however, when we look ahead to the day when generous support for elderly-related programs becomes available, the general directions which the effort should take are already rather clear. The understanding of social and economic problems of the elderly has advanced in recent years well beyond the limits of resources which have been made available for solving those problems.

I hope you find this reply useful.

Sincerely,

WALLACE F. SMITH,
Associate Professor of Business Administration.

ITEM 12: LETTER FROM VERY REV. MSGR. W. SUEDKAMP, DIRECTOR OF CHARITIES, ARCHDIOCESE OF DETROIT

DECEMBER 1, 1967.

DEAR SENATOR WILLIAMS: I did receive your letter of November 20, 1967, relative to the White House Conference on Aging in 1970 or 1971. I am happy that you give me the opportunity to express my opinion. I must admit I have not given this too much thought, but I did want you to have my response by December 5th.

I would first like to address myself to the ever-existing problem of housing for the people in the low income bracket. I am still convinced that the type of program I have at Kundig Center is one which can be imitated. However, I have never been able to figure out why other voluntary organizations have not attempted to carry out the Kundig Center concept. Perhaps if sufficient money were available to the lower income group for their room and board, then private enterprise might be interested in the field of housing as they are in the field of the nursing home.

All too often now, where we have housing specifically designed for the elderly, we do not find the necessary services available to the residents needed to carry out a full life. Specifically I mean when there is a breakdown in health and the resident can no longer shop or cook for himself, and there is need of a transfer to a nursing home setting, there are no social services available. It seems to me that we must build into our housing projects for senior citizens some continuity of care through social services.

Since I was so involved with Section XIII in the last White House Conference, I question what the organized religious bodies have done with the main recommendation from our section; what has been accomplished these past ten years toward bringing about an attitudinal change toward growing old, on the part of the youth of our nation, the middle-aged people and the aged themselves. This was to be our responsibility, and I seriously question if we have made any progress in this area.

It seems to me that in setting up the forthcoming White House Conference on Aging, greater efforts must be made to involve grass roots leadership, both professional and lay, in the field of aging. I seriously question calling in too many "egg-heads" and/or academically oriented people, when so much is being accomplished by the retirees themselves and other professional people at local levels, who have taken an interest in the serious problems confronting the elderly.

In conclusion, I think greater efforts must be given to preparing people for retirement. I am happy to relate to you that I have an accredited two hour course on this subject at the University of Detroit. In this instance, I am talking

to college people about their retirement. Much more effort must be put into the area of retirement preparation.

I hope these few thoughts will be of some help to you. If, in the future, I can be of any service, feel free to call on me.

Sincerely yours,

Very Rev. Msgr. W. SUEDKAMP.
Director of Charities.

ITEM 13: LETTER FROM DR. JULIUS WEIL, EXECUTIVE DIRECTOR, THE MONTEFIORE-HOME, CLEVELAND, OHIO

DECEMBER 1, 1967.

DEAR SENATOR WILLIAMS: Thank you for your kind letter of November 20th. We appreciate that our agency is asked to present our views on the program of the forthcoming White House Conference. The following are topics which are of pressing need in our institutional field:

A. The change within the population of Homes for the Aged from the formerly Well Aged to the chronically ill and mentally impaired.

B. The future role of the Home for the Aged within the community planning for aging people needing institutional facilities.

C. The advisability of separate institutional settings for the severely mentally impaired older person.

D. Research on the causes of senility.

E. Research in the treatment of the mentally confused older patient.

F. Remotivation programs for aged residents exhibiting symptoms of senile deterioration.

G. Personnel training programs for institutional personnel, especially in the field of Geriatric Nurses and Nurses' Aides and Social Workers specializing in the institutional field of the Aged. (Extended Care Facilities.)

We look with great anticipation to the development of the program for the White House Conference of 1970.

Sincerely yours,

JULIUS WEIL, Ph. D.,
Executive Director.

Appendix 6

MATERIAL RELATED TO PANEL 6: "WHAT IS NEEDED IN RESEARCH"

ITEM 1: MATERIAL FROM DR. BERNARD STREHLER, PROFESSOR OF BIOLOGY, UNIVERSITY OF SOUTHERN CALIFORNIA

DEAR SENATOR WILLIAMS: At the time of the hearings in early December, you requested an analysis of present NIH activities in the field of aging and in your letter of December 8, 1967, you reiterated this request and asked, as well, for comments on the timing of the International Gerontological Quinquennium, particularly as it might be affected by the proposed White House Conference in 1970 or 1971. I should like to respond to these questions in reverse order:

A. TIMING OF THE INTERNATIONAL GERONTOLOGICAL QUINQUENNIUM

In my opinion it would be very unfortunate to delay the Quinquennium until after the next White House Conference. This belief is based on the following considerations:

1. There is a need *now* for a vastly increased effort to understand the phenomenon of aging.
2. The postponement of the IGQ would also postpone such benefits in the quality of life and health as would result from the IGQ program.
3. There are ample resources, both human and technical, to warrant an immediate intensive attack on this problem. Further postponements may drive additional scientists into other more secure and less difficult pursuits—just as did the failure in 1956 to capitalize on the opportunity generated within the AIBS Committee at that time.
4. At the time of the full launching of the Quinquennium (1970)—still at a reduced annual budget—there will be available for the effort many young researchers who are now being trained in Gerontological Research. To wait until after the White House Conference would probably involve waiting until about 1973 or 74 for the actual start of full research activity. Even younger scientists will age seven years in the meantime.
5. The White House Conference as proposed would be administered by the very agency that has been notable for its reluctance to move with imagination and vigor into this problem area. One doesn't ask the wolf to act as shepherd.
6. The Senate Committee on Aging and its staff are obviously deeply devoted to progress on this problem. In 1971–73, the field may not be so fortunate.
7. The Administration foresees a decrease in Vietnam War expenditures by 1970. Prudence would suggest that the resources released at that time be channelled into well-planned and constructive projects. The 1½ to 2 year systems-planning-information-storage-retrieval-phase lead times projected for the IGQ are commensurate with such a plan.
8. The huge expenditures on social security and medicare suggest that a realistic investment of funds on research on the origins of the aging process—which, after all, generates the need for social security and medicare legislation and expenditures—be made. Research funding of other governmental and private sectors amounts to 2 to 20% of the total operating budgets. The proposed IGQ budget is far less than even the lower of the above figures. While it is not possible to predict the results of basic research, it appears more than likely that research on aging will yield dividends in economic terms as well as in an optimization of human values.
9. Finally, and most importantly, action would certainly be warranted if the detailed testimony which I understand this committee is independently soliciting

*See testimony, p. 190.

from outstanding members of the scientific community makes it evident that such an effort is needed and particularly if a pilot feasibility study of the systems-data storage-retrieval aspect of the Quinquennium is successful.

I hope that these nine points will answer some of the main arguments you anticipate may be raised against the application of deliberate speed and that any who may be inclined to postpone action will deal substantively with the issues at hand.

B. A PRELIMINARY ANALYSIS OF NIH SUPPORT OF RESEARCH ON THE BIOLOGY OF THE AGING PROCESS

A thorough-going analysis of research support on aging by the NIH such as is ultimately most desirable, is presently not feasible, both because the budgetary details of the research carried out within the NIH are not part of the public record and because one cannot evaluate the merits of the large fraction (about 65%) of research grant proposals in aging that were not approved and funded by the NIH. Such items do not appear in the published documents of the Institutes. Moreover, there is no obvious way to evaluate the criteria used by the Research Grants Division of NIH in deciding whether a given proposal deals with aging or not. Thus, the true picture may be somewhat worse (or better) than appears in the published record, for a simple change in criteria of what constitutes aging research can produce large (positive or negative) changes in the numbers reported, independently of the true situation. I hope you will keep these defects in the data that are available to me in mind as you consider the details of the following analysis. Also, I hope you will give those in the NIH who are acquainted with more intimate details of grants-handling an opportunity to correct any errors I may inadvertently have included in this preliminary analysis, so that the final report will be as accurate as possible.

1. Intramural research

According to information supplied by NIH there were 38 projects carried out during 1966 within the Gerontology Branch in Baltimore, currently Gerontology Research Center, NICHHD. Thirty six of these dealt with one or another aspect of aging, directly or indirectly. The other two were on other subjects. Of the remaining thirty six projects, 6 were primarily on psychological aspects of aging and more than half of the remaining ones were on medical aspects of human aging—i.e. primarily descriptive studies of age changes in various human physiological functions. These clinical studies are valuable per se and have been one of the major contributions of the NIH Gerontology Branch over the years. But it should be emphasized that these studies are not directed toward the evaluation of basic biological concepts and hypotheses, but rather toward the relationship of performance to age as a parameter. Most of these studies are carried out under the leadership of the untiring and dedicated director of the laboratory, Dr. N. W. Shock, a well-known physiological psychologist, the acknowledged "Father of Modern Gerontology in the United States".

Thus, while the laboratory in Baltimore is strong in the field of descriptive human physiology and psychology, it is much less outstanding in the more basic areas of biological research—with certain notable exceptions. This fact may be reflected in the relative emphasis on biological studies within the Branch. Of the 1966 projects, 15 were in the Biological area, but of these only 8 are currently being intensively pursued due to the departure from the branch of 3 section chiefs during the intervening period. Four of the projects at issue were under the direction of this commentator. On the other hand, the Branch has recently added to its staff, Dr. Bertram Sacktor as a replacement for Dr. R. Sanadi; there is no doubt that the work of his new section will represent a major strengthening of program in the biological area.

If a criticism of the research goals of the Gerontology Branch were to be made, it would be that the primary emphasis appears to be descriptive work on several interesting aspects of the human physiology of aging. The longitudinal study being carried out there should be a major contribution to this descriptive phase. The ingenious studies of Dr. Reuben Andres on the distribution of glucose tolerance vs. age should also be emphasized. But, by and large, the research effort of the laboratory does not emphasize the deliberate and critical testing of basic hypotheses of aging. This is in my opinion unfortunate, for this new facility could well have paved the way in this central and difficult area. It is also my opinion that this operation will not make its potential contribution unless and until it can attract and hold a number of additional outstanding basic

biological scientists who are both qualified and motivated to undertake an attack on basic mechanisms and theories of aging. A key requirement for the recruitment of such persons appears to be a close affiliation with basic science departments within the Baltimore academic community, particularly those potentially available at the Johns Hopkins University. The non-academic environment is not highly attractive to outstanding researchers in this and other basic fields.

One cannot estimate accurately the level of expenditure on fundamental biological phases of aging at the Gerontology Branch. However, based upon a figure of ca. $1,400,000 for research within the Branch in 1966, the present expenditure for basic studies (assuming that the various projects are funded at about the same dollar value) is about ⅛ of this (⅜₈th × $1,400,000) or somewhere between $300,000 and $500,000. The total research budget of the NIH is about $800,000,000. Therefore, intramural research on the biological origins of the aging process constitutes maximally about $500,000/$800,000,000 or less than one-thousandth of the total budget (ca. 0.06%).

2. Extramural research grant support

Figures on extramural research grant support on aging supported by the NIH are available both for fiscal 1966 and 1967. In 1966, the Institutes listed *64* projects in the field with a total support level of about *$3,210,000*. In 1967, the comparable figure was *69* projects in the field and a total support amount of about *$3,234,000*. Thus, research grant fund expenditures *increased by about $24,000* between 1966 and 1967.

In 1966, the amount attributable to biological research in the field (based on the titles of the projects or other information) was about $970,000, whereas in 1967, the corresponding amount is about $1,180,000. This represents about a 20% increase during 1967 in funding of projects presumably primarily concerned with biological facets of the problem. Some caution should be exercised in interpreting these figures, for it cannot be ascertained from the data at hand, whether this apparent increase in the level of funding represents a real change or a bookkeeping change.

Additional uncertainties lie in the fact that many of the larger grants deal with interdisciplinary problems. Thus one cannot ascribe a known fraction of the support to biological research, another fraction to medical research, etc. Finally, much of the research listed as aging research is on tangential subjects whose understanding may indeed be of substantial value in understanding the aging process, per se. For example, many of the grants deal with studies of connective tissue, collagen, mucopolysaccharides, etc., but it is not apparent what fraction of this effort is actually directly involved with aging studies.

An educated guess might be that about one-third of the efforts in these basic studies are directed toward the aging parameter—a perfectly justifiable allocation of effort. However, it is somewhat inaccurate to list the entire amount of the grant as an investment in biological aging research. I should like to emphasize, that this is clearly an accidental bookkeeping consequence of the way that research is actually carried out in the laboratory and not of a desire by NIH personnel artificially to inflate the support figures.

Nevertheless, the real level of support directly on the age parameter is somewhat lower than the above figures would lead one to believe. In the biological area, I suspect that a fair estimate would be about ½ of the figure reported: i.e. ca. $600,000 for 1967.

Perhaps the most revealing (and I believe unfortunate) feature of the grants listed is the specific kinds of research with which they deal. Thus, a large number of the biological grants in 1967 (10 out of 25) are concerned with changes in connective tissue; another substantial group (6 out of 25) deals with the effects of nutrition on aging and enzyme levels.

Several key areas of research are represented only by one grant (e.g. studies on age pigments, studies on autoimmunity vs age, studies on age related changes in oxidative phosphorylation) and moreover, certain equally promising avenues are not represented at all. In this completely omitted category are: (1) studies on the relationship betwen cellular differentiation and aging at the molecular level, (2) studies on codon usage versus age, (3) studies on the relationship of mutation to aging, (4) studies on aging of clones of mammalian cells (or of protozoa) in vitro, (5) studies on the aging of cellular membranes, (6) studies on the replacement of subcellular components with age, (7) studies on the inheritance of longevity, (8) studies on cell turnover versus age

and aging, (9) studies on model systems which are known to show clear hormonal effects on the timetable of senescence (plants), (10) studies on the mechanism of temperature effects on longevity and the structure of the hypothalamic thermostat, (11) studies on the mechanisms controlling the regeneration of damaged parts, particularly in vertebrates and (12) finally studies on the diffusion of substances between the blood and tissue cells.

Summary

The above is by no means an exhaustive catalogue of important areas in which it can be demonstrated that able scientists are available for new experimental approaches. It is an interesting commentary on the role of the NIH leadership that it does not regard these omissions as an adverse reflection on its policies toward and sponsorship of the field.

This then is the crux of the weakness in the NIH program on the Biology of Aging—that it is not involved in enlarging the frontiers of research on that phenomenon which furnishes the fertile soil in which the degenerative diseases of later life develop and grow. I for one, do not believe that the $500,000 per annum or so depended on aging research within the NIH plus the ½ to 1 million dollars invested in extramural grants represent an appropriate portion of the overall research budget of that institution. According to these calculations less than ⅕ of 1% of the total NIH budget of ca. $900,000,000 is directed toward basic studies of the aging process.

By comparison, the performance of the AEC (4.8%—$4,000,000 out of a total of $86,000,000 in 1966) and of the V.A. (5.2%—$2,200,000 out of a total of $43,000,000 in 1967) are strikingly better provided that the figures they report have about the same level of reliability as do the NIH figures. Even if one assumes that the NIH figures are several times underestimated because some good aging research is supported under other names, the overall allocation of funds to research on the most universal of all disease generators, aging, is surprisingly—no, *disturbingly—inadequate!*

One hopes that a quotation from a recent report to Congress by the NIH will speedily be put into effect: "Research on aging is badly needed" it said, "and it is the intent of NIH to expand such research activity at a rapid rate." That is a consummation devoutly to be wished!

Sincerely yours,

BERNARD L. STREHLER, Ph. D.,
Professor of Biology.

EXHIBIT A. PROPOSAL FOR AN INTERNATIONAL GERONTOLOGICAL QUINQUENNIUM

(By Bernard Strehler, Ph. D.*)

A. INTRODUCTION

I. Background and urgency of need

Three developments within the last decade have made a renewed and systematic attack on the problem of the biological origin of senescence presently urgent. These are:

(1) The fact that there has been *no* significant *change* since 1950 *in life expectancy* of persons (males) who reach 55 to 65 years of age. This latter fact, not commonly appreciated or understood, suggests that present research emphasis and fund allocation are not directly relevant to the biomedical aspects of the aging problem, and further suggests that a reorganization of effort is timely and justified.

(2) The fact that Medicare legislation has been enacted—with its consequent financial obligation. This humane and socially justifiable method of insuring against one of the less desirable side effects of the aging phenomenon (economic stress and uncertainty) has added substantially to the continued federal fiscal obligation. It follows that any investment in research which will reduce the allocation of funds to medical services is *economically justifiable.* Although it is not sound or feasible to predict the impact that the understanding of the biomedical basis of aging will have on life-span and on the national health-age-profile, the fundamental scientific mastery of this

*See testimony, p. 200.

problem will probably mimic the enormous material and human benefits that have resulted from the basic understanding of natural laws in other areas of science.

(3) The fact that the past decade has seen a *remarkable growth of our understanding* of many fundamental *biological phenomena*, particularly in the field of genetics. These and related technological advances appear to be ripe for exploration in complex multidisciplinary problem areas, such as gerontology.

II. Present status of field

An understanding of the biological origins of the aging process is hampered by three related lacks: (1) Deficient organization and availability of the basic information already available; (2) Insufficient involvement of adequate numbers of informed and highly competent bio-medical scientists in research on this complex problem; and (3) Absence of administrative initiative, coordinative planning, and funding of research support. In this respect scientific administrators have behaved in a manner not too different from that which is accepted practice in non-entrepreneurial commercial enterprise: i.e., it is more secure both personally and institutionally to invest in and support administratively those programs which represent little risk and which correspond to the immediate goals of the granting agency and laboratory scientist.

These triple lacks reinforce each other. Thus, the involvement of adequate numbers of outstanding basic scientists is dependent upon the availability of administrative and financial support and of a succinct and orderly access to the data already available; the accumulation of such data is in direct proportion to the incisiveness of the experimental questions posed and to the ready availability of relevant research resources in a hospitable environment.

The proposed International Gerontological Quinquennium is designed to overcome each of these lacks through an orderly and systematic approach to the problem—an approach which, though highly successful in the attack on physical-science technological problem areas, has not yet become part of research planning in most areas of biomedical research. (The proposal represents a synthesis of several plans for a more intensive attack on the problem, parts of which plan were developed independently by two English colleagues, Dr. Daphne Osborne and Dr. Alex Comfort, and by Dr. William Forbes of the University of Rochester. While none of these outstanding persons should take responsibility for the exact form of this proposal, I wish to acknowledge my indebtedness to them for many central concepts. I should also like to acknowledge many helpful discussions with and suggestions regarding "Systems" aspects from Doctors S. Kaplan, G. Reese, W. Larson, J. Birren and R. Bellman.)

Relation of Present Proposal to Prior Systematic Undertakings: The elements of the present proposal, [(a) critical evaluation, storage, organization and retrieval of data, (b) evaluation and projection of short- and long-range objectives, and (c) funding and implementation of critical tests of hypotheses implicit in (a) and (b) above] are presumably applicable to any complex problem. However, the biological nature of the aging process, as a discrete, though complex, part of biomedical science, is particularly suited to the rigors of "systems analysis" for the following reasons: (1) the sources of the fundamental bits of information are exceedingly diverse, (2) the interactions of component failures in biological systems are highly complex, and (3) the validity of conclusions presented in the literature is quite variable and not immediately apparent. This complex of factors introduces an inherent uncertainty into this complex informational matrix which the individual scientist must use as a base for his experimental projections.

Nevertheless, it should be emphasized that the problem of biological aging is particularly susceptible to an organized inquiry both because the basic potential sources of failure can be rigorously defined, and because relevant data are limited to about twenty such basic categories into which experimental findings can be classified and coded.

Although many of the more important basic questions raised by this Systems-failure categorization have received little or no attention, they are, in fact, so closely related to other basic fields of inquiry that the expansion of research in these other areas so as to include additional appropriate questions and parameters can provide a large portion of the information needed to fill the bio-aging informational matrix. In particular, much of current molecular-developmental biology research will contribute information of potential relevance to the aging process.

The evolution of the systems approach and computer hardware has progressed

to a point where storage, retrieval, and, possibly, logical analogue advances can be efficiently and profitably exploited.

Finally, the techniques for data evaluation, storage, retrieval, and analysis developed for biological gerontology are potentially expandable to other areas of the aging field and probably to an overall biomedical research information storage and processing facility.

B. ELEMENTS, COORDINATION, AND TIMING OF THE QUINQUENNIUM

I. Project prospectives

The component elements of the Quinquennium include three phases: (A) organization of presently available data; (B) data analysis and research projection, and (C) funding and prosecution of research.

A. Data acquisition, evaluation, organization, and storage. This critical phase, upon which the success of the second and third stages depends involves the evaluation of that data which is already available (data within the published literature or available as unpublished findings). (One suggested method of acquisition, storage, etc. is outlined in the Appendix.)

B. Informational Analysis and Research Projection:

The stored data will be handled in several ways:

1. It may be possible to develop logical routines which will allow cross-referencing and hypotheses testing. Thus when a new question is posed it should be possible to sift the stored information for relevant facts.

2. The data available will be reviewed by a panel of five to nine eminent scientists (essentially a study section) particularly qualified by research experience to:

(a) Provide sources (literature references) of additional relevant bits.

(b) Suggest new experimental approaches suitable for the critical testing of the hypotheses.

(c) Nominate individuals or organizations potentially capable of carrying out the above further tests.

(d) Initiate preliminary negotiations and promote contracts with the above prospective contractees with the object of activating support of the respective projects.

(e) Recommend expansion of grants on relevant research already under way.

3. An administrative organization to implement the recommendations of the study sections will be established.

C. Research Phase: Contracts relevant to the testing of each model will be let (early in the second year). Moreover, as data become available (whether published or unpublished), they will be added to the memory bank (after analysis as in Stage A.) In this continuing phase, the data produced will be evaluated by three analysts in addition to the "data generator." All contractors and appropriate non-contractual participants will have direct access to the bank logical processor and central computer via remote stations or otherwise.

At such time as new data that bears critically on the validity and significance of a particular model becomes available (but at least every eighteen months) the study section will organize and sponsor a conference to which all participants directly or indirectly involved in the testing of the model in question will be asked to contribute. These symposial meetings will take place either via conference video or through three-to-seven-day "in-depth" meetings in which projected research and concepts can be subjected to systematic, critical appraisal.

II. Administrative organization

The specific organization most suitable will be dependent somewhat on the flexibility of the funding agency, but the Quinquennium is an undertaking of such magnitude that its implementation would be a severe burden to the usual academic institution. Therefore, it appears desirable that administrative aspects be handled by an organization experienced in systems analysis and planning and that the conceptual projections and decisions be under the guidance of a suitable academic institution such as a University with competence in gerontological research, computer technology, and conference organization and planning. Ample experience (AEC, NASA) for such multiphasic undertakings through the contract mechanism has been accrued to warrant confidence in their effectiveness.

III. Mechanism of funding

A. The Quinquennium should be funded by direct Congressional legislation through an appropriate governmental agency in a fashion similar to the space program. If the existing format in established agencies is not adaptable (In many respects the proposal bears resemblance to the cancer-virus panel of the NIH) to the unique nature and needs of this project, it should be administered by an agency or special sub-group specifically created for this purpose.

B. The funding should be on a regular cost-plus basis, equally shared by an academic sponsor and correlated "systems organization."

C. Computer facilities should be centralized academically.

D. Payment for data acquisition (under A–4) should be on a bit basis at $50/bit or $100/10-page manuscript, and standards for acquisitional accuracy and concordance among abstractors should be maintained and made a basis for the continuity of individual contractual relations with abstractors.

IV. Schedule and budgets:

	Budgets
A. January 1968 to July 1968, enabling legislation.	
B. July 1968 to August 1968, contract letting for systems organization.	$2,000,000
C. September 1968 to February 1969, development of standards for data evaluation and recording.	
D. March 1969 to March 1970 data recording.	15,000,000
E. March 1970, convocation of study sections.	
F. April–September 1970 to September 1971, initiation of Quinquennium, negotiation of contracts	25,000,000
G. September 1971 to September 1972	35,000,000
H. January 1972 1st review symposia	200,000
I. January 1972 TV and remote-data network	2,000,000
J. September 1972 to September 1973, research funding	45,000,000
K. September 1973 to September 1974, research funding	50,000,000
L. January 1974 2d summarizing symposia series	300,000
M. September 1974 to December 1975, research funding	60,000,000
N. January 1976 final symposium series, report and future projections	500,000
Total, proposed Quinquennium budget	235,000,000

C. APPENDIX: OUTLINE OF A PROPOSED DATA PROCESSING SYSTEM

1. Data organization

The abstracting methods usually employed and the available word-category filing and retrieval systems are not suited to this problem—the first because the usual scientific literature abstract does not, as a rule, deal with elementary bits of information but rather with the conclusions of the abstractor—the second because the useful conceptual framework for aging process categorization does not correspond to usual word or phrase usage; moreover, an evaluation of the data is not an implicit part of a "key-word" subject catalogue.

Instead of these usual methods we propose to abstract and classify individual bits of data (i.e., results of individual experiments) according to a master list of questions, structured into categories and subcategories as outlined in supplementary Exhibit 1. As he abstracts a research report the abstractor will determine to which questions each experimental datum or "bit" is relevant. He will then make a record of this datum along with his evaluation of it under the appropriate question (see part 3 below); the master list will be modified, expanded, and made more detailed as the work progresses. Periodically (e.g., every two months) updated copies of the master list and of the compilation of data and evaluations will be sent to all project personnel. This will clarify the position of the research, focus attention on critical points, improve communication and generally help to integrate the individual projects into a coherent and effective effort.

2. Data acquisition and evaluation

Each article and research report will be read and evaluated by three carefully selected individuals, each of whom will submit a series of cards (equal to the number of bits returned) on which the following information will be represented:

(1) Bit number (to be assigned)
(2) Verbal identification if applicable (in 10 words or less)
(3) Location of original data: article, page, journal, volume, year
(4) Author's name
(5) Abstractor's number
(6) Master list category (model) to which bit is relevant
(7) Coded quantitated indication of abstractor's response to following:
a. level of reliability of bit
b. answer implied by bit to master list question
c. force of answer on master list question within species in which experiment was undertaken
d. probable applicability of bit to human or mammalian aging
(8) Designation of species used
(9) Numerical abstraction (if feasible)

The three cards (one from each abstractor) which deal with each bit will be fed into a memory device, and the level of consistency of the abstractors' conclusions will be evaluated. Conclusions differing by a value greater than a minimum non-concurrence threshold among the three analysts will be tabled and selected for submission to two additional independent analysts for review and possible resolution.

3. Data storage

The master list and compilation of data and evaluations should be placed in the storage bank of a computer which will keep this information up-to-date and will provide and mail copies to project personnel at appropriate times.

EXHIBIT B. FROM "THE BIOLOGY OF SENESCENCE," BY ALEX COMFORT

Apart from such specialized investigations, serious progress depends on the cultivation of general awareness among biologists of the importance of prolonging their study of every animal into the senile period, of collecting and publishing lifetables, especially for cold-blooded vertebrates under good laboratory conditions, and of seeking confirmatory evidence of the distribution of senescence in phylogeny. A few years of propaganda to zoologists in training might bring in a rich factual harvest later. Much modern research into aging tends to be desultory, although the single subjects with which it deals are important in themselves. We ought to try to devise critical experiments, and if we destroy more hypotheses than we demonstrate, this is a subject which can well stand such treatment in contrast to the speculation which has gone before. The most desirable condition for progress in gerontology at the moment is that the exact nature and scope of the problems raised by senescence should be understood, and the possibility of new experimental evidence borne in mind, during the planning and assessment of all biological research, even when it is primarily directed to other objects. Senescence, like Mount Everest, challenges our ingenuity by the fact that it is there, and the focusing of our attention on it is unlikely to be fruitless.

EXHIBIT C. FROM "MAN AGAINST AGING," BY ROBERT DE ROPP

Research on aging can be divided into three types.

(1) Research into the biological problems of aging. The study of these problems is the responsibility of the research scientists, chemists, biologists, and of those physicians who have gone into research instead of into practice. The central problem here is the nature of aging. What brings about the losses which accompany the aging process? What are the chemical changes which underly the outward and visible changes brought by aging? To what extent can these changes be delayed or slowed? These are problems of great practical importance and scientific interest. The whole field has only been skimpily investigated and vast new territories await the explorer. As Dr. Alex Comfort puts it, "The study of senescence in man and animals may well be the field for the next major advance in applied biology."

In spite of their obvious importance all these fields of research are more or less neglected at the present time. There is, in the whole United States, not one major scientific institute solely concerned with the study of problems of aging. This does not mean that the problem is being completely ignored. Excellent though scattered research is being done in various laboratories in America and in Europe. The research effort, however, remains ludicrously small in view of the social importance of the aging problem. Millions of dollars are poured out to finance more

or less moonstruck projects like "lunar probes" while the total sum devoted to research on aging would barely suffice to pay for one good-sized rocket. It would be better for all concerned, the moon included, if a few of these squandered millions were devoted to the building and staffing of an Institute for the Study of Aging and Maturation. The central problem of our age is not how to make more crater on the face of the moon but how to attain enough maturity to save us from using the dangerous toys we have invented to blow ourselves once and for all off the face of the earth.

EXHIBIT D. FROM "REPORTS AND GUIDELINES FROM THE WHITE HOUSE CONFERENCE," U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

POLICY STATEMENT AND RECOMMENDATIONS

POLICY STATEMENT

It is the unanimous opinion of the Biology Section that an understanding of the basic biological changes underlying the aging process is the proper foundation of the applied areas of gerontology. Despite the biological basis of man's infirmities during aging, studies on the basic biology of the process have been much neglected in the past. This is traceable partly (1) to the extraordinary interdisciplinary background of the problem, (2) to the fact that specific degenerative diseases associated with aging have demanded immediate attempts toward their solution, (3) to the lack of trained personnel in the field due to the fact that aging research is not carried out within any single departmental framework, and (4) to a lack of sufficient leadership by governmental and private research-educational agencies.

The specific policy recommendations which follow were unanimously adopted and are designed to alleviate, in great measure, these deficiencies. We urge their early activation by appropriate governmental and private agencies.

MAJOR POLICY RECOMMENDATIONS

1. We recommend the early establishment of a National Institute of Gerontology within the existing framework of the National Institutes of Health to study the basic biological changes underlying the aging process, and other relevant aspects of the aging problem.

2. The Federal Government should extend its program of support of multidisciplinary aging research centers and programs in basic biological research in aging. However, this program should in no way jeopardize the existing support program of individual research studies in this area, at such institutions.

3. We recommend that necessary measures be taken to establish animal colonies to supply adequate numbers of animals reared and maintained under standard conditions for use in aging research. This should include holding facilities for life span studies and should provide for at least one major primate colony adequate for aging studies.

4. We recommend the following additional means of stimulating research on biological aspects of aging:

a. Programs of lifetime investigatorships in biological aspects of aging similar to those which have recently been initiated by agencies in the field of heart and cancer research.

b. Vigorous expansion of support for individual research projects.

c. The granting of funds for selected long-term studies which by their intrinsic nature may require 10–20 years for their successful completion.

d. Continued exploration of needs in the study of the biology of aging as begun at this White House Conference. This should be accomplished by the immediate appointment of a study section on aging within the Division of Research Grants of the National Institutes of Health.

e. Encouragement of appropriate programs of research in aging in both public and private agencies, including the Atomic Energy Commission, the National Science Foundation, the Veterans Administration, the Department of Agriculture, the Federal Aviation Agency, the National Aeronautics and Space Administration, and by various other organizations.

5. We urge full Federal support, without matching funds, for construction of laboratories and special animal facilities (with long-term support) for research programs in aging, in universities, medical schools and other appropriate institutions.

6. The anticipated expansion of research in the biology of aging demands a significant increase in the supply of trained investigators. We therefore recommend that Federal support be given to stimulate training in gerontology through:

a. establishing graduate scholarships in aging research;

b. developing suitable lecture, laboratory, and demonstration instruction in aging research at the graduate level;

c. supporting a national and international exchange of scientists through a fellowship program so that investigators may carry out appropriate phases of their work in laboratories other than their own; and

d. assisting universities and medical schools to establish academic chairs in gerontology.

GENERAL RESEARCH AREA RECOMMENDATIONS

Research on the biology of aging should include studies of the earliest stages in the development of organisms and shoud include detailed studies of deviations from optimum physiological function. Such deviations may, in turn, ideally be correlated with measurements of changes in the quantity and quality of cellular components, their intracellular organization and progressive changes in their exact chemical and enzymatic constitutions. Some observed changes will undoubtedly be reflections of changes in molecular structures, some will depend upon grosser structures such as cells and tissues. Some of the changes in health and function during aging may be related quite directly to the functional capacity of whole organ systems, made up of numbers of cells. Some dysfunction is similarly the consequence of mechanical failure, for example, errors in cell replication, embryological abnormalities, or the breakage of connective tissues including bone and blood vessels. Whatever the specific progress in our understanding of aging may uncover, it must clearly include analyses of simplex series of events between cells and tissues as well as molecular events and changes because of the basic interdependency of the organism's parts.

1. Encouragement and intensification of the systematic study of age-related biological variables. This should involve the study of a variety of tissues and organisms and a number of animal or plant populations under varying environmental conditions.

2. Detailed studies of factors accelerating or retarding the rate of senescence.

3. Study of the natural history of senescence particularly as regards its evolutionary origin and consequences.

4. Formulation and adequate testing of theories on the nature of basic processes underlying aging.

5. Intensive testing and development of whatever means of control over aging processes may be suggested by such theoretical and experimental investigations.

SPECIFIC RESEARCH SUBJECT RECOMMENDATIONS

We recommend the further scientific study of the following selected age-related topics in biology:

1. The functional characteristics of senescent cells, especially in relation to molecular, histological, histochemical and biochemical techniques.

2. The extent to which the functional activities of fixed postmitotic cells depend upon continued gene action.

3. The extent to which somatic mutation in both dividing and fixed postmitotic cells contributes to the debilities of aging.

4. Changes in specificity, activity, chemical or physical property of enzymes isolated at different stages of cellular age.

5. The formation and accumulation of inducible enzymes as a function of the cellular life cycle.

6. The chemical modification of macromolecules and macromolecular aggregates with the passage of time. For example, do chemical changes occur in DNA, enzymes, mitochondria, cell membranes, spindle protein, ground substance, collagen elastin?

7. Changes in ground substance, collagen, and elastic membrane as affecting the transport of nutrients and waste products in and out of cells.

8. The initiation of mitosis in aging tissue. Why do wounds in the aged heal more slowly? Why do tissue cultures of adult cells take longer to begin outgrowths?

9. The chemical changes associated with aging initiated by free radicals, formed physiologically but analogous to those produced by ionizing radiation. Is it possible to prevent aging by chemotherapy?

10. The turnover of subcellular components, particularly in long-lived or fixed postmitotic cells.

11. The chemical and physiological origin of intracellular inclusion bodies such as the lipofuscin age-pigments.

12. The selection dynamics of various substances in relation to age, at the cellular level.

13. The localized sites of action of agents such as radiation and carcinogens that seem to alter rates of aging.

14. Changes with advancing age in nerve and muscle as postmitotic tissues.

15. The nature and intensity of autoimmune reactions as a function of age. Does aging modify self-recognition?

16. The biophysical, biochemical and ultrastructional changes accompanying cellular death *in vivo* and in tissue culture.

17. The factors in the survival of postmitotic cells. Certain postmitotic cells possess characteristic survival curves, which are apparently programmed by factors produced by the host.

18. The explanation of aging as possibly a continuation of cellular differentiation into adult life.

19. Changes in biological rhythms with advancing age.

20. The study of mutagenic agents. A number of different agents such as radiation and chemical mutagens influence the life span of animals and appear to accelerate the aging process. A study of the basic changes brought about by these agents will undoubtedly throw much light on the biology of aging.

21. The age-related alterations in stress—response mechanisms.

22. The factors controlling growth and regeneration in adult organisms. What determines body or organ size?

23. The factors that determine the interdependence of different cell types in the metazoa.

24. The systemic, nutritional, and humoral factors regulating cell growth and the rate of mitosis in young and old animals.

25. The age-related changes in leurohumoral function and hormone synthesis and secretion.

26. The effects on longevity and senescent phenomena of experimental alterations in endocrine balance and function.

27. The identification and classification of agents that cause permanent or progressive degenerative changes in biologic capability of cells, tissues, organs, organ systems, organism or population groups.

28. The effect of lowering or raising body temperature in warm-blooded animals on aging and longevity.

29. The living system investigated through biophysical considerations of entropy and metabolic processes.

30. The characteristics of humans and animals that live far beyond the usual range of life for their species.

31. The need for statistical techniques (e.g., cohort analysis), which diminish bias in human mortality and performance data arising from (a) changes in diet and medical care and (b) selection due to differential mortality.

32. Completion of comparative life tables for a vast variety of species.

33. Obtaining normative data. The systematic collection of comprehensive normative data on biological functioning. By normative data is meant the distribution of measurements of biological functioning in an entire population at various age levels. Such data are essential for (a) determination of optimal levels (as opposed to average levels), (b) development of an index of biological age and (c) developing standards of pathological functioning as distinct from extremes of normal functioning.

34. The factors that account for the differences in longevity between men and women, and particularly the fact that this difference is currently increasing.

35. The changes in enzyme properties of cells. It appears that changes may occur within the life of the cell related to specificity of the enzymes, their catalytic activities and certain other physical and chemical properties. Enzyme destruction of cells as related to aging. Cells may be incapacitated or destroyed by the accumulation of indestructible enzymes.

36. Studies on the genetics of longevity and senescence in inbred and hybrid lines of animals and in comparisons between closely related species.

37. The ecological considerations of aging. Since animals and plant species show great diversity in their aging processes and length of life, it is important to

determine the way in which natural selection influences the aging processes of species within the natural ecological settings.

38. The evaluation of variation in aging relating to genetic constitution. Since within all natural (including human) population there are large familial differences in the inheritance of length of life, the accumulation of such data and the elucidation of the genetic characters, involved and their inheritance should be encouraged. In humans, study of twins is particularly important.

39. The production and correlation of mathematical models in life tables.

EXHIBIT E. REPRINT FROM SCIENCE, AUGUST 4, 1967

DECLINE AND SENESCENCE: A FIELD FOR BASIC RESEARCH

Topics in the Biology of Aging. A symposium, San Diego, California, November 1965, sponsored by the Salk Institute, PETER L. KROHN, Ed. Interscience (Wiley), New York, 1966. 191 pp., illus. $9.75.

Radiation and Aging. Proceedings of a colloquium, Semmering, Austria, June 1966. PATRICIA J. LINDOP and G. A. SACHER, Eds. Taylor and Francis, London, 1966. 472 pp., illus. $6.50.

The subject of aging has emerged as a biological subdiscipline largely as a consequence of the energetic dedication of outstanding persons such as Fritz Verzar, Alex Comfort, Peter Medawar, Peter Krohn, George Sacher, Patricia Lindop, Howard Curtis, Marrott Sinex, Zh. A. Medvedev, James Birren, and the late Leo Szilard. Impetus was given to the attack on the basic problem about ten years ago by the Gatlinburg Conference on the Biology of Aging, under the leadership of a committee of the American Institute of Biological Sciences made up of Szilard, James Ebert, Bentley Glass, Henry Mahler, K. C. Atwood, and others. The two volumes here reviewed, containing the proceedings of two independent symposiums on aging, are therefore useful and timely, and provide—the first, particularly—a logical context for an appraisal of the progress made during this decade both in research and in gaining support for a continued energetic effort.

The papers reflect remarkably well the major areas of progress, and the discussions following the papers reflect equally well the growing sophistication and the common language and concepts that have evolved during this decade. The clearest advances have been in the evaluation of genetic damage as a major source of senescence, a thesis which fascinated Szilard, and which resulted in the stimulating stochastic model he presented in the *Proceedings of the National Academy of Sciences* [45, 30 (1959)]. Significantly, the experimental testing of his and similar theories has been achieved largely under the sponsorship of the Atomic Energy Commission. Of particular note are the pioneering studies of Sacher, Lesher, and Bres, of Casarret, and of Curtis in this country, and of Rothfels, Lindop, and Alexander in Great Britain. Studies reported in *Radiation and Aging* do credit to the AEC sponsorship. The papers by Curtis, by Bucher and Swaffield, and by Fry, Tyler, and Lesher are particularly valuable. As J. Maynard Smith points out in a succinct paper in the Salk symposium volume, present evidence rules against a predominant role for somatic mutations in aging. Developmental biology as it impinges on aging is strongly represented in the Salk volume, particularly in the papers of Hayflick and of Puck, Waldren, and Tjio, which deal with the relation to senescence of the limited potential for division of cells in culture. The report on immunological tolerance and aging, notably studies by Walford, tangential to those of Blumenthal (of the VA) and of Makinodian (of the AEC), are related to the elegant series of studies carried out in England, and reported in this volume by Krohn, on transplantation of skin and ovary. Skin can apparently survive for at least six host lifetimes in serial transplantations among rodents; and ovaries undergo loss of viable eggs quite early in the life-span of female mice, although the loss in fertility is also ascribable to decreased hospitality of the aging uterine environment, even prior to cessation of ovulation. Evidence bearing on the thesis that age pigments are relics of lysosomes is presented by D. Brandes. This thesis, which has won easy acceptance despite some apparently contradictory evidence, is, in this reviewer's opinion, still in a conjectural status.

The keynotes of the Salk conference are set by the incisive analytical presentations of Maynard Smith and of Walford. Both implicitly and explicitly

emphasize the pressing need, in the design of present and future research, for the critical testing of the various hypotheses of the cell-biological origins of aging. It is this keynote that relates this conference directly to the ideas that fired Szilard's imagination and hopes for research on aging as an emerging field. It is against these dicta that the successes and failures of the last decade should be measured.

Szilard believed the aging process was imminently susceptible to attack, and he succeeded in encouraging substantial basic effort; but in one crucial sense he failed, for despite his advocacy the NIH, with its vast potential for creative support of basic research on the problem, has been at best reluctant in its support and, at worst, an obstacle to progress. In a very real sense, those advances that have occurred during the last decade have taken place in spite of its discouraging lack of interest in the initiation of a vigorous effort to understand the fundamental phenomenon.

Aging is a biomedical problem that affects every human being. It is the root cause of most of the costs of medical care. Congress has repeatedly manifested strong interest in the subject, and if a mandate to the NIH to assume a leadership role in biological research on aging was necessary, it came from the White House Conference on Aging in 1960. Both the biological- and the medical-science members of the conference called unanimously, *inter alia*, for (i) the establishment of an Institute for Aging Research within the NIH, (ii) the reestablishment of a study section on aging within the Division of Research Grants of NIH, (iii) enlarged support for basic biological research on aging, and (iv) training programs to meet manpower demands.

Only with respect to the last of these has the NIH directorship responded. It has not established a separate institute. Gerontology has been assigned to the National Institute of Child Health and Human Development, where it is subsidiary to obstetrics, gynecology, and pediatrics. There is no study section on aging. Hence requests for grants are frequently considered by unsympathetic study-section committees with competitive interests, the approval rate is about half that accorded to other requests, and gerontology receives less than 10 percent of the grant funds distribted by NICHHD. In fact, NIH grants for studies of aging appear actually to have decreased since the White House conference (*1*).

In NIH's intramural program on aging—the Gerontology Research Center at Baltimore City Hospital—N. W. Shock and his medically oriented group have made valuable contributions with descriptive studies of human aging. The center is being enlarged and will contribute substantially to knowledge of the physiology of aging, especially in the painstaking and methodical description of various functional parameters. It is in basic biology, particularly the systematic testing of hypotheses concerning the origins of aging—the kind of theoretical work for which a separate institute would be highly suited—that NIH support has not been forthcoming. The director of NIH, James A. Shannon, has expressed this view of the matter: "Our job is to make the means available for qualified investigators to undertake worthy research. Nobody, I hope, wants NIH to lead investigators by the hand into certain fields. Nobody, I hope, wants a federal prescription of research undertakings. I can only say that if investigators and institutions are uninterested in gerontology, there is little we can do. NIH can only go as far as Congress and the scientific community permit" (*Geriatrics*, Sept. 1965, p. 77A). The statement stands in marked contrast to the recommendations made by the scientific community at the White House Conference and are a source of discouragement to those who are deeply committed to work in this challenging field. This reviewer would suggest that the following program could bring some semblance of order into the present disorder:

1) The appointment of a 10- to 15-man biological research advisory committee to outline the various promising avenues for basic studies of the mechanisms of aging. It can readily be demonstrated that the number of scientists who are qualified to serve on such a committee by virtue of interest in the problem as well as by professional standing is more than adequate.

2) Establishment of a study section within the NIH (or the NSF) to stimulate effective attack on the topics thus outlined, thereby encouraging relevant grant applications and the growth of appropriate training programs.

3) Expansion of the human physiology and psychology program of the Gerontology Research Center in Baltimore and transfer of its basic-biology component to a suitable academic environment.

4) Creation of a National Institute for Aging Research, either in NIH or in another suitable governmental agency.

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If these or analogous steps are undertaken promptly, one may expect that within the next decade there will be the kind of progress that Szilard knew to be possible in the last decade; and in 1977 a book review such as this would be an undiluted discussion of solid achievements.

BERNARD L. STREHLER.

Aging Research Laboratory,
Veterans Administration Hospital,
Baltimore, Maryland

Note

1. In 1955, grants for research on aging totaled less than $1 million (*U.S. Public Health Serv. Publ.* No. 799, p. iii); in 1961, the total—for 245 grants—was $5.7 million, or, if studies secondarily related to aging are included. $16.2 million (*U.S. Public Health Serv. Publ.* No. 841, p. iii); in 1966, there were 64 grants totaling $4.6 million (NICHHD, *Program Statistics Branch Rept.*, 26 Oct. 1966, and *U.S. Senate Report, 90th Congr.*, No. 169, p. 69, 12 April 1967).

EXHIBIT F. NEW YORK ACADEMY OF SCIENCE, "INTERDISCIPLINARY PERSPECTIVES OF TIME"

PERSPECTIVES IN RESEARCH IN THE BIOLOGY OF CELLULAR AGING

It is unlikely that purely genetic experiments are capable of unraveling the puzzle outlined above. Rather, the different possible expressions of genetic processes that may give rise to the general decrease in function characteristic of aging should be carefully formulated and tested. A number of possible specific genetic theories and means by which they are being tested have been presented in the foregoing section. There remain a number of other possible mechanisms which should also be evaluated through appropriate deliberate experimental design.

Some of the crucial questions that require an early attack, which are feasible and which can be clearly stated at the present time, are the following:

1. POINT MUTATIONS

What is the extent of damage to the genetic material during the aging process? Measurement of the rate of accumulation of chromosomal mutations in somatic cells have been described above. The problem awaits a method for measuring the rate of mutation of somatic cells that are incapable of division. It may be attackable in tissues through the application of chemical reactions applied to an individual who is heterozygous for a mutant gene whose product catalyses an extant histochemical reaction.

2. ERRORS OF TRANSCRIPTION AND TRANSLATION

Does the frequency of damaged, nonsense or altered RNA, particularly messenger RNA, change with time? This could probably best be evaluated by looking for aberrant molecules of a given protein, i.e., molecules which possess an abnormal amino acid complement.

3. AGING GENES

To what extent is the rate of aging programmed by genes that cause aging without any other beneficial side effects? Since such genes, as well as others, should be inhibited by exposure to ionizing radiation or by other agents which interfere with gene expression, the rate of senescence should be capable of being slowed down if it were caused by such genes, or by otherwise retarding or suppressing their activity.

4. REPRESSOR ACCUMULATION

Is aging caused by the accumulation of repressors of the histone type? Experiments which might bear on this question include: measurement of the association of histones with chromatin material as a function of age, and the ability of such associated substances to block synthesis of messenger RNA *in vitro*.

5. CODON RESTRICTION

Is aging due to a gradual restriction of the kinds of codons which can be translated as maturity advances? This hypothesis can be tested by a direct measurement of the capacity of tissues of different ages to incorporate amino acids into RNA's of specific types, and by measuring the pool sizes of different codons from different tissues at different ages.

6. CELL DEATH

Is aging primarily a result of the randon depletion of cells from tissues incapable of producing replacement cells? Numercial indices of the numbers and volumes of various cell types in different organs and tissues should give a preliminary evaluation of this hypothesis.

7. CROSS LINKAGE

Is the random, chemical cross linkage of functional elements in cells responsible for the aging process? Possibly this could be answered by estimating the frequency of such hypothetical cross linkages as expressed in sedimentation profiles of specific enzymatic activities as a function of age. If aging is due to cross linkage, the addition of cross-linking agents to diet or their introduction by other means such as radiation should accelerate aging as measured by some independent age index, preferably as expressed in physiological function.

8. AGE PIGMENT EFFECTS

Do age pigments significantly decrease the capacity of those tissues that contain them to function? See text above. Factors depressing the formation of age pigment should increase longevity if they have no other harmful side effects.

9. DENATURATION

Is the thermal denaturation of proteins or of other temperature sensitive substances responsible for aging? Exposure of animals for short periods to high temperatures, perhaps repeatedly, should produce accelerated symptoms of aging, including an increased mortality rate among survivors.

10. RATE OF LIVING

Is there a limited total metabolism of which each individual of a species is capable? Factors that produce an increased rate of metabolism should shorten life span; factors that decrease the rate of metabolism should lengthen it.

11. CHANGE IN METABOLIC PROFILE

Is there a gradual change in important metabolic pathways of the control mechanisms that determine them? The steady state pools of important products of carbohydrate, fat and protein dissimilation should be determined in various tissues as a function of age.

12. LIMITED SUBCELLULAR TURNOVER

Is cellular aging due to the failure to replace subcellular structures? What is the rate of turnover in various cell constituents? Do all cell constituents except DNA turn over in all cell types, including nondividing cells? If the answer to the above, which could be (and has been in part) determined by appropriate tracer techniques, is negative, do constituents that do not turn over lose their capacity to function with time?

13. DEFECTIVE ENERGY COUPLING

Is the efficiency of energetic coupling, particularly of oxidative phosphorylation, diminished in older animals? This can be determined by the direct measurement of phosphorylative capacities, tightness of coupling, etc., as a function of age. The literature now contains conflicting information on this point. If consistent age differences are substantiated, are they systemic or cellular in their origin (i.e., are the mitochondria altered or are they operating in an unfavorable environment)?

14. LOSS OF SYNTHETIC CAPACITY

Is there a gradual loss of ability to synthesize certain necessary cellular constituents as differentiation and aging proceed? Studies of enzymatic and structural protein profiles as a function of age are needed.

15. LIMITED CELL DIVISION

Do replenishing cell lines in the organism tend to lose their capacity to divide? See above text. Appropriate tritium labelling of such replenishing cell lines can reveal whether the regimen of cell replenishment *in vivo* is consistent with this hypothesis.

16. AUTO-IMMUNITY

Do auto-immune phenomena contribute to or cause aging? The amount of auto-antibody to various tissues has been estimated for a variety of different auto-antigens, and although the frequency of auto-immune disease apparently increases progressively with age, no general auto-immune reaction that has yet been described occurs in all members of a population. Such diseases could arise from two sources: firstly, by loss of immune tolerance on the part of the antibody-producing system, and, secondly, by the production of, or exposure to, antigens to which the tolerance machinery was not desensitized at the time tolerance was induced.

17. DIFFUSION HYPOTHESIS

Is aging a consequence of poor nutrition or waste removal because of a gradual accumulation of diffusion barriers between the vasculature and functioning cells? This hypothesis can be evaluated by measuring the rate of diffusion of oxygen or other natural or foreign substances from the vasculature into the tissue cells. Alternatively, the rate of diffusion of substances across particularly suitable membranes such as the cornea of the eye may be measured. This theory, which has received considerable hypothetical support in the literature, should, by all means, be tested critically at an early date.

18. CROSS FEEDING

Is there a loss of substances produced by one type of cell, which substances are necessary for the optimal function of other cells with age? Further studies along the original line of Carrell's work on the capacity of cells to grow *in vitro*, in the presence of substances obtained from serum or of tissue extracts, are needed.

19. INHIBITOR ACCUMULATION

Is there an accumulation of inhibitory substances as aging proceeds that interferes with the function of other cells? This question can be answered through techniques similar to those applied to Question 18.

These are some of the fundamental questions that require an early answer if we are to proceed further with the task of understanding the aging process at the cellular and organismic level. Critical experiments designed to measure not only the pertinence of a particular hypothesis, but also the quantitative contribution that the hypothetical mechanism makes on biochemical or physiological function, should be included in such designs.

One of the real needs in aging research at all levels is concentration on those questions whose answer, even negative, could reduce the number of possibilities stated above. None of the alternatives listed have, at present, been completely excluded, and it is hoped that a greater percentage of effort within the next decade will be dedicated to the testing of these or other specific hypotheses. The description of age factors in one or another function or structure is important, but much more incisive is the application of crucial experiments to crucial questions.

Finally, I would like to emphasize my belief that there is no substantial reason, other than lack of financial, institutional, and administrative support of critical research efforts in the field, which stands in the way of man's answering the major questions on the genetic origin and molecular-biochemical expressions of the aging process within the next decade or two. Like any complex puzzle, the

problem cannot be resolved by paying lip service to the field, by failure to provide the funds and facilities as well as scientific administrative leadership and encouragement, and by an exclusive concentration on descriptive studies or problematical analogies. The need now is for governmental and private support of the effort along lines including those listed above, for the recruitment of the ablest men into the fundamentals of the field. In an age when distance is being conquered by the expenditures of billions on supersonic transports and mega-pound-thrust rockets, is it not a bit curious that man ignores one of his oldest friends and enemies, Time, to the extent that he does?

EXHIBIT G. REPORT TO THE PRESIDENT

THE PRESIDENT,
The White House, Washington, D.C.

DEAR MR. PRESIDENT: During the past fifty years enormous strides have been made in lengthening the *average life expectancy* of individuals. Our rapid progress in this field has so pre-empted public and scientific attention that there is little awareness of the fact that virtually nothing has been accomplished in lessening senility or in lengthening the *life span* of the species. The increase of expectancy of persons past sixty has increased only about two years during the past one hundred years.

The massive research programs that are now being mounted aganst cancer, stroke, and heart disease, both by governmental and private institutions, are yielding important results, and research on these specific diseases should be encouraged and sustained in every way. A study of mortality due to these diseases indicates, however, that their complete elimination would not greatly extend the average life expectancy or delay the occurrence of senility.

On the basis of knowledge which is largely new within the past decade, we believe that it is well within the range of scientific possibility to attain enough understanding of the causes of the aging process to retard the rate of aging in the human individual. The successful pursuit of such a project would lengthen the life span without lengthening the period of senility. In short, it may well be possible to increase the number of years of life which may be lived with comparatively youthful vigor.

A thorough knowledge of the causes of aging would provide our scientists and physicians with the means of insuring our citizens sounder minds and bodies in their later years. In order to realize the full potential of recent advances in biochemistry and molecular biology, the present federal program of support of aging research should be expanded to engage more personnel and more laboratories in research on the causes of aging. Among means to make this possible, the following might be considered:

1. The training of an additional number of scientists in the biology of aging and related disciplines by a federally supported fellowship program.
2. A substantial increase in the federal program of research grants in the biology of aging.
3. An increase in the intramural program of the National Institutes of Health, Veterans Administration, Atomic Energy Commission, and enlarged possibilities for the National Science Foundation to support work in the biology of aging.
4. The construction by the NIH of several regional aging centers throughout the country at leading universities or research institutions.
5. The construction of one or more National Laboratories of Aging resembling the AEC's Brookhaven National Laboratory and sponsored by several affiliated institutions, with NIH support.

Within five years after completion of such a program, or within ten years from date, we would hope to know whether aging is genetically programed. whether aging is the result of somatic mutations, or whether aging is the result of deterioration of essential macromolecules. A rational approach to the modification of aging in humans might then be made.

Such a program would be one of the boldest and one of the most exciting scientific endeavors ever undertaken. Present knowledge warrants support from scientists, the government, foundations, and others on a scale commensurate with the magnitude and urgency of the problem. We assure you of our con-

tinuing interest and help should you desire to cause or encourage accelerated progress in this field.

Respectfully,

Norman G. Anderson, K. C. Atwood, Vernon H. Cheldelin, Howard J. Curtis, Arthur W. Galston, Leonard Hayflick, Robert R. Kohn, C. D. Leake, Clement L. Markert, Robert Austin Milch, David M. Prescott, George E. Schaiberger, F. Marott Sinex, John B. Storer, Roy L. Walford, Verner J. Wulff.

ITEM 2: ADDITIONAL INFORMATION SUBMITTED BY CARL EISDORFER, M.D., PH. D.*

EXHIBIT ONE: LETTER FROM DR. SHANNON, DIRECTOR, NATIONAL INSTITUTES OF HEALTH

JANUARY 23, 1967.

DEAR DR. EISDORFER: Your letter of December 5, 1966 made two requests on behalf of the Gerontological Society's Research Committee. The first was that it be provided with information concerning the number of applications which NIH receives that are relevant to the study of aging and with information on the fate of those applications.

There have been 216 research grant proposals assigned to the Aging Program of the National Institute of Child Health and Human Development for review at the 10 meetings of the Advisory Council of the NICHD that have been held since the establishment of that Institute in 1963. Of these 162 were new proposals, 42 were proposals for renewals of existing grants, and 12 were for supplements to existing grants.

Table 1 shows the results for new grant proposals assigned to the Aging Program. The approval rates in the table are those that resulted from review by study sections. However, they are listed according to the Council meeting at which they were reviewed. The approval rates shown vary greatly from Council meeting to Council meeting probably because of the small number of proposals involved in any one meeting. The average approval rate was 32%. The average approval rate for NICHD as a whole in that period was 44%, and that for all of NIH was 50%. These approval rates slightly underestimate the effective approval rate since some of the deferred applications were approved at the next Council meeting, and some of the disapproved applications were resubmitted and approved at a later Council meeting.

TABLE 1.—STUDY SECTION ACTION ON NEW RESEARCH GRANT PROPOSALS ASSIGNED TO THE AGING PROGRAM, NICHD

Council	Total Number	Approved		Disapproved		Deferred		NICHD approval rate (percent)	NIH approval rate (percent)
		Number	Percent	Number	Percent	Number	Percent		
November 1963	6	5	83	1	.....	0	.....	48	49
March 1964	8	1	13	6	.....	1	.....	51	51
June 1964	17	4	24	11	.....	2	.....	45	48
November 1964	15	2	13	13	.....	0	.....	39	50
March 1965	16	5	31	10	.....	1	.....	43	50
June 1965	19	1	5	16	.....	2	.....	39	49
November 1965	23	9	39	13	.....	1	.....	47	50
March 1966	24	10	42	13	.....	1	.....	35	52
June 1966	15	7	46	8	.....	0	.....	43	51
November 1966	19	8	42	11	.....	0	.....	52	52
Total	162	52	32	102	63	8	5	44	50

*See testimony, p. 200.

Table 2 shows the results for proposals for renewal of existing grants assigned to the Aging Program. The average approval rate for such proposals was 71%. The NICHD and NIH approval rates for renewals were 68% and 74% respectively.

TABLE 2.—STUDY SECTION ACTION ON RENEWAL RESEARCH GRANT PROPOSALS ASSIGNED TO THE AGING PROGRAM, NICHD

Council	Total Number	Approved		Disapproved		Deferred		NICHD approval rate (percent)	NIH approval rate (percent)
		Number	Percent	Number	Percent	Number	Percent		
November 1963	5	4	80	1	----	0	----	78	76
March 1964	2	2	100	0	----	0	----	73	74
June 1964	4	3	75	1	----	0	----	71	78
November 1964	3	2	67	1	----	0	----	72	74
March 1965	1	1	100	0	----	0	----	65	75
June 1965	2	1	50	1	----	0	----	63	73
November 1965	11	9	82	2	----	0	----	65	72
March 1966	2	1	50	1	----	0	----	55	71
June 1966	5	3	60	2	----	0	----	67	72
November 1966	7	4	57	3	----	0	----	71	73
Total	42	30	71	12	29	0	0	68	74

Table 3 shows the results for proposals for supplementation of existing grants assigned to the Aging Program. The average approval rate for these proposals was 100%. The NICHD and NIH approval rates were 69% and 76% respectively.

TABLE 3.—STUDY SECTION ACTION ON SUPPLEMENTAL RESEARCH GRANT PROPOSALS ASSIGNED TO THE AGING PROGRAM, NICHD

Council	Total Number	Approved		Disapproved		Deferred		NICHD approval rate (percent)	NIH approval rate (percent)
		Number	Percent	Number	Percent	Number	Percent		
November 1963	2	2	100	0	----	0	----	70	70
March 1964	0	0	----	0	----	0	----	81	86
June 1964	1	1	100	0	----	0	----	71	73
November 1964	1	1	100	0	----	0	----	67	77
March 1965	3	3	100	0	----	0	----	64	73
June 1965	0	0	----	0	----	0	----	71	74
November 1965	2	2	100	0	----	0	----	47	77
March 1966	1	1	100	0	----	0	----	67	79
June 1966	0	0	----	0	----	0	----	56	76
November 1966	1	1	100	0	----	0	----	92	84
Total	11	11	100	0	0	0	0	69	76

No analysis of the results of the review process by individual study sections is given since the number of proposals assigned to any one study section has generally been small. The small number of proposals per study section was due to the fact that the 216 proposals assigned to the Aging Program were distributed among 43 different study sections and other initial review groups.

However, it did seem useful to classify the proposals assigned to the Aging Program as biomedical or behavioral research proposals and determine the approval rates for those categories. Those approval rates are given in Table 4. The approval rate for new biomedical research proposals was 31%. The approval rate for new proposals for research in the behavioral sciences was 35%. The approval rate for all of NIH for new proposals submitted to the study sections dealing with behavioral science (study sections Mental Health A and B, Experimental Psychology A and B, Behavioral Science, and Psychopharmacology) during Council Year 1966 was 46%. Table 4 also shows the approval rates for proposals for renewal and suplementation of existing grants assigned to the Aging Program analyzed into the categories of biomedical and behavioral sciences.

TABLE 4.—APPROVAL RATES FOR BIOMEDICAL AND BEHAVIORAL RESEARCH GRANT PROPOSALS ASSIGNED TO THE AGING PROGRAM, NICHD

	Biomedical			Behavioral		
	Total number	Approved		Total number	Approved	
		Number	Percent		Number	Percent
New	119	37	31	43	15	35
Renewal	38	26	68	4	4	100
Supplemental	9	9	100	2	2	100

Table 5 gives information on the priority scores for proposals assigned to the Aging Program. The priority score is a measure of the scientific merit attributed to a proposal. I would like to emphasize that while it is a factor in the decision as to whether or not a proposal should be funded, it is not the only factor involved in that decision. The average priority score for proposals assigned to the Aging Program was 276. The distribution of the scores around that average was not unusual. The average priority score for proposals submitted to NIH is 250. Table 5 also shows the priority scores for applications assigned to the Aging Program broken down into two categories. The average priority score for proposals for biomedical research was 268. The average priority score for proposals for research in the behavioral sciences was 300. The average priority score for proposals reviewed by the study sections listed in the preceding paragraph as behavioral science study sections was 270 for all of NIH in Council Year 1966.

TABLE 5.—STUDY SECTION PRIORITY RATINGS ON RESEARCH GRANT PROPOSALS ASSIGNED TO THE AGING PROGRAM, NICHD

	Biomedical research number	Behavioral research number	All research number
Priority:			
100 to 199	12	2	14
200 to 299	38	10	48
300 to 399	13	7	20
400 to 499	8	3	11
Average priority	268	300	276

Note: The NIH mean priority for all types of research was 250 for council year 1966. The NIH mean priority for behavioral research was 270 for council year 1966.

All of the proposals assigned to the Aging Program and approved by study sections were also approved by the Advisory Council of NICHD except for 2 proposals whose priorities fell in the low 10% of the priorities of their respective study sections. One proposal disapproved by study section was deferred by Council and returned to the study section for reconsideration. It was approved at the time of the second review.

Of the proposals for new grants, renewal of existing grants, and supplements to existing grants assigned to the Aging Program and approved by Council 96%, 90%, and 100% respectively were funded. The rate of funding of proposals for new grants was quite high. The average corresponding rate for all of NIH during the past three fiscal years was 82%. There were 2 proposals for new grants and 3 proposals for renewal of existing grants assigned to the Aging Program and approved by Council that were not funded by NICHD. All of these proposals had priorities in the low 10% of the priorities of their respective study sections.

The percentage of any group of grant proposals that is finally funded depends on both the council approval rate and the rate at which the approved grants are funded by the institute or institutes concerned. The rate of both approval by council and funding by institute can be computed as the products of the approval rate and the funding rate. The rate of both approval by council and funding by institute for new research proposals assigned to the Aging Program was 30% (31% × 96%). The rates of both approval by council and funding by institute for all of NIH were 46% (50% × 91%), 41% (50% × 82%), and 38% (52% × 73%) for fiscal years 1964, 1965, and 1966 respectively. The average such rate for those three years was 41%.

From the foregoing analysis it appears that the relative chance of a new proposal assigned to the Aging Program being supported was 73% (30% ÷ 41%) as good as the chance of the average new proposal submitted to NIH. Similar computations show that the relative chance of a proposal for renewal of an existing grant assigned to the Aging Program being supported was 89% as good as the chance of the average proposal for renewal submitted to NIH.

Your second request was that NIH make available to some existing or *ad hoc* body, with expertise in aging, sufficient data to obtain an accurate reading on the caliber of grants in the field of aging in relation to the caliber of grants in other fields. This reading is of course implicit in the approval rates and priority scores reached by the review bodies which have already considered those grants.

There is no single body with the competence you request. Such a body would have to be composed of experts from many disciplines who had had experience as members of study sections. Otherwise they could not compare the merits of proposals for research in aging with the merits of proposals for other types of research that appear before study sections. If NIH were to sponsor such an evaluation of research proposals in the field of aging, it would have to support similar evaluations in many other fields. In view of the great demands now placed on the scientists who serve on study sections, we do not feel justified in sponsoring such evaluations.

I would like to touch on the review process in its relation to the support of research in aging. NIH is eager to have the advantage of the advice of scientists who are experts in their disciplines and in research in aging. NIH believes that such expertise can in general most profitably be used by the participation of those scientists in the existing study sections. However, the areas covered by individual study sections are periodically examined so that study sections can be disbanded or created to meet current needs. For example, NIH is currently considering the establishment of a study section to review proposals in developmental behavioral science. Such a study section would review most proposals relating to the psychological and social aspects of aging and would provide a focal point for such review.

We believe that the NIH policies that govern the review process are in general wise ones. Outside groups reviewing NIH activities have considered those policies to be responsible elements in the maintenance of an extramural program of high quality and effectiveness in a wide spectrum of problem areas in the biomedical and behavioral sciences.

I hope the information in this letter will be of value to your committee. Research in aging is just beginning. The rate at which research proposals are being approved and funded is surprisingly good for what in modern terms is really a new field. We at NIH want to do all we can to encourage and support research in this new field.

If you have any questions about the numerical analysis of the results of the review process given in this letter, Dr. Leroy E. Duncan, Jr., the Acting Director of the Aging Program, NICHD, will be glad to discuss them with you.

Sincerely yours,

JAMES A. SHANNON, M.D.,
Director, National Institutes of Health.

ITEM 3: QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. NEIL W. COPPINGER, CHIEF, RESEARCH UNIT ON AGING, VETERANS ADMINISTRATION CENTER, HAMPTON, VA.

1. The Committee is attempting to learn more about research needs related to aging. As Chairman of the V.A. Study Group on the Psychological Aspects of Aging, you can be of considerable assistance to us by giving us—if you will—a summary of your major findings and recommendations as reported in the June 1967 issue of *The Gerontologist*, which was a prospectus for research in the Veterans Administration.

2. We would also like to have your views on related research that can and should be carried on elsewhere in related fields. Such research, it seems to me, is essential if proper decisions are to be made on social policy of importance to present and future generations of older Americans.

ANSWERS TO QUESTIONS SUBMITTED

DECEMBER 6, 1967.

DEAR MR. CHAIRMAN: In your letter of November 27 concerning the plans for another White House Conference on Aging, you ask that I give you a summary of the findings and recommendations of our recently published research prospectus for the Veterans Administration. You also asked if these findings and recommendations had any implications for research which could be carried out elsewhere. You concluded with a most generous offer to accept comments on other matters which I felt should receive the Committee's attention. My comments will not be as well organized and as completely stated as I would have liked. The press of time to return them to you before the completion of your introductory hearings has prevented doing otherwise.

The VA Prospectus for Research on the Psychological Aspects of Aging which was published as a supplement to the June issue of *The Gerontologist* concludes with two and one-half pages of findings and recommendations. I am enclosing three copies of the prospectus. If your Committee could use additional copies, they are available upon request to me. One bit of caution should be introduced. As noted in the prospectus' introduction, it would have been impossible to be all-inclusive in such a publication. There are areas of under-emphasis and perhaps even over-emphasis. Had another group of psychologists also interested in aging undertaken this task, they possibly would have corrected our omissions but in the process, created their own.

When our Study Group began the preparation of its prospectus, it was planned that its circulation would be limited to the Veterans Administration. After we had multigraphed and distributed it within the agency, it came to the attention of persons outside the VA. They felt that what had been written should be given broader circulation in the scientific and professional community. It was their feeling that what we had written concerning the research needs of the VA had equal significance for other federal, state, and local agencies who are seeking answers to the multiple and complex problems of older persons. It is my impression that the VA's problems with older veterans may be larger but not different from other agencies with similar responsibilities for older persons. The nature of our population is such that we are perhaps feeling the impact sooner than is the community at large. It is for these reasons that there should be maximum opportunity for interaction and collaboration in research and service efforts among both voluntary and tax-supported agencies.

There are many problems which those of us in the social and behavioral sciences are concerned about in the field of aging. They have to do with research, education and training, and direct services. We are also concerned and a bit ambivalent about our own role as participants in social change. I would now like to attempt to identify some of these areas of concern. As with most problems of this magnitude, there are no pat solutions. One of the values of the White House Conference approach is that problems can be verbalized and the deterrents to their solution can be identified. Out of this, change can occur.

The paragraphs which follow do not necessarily reflect order of priority or diminishing magnitude of significance. Neither are they necessarily mutually exclusive.

Any discussion of the multiple problems of the older persons must be done within the context of contemporary society. Older persons as a group are only one of several other groups who are competing for services, facilities, manpower, and social concern. Whether we, as individuals, like it or not, we must face the reality that our society gives the older citizen low priority in most human betterment programs. Perhaps this picture will change as the relative numbers of older persons increase and they gain greater voice and strength in calling attention to their needs. It may also change when they are able to make a greater impact than now when they shift from a producer to consumer role. Perhaps we will see the day when the older person enjoys the same status as today's adolescent who most certainly enjoys high status in his consumer-non-producer role.

The notion that the social and behavioral sciences have a body of knowledge and set of techniques which might be useful in effecting social change and human betterment is a point of view not wholely accepted either by the scientific community or society at large. The present 90th Congress has perhaps looked at this question in greater detail than has any of its predecessors. They have not only looked at the funding picture and the proper mechanics for their ad-

ministration at the national level but have also asked individual social and behavioral sciences to give testimony on a host of questions related to appropriate legislation for human betterment. It is my impression, however, that this is not the picture at the state, local, or institutional level. The question of how the social scientist can more effectively participate in such matters requires more examination and discussion. It is my personal belief that the social and behavioral sciences should not be agents of social change. Society, through its elected and appointed delegates should decide what it wants; the scientist should advise as to how one then attains that which is wanted. The scientist, however, cannot be amoral. He also has a responsibility to recognize and indicate what might be the secondary and tertiary consequences of these goals.

Considerable attention is being given to finding more effective ways of shortening the time lag between the acquisition of new knowledge and its application in practice. The problem for the social and behavioral sciences is more complex than it is for the physical and biological sicences. A large segment of our society gives the social and behavioral sciences no unique competence. The average man on the street seems to think that he has the solution to society's ills. I believe it was Mark Twain who said that our problem was not the lack of knowledge but our knowing so many things which aren't true. As we attempt efforts to shorten this time lag we need to find solutions to this just mentioned attitude. One possible contribution would be a more vigorous effort to introduce the social sciences into the curriculum in secondary education. I am not proposing "life adjustment" or "how to be popular" courses taught by anyone with a free period but rather formal courses which have the same academic status as chemistry or literature and taught by persons with certificates in the field of psychology and sociology.

Our present status in the eyes of contemporary society may be less than desirable but the picture is even worse in the field of aging. Our academic and professional colleagues seem to place little value on what we do. Clinical psychologists, as a group, feel that they have little to contribute and are little interested in the older citizen. The content of college courses have little to say about aging. Seldom is age introduced as a variable in their research. Only a handful of our universities are training their students for careers in the field of aging. As a consequence of this lack of exposure, the typical student is unaware of the needs and opportunities for research, teaching, and services in aging. The implication for manpower is self-evident. This same condition existed in the field of mental health at the end of World War II. We, in aging, could look with some profit at what they did in order to have mental health introduced into the education and training of psychologists. To my knowledge, our universities have seldom been innovators in the field of human betterment. Our land grant schools are perhaps an exception. The impetus for education and training in aging will have to come from without.

The concerns expressed thus far describe anything but a happy situation. In addition, this letter is becoming more protracted than originally intended. Perhaps I should move on to mention some of the many positive things which are going on in aging. These are starts. They need further support and encouragement.

Our present technology is being brought to bear on some of the problems of the elderly. This is especially true in the areas of housing, health care needs, and expanded social services. There is an inclination, however, for the professional to stay within his own discipline in identifying and finding solutions to the problems confronting him. It has been refreshing to discover that some of the compartmentalization of human planning is breaking down. The architects are beginning to talk to the social scientists before they erect their structures. Hospital planners are recognizing that a medical facility is oftentimes an older patient's home as well as an efficient place to congregate highly trained personnel and complex equipment. The social service planners are beginning to appreciate the heterogeneity of needs and interests of the older segment of our population. We have long appreciated individual differences in youth but are only now beginning to recognize that differences can be as great among age groups as between age groups. The problems of aging are multiple and complex. Their solution can be realized better and more expeditiously when all knowledge and skills are brought to bear on common problems. Efforts such as those exemplified by the interdisciplinary planning which has gone into the work at the Philadelphia Geriatric Center, the San Antonio Housing Authority (Victoria Plaza), and the new Department of Human Development at Pennsylvania State University should be viewed as prototypes for the rest of us to follow.

Funds and legislative machinery are becoming more available for meeting and expanding the multiple services of older citizens. Built into each of these should be the opportunity and requirement for the evaluation of effectiveness. It is not sufficient that one demonstrates that the program efforts actually obtained their desired goals. The growth of knowledge and the economical use of funds also require that one identify what are the necessary and sufficient conditions for goal attainment. Sometimes it is not necessary to burn down the barn in order to roast the pig. The behavioral sciences have a long history of demonstrated competence in the field of personnel selection and evaluation of behavioral changes. This technology should be brought to bear more extensively in the field of aging.

The area of expanded protective services for especially the elderly with behavioral inadequacies requires special mention. At the community level we typically observe an all-or-none phenomenon. We have minimal resources available to us for coping with the elderly who is not totally competent, and self-sufficient. We must wait around until he requires total institutionalization. We have methods and facilities for providing supervision for children. We even provide supervision of non-incarcerated public offenders. In recent years we have found that even the psychiatric patient can live outside the hospital if he is given meaningful supervision and facilities. I should think that similar protective services for the partially competent elderly could significantly reduce and delay the need for total protective care. It would be expensive and would require personnel but almost anything is more humane and more economical than total institutionalization, especially when we have alternatives.

During the last two decades a considerable knowledge has been acquired which describes the differences between the young and the elderly. This body of knowledge helps us to understand aging as an end state but it has provided us little for understanding how a person ages. Research should be encouraged and supported which looks at age as a process as well as an end state. We also need to better understand the source of these previously noted age differences. The behavioral deficits associated especially with advanced age are frequently attributed to physiological decline. In many instances this is certainly the case but more needs to be known of the cultural, social, and psychological variables which may be associated with, if not the cause of, the observed deficits. This point is made more thoroughly in our prospectus.

Another area of needed research which is only beginning to receive serious interest has to do with what one might call mid-life. Most of the empirical support for our current notions about people comes from studies of the young, the elderly, and the pathological. We know very little about the life span between 35 and 65 years. As we better understand and deal with people during this period of life we may be able to identify some of the variables which will account for differences between successful and unsuccessful aging.

I would like to close by raising a final question which many of us have verbalized but not found a ready solution. One of the definitions we have for the professional is that of being a person who knows what is good for other people. We know what they need in order to enjoy the good life. They may be the poor, the delinquent, the ill, the different, or the old. I'm not sure that I know what old people actually need or want. What efforts are being made to find out? What problems do they individually voice to their elected representatives? Are there organized efforts to gain social visibility and what form does it take? Do they attempt to remain in the mainstream of society or do they prefer to become spectators in this game of life. Perhaps the sociologists and public opinion people could tell us more about this.

I have appreciated receiving this singular opportunity to describe some of the things which some of us are thinking and talking about. It is hoped that it will be of some purpose and use to you and the most important work of your committee.

The above remarks, of course, should be considered as personal and not necessarily reflecting either the policies or opinions of the Veterans Administration.

Sincerely,

N. W. COPPINGER, Ph. D.,
Chief, Research Unit on Aging.

EXHIBIT A

VA PROSPECTUS FOR RESEARCH ON THE PSYCHOLOGICAL ASPECTS OF AGING

Introduction

Neil W. Coppinger, Ph.D.[1]

THE VETERANS ADMINISTRATION enjoys an exceptional opportunity and has a need for a vigorous and imaginative research program in many aspects of aging. The age characteristics of its population and the facilities created for meeting their legally defined health and welfare needs make the agency especially well suited for the study of the aging processes as they unfold during the life cycle and the study of the aged as a segment of the general population. The relative proportion of older persons in the veteran population is greater than in the general population. However, the absolute numbers of older persons in the general population is increasing, and at a rate in excess of population growth. Thus the Veterans Administration today is experiencing profoundly what our general society is only now just beginning to recognize—the need for answers to the complexities of old age. The answers found for the older veteran should have equal meaning for his counterpart in the general society.

The average age of the veteran population reflects periods of our nation's heightened military activity rather than changes in birth-to-death ratios. Consequently, it is tri-modal in distribution. The two million veterans of World War I are now in their seventies, while their counterparts from the Korean Conflict number in excess of five million and are in their mid-thirties. The largest group were in World War II. They now average 46 years of age and number in excess of 14 million. The truly senior citizens of the veteran population are the 14,000 men who were in the Spanish-American War. They, as a group, are nearly 90 years of age. The total veteran population approaches 22 million men and women.

The Veterans Administration's Department of Medicine and Surgery has the responsibility for providing the health and welfare care of those eligible from the veteran population. They accomplish this through a nation-wide system of hospitals, domiciliaries, nursing homes, and outpatient facilities. Its 123 General Medical and Surgical hospitals provide care for more than 51,000 patients. There are 58,000 patients being treated in its 41 psychiatric hospitals. The 14 domiciliaries provide a living arrangement for over 14,000 veterans whose disabilities prevent them from living independently in their own community. The agency recently was authorized a nursing home program. These homes now number 42 and provide for over 2,000 residents. The goal of this program is 4,000 beds. Sixty-nine outpatient clinics treat and supervise several thousand patients each year whose conditions do not require hospitalization. This complex of health facilities may be viewed as providing care for individuals which reflect the entire spectrum of physical, social, and psychological self-care adequacy of its recipients.

The age characteristics of the veteran population, both patient and non-patient, plus the agency's geographic distribution and variety of care facilities, and its administration structure and procedures create the framework for both longitudinal and cross-sectional studies with either or both intra- and interdisciplinary approaches. It is especially well equipped to undertake cooperative research. A single investigator may be hampered in his research efforts by reasons of time or population restrictions within his own setting when the design of his study requires an extra large sample or the application of stringent sampling criteria. These restrictions may be overcome through cooperative efforts among several investigators in different settings within the agency when they attack the same research question through a mutually agreed upon design.

Interest in and financial support for research on the psychological aspects of aging have significantly increased in recent years. A questionnaire to all VA psychologists, in 1965, revealed that they had conducted over 400 age-related studies, the

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results of which either had been published in the scientific literature, presented at professional and scientific meetings, or were available in unpublished form. The studies could be grouped into three major headings: (a) aging as a process, (b) the aged as a segment of the general population, and (c) the psychosocial parameters of institutionalization. In 1966, VA psychologists were participating in 309 active research projects. An inspection of their titles suggests that a significant number of them would be classified under the domain of aging and would fall into one of the above three headings.

A second vehicle for the encouragement and advancement of research has been the creation of study groups made up of usually ten VA scientists and from one to two nationally known consultants. These study groups meet twice each year to give direction to individual programs and to delineate problems of such magnitude as to require collaborative and cooperative studies for their solution. Study groups in aging have been formed for Psychology, Social Work, Physical Medicine and Rehabilitation, and Medicine (arthritis, hematology, diabetes mellitus, and gastroenterology).

The Study Group on the Psychological Aspects of Aging was created in the fall of 1963. While the membership shares a common interest in aging, their areas of specialization span the field of general psychology. They range from sensation and perception, through learning and higher mental processes, to the personality and social parameters of aging. There is also in the group a polarization of the definition of aging. Some are studying aging as a process of change which begins in maturity, continues in old age, and ends with death. Others are placing their emphasis in the study of the aged as a population. These members of the group are more concerned with applied research which seeks answers to the complexities of patient care and management. The aging-as-a-process segment of the group emphasizes basic research which will extend our general fund of knowledge of the behavior of persons as they move through the life-span.

These characteristics of the Study Group make them uniquely suited to respond to the question—What are the Veterans Administration's needs and opportunities for the study of the psychological aspects of aging? In the following chapters each contributor has individually responded to this question. He was encouraged to be personalistic, to describe what he as an individual investigator with special areas of interest, competence, and experience, sees as the problem areas for research in aging. He was discouraged to attempt to present a review of the existing literature.

Since research on the psychological aspects of aging is not a field separated from the rest of psychology, but rather parallels the entire field of general psychology, it would have been impossible to have been totally inclusive in a prospectus such as this. There will be immediately recognized omissions, areas of underemphasis and overemphasis, etc. Had another group of psychologists made up the membership of the study group at this time, they would have corrected these but in the process probably created their own.

An attempt has been made to order the chapter sequence. The opening chapter by Hulicka provides an over-view of some of the practical problems one encounters in conceptualizing and carrying out research in a health care setting. The following three chapters by Cohen, Edwards, and Blumenkrantz deal specifically with research needs having to do with assessing and modifying the behavior of older and infirm persons. The remaining chapters are more concerned with what one might identify as basic research issues, the immediate application of which is yet to be ascertained. The final chapter summarizes the conclusions of the Study Group's efforts and makes their recommendations as to what kinds of research seem to be especially appropriate at this time for an agency having the responsibility for meeting the health care needs of a significant number of older persons.

Research Problems with Reference to Treatment Programs for the Elderly

Irene M. Hulicka, Ph.D.[1]

THE PURPOSE of this paper is to discuss the need and potential for research and the development and application of psychological principles with reference to aged veterans who spend a considerable portion of their time in hospitals operated by the Veterans Administration (VA). The paper will reflect my views and experiences as a clinical and research psychologist and a VA employee; more "degrees of freedom" will be involved than research psychologists ordinarily use. Since psychological principles and concepts, no matter how carefully developed, cannot be applied in a vacuum, and more important, since the characteristics, problems, emotional needs, and behavior of elderly patients are influenced by many non-psychological variables, it is difficult to confine the discussion to the "purely psychological." Many of the comments which follow will reflect problems encountered by members of various disciplines in the attempt to provide "good" care for elderly patients. Problems concerning medical treatment and physical rehabilitation *per se* will not, of course, be discussed.

Human engineers, in their attempts to find "better ways" usually start with questions pertaining to four aspects of the work to be improved: goals, criteria, job analysis, and determination of variables. The human engineering approach could be profitably applied to the search for "better ways" to care for and treat elderly veterans who, because of physical, emotional, social, or economic handicaps require extensive care, treatment, or other support from the Veterans Administration. In addition to this approach, emphasis also must be placed on the acquisition of information about the characteristics of the population for whom the programs are developed.

Although much information is available about each of these aspects of VA programs for the elderly, there may be important gaps in the information. Goals, for example, are defined, but perhaps not in sufficient detail to guide all employees in all instances. If it is merely assumed that the goal is to "give the best possible treatment" (perhaps "within the limits of existing facilities and personnel") to veterans who at the time of admission have "physical or psychiatric conditions" which justify "treatment in a VA Hospital" the problem is defined too vaguely to permit the development of the most efficient programs or to evaluate the effectiveness of the programs. Are the goals for maximum physical recovery and rehabilitation or are additional goals such as employability, personal adjustment, happiness, and realization of potential involved? What are the goals for patient disposition after he has reached maximum hospital benefits? Are there additional goals for patients with specific types of disabilities with respect to physical and personal self-sufficiency, and if so, how well do current procedures attain these objectives? If goals extend beyond medical treatment, and if goals include minimizing financial outlay, these goals should be made explicit.

It may turn out that contradictory goals are involved and, if so, such contradictions should be recognized and compromises determined. What is not wanted and what is dispensable should also be specified. What VA hospitals and treatment programs should attempt to accomplish, over and above purely medical treatment and physical rehabilitation, is, of course, a matter of social, moral, and legal values, which are not determined through research. However, scientific investigation of how various VA employees interpret goals for the treatment and care of elderly patients might provide some worthwhile information. Does

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interpretation of goals for the care and treatment of elderly patients vary from one professional group to another, or from one institution to another? How closely do the interpretation of goals and the programs designed to implement the goals correspond with official VA policy? How often does a conflict between goals constitute a problem? These are, of course, obvious questions about an obvious matter. However, it is likely that careful examination of actual practices within VA hospitals would reveal that the situation with respect to goals for the treatment and care of the elderly is not as clear-cut as it might be.

Treatment goals and programs for the elderly may vary considerably from hospital to hospital, ward to ward and employee to employee. Goals may vary from the provision of the most comprehensive medical, social, and psychological rehabilitation to custodial care designed to keep the person alive, fed, clean, and relatively comfortable; from doing "everything possible" for elderly patients to "getting those old crocks off my ward." Perhaps some VA employees treat and care for elderly patients in the absence of goals other than doing for them what is obviously and immediately necessary.

Criteria are needed to measure progress toward the stated goals. How is each goal to be measured? What tests are to be used? What standards are to be met during and after treatment? For example, one of the goals might be to improve patient "adjustment." What is meant by such a goal —to improve adjustment to physical or mental limitations, to economic, social or personal losses, to institutionalization, to a dependent status, or what? Nurses often make statements such as "His main problem is lack of motivation. We've got to do something to improve his motivation." What do they mean? Probably they usually mean that the patient does not exert himself to do what the staff thinks he ought to do. Obviously, if the goal is to increase a patient's motivation, it is necessary to specify motivation "for what": to regain maximum self-sufficiency; to carry out the instructions of hospital personnel to the best of his ability; to return to his family or the community; or to maintain himself in the protected environment provided by the VA?

What is meant by goals such as self-sufficiency, independence, and morale? How is progress or lack of progress toward such goals to be measured? Specifications or criteria should include an evaluation of present successes and the costs involved in attaining the desired level of improvement. A small improvement in physical self-sufficiency, for example, might require great costs in personnel and equipment, prolonged hospitalization or decreased progress toward other goals such as reabsorption into the family.

The third aspect of this human engineering approach requires an analysis of current attempts to achieve the goals under consideration. For example, exactly what is being done, at what stage of hospitalization, and by whom, in the attempt to help a patient with a cerebral vascular accident to regain his ability to walk, to communicate freely, or to cope in some relatively satisfactory way (defined objectively) with the losses which he has sustained? Such job analyses might reveal some unnecessary procedures, the omission of crucial procedures, an overlap or conflict between steps, or that highly trained personnel do work that could be done as well by personnel with less training or by volunteers.

The following represents a rather extreme example of the unnecessary omission of a crucial step. A psychologist received a "please advise and help" type of referral concerning a patient who "consistently refuses to attempt any form of communication," and whose ability to comprehend was questioned. The referring physician indicated that the loss of speech was due to irreversible organic damage. The psychologist found that the patient was able to answer simple questions by the use of gestures. When he was given a paper and pencil the patient took it without hesitation and wrote, "i jist can't help laffing and crying." Subsequently, the patient was asked why he didn't write notes to other staff members. He wrote, "Nobodie never give me a pencil and paper and i didn't get a chanst to ask for it."

Other interesting items about how this particular patient had been evaluated and treated emerged. Although he had not completed the fourth grade, his ability to comprehend was questioned because he didn't understand a command to "hyperventilate." A therapist gave him typing lessons because, she said, "he doesn't spell very well." The therapist's goal for the patient might be questioned since typing would provide an inconvenient mode of communication, and for communication purposes correct spelling is not essential. Numerous examples could be given to illustrate the value of highly specific analyses to determine the essential steps involved in achieving a final goal with the purpose of ensuring the inclusion of all necessary steps and the elimination of unnecessary or harmful steps.

The fourth aspect of this approach asks what are the variables (the environmental, stimulus, or personal factors) that regulate or determine the behavior (attitudes, reactions, etc.) of the persons involved with respect to the designated goal? What are the relationships between stimuli and responses with reference to specific organismic variables? Can these relationships be described as laws, and if so, are the laws regulating relationships between stimuli and responses being appropriately applied with reference to the specific goals and to the specific individual with his unique personal characteristics? Is some specific treatment objective such as "acceptance of physical limitations" (however that may be defined) achieved most effectively through training to acquire new skills, psychotherapy designed to facilitate revision of personal goals, ignoring the loss, negatively reinforcing self-pity, or what?

Are treatment techniques introduced during the most effective period after the loss? Does the effectiveness (defined as objectively as possible) of a treatment technique vary with organismic or personality variables such as age, intelligence, level of aspiration, self-concept and flexibility or with social variables such as educational level, economic status and personal relations within the family group? A start has been made on answering such questions; for example, Szatz (1959) has provided a thought-provoking analysis of variables which affect the establishment of mutually satisfactory patient-physician relationships. Most people who work in hospitals have fairly fixed opinions based on "what seems to work" with respect to many of the problems which are routinely encountered. Nevertheless, detailed research is needed to sort out the relevant variables and their inter-relationships, and to determine the most effective measures to attain specified goals.

Thinking about treatment and care problems for the elderly and severely disabled in terms of goals, criteria, job analysis, and variables does not provide answers. However, such an approach should clarify and add precision to the problems, and delineation and definition of the problems should facilitate the development of a methodology to provide the answers. At present there seem to be few generally agreed upon, hard and fast, objective determinations of the over-all goals for treatment of the elderly and severely physically disabled. True, the goals of prolongation of life and improved or maintained physical competency are generally accepted. But there is little agreement on what is to be done with the life which is prolonged. For what purpose is life prolonged apart from the generally accepted value that it is "bad" to let a fellow man quit breathing, if it is possible, regardless of cost to society or the individual's family, and cost to the patient in terms of extended suffering, to keep him breathing? What are the goals of the treatment program? Are the goals to keep the patient breathing, to care for his physical needs, to provide him with custodial care, to relieve his family or the immediate community from the responsibility of caring for and supporting him, to permit him to "enjoy" the remainder of his life as much as possible, according to imposed or self-set standards of enjoyment, to equip him to return as a physically dependent member of his family group or as a self-supporting member of the community, to allow him to develop his remaining potential for achievement, or what?

Realistic goals necessarily vary, of course, as function of organismic variables such as extent of physical damage, age, intelligence, and personal competency, and with the goals and aspirations of the patient, his family status, economic resources and other factors. Staff members working with elderly patients are frequently handicapped because goals for many patients are vague and criteria tend to be nebulous. Few, if any, job analyses have been performed on treatment methods, with the exception of some medical and physical rehabilitation treatments, and in most cases, the variables have not been specified with precision.

To say that treatment practices lack or might benefit from scientific anaylsis is not to condemn either the practices or the people who institute and implement them. Treatment practices arise and are modified as a result of social needs, not infrequently as the result of social crises and emergencies, often against the better judgment of those responsible for their introduction, and usually without the time and personnel to allow for definitive preliminary research prior to their introduction.

Generally speaking, those responsible for decision making have to rely on tradition, expediency, and common sense when decisions have to be made about "What to do with the older veteran who can't look after himself in the community." In most cases, the individuals about whom someone "has to do something" have problems which fall into the general category of "medical" whether or not the medical problems are the ones which require that society "has to do something." Usually, decisions about "what to do" are made by

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persons imbued with the medical tradition. Therefore, it is not surprising that the usual decision has been to care for these individuals in a traditional medical setting, whether or not their major problems have been medical, and whether or not medical and nursing personnel are trained and equipped to treat or otherwise care for the individuals in question.

No great insight is required to point out some of the general problems in the operation of a care program for elderly handicapped veterans. A more difficult problem is to suggest constructive approaches with reference to the attainment of acceptable goals. Obviously, the establishment of explicit goals is a necessary antecedent condition for both the development of more efficient programs and for the establishment of research to evaluate progress in the achievement of the goals. Related to, and perhaps prior to, the establishment of precise goals is the need for detailed information about the people for whom the goals are to be established.

Although a number of surveys have been conducted to provide persons responsible for program planning for the elderly with information about the people for whom they assume responsibility, the emphasis has usually been on "easy" variables such as diagnosis, age, occupation, educational level, length of current hospitalization, and number of previous hospitalizations. Information of this type, though not unimportant, is not adequate for most efficient goal setting and program planning. What seems to be needed is a survey which provides information about differences between the elderly VA population receiving health care assistance and the elderly VA population not receiving nor needing such assistance. A survey of this type would provide data pertinent to problems concerning the number of patients who remain in a hospital for extended periods for nonmedical reasons, reasons for hospitalization, and number of patients for whom treatment other than in a traditional medical setting might be less expensive and more effective. Detailed knowledge about all the salient characteristics of the patients for whom a program is planned is obviously a basic prerequisite for efficient program planning.

A meaningful and researchable question is whether some form of care other than that ordinarily provided in a traditional medical facility would be more appropriate for some of the long-term care patients, both elderly and young. If there are a large number of more or less self-care patients who ordinarily need the services of a physician only occasionally, do the advantages of keeping such patients in a hospital offset the disadvantages, only one of which is the excessive cost? What are the effects of the traditional medical setting on the motivation, morale, self-concept, energy level, etc. of individuals who need minimal medical treatment and nursing care? Observation suggests that the effects may include exaggerated over-dependency, listlessness, apathy, self-disparagement, belligerency, or pleasure from having found a comfortable home. Are reactions such as these part of the planned treatment goals? If not, what are the goals and in what type of treatment setting can the goals be best achieved? For some patients, is it appropriate to look away from traditional medical goals and traditional medical settings staffed by nurses and physicians?

If one of the goals is to prepare patients to return to the community, would it be advisable to permit long-term patients who meet certain medical and behavioral criteria (Filer & O'Connell, 1964) to progress through a graded series of care settings; e.g., from a traditional medical or geriatric ward, to a self-care ward, to a non-hospital setting where the patient is under few restrictions and is more or less on his own? The patient could be transferred or returned to a hospital ward for medical reasons, or could be moved lower in the hierarchy because of behavioral deviations. Of course, for such a program to be "useful" in terms of designated goals, it would be important to structure the situation so that transfer to a "higher" unit in the series would be perceived by the patient as a "promotion" and to designate clearly the behavioral criteria on which the "promotion" would be based. Intuitively, it seems that a nonmedical type label for care units "higher" in the series might have a beneficial effect on the patients' self-esteem and motivation.

A label, although perhaps a very minor item, may affect the patient reactions. For example, group therapy sessions for older patients in this hospital are called "Geriatric Councils." The patients seem to interpret group therapy as something which is being done for them but consider the "Geriatric Council" as something which they are doing together, for themselves, and perhaps for the hospital. Older patients might feel and accordingly act differently about being transferred to a "Geriatric Unit" which may imply to them deterioration and helplessness, or to a unit which is given a label such as "Home for the Brave" or "Hall of World War I Heroes" which may be interpreted as a symbol of dignity and respect.

Perhaps much more important than the label given to a particular section of an institution or to an institutional practice is the label applied to the individual. Persons to whom the label "patient" is applied ordinarily expect themselves and are expected by others to act like "patients," i.e. to allow themselves to be looked after, to assume a relatively passive role, to relinquish a considerable amount of autonomy and responsibility, etc.

Whereas the type of behavior which is elicited by the label "patient" might typically be relatively adaptive for the acutely ill person, such behavior is not necessarily "appropriate" (in terms of progress toward specifiable goals) for the person who is given long-term care because of problems which are primarily non-medical. It stands to reason that the person who is identified by what he can do now, such as playing the piano or performing institutional duties, or by what he used to do, such as "retired fireman" or "retired lathe operator" or by some general title such as "World War I Veteran" or "Pioneers of the Twentieth Century" will be viewed by himself and others quite differently from the person who is identified as a "patient," and that his behavior and the behavior of others toward him will be affected accordingly. A careful investigation of the effects of different labels on the behavior of persons who receive and administer long-term care might provide strong evidence in favor of modifying traditional institutional language.

If the VA is interested in moving patients who do not need intensive medical care back into the community and preferably to their families, what are some of the barriers to discharge which can be manipulated? Excluding barriers such as the inability of the patient or his family to pay for care and support away from the hospital, there are a number of possibilities worthy of investigation. Patients or families or both often demonstrate typical approach-avoidance behavior or double approach-avoidance behavior when discharge is imminent. The patient may alternately admire and disparage the hospital and its staff, express joy and fear at the prospect of leaving the hospital, develop new symptoms, etc. How typical is such behavior? What are the sources of avoidance behavior at the point of discharge, and what can be done to lower the avoidance gradient, or to raise the approach gradient? This area of study does not seem to have been investigated, so the best one can do is to suggest a few possibilities.

One source of avoidance behavior is apparently fear of how he will manage on his own. Adequate and sufficiently prolonged preparation is a partial remedy. For some patients discharge may require an abrupt transition from a situation in which the patient is completely "looked after" to a situation in which he is completely on his own. Although it is not always possible to manipulate the "outside" situation, it might be possible to prepare the patient more adequately for "independence." Families may be afraid, perhaps justifiably, to assume responsibility for the care of the patient, and their fear may affect the patient. What are the bases for the fears of the family and can any of these be manipulated? Observation suggests that the staff can reduce some of the fears merely by providing information and reassurance, e.g., how to transfer a patient from a chair to a bed, what adaptive equipment to buy, where to get it, assurance that it is acceptable to use a dining room as a bedroom, etc.

What seems to be needed first is a careful investigation of the basis of the fears and reluctance on the part of both the patients and their families, followed by the development of carefully planned techniques to eliminate or at least decrease these fears. Currently various members of the staff probably do make relatively effective attempts to help most patients and most families, but it is likely that these attempts could be more effective if staff members had the information necessary to guide their efforts.

One factor which might contribute to the resistance of some patients to discharge is that the hospital may provide them with better food, and more comfortable living quarters, entertainment, social life, and leisure than they would have on the outside. If the goal is to move patients out of the hospital when they no longer require medical care, then it is relevant to question what rewards can be offered to them for striving toward and accepting discharge? More intensive investigation of personality characteristics of persons who resist discharge and the circumstances under which discharge is resisted would also be advisable.

It is generally accepted that various traditions, laws, and procedures tend to elicit or reinforce undesirable behavior on the part of elderly individuals and thus contribute to self-perpetuating maladaptive behavior. Obviously, mandatory retirement, the overly solicitous behavior of younger family members, a tendency manifested by many people that one should "do for" older people which excludes "accepting from" them, retirement policies which make it financially disadvantageous for an employer to hire older workers and dozens of other

practices can contribute to the difficulties faced by some older individuals, and necessarily influence the techniques which they use in their attempts to maintain themselves physically and psychologically.

Some of the laws, procedures, and even traditions, could and probably would be changed if carefully collected objective evidence indicated that the detrimental effects far exceed the beneficial effects, or if it were clear that some of the detrimental effects could be avoided through the modification of policies and procedures. For example, a careful analysis might suggest that the VA pension system makes it financially advantageous for some families to erect barriers to a patient's discharge. If an elderly couple has a combined income of $200 per month, and the disabled husband could be cared for at home only if part time help were available, the wife might find it physically and financially impossible to take her husband home, no matter how much they might both prefer to be together. On the other hand, some families tend to ignore the existence of a patient apart from the contact that is necessary to ensure that his pension check will be available for their use. If a comprehensive survey indicated that cases such as these are relatively common, it might be appropriate to consider modifying pension plans to reduce the financial advantage of unnecessarily prolonged hospitalization and to increase financial assistance to families who care for severely disabled veterans.

Apparently there are some patients who reach maximum hospital benefits but remain in the hospital not because of family rejection but because the family cannot assume responsibility for all the required care. For example, one lady tearfully expressed feelings of guilt and grief because she could not care for her 85-year-old father-in-law in her home. Although the patient was relatively competent both physically and mentally, a severe visual impairment made it unsafe for him to be left alone. The daughter-in-law had no choice but to work during the day to support her children. She could, however, have cared for him well enough at night.

Other families present realistic justification for not being able to care for a patient at night, e.g., it is physically impossible for an elderly woman to help her overweight husband into bed. Would more extensive use of Day Care or Night Care programs for older patients permit some of the needs of patients to be met more efficiently and the same time reduce the cost of care?

Much of the preceding discussion has touched on problems outside the realm of psychology, and some of the questions which were raised may well be beyond the prerogative of the psychologist or the VA employee. By way of redemption, questions of a more psychological nature and questions about the work of psychologists with an elderly institutionalized population will now be raised.

First, it would be advisable to know more about the attitudes of members of various disciplines toward working with the aged. Comments by professional people such as "It is just too depressing to work with patients with so much physical and mental deterioration" and "My time is too valuable. I don't want to waste it on old people who can't show much improvement" suggest strong negative attitudes toward working with the aged. Are these negative attitudes typical? Do attitudes toward working with the aged change as a function of actual work with an aged population? What proportion of the VA employees who are assigned to work with the aged resent their assignment? Do negative or indifferent attitudes of staff members toward the aged interfere with the type and quality of care which is given to patients?

Kastenbaum (1964) reported that the majority of staff members in an institution which cares for the aged believed that young patients should be given priority over old patients in treatment programs. Do such attitudes affect actual practice? On multi-age wards do elderly patients tend to receive relatively less care over and above that which is absolutely necessary? If negative or indifferent attitudes toward the aged do affect the quality of care given to aged patients, should attempts be made to modify attitudes, and what techniques would psychologists as experts on attitude formation and change recommend to effect the modification?

What does the psychologist who works with an aged, institutionalized population have to offer with reference to assessment, evaluation, treatment, program planning, and research? What are the general goals of the psychologist working with such a population? What kind of training best equips psychologists (and members of other disciplines) to work effectively with elderly institutionalized people with reference to specified goals?

Fortunately, there have been some recent attempts to plan programs to train members of various disciplines to work with the aged. However, the development of satisfactory training programs will likely be impeded by the lack of clear-cut goals for the work for which the individuals are to be trained. Obviously, it is not enough to train

psychologists "to work with the aged." The kind of work they can and should do with the aged after they have received their training should be delineated. Quite probably, a salutary spiral effect will develop—as better trained people work directly with the aged, goals will emerge with greater clarity, and as goals are delineated, training can be improved.

Those who attempt to train psychologists and other professionals to work with the institutionalized aged will be confronted by handicaps in addition to the lack of clear-cut goals. For example, too little is known about the characteristics, needs, fears, problems, assets, liabilities, potential, personal aspirations, and individual differences among the institutionalized aged. Psychologists who are currently working with the institutionalized aged could make a significant contribution by initiating research to fill in some of the obvious gaps in the information which would be essential for the most adequate training of new recruits to the field.

Psychologists might also concern themselves with providing supporting information for the training and work of members of other disciplines. For example, psychologists may consider themselves the experts in analysis, control, and modification of behavior, but, in actual practice in medical institutions, it is the nurses, attendants, and to a lesser extent, the physicians who, because they deal most directly with the patients and have to cope with behavioral problems, have the greatest influence over the behavior and reactions of patients. What does the psychologist have to offer in this realm? Do psychologists know about the various nuances of interpersonal relations between patients and staff? What information can psychologists provide to nurses, attendants, and physicians about the needs and characteristics of older patients, about their reaction to certain kinds of interpersonal approaches, about their fears and problems which will help these staff members proceed with greater efficiency toward the materialization of designated goals for the patient's welfare?

Ward personnel frequently have to contend with the behavior of patients who demonstrate excessive withdrawal, over-dependency or self-pity; who indulge in temper tantrums; mistreat other patients; refuse to eat, take medication or comply with the established routine; prevent other patients from sleeping; and urinate in corners or drinking utensils. What advice, guidance or help have psychologists offered to ward personnel with respect to problems such as these? The application of operant conditioning methods to effect behavioral change (Ayllon & Haughton, 1962; Ayllon & Azrin, 1964) and a few articles in which psychologists analyze some of the underlying factors which contribute to the unwanted behavior and point out principles which ward personnel might apply in an attempt to elicit the desired behavior (Hulicka, 1963, 1964) represent a limited beginning. However, psychologists could offer more help to ward personnel if they would, first, familiarize themselves with the kinds of behavioral problems with which ward personnel have to contend; second, attempt to apply known psychological principles to develop solutions; third, report the results of the analyses in language meaningful to the ward personnel; and fourth, initiate research to fill in the gaps in information which would become increasingly apparent.

What does the psychologist in his traditional role as a clinician have to offer and with what problems does he have to contend with respect to assessment-evaluation, individual and group therapy, etc. when he works with elderly patients? Here again, there are more questions than answers. What are the assessment-evaluation goals for such a population? What is important to know about the elderly institutionalized individual and what can the psychologist, armed with a battery of psychological tests, learn that is of value about the individual that is not readily apparent to other staff members?

Psychologists, frankly, are not particularly well equipped to provide a detailed psychological evaluation of elderly people because most psychological tests have been developed for use with younger people, are designed to provide information which is not necessarily relevant to improving the care and treatment of older individuals, or are inappropriate for use with elderly severely handicapped persons. Often older people cannot see, hear, say, or do what is required by the test; some tests provide information which is interesting but irrelevant as far as the very elderly are concerned; and some psychological tests must appear downright ridiculous to elderly persons who are required to take them.

For example, a psychology trainee decided to administer the MMPI to an 85-year-old lady patient. This lady ordinarily feigns sensory impairment until she has sufficient opportunity to evaluate a new situation. Since being subjected to the MMPI was a new experience, she could not read the cards, although she typically reads two or three novels a week, and she could not hear, though she can ordinarily conduct a conversation in normal tones.

When I passed the trainee's office, a fellow employee among the group that had congregated in front of his door said, "What do you suppose is going on? About an hour ago a young fellow wheeled an old lady in there and now, just listen." A strong masculine voice boomed, "I am worried about sex matters." "I would like to be an auto racer." "I am attracted by members of the opposite sex." "I am a special agent of God." "I like to talk about sex." Hopefully, the lady was amused.

Psychologists could make progress if they would first determine, in conjunction with members of other disciplines, the goals of the psychological evaluation of elderly patients, and second, set out to develop objective tests which are appropriate with reference to the goals and the population. Clinical experience suggests that it is worth while to try to provide information about current level of intellectual and memory functioning, orientation status, perceptual impairment, ability to comprehend, characteristic modes of adjustment, special fears, problems, interests, goals, liabilities, and particularly assets.

Psychological evaluation, even when accomplished with the currently available inadequate tools, can serve some useful purposes. For example, the psychologist's report sometimes counteracts an unfortunate tendency to categorize as "bright" and "competent to make decisions" patients who can make a few socially appropriate responses but otherwise are relatively empty intellectually and to categorize as "dull" or "confused" patients who suffer from speech or hearing impairments.

Often the psychologist can acquire information about interests, problems, fears, and assets which enables him to make concrete recommendations which are of value to both the patient and the staff. However, psychological evaluation of elderly patients is necessarily based more on "art" than on "science" and there is need for basic research to designate the most meaningful evaluation goals and to develop adequate evaluation tools.

What are the psychotherapeutic goals for members of the elderly institutionalized population? Perhaps a host of other questions should be answered before attempts are made to establish psychotherapeutic goals. What are the characteristic needs, fears, problems, and goals of elderly patients? What does institutionalization, old age, disability or impending death mean to them? What barriers impede gratification of their psychological needs? What kinds of treatment programs and social milieu can be established to foster gratification of psychological needs? What features in the traditional medical setting militate against satisfaction of psychological needs? What kind of errors do members of the staff unwittingly make which add to the emotional problems of elderly patients?

Observation and patient comments suggest that staff members do contribute frequently, substantially, and often unnecessarily to the emotional discomfort of elderly patients: patients are denied the right to make decisions which they are capable to make; information is withheld unnecessarily; staff members deny the reality of a patient's problems and make use of his fears to control his behavior; patients are treated as inanimate objects, or as dull and wayward children, or are unnecessarily humiliated in other ways including the use of derogatory labels such as "cry baby" and "bed wetter."

An investigation of how often such incidents occur, by whom and under what circumstances would, of course, be difficult to accomplish for a number of reasons including the reluctance of patients, presumably motivated in part by fear and realization of their dependent status, to talk about mistreatment or lack of tact on the part of the staff. If it is accepted as an inevitable given that members of the staff do sometimes add unnecessarily to the emotional problems of the patients, then meaningful questions could be raised about techniques to reduce the incidence of such events.

Again, the question of attitude of staff members to elderly patients is relevant. What do staff members know or believe they know about the emotional problems and psychological needs of elderly patients? How do they think elderly patients like to be or ought to be treated? Would additional training for aides and nurses with respect to the psychological attributes of elderly patients, behavioral dynamics, basic principles of motivation, and probable reasons for certain kinds of "undesirable" behavior reduce unnecessary sources of frustrations with which elderly patients have to contend?

What are the goals and aspirations of elderly patients? How can these goals and aspirations be used in planning treatment programs? Comments by various patients suggest that a feeling of helplessness is fairly common—that is, the patients do have goals and aspirations but they feel that they can do nothing to reach toward these goals because all avenues of approach are blocked by barriers such as inability to see, hear, or communicate freely with others, paralysis, social isolation,

low energy level, lack of financial resources, and changed family roles.

Often barriers can be removed with a little help, or the patient can be helped to make personally gratifying progress toward a goal lower on the hierarchy. One of the problems is to get patients to talk about their goals and aspirations so that they can be given the necessary help. Some patients have apparently experienced defeat so often that they hesitate to admit that they harbor positive goals. For example, an old gentleman who spent all his occupational therapy sessions folding towels, admitted very hesitantly that for months he had been wanting to make a wallet for his wife "just like the one that the young fellows get a chance to to work on." However, he hesitated to ask the therapist to change his assignment, "because she mightn't like it and besides that, I'd best do as I'm told." How many of the seemingly listless, apathetic old patients do harbor secret desires to do something which they actually could do? How can we get this information from them?

How is impending death viewed? Do many patients give signs which indicate that they definitely expect to die within the next few hours or days? How does the patient want to be treated when he realizes death is imminent? How do staff members react to the dying patient? Of the various ways in which staff members react, which ways are ordinarily most "acceptable" or "comforting" to the patient? (This would be a most difficult question to answer by means of well-controlled research!) What are the reactions of long-term patients when a ward-mate dies? Do certain procedures which are practiced following a death make the death of a ward-mate more or less frightening and painful to the remaining long-term patients?

In the preceding remarks, few direct references have been made to individual differences. Obviously, individual differences are of tremendous importance in planning treatment and care programs for the elderly. The over-all program that is appropriate for mentally alert but physically disabled patients is unlikely to be an adequate program for the severely mentally deteriorated and the goals, aspirations, and fears of one mentally alert older patient may differ markedly from those of another equally alert patient. This is a truism. However, in planning programs for "geriatric patients" and in our day-to-day dealing with them do we not sometimes operate on the basis of a stereotyped version of the "geriatric patient"—i.e., a befuddled, forgetful, incompetent, rigid old person who has outlived his usefulness and needs to be "looked after." Intellectually intact old patients often make remarks which reflect their resentment over being treated as incompetent beings. How is a bright and articulate old person affected by being placed on a ward with persons who are extremely deteriorated? How can individual differences best be taken into account in planning programs?

Research psychologists can make very significant contributions to the science of psychology by conducting well-controlled experiments designed to investigate age-related changes and differences in perception, learning, memory, thinking, personality characteristics, and self-concept, and to delineate the multitude of variables related to or responsible for the observed changes. However, process studies, regardless of their importance, are not the only type of worthwhile investigations. Indeed, while some psychologists are studying processes (often more or less in isolation from the persons in whom the processes are operating), other psychologists could make an equally valuable contribution by studying the "people" in whom these processes are operating. What, for example, does a severe decrement in learning ability or perceptual acuity mean to an old person? How does such a loss affect his self-concept; his morale; his adjustment techniques? How do different old people try to compensate for or adjust to specific losses?

One final comment: perhaps progress in understanding the process of aging would be accelerated if more investigators would spend some time studying the characteristics of the aged persons in a non-laboratory setting. Perhaps through learning more about "what old people are like" we might be able to add new dimensions to the type of research questions which we raise and to the quality of the research which is designed to answer our questions.

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Research Problems and Concepts in the Study of Aging: Assessment and Behavior Modification

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THERE is much in the theory, content, and method of general psychology which can be applied to assessment and behavior modification of the geriatric person. Systematic applications have only recently begun, however, so that our greatest research and service need is to utilize and develop theory at all levels from the field of psychology and obtain the necessary data to test these systems. The Veterans Administration is particularly suitable for such research. It not only offers many persons who vary among many dimensions, but it also offers a variety of situations where social, learning, and medical controls can be defined and manipulated, and where objective measurements of pertinent variables can be made by various disciplines. The pool of long hospitalized patients, far from being a recalcitrant liability, is a resource of subjects with special characteristics required to test many different kinds of hypotheses.

This paper will review concepts and research problems within each of the following four approaches: conditioning, learning expedients, social therapies, psychotherapy. A comprehensive research and care program for the aged must work out the conditions under which each approach (and others) is most effective.

A. CONDITIONING APPROACHES

1. *Geriatric behavior prosthetics.*—In a particularly refreshing paper, Lindsley (1964) offers a series of suggestions developed from free operant conditioning methods to design and develop a physical and social environment for the aged to compensate for and maintain performance at maximum competence and comfort. These suggestions do not necessarily stem from operant conditioning but they do permit the objective assessment of need and performance of the aged so that individualized prosthetic prescriptions can be made to lessen the impact of sensory, motor, cognitive, and emotional deficit. With Inglis (1962), Lindsley maintains that psychometric tests are almost useless for the accurate measurement and description of behavior deficits of the aged and sets forth the requirements and design of a free operant conditioning laboratory, as was done for psychotic and mentally retarded persons (Ayllon, & Michael, 1959; Lindsley, 1960, 1962, 1963; Rachman, 1962). Such a geriatric laboratory could help understand the reasons for defective behavior in the aged by differentiating between behaviors due to inadequate reinforcers and behaviors which cannot be reinforced because they are not in the subject's response repertoire. Such an approach could go a long way to handle Jones' caution (1959) against confusing achievement and capacity and his emphasis to differentiate between measured, actual, and potential functions.

As Lindsley (1964) points out, much must be investigated: size and intensity of discriminative stimuli, multiple sense displays, expanded auditory and visual narrative stimuli, response-controlled discriminative stimulation, response force amplifiers, wide response topographies, response feedback systems, long range personal and social reinforcers, etc. Objective measures of sensory deficit and behavior are obviously required in any such research and prescription system. There are many implications here for social, recreational, and work behaviors. Thus, appropriate reinforcers must be sought and applied to establish and maintain behavior. "Prosthetic devices" such as rate

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switches to stop equipment when attention wanders may be used to help overcome deficit.

There is clearly a new role here for the treatment psychologist, whether clinical, counseling, or social, in systematically applying operant methods to geriatric behavior. Lindsley's prophecy (1964) may well be fulfilled that "a properly engineered geriatric hospital maximally utilizing the behavior of the patients should require little more than supervisory non-geriatric labor."

As will be noted below in relationship to the conditioning therapies, there is need for research to test the generalizing of learned behavior, response styles, and attitudes to other settings outside the prescribed environment as has been demonstrated, for example, for verbal behavior modification (Ullman Krasner, & Collins, 1961). Also needed and intriguing is the search for general personality characteristics of the patient-subject which may reflect themselves in operant behavior (Brady, Pappas, Tausig, & Thornton, 1962; Brady, Thornton, Pappas, & Tausig, 1962).

2. *Conditioning therapies.*—The conditioning therapies are successfully applying learning theory and methodology to many complex behavior problems (Wolpe, Salter, & Reyna, 1964). Reyna (1964) predicts that more rigorous application of laws of learning will make conditioning therapies even more effective and will extend their use to a broader range of behavior problems. It is hoped that this will include the geriatric population which definitely requires carefully worked out process and outcome studies. Such studies can help: (1) Evaluate the effectiveness of conditioning therapies when applied to persons whose behavior problems involve psycho-physiological, somatic, and/or neurological deficits. (2) Work out the relationship between age and conditioning which is, as yet, far from clear. Such normative data are required in any attempt to systematically apply conditioning to therapy. (3) Determine in the geriatric population the relationship between conditionability, intelligence, and neurological impairments. Franks (1964b) has already demonstrated, in the mental defective, that eyeblink conditionability is related to neurological variables and not to intellectual ones. Does this type of relationship apply also to the neurologically impaired geriatric patient? (4) Determine the existence of a general factor or group factors of conditioning and their specificity to situational and subject variables (age, personality, somatics, etc.). (5) Work out the many therapeutic implications of the relationship between conditionability and spontaneous recovery from experimental extinction (Franks, 1963, 1964b). (6) Settle the problem of the need in therapy for the recall of original emotional trauma. (7) Apply automated training devices in the learning processes of the geriatric person. Revusky, Cohen, Scherer, Lett, and Swingle (1963) studied automated training of social relationships with extremely withdrawn geriatric patients under a variable interval reinforcement schedule and felt that this type of training might be a substitute for milieu therapy. (8) Develop conditioning as a clinically useful diagnostic tool in a large variety of predictive situations with the geriatric subject (Franks, 1964a). (9) Apply conditioning techniques, operant and respondent, to the problem of classifying behavior including those of the geriatric population (Sidman, 1962). A beginning has been made for psychiatric patients by Lindsley (1960) and should be attempted for geriatric persons—always keeping in mind that the validity issues of these classifications systems, while difficult, must be faced.

Sidman's rules (1962) for shaping behavior through operant techniques and his analysis (1960) of the role of systematic replication with the single S in statistical evaluation have crucial research and treatment implications to any work (assessment or behavior modification) with geriatric Ss.

Although so little has been done specifically with conditioning therapies with the geriatric population, many leads for research can be taken from work carried out with other groups. Sidman (1962) reviews many relevant studies: the analysis and operant shaping of the behavior of autistic children wherein coins could be made to serve as generalized reinforcers (Ferster & DeMeyer, 1962); control of chronic stuttering (Flanagan Goldiamond, & Azrin, 1958); control of bed wetting (Franks, 1960); introducing unreachable adolescent delinquents to psychotherapy (Slack, 1960); effects of simple and multiple reinforcement schedules upon the behavior of retarded children (Orlando & Bijou, 1960); classification and behavior change of hospitalized chronic psychotics (Ayllon & Azrin, 1964; Ayllon & Haughton, 1962; Ayllon & Michael, 1959; Lindsley, 1960).

In all this work and in its application to the geriatric population, a prime question is the generalizing of learned behavior and learned styles of behavior to living regimes outside the well controlled laboratory or experimental setting. The use by society and its social agencies of behavior controls is discussed by Ferster (1958) and has

meaning to research and service with older persons. With geriatric Ss, therefore, as with all other Ss, careful studies of stimulus and response generalization are clearly indicated. This is succinctly presented in Rotter's (1958) discussion of Ferster's paper, wherein Rotter emphasizes the need to develop appropriate "content variables" as well as the "process variables" emphasized by operant theory.

B. LEARNING EXPEDIENTS

Within other systems of learning theory, efforts have been made to find and utilize expedients to "soften" deficits and to increase learning, retention and recall levels, speed of response, and productivity. Although much has yet to be done, it is wise to note some of these studies. Canestrari (1963), using paired associate learning, concluded that some of the observed performance deficit in older Ss may be due to the paced character of the task rather than to a true learning disability. This is in line with Brown's (1957) and Welford's (1959) conclusion that the effects of aging are severe in situations where the form or pace of performance is rigidly determined and where flexibility and compensation are reduced or absent. Canestrari (1964), however, found no significant difference among elderly Ss in the retention of material presented under self-paced vs. more rigidly paced schedules. Botwinick (1962) demonstrated the beneficial effects upon the elderly of appropriately structured sets, while Hulicka and Weiss (1965) have shown that age-related decrements in recall of paired associates derive primarily from degree of acquisition rather than from retention deficit *per se*. Talland (1964) varied the conditions of alerting and found that warning signals speeded up reaction time in the young but had no reliable effect on older Ss. The older Ss also gained rather than lost in speed with longer alerting intervals. However, he found some support for the hypothesis that older persons do not benefit from alerting signals because they are less able than the young to discriminate them from noise. Further work is needed to study heightened discrimination conditions, the ambiguity variable as well as the relationship among age, capacity, and motivation.

Clearly, we must manipulate organismic and environmental variables presumed to cause geriatric deficit. An excellent example is the study by Cameron (1941) in which he placed senile patients in dark rooms and demonstrated that senile nocturnal delirium was due to the darkness variable and not to other presumed variables. Inglis (1962) nicely relates this finding to other experiments in sensory deprivation within Hebb's model. There are many implications here for the care of the elderly with and without sensory handicaps. Another example of experimental manipulation is the study by Sommer and Ross (1958) wherein simple furniture grouping, instead of a linear wall arrangement, was shown to double the amount of verbal interaction in a geriatric ward.

In general, studies of these expedients have treated them in a fragmented manner. Integrative hypotheses and studies are necessary. A good example of an integrative approach is Welford's attempt (1963) to explain a number of observed age changes in terms of decision time and capacity for short-term memory.

The empirical parametric data that are needed in this area can be obtained by the research proposed by Botwinick (1964) in his discussion of the relationship between capacity and motivation. He suggests "different types of tasks, each scaled on a difficulty dimension, with Ss of varying ages, selected to represent different levels of ability, performing with different levels of motivation, perhaps induced by different instructions or amount of reward."

Even this model suffers from a chronological definition of aging since it treats age as an independent variable changing with number of years lived. Breen (1960) wisely argues that we should design experiments in which aging is treated as a partly dependent variable which changes with other broad categories of change operative in our society. In this regard, we must also not overlook the power and benefits of longitudinal studies. They may well give evidence of growth in certain cognitive functions with age rather than the deterioration usually found in cross-sectional studies (Owens, 1953). Even when functions are found to decline with age, such longitudinal studies can reveal the decline gradient which, indeed, may not be smooth or gradual (Kleemeier, Justiss, Rich, & Jones, 1961). This type of data can lead to fruitful hypotheses.

C. SOCIAL THERAPY APPROACHES

Social techniques have been applied to the therapy of the geriatric person generally in piecemeal fashion and with unclear theoretical bases and hypotheses. An exception is Filer and O'Connell's work (1964) in a large VA domiciliary where they permitted definite expectancies of the

elderly person to operate through a system of consistent and discriminate rewards and feedback. This study is noteworthy, among other reasons, in that the *Es* permitted the administrators of the institution to define "standards of performance" and then incorporated these criteria into the design. At the same time, the elderly *Ss* defined the five incentives and were then permitted to choose them as they reached the performance criteria. Further studies are required to systematically manipulate pertinent organismic and environmental variables and to study their effects singly or in combination upon a wide range of behaviors of the individual and the group. Independent variables should include learning expedient variables described above plus variables dealing with the reward system, communication network, cohesion of the group, and the *S*'s experience of success or failure in the task.

Underlying all this, however, lies the ethical dilemma of deciding the goals and values to be sought in any geriatric rehabilitation program. Donahue (1963) emphasizes the need for definitive studies to determine the best theoretical constructs on which to base practical programs of rehabilitation and goals for a therapeutic milieu. "It may well be a disservice to re-engage aged chronically ill patients into the more complex social structures, if Cumming's suggestion is correct that disengagement is a preparation for death. Should rehabilitation stop short of re-engagement and merely strive to keep the individual comfortable while he prepares for death? Obviously, the answer would have profound implications for the future care and treatment of the aged."

One goal of social therapy (and other treatment methods as well) is to help the aged person reduce the aversion he creates in young and middle-aged individuals. Lindsley (1964) argues that a realistic approach to the social neglect of the aged is not through appeals to public charity or guilt but through the maintenance and development of improved appearance, communication, contact with society, and continuous production of products for the use of society.

Within the framework of role theory and activity theory (i.e., continued activity and enactment of previously learned socially approved roles are the means of good adjustment in old age), Donahue (1963) studied the effects upon long-term aged patients of an intense program to re-engage them by restoring function and providing techiques to re-engage. These were sheltered workshop, craft training, social recreational activities, and "friendly" visiting. She found that for most patients there accrued a higher level of interaction, environment responsiveness, and morale. Adjustments improved toward values associated with the goals of middle life. Interview material also revealed satisfaction in those persons who achieved expanded life space and role. Her findings are in line with Albrecht's early finding (1951) of a relationship between role activity and personality adjustment.

In contrast to the considerable research on aged persons already in institutions, there is practically no detailed study of the actual process of becoming an institutionalized aged person. Lieberman and Lakin (1963) with specially devised TAT cards have made such a beginning. Obviously, any system of behavior modification and assessment must deal with these pre-institution longitudinal changes. In the same vein, we must also study the effects of the process of dying itself upon patient-staff-family behavior (Chandler, 1965).

But what environmental and social variables should be studied? Anderson (1963) makes an excellent and thorough analysis of environmental variables which can influence the behavior of institutionalized persons, particularly in the relationship between the stimulation available in the environment and the free use of time. He points out: the social milieu therapist or researcher working with the aged (or any other group of *Ss*) (1) must distinguish between the immediate environment and the effects of past experience; (2) must face the problem of measuring the effects of environmental stimulation; (3) must separate the effects of specific stimuli from the effects of climate, atmosphere, and settings; (4) must decide on the size and nature of the behavior unit in terms of the goal; (5) must separate short-term assessment from assessments over time; and (6) must determine the reinforcing aspects of the environment. Anderson proposes the use of such constructs as resources, incentives, and constraints to study environment as a totality.

Fortunately, much solid social milieu research has been carried out with other institutionalized groups (Ellsworth & Stokes, 1963; Fairweather, 1964; Morton, 1961). Their findings can help formulate similar programs for the aged, but we must still obtain first hand data on a variety of specifically defined geriatric environments and must develop concepts to deal with the data.

D. PSYCHOTHERAPY

This section focuses upon the face-to-face geriatric S and therapist relationships implied in the terms psychotherapy and counseling. Excellent critical reviews have been made by Arnhoff (1955), Donahue (1956), Rechtschaffen (1959) and Hunter (1960). Studies of psychotherapy and counseling with the aged contain methodological weaknesses typical of studies with other populations. We continue to need systematic, theory determined, multi-criteria process and outcome studies of a wide variety of treatment methods. Breen (1960) insists that aging be defined and rigorously treated "as a partly dependent variable, changing with respect to other broad categories of change operative in our society, rather than as an independent variable changing only with the number of years lived." He points out that most researchers give lip service to this definition but continue to measure aging by chronological years alone. His provocative and outspoken paper cuts across the entire field of "aging" and is worthy of detailed study.

Special attention should be given to differentiate *age differences* obtained through cross-sectional studies and *age changes* which can be obtained only through longitudinal studies. The *E* should control for the incidental reinstitution of environmental prosthetic devices before attributing behavior change to the treatment variable (Lindsley, 1964). As for the test instruments used to measure change, they should be validated for use with aged *Ss*, with knowledge of the degree to which they measure the same factors all along the age continuum. These tests should contain items appropriate to the older *S* and present tasks which measure wisdom and experience (Arnhoff, 1955; Jones, 1955).

These problems plus our scanty knowledge of personality changes which occur during the middle and later years of life make research in geriatric psychotherapy and counseling most difficult. We obviously need theory and longitudinal empirical studies to describe and explain changes with age and their implications for behavior modification. Role theory, for example, may be of especial help in conceptualizing some behavior impairments and in handling therapy and counseling with the older person. Thus, the desocialization process may be due to a decline in perception of social reciprocal roles and expectancies (Treánton, 1963).

Particularly intriguing is the demonstration (Neugarten, 1964) that significant age differences exist in covert, motivational, and attitudinal aspects of personality from age 40 to 65 even though measures of social competence may not yet show age changes. Personality and disengagement changes, thus, seem to occur within the individual long before they are manifested in his social interaction. While this may be due in part to the instruments used in the studies, serious attention must be given to Neugarten's question why aging individuals (as in the Kansas City sample) continued to function effectively in their social environments despite motivational changes and despite decreased efficiency in certain cognitive processes.

Dying is beginning to receive attention as a legitimate and important psychological research enterprise. Feifel (1959) vigorously opened this field of death research with his insistence that a person's conception of death is a crucial personality variable. Much must be done to sharpen this conception including working out the relationship between death attitudes and other deadline and goal gradient behaviors. Dying and death behavior can indeed be handled under other psychological variables such as social loss and awareness context models (Glaser, 1965, 1966; Kalish, 1966). Kastenbaum (1966) in his overview to the 1965 Gerontological Society symposium on "Death as a Research Problem in Social Gerontology" emphasized that "possibly one might be able to illuminate a number of sticky problems without ever introducing fear of death as an explicit variable." Important contributions, in this vein, have already been made by Lieberman (1965), who views dying less as an event and more as a process extending over a relatively long time. He attempted (1966) to identify cognitive and emotional changes associated with the dying process and showed that these changes are specifically related to a time line defined in terms of distance from death. Chandler (1965) studied three different processes of dying and found differences in interpersonal transactions among the patient and those around him.

Finally, we must carry out a host of studies to give our society the necessary data to make meaningful decisions concerning the needs, desires, and care of the aged. These include studies of vocational and avocational interest; meanings and effects of leisure time, recreation, and social living arrangements; applications of modified work experience such as sheltered workshops, flexible retirement, and community volunteer service; unfolding and utilization of undeveloped capacities; differentiation between sensory and perceptual deficits in their effects upon work and self-concept;

and the relationship between use and the preservation of function. Instruments and techniques must be developed to measure the appropriate independent and dependent variables in each of these classes of problem.

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Research in Learning

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THE VETERANS Administration, by virtue of the population that it serves, is in an ideal position to further our understanding of the learning process. Basic research in learning has generally been conducted on a narrowly defined population, the adult college student. Although he is, in many ways, an ideal laboratory animal, there is a legitimate concern about the generalizability of some of the theoretical formulations and empirical data which is based on work done with this population. Our VA population provides us with opportunity to extend knowledge concerning the learning process. In this regard, two broad classes of research suggest themselves. They are as follows: (1) Extension of empirical baseline data into middle and upper range of life-span; (2) Deficits in the learning process associated with pathological processes.

The content of research which might be carried out under these two broad headings is infinite. The few that are sketched out in the following pages are of necessity only examples of my own interests. Another investigator might raise an entirely different set of questions which could be pursued with equal profit. I would view the above classes as being useful in conveying a kind of research strategy and set of attitudes which might have payoff irrespective of an investigator's specialized interests. The classes are useful to the extent that they suggest a mode of attack in areas where information is badly needed.

Extension of Empirical Baseline Data

There is a need for longitudinal and cross-sectional data on almost every aspect of the learning process. Until recently the studies of learning deficits in the aged have been characterized by one-shot investigations of differences based on widely disparate age groups. While these studies have indicated that there are performance differences between the young and the old, they have not been sufficiently analytical to spell out the nature of these differnces.

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I will examine three broad areas which are based on levels of functioning from the simple to the complex. The areas to be discussed are conditioning, verbal learning, and problem-solving. While the learning ability of the aged has been investigated at many different levels of complexity, there has been little in the way of systematic concern with deficit behavior as it is related to the progressive complexity of the learning task. I should like to stress this orientation in this prospectus.

A. *Conditioning*

Both classical and instrumental conditioning as well as extinction and stimulus generalization are subsumed under this section. A number of studies indicate that conditioning is not easily obtained in the elderly person and that, when obtained, extinction of the response is difficult (Marinesco & Kreindler, 1934; Braun & Geiselhart, 1959). In spite of the fact that these studies have demonstrated the sensitivity of this task to age, its significance has largely been ignored and no understanding of the process exists beyond some highly speculative neurologizing. Given the deficit exists, a number of questions come to mind. At what point in the life-span does the deficit manifest itself? Does it have a sudden or gradual onset? What effect would systematic variation of variables such as the interval between the conditioned and the unconditioned stimulus have on rate of conditioning? What effect does varying UCS intensity have on acquisition?

Related to this last question is a study by Kimble and Pennypacker (1963) which indicates that the UCR of the elderly person habituates more with practice than does the UCR of the younger person. Further, studies involving electro-dermal responses (Botwinick & Kornetsky, 1960, Shmavonian, Silverman, & Cohen, 1958) suggest that under some conditions there is an age-related decrease in neural-arousing mechanisms. With these data in mind it is interesting to note that a study by Canestrari and Eberly (1964) suggested that better rates of conditioning could be achieved in the el-

derly by use of a UCS which was variable in intensity. Apparently habituation did not occur as readily under these circumstances.

A number of possible avenues of research are suggested by these data. For example, if arousal level are lowered in the elderly, could the acquisition of a conditioned response be enhanced by the use of drugs which are centrally arousing?

A second area of research might be geared to the examination of the relevance of the stimuli and drive states to aged individuals. The studies by Shmavonian et al. (1958) indicate that arousal levels could be heightened when verbal material relevant to the aged was utilized. Apparently the arousal level is not fixed. Anecdotally, we can report that aged individuals who verbalized a fear of electric shock conditioned rapidly in our study. Our present conceptions of the effects of age on conditioning are based primarily on avoidance studies and noxious stimuli and are too limited in nature to make theoretical statements about conditioning and its relationship to age. What is called for is a wider range of studies utilizing drive states which may be more relevant to aging than simply the avoidance of noxious stimuli. For example, there might be some profit in exploring the area of salivary conditioning since we would be dealing with a drive state which is manipulable and still holds some intrinsic interest for the elderly.

Stimulus generalization is said to occur when a response trained to be elicited by stimulus X can also be elicited by test stimuli similar to X (Mednick and Freedman, 1960). Generalization has considerable adaptive significance since stimulus events do not recur in the environment without minor modifications. The utilization of previously learned modes of responding are dependent on this phenomenon. The obverse side of the coin, of course, involves the discrimination of stimuli and selective responding. The relevance of this area to the deficit behavior observed in the aged is considerable. Is the often noted perseverative behavior of the elderly due to broader stimulus generalization gradients stemming from decreased ability to discriminate? How much of the change in gradients can be attributed to defects in peripheral sensory processes and how much can be attributed to deteriorating central processes?

With the documented decline in sensory processes (Weiss, 1959), one would predict broader generalization in the aged where stimuli are physically similar because these experiments reduce to something like a psycho-physical discrimination task. However, it would be useful to know the effects of age on generalization gradients, which involve highly dissimilar stimuli.

One illustrative example involves gradients along a spatial dimension (Brown, Clarke, & Stein, 1958) in which confusion among stimuli is almost impossible. Another illustrative example involves semantic generalization (Diven, 1936; Lacey & Smith, 1954; Lacy, Smith, & Green, 1955). These studies do not involve generalization based on confusion between similar stimuli, but rather involve a complex cognitive process like medication. A development study by Reiss (1946) indicates that semantic generalization is more readily mediated by different relationships at different ages. He found that very young children generalized most to homophones while young adults showed the most generalization to synonyms. This type of investigation could profitably be extended to middle and later life.

In a study on spatial generalization (Canestrari, 1956b) the aged demonstrated broader generalization gradients than the young. Confusion between stimuli is not a plausible explanation for the observed behavior. An alternative explanation is that set to respond may be enough to mediate generalization. The investigation of set as a mediator in the formation of generalization gradients might also prove to be a fruitful area of investigation.

B. *Verbal Learning*

Much of the value of the verbal learning studies for the understanding of aging lies in the fact that there may be a transition phase between "rote" learning and higher order processes. It has a definite advantage in that it allows us to examine the effects of previously acquired habits on the acquisition of new material. It also has the definite disadvantage of necessitating the careful specification of linguistic style and habits of the populations we are dealing with if we are to examine the effects of older habits on the formation of new habits. This is a neglected area by and large and needs careful examination. A host of studies involving verbal learning have demonstrated large differences between the young and elderly (Ruch, 1934; Korchin & Basowitz, 1957; Gladis & Braun, 1958). The explanation of these differences has usually been in terms of the interference of preexisting habits. The studies have suffered from three basic defects. First, until recently none of the studies have specified the linguistic habits of the Ss. Second, the studies paid little attention to the effects of pacing or speed of presentation on performance, and third, there has been no clear distinction between the interfering effects of long-

term habits and intra-experimental sources of interference. A closer examination of these defects suggests a number of areas for fruitful investigation.

Specification of linguistic habits.—Canestrari (1966) indicates that when the linguistic characteristics of the elderly and the young are examined, the data indicate that both groups experience the same relative degree of interference or facilitation. This study was designed to examine the hypothesis that elderly *Ss* are more susceptible to the interfering effects of pre-existing verbal habits than are young Ss. To obtain indices of verbal style, the Kent-Rosanoff Word Association test was used. Ss were classified according to the number of common responses (high-commonality Ss) or the number of unique responses (low-commonality Ss) that were elicited. Previous studies on verbal learning suggested that high-commonality Ss show facilitation through associative habits and that low-commonality Ss exhibit a somewhat greater ability than the former to form new habit patterns. It was hypothesized that if established modes of responding are more interfering for the elderly, the aged high-commonality S should have differentially greater difficulty than the young high-commonality S. Conversely, the elderly low-commonality S, with his less stable language patterns, should not exhibit the same degree of disability.

Sixty elderly and 60 young Ss were run in a verbal learning task consisting of high-strength and low-strength associate pairs. A 2×2×2 analysis of covariance indicated that while the linguistic habits affected performances, both groups experienced the same relative degree of interference or facilitation in learning the lists. The hypothesis of increased interference stemming from pre-existing habits was not supported. However, it should be pointed out that this study was run under self-paced conditions, the Ss having as long to respond as was necessary. Two additional studies suggest themselves in order to more fully examine the interference hypothesis. Either conduct the same study under self-paced conditions and record responses latencies or force the responses by using a paced schedule. If long-term habits are the stronger in the habit hierarchy, forcing the response should elicit more of these interfering responses with consequent disruption of acquisition. Similarly, an examination of the latencies under self-paced conditions should lead to significant interactions if the interference hypothesis is a valid one.

Paced character of the tasks.—A number of studies (Canestrari, 1963; Eisdorfer, Axelrod, & Wilkie, 1963, Arenberg, 1965) indicate that self-pacing markedly reduces the acquisition differences between the young and elderly. A host of alternative explanations for the phenomenon are available but the necessary data for choosing among them are not yet available. One possibility is that self-pacing reduces the amount of erasure or inter-item interference by elongating the interval between stimulus and allowing material to get from a short-term storage mechanism to a more permanent storage system. Studies by Arenberg (1965) and Canestrari (1965a) support this position.

Another possibliity is that the elderly S needs greater search time. The work of Riegal (1965) on the speed of verbal performance with age lends some credence to this concept.

A third possibility is related to the development of mediators during the acquisition process. A self-paced schedule may allow sufficient time for the development of mediators during the acquisition process. Hulicka (1965) has demonstrated that the elderly tend to make relatively less use of mediators than the young. Further, they show a proportionally greater gain in recall when instructed to use mediators. Apparently the elderly tend to use other words or sentences to form associations while the young rely on visual imagery to a greater degree. The development of visual images may require less time than the development of verbal linkages. It would also be useful to test the effects of visual imagery training on the acquisition of verbal material and response latencies in the elderly.

It is apparent that considerable research is needed to test the efficacy of each of these alternative hypothesis or to see how much each contributes to the observed deficit behavior.

Intra experimental interference.—The concept of interference is a central one in learning. Unfortunately the rigor that has characterized this area in general experimental psychology has generally not been carried over into gerontological research. Research on interference phenomena is scanty and that which exists has generally not taken into consideration the differential rate of acquisition in the young and elderly. The results of the existing studies have been difficult to interpret. The use of a technique (Rock, 1957) which involves the withdrawal of items which are not learned in one trial would control for differential rates of acquisition in young and elderly groups since it is then possible to match the habit strength of differing age groups in a proactive inhibition paradigm.

C. *Problem-Solving and Conceptual Behavior.*— That there is a deterioration of problem-solving behavior with age has been amply demonstrated (Jones, 1959). The most common explanations invoked until recently have involved such concepts as interference, rigidity, and loss of abstractive capacity. Most of these explanations are linked to central nervous system deterioration and have been borrowed from the literature on brain damage. However, a group of recent studies (Welford, 1958; Bromley, 1963; Rabbitt, 1965; Brinley, 1965) which have been analytic in orientation have provided some additional hypotheses regarding the locus of the observed deficit behaviors. Some of the possibilities are listed below:

1.) Inability to organize complex material.
2.) Basic loss in short-term memory mechanisms.
3.) Defects in the ability to discriminate between stimuli.
4.) Inability to delay responses because of defects of inhibitory processes.
5.) Inability to disregard irrelevant cues.

The value of these hypotheses lies in the fact that they are capable of being translated into experimental variables which can be manipulated. Further, they bear some relationship to the newer literature in problem-solving which has made some attempt to break down the complex processes involved in solution-oriented behavior. Gagne's (1959) attempt at definition represents a significant step in this direction and has value for the clearer understanding of the deficit behavior of the aged in this area of function. He lists at least five separate steps involved in problem solution:

1.) Reception of the stimulus situation and instructions.
2.) Concept formation—involves strategies and rules that persons adopt in order to determine what they will react to in the stimulus situation.
3.) Determining courses of action—again heavily influenced by strategy.
4.) Decision making—occurs when more than one course of action is adequate.
5.) Verification—essentially knowledge of results.

A decrement in performance could stem from difficulties arising at any one of the five stages postulated by Gagne. It may be that the elderly person is particularly sensitive to disruption at one or another of the stages involved but may perform adequately at other stages. For example, there is an abundant literature which indicates that there is a deficit in short-term retention in the aged. While short-term retention is generally not considered a variable in problem-solving experiments, its relationship to the aging process may necessitate its consideration. If memory defects do not play a crucial role, investigations of modes of classification of stimulus events or the development of strategies may cast some additional light on the deficit behavior. Bruner, Goodnow and Austin(1956) describe a group of studies, for example, which have been designed to explore the behaviors involved in the formation of concepts. These investigations describe a number of strategies which their Ss use in concept attainment. It would be interesting to see if elderly persons spontaneously adopt those strategies which involve minimal amounts of retentive ability or whether performance could be dramatically improved by teaching these strategies to the elderly.

Deficits in the Learning Process Associated with Pathological Processes.

Given the pathological characteristics of our veteran hospitalized population, this is a natural area of study. There have been innumerable isolated studies which have demonstrated learning deficits between, for example, brain-damaged individuals and a normal population. I would like to propose a model which would be applicable to the examination of learning deficits associated with pathological processes. Essentially, it would involve a battery of graded learning tasks ranging from simple conditioning through complex problem-solving. In addition, to the extent possible, the battery should include tasks at each level of complexity which would be comparable across modalities. This battery would provide two important types of information in that we would obtain information about level of functioning and whether learning deficits are diffuse or modality specific. If conducted on a longitudinal basis it would be an excellent means of obtaining a premorbid record of functioning. These data could, for example, provide a baseline by which the behavioral effects of degenerative central nervous system diseases could be meaningfully examined.

Focal lesions could also be examined from this point of view. What are the behavioral effects of damage associated with strokes and tumors in particular areas of the brain? What changes occur with recovery? The importance of a battery of this sort can be illustrated by examination of some of the recent work on temporal lobe extirpation (Milner,

1954; Penfield & Milner, 1958; Scoville & Milner, 1957). These studies suggest that deficits associated with temporal lobe defects are specific in character. There seems to be a deficit in short-term memory, particularly with regards to verbal material. However, the ability to handle many complex cognitive and perceptual materials remains intact. In addition, there seems to be some suggestion that retention of verbal material presented visually is better than for verbal material which is presented auditorily. Couple this information with the memory deficits and the EEG evidence of a high incidence of temporal abnormality (Silverman, Busse, & Barnes, 1955) in the aged and the importance of cross modality investigation becomes clearer. By the utilization of such a battery, modality specific as well as diffuse behavioral changes are more likely to be identified.

There is a further aspect of this approach. Given the delineation of certain kinds of deficit associated with age or pathological processes, it is then possible to begin studies which have as their primary objective the amelioration of deficit behavior to the extent that is possible. This would have implications for our rehabilitative efforts. Edwards' (1965) efforts in regard to retraining in basic form and sound discrimination in CNS disorders is an excellent example of the type of research which could result from such a program.

Summary

It has been suggested in this prospectus that the Veterans Administration is in an unique position to extend our knowledge of the learning process by gathering data from persons in the middle and upper ranges of the life-span. Further, it is possible, because of the population that the Veterans Administration serves, to investigate the effects of various disease states on the learning process. One possible strategy considered is that of systematically gathering data on processes which range from the simple to the complex. Consideration is given to the possibility that examination of variables involved in the learning process can be used to ameliorate or soften the deficit behavior associated with particular disease states.

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ITEM 4: MATERIAL FROM DR. F. MAROTT SINEX, CHAIRMAN, DEPARTMENT OF BIOCHEMISTRY, BOSTON UNIVERSITY

EXHIBIT A. STATEMENT OF DR. SINEX

I appreciate the opportunity of presenting my own views on the development of research on the causes of aging to the special committee. I have become involved in aging research through my personal interests and my role as Chairman of the Department of Biochemistry Department at Boston University School of Medicine.

Here at Boston University we have an Institute of Developmental Biology and Aging, and are engaged on research on the aging of blood vessels, the brain and the reproduction system. We are studying these tissues at the cellular level. We work primarily with DNA, RNA and the protein responsible for the structure of blood vessels, elastin. We are trying to understand why mammalian cells die and as a consequence men have finite life spans. In our Institute biochemists, anatomists and obstetricians work on the control of tissue development and aging. We believe that part of the control of aging lies in the makeup of chromosomes. We study how chromosomes change in older animals, how neurones drop out, why blood vessels stiffen and why women have a menopause.

Put another way, we seek to understand how young cells differ from old cells, particularly in the way in which the information coded in their DNA, is utilized for the synthesis of protein. A variety of control mechanisms are operative in aging just as in earlier development. The control mechanisms require the integration of chromosomes and polyribosomes and cellular enzymes such as transfer RNA-amino acid synthetase.

Our studies are fairly unique and there are not many gerontological groups with a similar technical competence and interest in aging. There is Dr. Strehler's group in Los Angeles, Dr. Curtis at Brookhaven, Dr. Wulff at Utica and perhaps one or two more. There should be more gerontological research done at other leading institutions such as California Institute of Technology, Johns Hopkins and the Salk Institute.

To date we have had no real difficulty with support. When we have had good staff available we have been able to bring them aboard with assistance from the National Institutes of Health, our Trustees and our Dean. However, funding is a matter of rather delicate balance. A real decrease in NIH appropriations would hamper our program. With adequate funding of NIH extramural programs we will compete for our share. Liberal funding would certainly encourage faster developments and faster progress.

There are really two levels of support to consider. The overall support of molecular biology from all agencies and the specific support of research on aging.

The findings which are giving us the new insight into the nature of the aging process are often not developed by gerontologists but by molecular biologists and biochemists who consider their principle interests these disciplines. Their contributions must continue and be permitted a natural growth within the existing framework of the National Institutes of Health and the National Science Foundation. Serious financial dislocation of the support of basic sciences in this country will not only hurt basic sciences but aging research as well.

To take full advantage of the progress in biology, which has been made possible by the generosity of the American taxpayers support in basic research, it will be necessary first to continue this support and then to seek ways of applying these findings to an understanding of mammalian development and aging.

I believe this can be done without doing any harm to the basic sciences. An increasing shift from the biochemistry of the bacterium *Escherichia coli* to rats and man is about due. There are some technical problems in transferring molecular biology from bacteria to man, but we generally know what these are and can proceed to solving them.

The current level for support for research on aging is approaching $4,000,000. There are approximately $1,500,000 in training grants. This total level of support increased over seventy percent in the last three years so that aging is rapidly attracting investigators. About two-thirds of the training grant awards were made in the Biological Sciences.

This level of support is clearly inadequate if one considers the magnitude and challenge of the problem of aging. Aging is directly or indirectly the cause of most serious illness in the world today. It limits our productivity, our creativity, our virility and fertility and our life span. It is something that we should

at least understand if we are to make much further progress in improving the health of the general population. It seems probable that the human life span is at least capable of limited manipulation and that the period of mature function will be extended either advertently or inadvertently. This will result in the extension of our leisure years and unless we know what we are about, prolong senescence. The present interest in gerontology stems not only from the social implications of this growing awareness, but from the knowledge that the present technological explosions in the biological sciences now make possible applications of the new biology to the modification of human existence in ways we have only just begun to contemplate.

The simplest and most conservative means of ensuring the continued growth of aging research is to be sure that adequate funds are provided for the existing programs of the Institute of Child Health and Human Development for this purpose. If this is done, the rate of growth of gerontology should exceed that in most any other field. This is because of its challenge and because of its current relationship to other very fundamental problems of biology which bring more and more scientists to think about aging. I would like to see a growth rate of between fifteen and thirty percent a year, until the current program were increased from $5,500,000 a year to around $50,000,000. Before that point was reached I believe aging research would be making significant contributions to medicine and public health and its support would be more in line with its actual importance as a cause of disease and disability.

Other agencies support aging research. The satellite aging program of the Veterans' Administration which encourages cooperation between Universities and Veterans' Administration research laboratories is well conceived and should get more support than it is getting. The National Laboratories supported by the Atomic Energy Commission are rich reservoirs of trained biologists, with excellent animal facilities. The AEC is in a unique position to assist in aging research if the Congress was willing to interpret its mission in this way. As you know, chronic low-level irradiation produces many of the same changes in tissue as aging.

We need better sources of older animals. A committee of the National Research Council is considering this problem and the staff of NIH is exploring some pilot contracts with animal suppliers.

Congress can help by appropriating money for laboratory facilities and by liberalizing the requirements for matching funds for laboratory construction as is done in the case of mental retardation. It can encourage the creation of regional centers under the sponsorship of the National Institutes of Health for the purpose of studying aging.

In an interdisciplinary area such as gerontology it is important to bring together groups of investigators interested in aging but in such a way that they remain in close contact with their colleagues within a University and provide them with adequate equipment, animal and human resources. Even in the present era of budget austerity, we should be planning such centers. Actually, some planning is under way. Congressional interest would stimulate it.

The moment the level of proposals can justify it, I recommend the activation of an aging study section. This should include eminent molecular and developmental biologists and gerontologists. Such a panel can be very effective in promoting interest and critically evaluating progress in a field dealing with aging. Proposals should receive adequate reviews in regards to their significance to gerontology. They need no more special consideration than that to endorse the October 18, 1967 Resolution of the Chairman for a White House Conference on Aging in January, 1970.

One of the most important things which Congress can do is one of the things it is already doing with the Special Committee. That is to focus attention of laymen and scientists alike on the aging challenge. Statements that aging research will be supported by responsible public leaders are effective in making scientists regard aging as a major problem. Congress and this committee can give aging research visibility. If Congress wants more aging research, it should say so. It should develop the theme of the value of aging research in hearings such as the present one, and encourage the administration of the National Institutes of Health to aggressively develop such programs. The growth of aging research however, will not be entirely dependent on the generosity of Congress with public funds. A heavy responsibility is placed on the individual scientists in the laboratory, to do quality research, to apply what is learned and to train others to carry on an increasing tempo of activity in this field.

However, Congress can do a great deal for satisfying the curiosity of mankind about a problem which has troubled him since the beginning of his ability to think about his relationship to the world about him and to his God. Out of an understanding of aging should come some very practical suggestions about how to increase our ability to cope with degenerative, infectious and malignant disease, and our ability to provide a meaningful life of productive work and honorable retirement and leisure.

EXHIBIT B. QUESTIONS SUBMITTED BY THE CHAIRMAN TO DR. SINEX, AND HIS RESPONSE

1. What more, in your opinion, must be done to accelerate research on biological processes related to aging? What changes in current federal policy and method would be advisable.

2. We would also welcome any estimate you might care to make on the amount of funds that should be allocated for such research effort.

AUGUST 7, 1967.

DEAR MR. ORIOL: I am pleased that Senator Williams is calling an aging convocation. I believe this will provide an unique opportunity to call attention to the current state of research on the fundamental nature of the aging process. One of the major problems of the aged is aging and we should understand what aging represents in biological terms. Clearly, the incidence of disease is closely correlated to aging and we should know why this is so.

Aging research of a biological and biochemical nature is concentrated within Health, Education and Welfare in the National Institute of Child Health and Human Development. The extramural program is under the direction of Dr. Leroy E. Duncan, Jr. The intramural program is under Dr. Alfred J. Coulombre. There are currently about thirty-three predoctorate and twenty postdoctorate trainees under the existing training grants. The training grant budget for the combined biological and behavioral sciences is around $1.3 million dollars of which a third goes for biological training. Since the creation of the National Institute of Child Health and Human Development some sixty research grants have been approved of which over two thirds were in the biomedical area. The total level of research grants support is of the order of $3.7 million dollars. You should confirm these figures with Dr. Duncan.

In addition to these activities through its intramural program, the Institute is just completing a building of 90,000 square feet in Baltimore to house what is known as the Gerontology Research Center under Nathan Shock.

The total budget for gerontology is therefore less than $6,000,000 and represents approximately ten per cent of the total budgetary commitment of the Institute of Child Health and Human Development, or less than one per cent of the total budget of the National Institutes of Health. Considering the importance of aging as a problem in biology, in medicine and to our society and economy, this is not a very large investment.

This rather small level of support has been of concern not only to investigators in this field but to the Administration of the National Institutes of Health and to the Congress.

First, there is the question of study sections. Up to the time of the creation of the training study sections there was no gerontology study section within the Division of Research Grants. The training grant study section is an interdisciplinary study section representing many fields from biochemistry to social work. It has worked quite effectively. At the present time a new study section is being considered in behavioral sciences to consider developmental problems throughout the life span. Gerontology would have representation on this study section with approximately four members out of sixteen. This would be a good step. It would be very helpful if, in time, we could have a study section for aging in the Division of Research Grants. Unfortunately, only about sixty biomedical applications are being received per year in the field of aging and some of these are of such a specialized nature that they should be reviewed by other study sections. The Division of Research Grants feels that this is not a sufficient load of applications to justify the creation of a study section for gerontology.

At present, no member on the current Child Health and Human Development Council is particularly concerned about biomedical aspects of aging. The primary problem is making gerontological research sufficiently attractive to biologists and biochemists that they prepare research proposals. There is a limit to

how fast gerontology can be expanded and still maintain the quality which is expected of National Institutes of Health supported research. Part of the solution has nothing to do with the administration or government and requires that scientists doing research in this area do exciting, stimulating studies which attract people to the field because of interest, relevance and success. This can not be legislated. On the other hand, scientists are influenced, and I believe to a considerable degree, by a desire for public approval on the significance of their work. I believe that statements by senators, hearings, press releases and availability of funds all contribute to increasing the interest in gerontology.

I am sure that you would find Dr. Duncan very helpful in preparing material for your convocation. I believe you also know Frances Carp who has been in both the extra and intramural programs and will shortly leave NIH for a position in Los Angeles. However, Dr. Ewald Bussey, Chairman of the Psychiatry Department at Duke, now on the Council, is the former chairman of the training grant study section and is familiar with many of the problems.

The Veterans Administration has been quite active in gerontology research as you can see from Dr. Driver's report which begins on page 76 in your Report 169 of the Ninetieth Congress. The prime mover for aging research within the Veterans Administration is Dr. Joe Meyer who you may know since he spent a year recently with Senator Harris' Governmental Operations Committee. I believe Dr. Meyer is someone you should talk with.

The Atomic Energy Commission plays quite an important role in aging research although they are a little cautious about admitting it since it is not part of their identified mission. You might want to read once again Glenn Seaborg's statement on page 88 of your report. The resources of the National Laboratories for this type of work are excellent and it is gratifying that the National Institutes of Health have recently given Howard Curtis at Brookhaven National Laboratory a training grant.

I note that the National Science Foundation has no research program on aging due to the feeling that this is a National Institutes of Health prerogative. They do not feel this way about embryology and I am not clear why the latter aspects of development would be different from earlier ones.

While there are bound to be budgetary problems, money itself is not what is limiting the growth of gerontology. What is needed is better recognition of what biochemistry with its more recent developments can contribute. Aging can now be understood. It is no more difficult to seek to understand aging than it is malignancy. We have the tools. We now know, in a general way, how cells develop and to some extent why they die. While it is true we know more about the control of the life of a bacteria, *Escherichia Coli*, than we do of a rat we will within the foreseeable future understand the control of the development of a rat and its aging. This view is now being expressed by scientists other than gerontologists. I would particularly like to call attention to public statements by James Bonner of California Institute of Technology given to the Harris group in Oklahoma City and statements by Robert L. Sinsheimer also of Cal. Tech. which apparently you have seen. Both of these men are extremely eminent scientists. I endorse the view of Dr. Kinzell given to your committee in the last set of hearings which reflects at least some of the thinking at Salk Institute. Among gerontologists Dr. Bernard Strehler, who will shortly join the Biology Department at the University of Southern California, has been particularly forceful in presenting the case for gerontological research.

In addition, a group of interested laymen is beginning to evolve. Mrs. Florence Mahoney of Georgetown has become interested in this program through her service on the Council of Ch and HD. Two other very effective laymen are Paul Glenn, a commodities broker at Hornblower, Weeks, Hemphill and Noyes in New York City and Lucius Burch, an attorney in Memphis, Tennessee. Both Mr. Burch and Mr. Glenn have given very effective testimony on behalf of the Veterans' Administration program.

You could help us, Mr. Oriol, in this field with your hearings. Much of the work we have to do in the laboratory. Nevertheless, there is a problem in visibility and in presenting the problem of the impacts that this research will have on our society to the public and our fellow scientists. Indeed, the potential here is great for producing sociological and to some extent political revolution. I believe that the Congress should know what is going on.

Those of us close to these issues are particularly aware of the problems. It is clear, however, that the present effort is, viewed broadly, inadequate and no-

where near proportionate to need. With time, individuals feel that they have a right to enjoy good health, vigor as long and as far as modern science can give them support. The educated mature person is an important resource in our society and should be able to contribute his skills to the support of the society and the economy as long as possible. One of the ways this can be done is through research on the nature of aging. Ultimately, our effort will have to be expanded, there will have to be more regional centers. A budget for aging research will ultimately be expanded from its present six million dollar level to something like hundred million dollars in line with the efforts being made with the study of categorical disease such as heart disease, cancer and mental health. This will benefit all segments of society. It will contribute to the prolongation of the vigorous and mature years of men and women. It will help us understand why the aged are victims of many unhappy complaints. Senator Williams and your committee have a very important role to play.

Sincerely,

F. MAROTT SINEX, Ph. D.,
Professor and Chairman, Department of Biochemistry.

ITEM 5: GERIATRICS MAGAZINE ARTICLE, APRIL 1967

GERISCOPE

Our correspondent's medical report from Washington

DEATH OF AN AGING PROJECT

Longitudinal studies of aging—investigations of the same subjects periodically over a number of years—are fragile undertakings. When financial support depends on the patience, sophistication, and trust of congressmen and other laymen over many years in which few hard conclusions are forthcoming, the undertaking is all the more precarious.

One year ago, the Federal Aviation Agency closed its Georgetown Clinical Research Institute (GCRI) in Washington, D.C., after five years' work and $1.2 million in expenditures. Some of the data has been passed on elsewhere in FAA and to the U.S. Public Health Service. But the project is dead as an integrated attempt to find physiological changes with age and to establish yardsticks for safe performance in aviation.

The project began amid controversy over FAA's 1960 rule that pilots must retire from commercial airline flying at age 60. Pilots attacked the rule as arbitrary, but FAA believed it was necessary in an age of speedier travel by jets. Congressional hearings were held, but the rule was left intact. GCRI was established, according to one observer, "to get FAA off the hook" by leaving the door open to a flexible retirement policy when physiological criteria of safe performance could be established.

GCRI, originally conceived as a twenty-five-year project, examined 1,600 individuals. The search was for 750 individuals to meet criteria for a long-term group to determine physiological and performance norms. The 21 FAA scientists staffed 6 laboratories under Dr. Arthur E. Wentz, a neurologist. They worked collaboratively with units of Georgetown University Medical Center, where GCRI was located. The location was considered a pioneering innovation aimed at marrying government research to the academic atmosphere and resources.

Why the demise?—What actually prompted the decision to end the project is unknown. One factor may have been congressional antipathy to FAA involvement in a project so heavily basic research. In January 1966 FAA asked Congress for $262,000 for the fiscal year starting July 1966. In March, the General Accounting Office, an arm of Congress, concluded the project was questionable as an FAA activity in view of a "similar," though younger, project supported by the National Institutes of Health.

In April, FAA ended the project. The Federal Air Surgeon, Dr. P. V. Siegel, insisted the decision was an outgrowth of his review, beginning in late 1965, of all FAA medical undertakings. Dr. Siegel, in an interview, said his decision was based on scientific and managerial assessments in the context of a tight budget. Budgetary restrictions—both what the FAA asked for in past years and what Congress allowed—contributed to the project's status in 1966, according

to various sources. It may be correct to say that with more support the project might have pulled itself together.

It may also be correct to say that if the project had been under review by a different congressional committee it might have fared better. Overseeing FAA is a subcommittee of the Independent Office Committee; the subcommittee was under Rep. Albert Thomas of Texas, a lawyer said to have favored locating the GCRI project at Brooke Air Force Base in Texas.

Had the project been under Rep. John E. Fogarty (D., R.I.), champion of the National Institutes of Health, it might have been received more sympathetically at appropriations time. Mr. Fogarty, who was interested in aging research, inserted a defense of the FAA project into the *Congressional Record* for May 5, 1966.

"The potential of the program as currently conducted warrants its continued support in its present location so that the effort and expense of the collection of five years of data already procured may effectively be utilized by the medical community as a significant segment of a longitudinal aging study which, as it continues, can effect at an earlier date the goals of aging criteria," he said.

If the congressional committee overseeing FAA was unsympathetic to the project, FAA's leadership reportedly was not very strongly for it. GCRI's establishment was championed by Dr. James L. Goddard when he was Civil Air Surgeon in 1959–62. (He is now commissioner of Food and Drugs, and Dr. Wentz is in charge of extramural research for FDA). When Dr. Goddard left FAA, the project lost its best friend in the front office and thereafter was downgraded. The lack of "statistical support" may have been a result of budgets proposed to and shaped by Congress. The lack of statistical analysis was to become a major criticism by the House Government Operations Committee's Research and Technical Programs Subcommittee under Rep. Henry S. Reuss (D., Wis.).

Duplicate projects?—The House Committee has long been concerned with the improvement of management of long-term research projects supported by the National Institutes of Health. In September 1966, it issued a report, "Better Management Needed of Medical Research on Aging."

The report leaned heavily on a GAO investigation of the FAA project and an NIH-supported project at the Lovelace Foundation for Medical Education and Research, Albuquerque, N.M. The projects are interrelated historically, and FAA received advice from scientists at NIH in establishing the Georgetown project.

Both projects used pilots, though in FAA's air traffic controllers predominated. FAA and NIH insisted the projects were different. "Actually, the (NIH) study is not concerned with the aging of pilots as such but with human aging in general," according to an NIH defense. However, it acknowleged areas of overlap. The two projects would contribute to two general goals, namely, "the discovery of fundamental scientific information about the course of aging in humans; and second, the development of a 'pyhsiological age rating' system which would permit improvements in retirement policies for pilots and other aviation personnel."

According to FAA, there was "no undesired duplication."

In the subcommittee's view, both projects dealt with the same measurements in pilots and, therefore, should have been combined. NIH, whose support for Lovelace followed the start of FAA's projects, should not have supported a separate study, the House report says, adding that such support amounted to poor NIH management.

The committee said a common, serious weakness existed in both projects. This had to do with statistical design. "In view of FAA's difficulties and ultimate failure in getting statistical command over steadily accumulating data and the known statistical weaknesses of the ongoing NIH-Lovelace study, the committee finds special need on the part of NIH to resubject its study to critical examination," the report said.

Statistics static.—Statistical design for longitudinal studies is far from a cut-and-dried matter, according to leading gerontologists. The kinds of correlations and the number and kinds of observations necessary to establish them are matters that cannot always be settled before starting a longitudinal study.

The House panel said the FAA's experience "shows the high cost and low benefit of piling up test data" without a sound statistical design to start with and subsequent systematic analysis. It asserts that an ad hoc FAA scientific panel "found a five-year accumulation of data from an array of tests . . . but no statistical design for analysis of the data and no analysis."

A former FAA staff member says the data was at the initial analysis stage when the project was terminated. It is not clear how much statistical disarrary existed. Different sources give different estimates. Dr. Wentz says, "termination of the project was not made on scientific grounds."

Turning to the Lovelace project, the House committee referred to "known statistical weaknesses." It said the NIH study section reviewing Lovelace proposals in 1961 "expressed concern about the lack of any plan for statistical analysis of the data to be gathered and the inclusion of too many variables for an aging study. It warned that unless the data gathered conformed to analytical objectives, the entire project could prove worthless. Nevertheless, the study section recommended and the NIH approved a three-year grant, unaccompanied by any requirement of the grantee to eliminate project deficiencies to qualify for second- and third-year funds."

The House committee noted that NIH approved a five-year extension of the grant in 1964, though little actual analysis had been undertaken then. Lovelace reported in August 1966 that data analysis was proceeding.

Basic needs.—A gerontologist said he was "shaken by the lack of any comprehension by the committee of the basic needs of scientific methods. What they call duplication is replication," he said, meaning the use of different measures in the same domain rather than repetition of the same measures. The same gerontologist thought some aspects of the FAA project were scientifically sound but others questionable.

"The publish-or-perish system of rewards in science," ran an oft-heard comment, "discourages long-term research, which has few early payoffs to boost a man's career and salary status. In a government in-house study, it is hard to get and keep board-certified specialist-physicians at Civil Service pay scales, which rarely exceed $20,000 a year."

Neglect of aging research.—In view of such difficulties, said one observer, it was "astonishing" that GCRI held its personnel together for five years. "Because aging is *by far* the most scandalously neglected area of medical research," he added, "the death of this project—saving 0.02% of all federal spending on medical research—does not strike me as a masterpiece of good management. Aging is the last area in which you want to look a gift horse in the mouth."

According to the report, federal support of aging research in 1966 was an estimated $12.8 million, including $4.5 million through NIH. The report lists 8 "major long-term medical research studies of aging in humans, sponsored by six federal agencies, fiscal year 1966," counting GCRI and Lovelace. Total estimated spending for the 8 studies: $1.2 million.

One gerontologist questioned the list. He noted its inclusion of 3 Defense Department studies dealing with physiological changes in pilots. the Atomic Energy Commission's study of Hiroshima, and Nagasaki survivors of the atomic bombings. These were questioned as not being true aging projects.

What remains of the list are [1] a study of 600 aging male volunteers of all occupations, being carried out at Baltimore City Hospitals by NIH's Gerontology Branch under Dr. Nathan Shock and [2] a Veterans Administration study in Boston of "Normative Aging" in 900 male veterans aged 25 to 100.

A physician in gerontology pointed to a need for directed research in longitudinal studies. "These studies cannot be arranged for the asking. When you deal with research on arthritis, for example, the scientific panels at NIH who select projects for grants don't pick only 1 out of 25 for support. They may pick 2 or 3 which are pretty much alike because overlap and confirmation of results are desired. It's relatively cheap. The grants may be $25,000 and the work can be completed by one investigator in a year."

The longitudinal ball game.—"In longitudinal studies, you're talking about something far more complex. It's a different ball game; the same rules cannot apply, because the investment of money and talent is of a new order of magnitude. You have to put your eggs in fewer baskets. You have to combine study proposals, using your best scientific judgement. So, the House committee has a point in saying that we ought to look at longitudinal research from a central viewpoint. But this is quite a departure from the way most researchers are accustomed to working, and it may not be fair to criticize FAA and NIH without noting this. Now, if you're going to recognize the new ball game, you have to do it in Congress, too. You must assure long-term support, and in this regard you run into problems stemming from the fact that Congress prefers to make annual budget reviews and resists long commitments.

A medical leader close to gerontology urges perusal of "the superb set of recommendations" of the Public Health Service task force on aging in 1964. "This report was a blueprint for a long-term strategy of aging research, and in my personal opinion is the finest document of its kind that has ever been generated within the government. For reasons which I do not know about, this report has never been made public. . . ."

It seems clear to several gerontologists that a mechanism is needed that lends stability and integrity to long-term studies and that has the confidence of Congress and the approval of the scientific community.

ITEM 6: LETTER FROM SEVERAL GRADUATE STUDENTS, DEPARTMENT OF PSYCHOLOGY, WASHINGTON UNIVERSITY, ST. LOUIS, MO.

DECEMBER 1, 1967.

DEAR SENATOR WILLIAMS: As graduate students interested in pursuing careers of research and clinical practice in gerontological psychology, we would like to make our views, with regard to teaching and research needs, known to the Committee on Aging in support of your current hearings.

Within standard course offerings in the biological, behavioral and social science curricula throughout universities in the country, there is a notable absence of information on human aging. In those few universities where specific gerontological courses are offered, material is primarily descriptive with virtually no cohesive theory or integration of research across biological and behavioral fields. Whereas, over the past twenty years, the sound research results on infancy and childhood have tended systematically to be incorporated into curricula, few details about the later segments of the developmental spectrum have reached the average college undergraduate or graduate student.

In part, we feel this poverty of integrated theory is related to the relative absence of support for basic research in aging for our faculties. Professors emphasize, in their teaching, the research to which they are committed. They become committed through the allocation of resources to particular research areas. To date, few such allocations have been directed toward gerontology.

A very serious secondary effect resulting from the absence of aging content in graduate behavioral science courses is that practitioners, particularly clinicians, are being produced in significant numbers who

(1) are quite unaware of the mental, physical and social health problems of our older population;

(2) are neither comfortable with, nor curious about, the possibly unique problems of providing services to aging persons;

(3) are uncritical about the application of clinical diagnostic and therapeutic methods to older adults;

(4) are, themselves, not stimulated to think in terms of research problems of importance to advancing our knowledge of human aging processes.

A few examples of the many teaching and research areas that we feel urgently need support are illustrated by the following facts:

A. Recent research has shown that some, perhaps a significant, proportion of older psychiatric patients diagnosed as having Chronic Brain Syndrome are, in fact, victims as well of major auditory deficit. They cannot hear well and probably have not been totally aware of the stimuli in their environment for some years. We do not know what the effects of such sensory deprivations are on our older population and we do not know if such persons may be rehabilitable or such deficits preventable. Basic research in aging sensory mechanisms and related behavior needs to be supported.

B. Very few standard psychological tests have norms for older age groups. Many existing aged "norms" are predicated on non-normal institutionalized populations. Psychological test batteries are being pervasively used in all clinical facilities and in many social agencies, most often without careful evaluation of their specific appropriateness to the multifaceted problems of the older person. Behavioral norms and function specific tests for the aged need the serious attentions of clinical researchers.

C. Therapeutic practices, deriving from therapeutic models of seeming utility for younger emotionally disturbed persons, are either accepted as equally valid for older subjects or, more often, a flat rejection of all therapeutic efforts on behalf of the aged is proffered by clinicians. Internships and practica that in-

volve students in direct therapeutic relationships with older patients or in social settings of older adults need to be supported.

D. Multiple pharmaceutical products are being prescribed for older patients who manifest behavioral problems without, we believe, adequate basic knowledge of the neurochemical etiology of the disturbance being treated or of the impact of the drug on the neurochemistry of the aging body. Basic research in neurophysiology and biochemistry of aging organisms needs vastly more resources and support.

E. In certain research areas, such as memory and learning, the threshold of understanding is beginning to be approached. More extensive support of basic research in these nervous system mechanisms could have vast implications for minimizing the functional deficits of aging, i.e., memory of recent (and past) events. The storage and retrieval of items of memory, which is being manipulated chemically in the nervous system, promises to be a frontier in the field of gerontology and memory loss with aging.

We are particularly interested in urging support

(1) for the development of community laboratories for the study of normal adults;

(2) for the development of cross discipline basic research centers in which supplies of aging laboratory animals are available;

(3) for pre- and post-doctoral students in connection with these centers.

It is our firm conviction that encouragement by government in the form of sustained significant financial support of basic research and teaching in gerontology will provide the needed stimulus to private foundations and universities and will draw both faculty and student resources to this field.

Respectfully submitted.

Sandra C. Howell; C. Robert Ingram, Jr.; Daniel R. Schiele; Milton Fisher; Michael McNeil; Edson Vasconcellos; William Lieberman; Larry R. Beideman; LeRoy H. Elam; David Crenshaw; John L. Rosenkeetter.

ITEM 7: ARTICLE WRITTEN BY ROBERT H. BINSTOCK, Ph. D.[1]

Some Deficiencies of Gerontological Research in Social Welfare[2]

The Older Americans Act of 1965; Medicare, and six other bills enacted by the 89th Congress have provided dramatic evidence that our nation has recognized the well-being of older persons as a collective responsibility (see *Aging*, 1965). The effectiveness of many programs financed and stimulated by this legislation will be severely limited, however, unless they are guided by data that can be secured through certain types of social welfare research. One of the more critical issues of social gerontology is the fact that these kinds of research have not yet been undertaken to any great extent.

What is social welfare research in gerontology? In what ways is it distinguished from other forms of gerontological research? Perhaps the most useful way to characterize the distinctions is to suggest that the function of social welfare research is to help convert the results of research in the biological, medical, and social sciences into programs and policies that enhance the health and welfare of older persons.

Each year we are able to add to our knowledge of the biological and psychological processes of aging, to the efficacy of various medical treatments and rehabilitative techniques, and to the impact of social, economic, and political forces upon the elderly in our society. At the same time we should be gaining knowledge for policies and programs that can translate these findings into more tolerable and fuller lives for the aging. It is one thing, for example, to establish through careful scientific research that a certain program of therapy is beneficial for older patients who have had strokes. It is quite another matter to see to it that persons who can benefit from the therapy have an opportunity to get it, and that they take advantage of that opportunity under circumstances in which the over-all results are actually beneficial to them. What of the thousands of older persons in

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[1] Assistant Professor, The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts.

[2] Presented at a Symposium on Current Issues in Gerontology, 18th Annual Meeting of the Gerontological Society, Los Angeles, California, November 11, 1965.

nursing homes? What percentage of homes arrange to provide therapy? What percentage of nursing home patients are benefiting from such therapy when it is provided? For anyone at all acquainted with the programs of nursing homes in general, the questions are rhetorical.

The responsibility for converting basic knowledge in the field of gerontology into actual benefits for older persons lies with "the action people," those who are developing policies and programs and arranging for their implementation. These are the specialists in planning or, as it was formerly termed, administration and community organization. Research findings cannot do the jobs of these professionals for them. But the results of research can provide planners with some badly needed guidance. Many action programs are steered by judgments based upon unconfirmed and often conflicting experiences. Relatively new or experimental efforts are guided by little more than dated axioms, trial-and-error, and fashionable cant. If older persons are to benefit from the results of biological, medical, and social science research, we need a far better understanding of the cause-effect relations involved in efforts to develop and execute effective policies and programs. Identification of these cause-effect relations—the kind of knowledge that provides some justification for the use of the term planning in characterizing program and policy development—is the task of social welfare research. To date, by and large, that task has not been performed.

The questions that need to be answered through social welfare research are of two major types. First, we need to know if many of the programs currently in operation have the intended effects upon the older persons they are designed to reach. This is not just a matter of reporting and analyzing the housing facilities constructed, the medical and social services delivered, the treatments provided, and the programs administered. We need to devote our attention to dependent variables; the effects of a given measure upon older persons as it actually reaches them within the context of a program operated by some public or private organization. If a meal-on-wheels program is providing 15 hot, nutritious meal per month of 300 older persons confined to their homes, what are the effects for them? A controlled experiment may definitively establish the nutritional benefits of the food *per se*. But how do the meals provided in the program complement the rest of the older person's diet? How do they fit in with his physiological peculiarities? Are there negative psychological effects from the brief, periodic contact with the personnel providing the meals which outweigh the positive benefits of the food?

In short, the program may be designed on the basis of one established cause-effect relation, but not with an eye to other relations that may well affect the welfare of persons receiving the service. We need far more research to indicate the effects of goods and service inputs, within the context of the programs through which they are provided. Our focus should be the outcomes of various types of programs rather than the efficacy of single elements which may be combined to form a program. Of particular value in obtaining this kind of information, for example, might be a form of analysis commonly employed by economists. In this approach the welfare of older persons would be regarded as the product desired from a number of possible inputs: income, medical care, education, housing facilities, recreational programs, and so on. By using an index of welfare, it would at least be possible to compare production efficiency of various inputs for older persons in general and to analyze the differential efficiency of a given input in producing welfare for subgroups (Berliner, 1965).

The second type of question that needs to be answered through social welfare research is that having to do with the cause-effect relations of attempts to design, establish, and execute programs and policies. If it is desirable to have nursing home owners and operators make arrangements for rehabilitative therapy, for example, how can we get more of them to do so? Clearly, this is not something that will be brought about by producing research findings. In many respects it is a job requiring the best of political skills. Yet, here again, we would benefit from guidance by something more than axioms. We cannot afford the luxury of attributing lack of cooperation to ignorance and ill will. Nor can we rely on the assumption that "involving" someone in meetings and conferences or "relating" to him will bring about his acquiescence. We need research, based upon theories of influence and organizational behavior, to provide some indications regarding the feasibility of various approaches.

Moving from the specific example of arrangements for therapy for patients in nursing homes, we might consider just a few of the more generalized, theoretical questions which require answers. What kinds of organizations tend to resist what kinds of proposals for changes in their policies? Which are the dominant

policy factions in certain types of organizations? What are the primary concerns of these factions? What do varying sets of primary concerns indicate about differential responses to certain types of program proposals? What kinds of resources for exercising influence are effective in overcoming the resistance of various types of organizations to certain kinds of proposals?

Or, to follow another line of thought: Are the factors involved in successful efforts at establishing one type of program transferable to attempts at establishing other types? Is the approach used replicable in other communities? If so, which ones and why? Is the ethnic composition of the community a critical factor? Is regional culture an important consideration in attempts to establish certain types of programs for the elderly? The questions of this kind that need to be answered are endless, but so far there have been few serious, sophisticated attempts to answer even a few of them (Morris & Binstock, 1966).

To consider these deficiencies is not to suggest that basic gerontological research should be curbed in favor of research on the outcome of programs or on the variables relevant to developing programs. Clearly, we must keep expanding our fundamental information on the conditions associated with the later years of human life. Moreover, there are a number of basic questions that have not yet received much attention. While we have gained general information about the physical, physiological, and psychological processes of aging, we have done little to differentiate among older persons of different incomes, ethnic groups, religions, races, and levels of education. To some extent we have begun to explore the special impact of society upon the older person, but not with respect to different social milieus and varying categories of personal circumstances.

It is easy enough to call for more and different research, but are these kinds of research feasible, given the realities of available methods, funds, and analytical capacities? Certainly among the most promising opportunities for social welfare research are the funds provided for evaluating projects supported by government and foundation grant programs. But these opportunities have largely been wasted. due to several different factors.

One problem, of course, has been the small proportion of funds allocated for evaluation. In many instances the funds earmarked for evaluation comprise no more than 5% of a total project grant. The chances to ask and answer questions of significance are thereby quite limited. In effect, the funds available in these circumstances offer little more than an opportunity to record and publicize the experience of a project.

A second problem, closely tied to the first, is the failure of project applicants to present—and the failure of grantors to demand—reasonable specificity as to what is meant by evaluation. The evaluation provision is included by applicants for a demonstration project grant partly because they want an opportunity to publicize and report on their experience (if it proves to be successful), partly because it gives them a ready-made vehicle for publishing and delivering papers, for gaining prestige with colleagues and enhancing their positions in professional associations and organizations, and, in a few instances, to further knowledge. But often it is because grants, by common knowledge, will not be forthcoming unless some provision for evaluation is included in an application. Rarely does the sponsor of a demonstration program include a provisions for evaluation because he really wants his program evaluated.

Although the purported purpose of demonstration programs is to provide knowledge through experimentation and analysis, many persons responsible for approving grant applications rarely undertake a serious examination of the plans outlined for evaluation of a program. Even when they do, they examine the plans at the wrong level. They do not insist on evaluation at a level of analysis that provides a foundation for generalization, but merely make sure that seemingly "impressive data" will be collected. Other grantors fulfill their obligation by making such that a "good name," a purportedly qualified person, will have some connection with the research operations. In some instances, there are even indications that agents who have responsibility for approving applications know very little about what are significant levels of generalization and feasible, useful approaches for research. In the light of all these difficulties, it is not surprising that a large proportion of proposals for evaluative research of demonstration programs set forth few indications with regard to what is to be done, how it is to be done, and why it should be done at all. It is no more surprising that the research produced in such projects is, far more often than not, virtually useless.

Granted that opportunities for program and policy research are not at present effectively exploited, how can the situation be improved? Probably most important is the more aggressive participation of researchers in the design and execution of programs. For many reasons that are easy to appreciate, social welfare agencies tend to be reluctant to accommodate their programs and procedures to specifications required for research. But an aggressive researcher can overcome this reluctance. He can provide guidance to the social worker as to methods of building and patterns for organizing program records so that they will provide useful, ready data for analysis. He can participate in the planning of new, experimental service techniques, to ensure that provision is made for control groups, thereby making it possible to find out if it is the service, rather than some other factors, that accounts for changes in the physiological, psychological, and social conditions of elderly clients and patients. As two sociologists recently observed:

"There is little likelihood of developing evaluative designs for . . . programs by . . . second-guessing the action people. . . . If the researcher is going to act responsibly . . . it probably is mandatory for him to engage himself in program development" (Freeman & Sherwood, 1965).

Perhaps the most important areas for researchers to actively engage themselves are national, state, and local policy development in the field of aging. Policy, of course, is not made through research, but through the advocacy of conflicting views (Schlesinger, 1965). Yet, in virtually all important areas of policy in our nation, researchers are among the most prominent and vigorous partisans. Most of the men who guide economic policy in this country are researchers. They have become involved in struggles to influence policy not because they have definitive, uncontestable knowledge about relationships among all the variables affecting income, prices, interest rates, growth, and other dimensions of macroeconomics. They know, probably better than anyone else, the limitations of the information available on these matters. But they have taken the responsibility of leadership because they wish to see that our economic policies are guided by what they consider the best available knowledge (Flash, 1965).

The same kind of leadership is needed for policy development in social gerontology. More researchers must put forward their partisan views as to the most effective over-all approaches for coping with problems of housing, retirement, health, and income as they affect the aged. If these advocates are wrong, many persons will be eager to let them know, soon enough. But unless researchers begin to take an active role, it will be a long time before policy in the field of social gerontology becomes sophisticated and comprehensive enough to have the greatest possible impact in enhancing the lives of older persons.

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Appendix 7

MATERIAL RELATED TO TRAINING AND MANPOWER NEEDS IN GERONTOLOGY*

ITEM 1: LETTER FROM DR. MORRIS ROCKSTEIN, CHAIRMAN, SURVEY OF TRAINING NEEDS PROJECT, GERONTOLOGICAL SOCIETY

DECEMBER 18, 1967.

DEAR SENATOR WILLIAMS: It has taken some considerable thought and review of information available to my Committee to prepare the following projections on the number of trainees in institutions across the country, engaged in advanced (pre-doctoral and post-doctoral) programs in the field of aging, rather than on the need for personnel knowledgeable in aging and related fields:

Returns from the intra-Society questionnaire of the Gerontological Society of last year indicated that 159 institutions were giving one or more courses in gerontology. It is estimated that these returns must represent at least 50% of such institutions engaged in some form of training in gerontology. A conservative estimate from the above figures would be that at least 100 of such institutions which are currently engaged in training in gerontology might be expected to be engaged in advanced (pre-doctoral and/or post-doctoral) programs in the field of aging, with an average of 8-10 pre- and post-doctoral trainees per institution is likewise a conservative estimate. The above figure is also very conservative, if we are to judge from the projections by the directors of training programs in gerontology currently under support by the National Institute of Child Health and Human Development. This would then amount to 800–1000 trainees at the pre- and post-poctoral levels by 1972. Considering an average increase in the number of trainees of approximately 40% per year, and beginning with 157 for the year 1967–68, by 1973, this figure would be approximately 854. This is, at best, a conservative estimate, which would probably be closer to 1,000 within 5 years.

On the other hand, expanding this to year 1977, this figure might be better than doubled.

It is obvious that once these individuals will have completed their training, then expanded support for their activities in the ever-expanding areas of aging research and practice will be necessary, whether the practice be in socio-economic terms or health care.

Although this, I am sure, does not supply you with the specific information which you requested, nevertheless, I trust that it may be of some help to your Committee in its projections of future needs in aging and related fields. May I also say, in closing, that a White House Conference on Aging in 1970 or 1971 would be extremely fruitful, since I have seen the value of such a Conference from my own participation in the 1950 Conference on Aging and my own knowledge of the expansion of aging research, training ad practice, which has developed directly or indirectly from the deliberations and recommendations of the participants in that Conference.

Sincerely yours,

MORRIS ROCKSTEIN,
Professor of Physiology,
University of Miami School of Medicine.

*Also see pp. 187–188 of testimony by Dr. Wilma Donahue.

ITEM 2: REPORT BY SEYMOUR L. WOLFBEIN, DEAN,* SCHOOL OF BUSINESS ADMINISTRATION, TEMPLE UNIVERSITY

The Manpower Future in the Field of Gerontology

I. THE SEVEN FACES OF CHANGE

There are two statements which ought to be made at the very start:

There is today a substantial and significant nationwide shortage of most professional, technical and skilled personnel.

There is today, specifically, a nationwide shortage of trained persons in the gerontological field which will continue for the foreseeable future.

It becomes a matter of particular importance, therefore, to understand the forces which have shaped the current overall manpower picture of which our practitioners are an integral part. Those forces have enormous strength, cumulated over the years, coming to a head at this particular juncture of time when they are enhanced, if not exacerbated, by concurrent changes in national public policy in the economic, manpower and work/incomes fields.

There are seven surpassingly important changes which serve as the context for today's and tomorrow's outlook. To understand them is to know that the problem confronting the field is one of long duration, requiring responsive programs in recruitment and education of personnel, in the utilization of the skill and talent we do have and are able to generate, and in the development of innovative forms to cope with, in fact, take advantage of the changing technology which is the hallmark of our times.

1. In fact, *technological change* can very well head the list of changes we will want to enumerate. At this point, again as a matter of context, it is sufficient to indicate that postwar America has witnessed increasing worker productivity at a rate of 3%of a year, a rate which means that by 1970, a quarter of a century after the end of World War II, output per manhour will have *doubled*. We have double the output of our labor (in goods and services) even before the large scale crossing of thresholds by computer harnessed machines, satellite borne communications devices, nuclear power fuel and energy and hundreds of other devices already proven to be operational.

2. One result is already written into the record books in terms of industrial and occupational change: We have become the only country in the world which deploys a majority of its labor force in the service-producing rather than the goods-producing sectors of the economy and where first place in the occupational standings has been taken over by the white collar works, moving the blue collar worker into runner-up position. The economically active population contains an almost unbelievably small group which produces all the food, feed and fiber, steel, glass and concrete, highways and library buildings, autos and aircraft and the entire range of hardware which makes up our vaunted standard of living. On the other hand, one in eight of our workers already is classified as a professional and technical person.

3. The matter of mobility and *geographic change* warrants a separate note. We have all heard of the startling record which shows that year after year, twenty per cent of our population changes address, and a third of these cross at least county lines in making their moves. The westward tilt of the continent and the urban to suburban syndrome are clear cut results. However, we better know, too, that the very geography of employment opportunities is changing too. One out of every six jobs in this country are located in just three states. One of the three is California; can you name the other two?

4. Training itself taking place in the transforming climate of *educational change*, where the average American worker already has more than a high school education; where the average professional worker already has the equivalent of a Master's degree; where projections show that in less than a decade hence, almost two-thirds of our labor force will be owners of a high school diploma and more than one in four will have some college; and where the traumas of a 30 per cent high school dropout rate and 50 per cent college dropout rate are one of the side-by-side phenomena.

5. All of these changes are occurring in an arena of *population change* which has resulted in a national profile which includes the fact that one out of every

*At Twentieth Annual Conference on Aging, University of Michigan, 1967.

three people alive today in the U.S.A. was not even yet born a decade and a half ago; that about one out of every eight people in this country will be a Negro in just a few years from now; that the current dependency ratio has reached the unprecedented figure of 100 among our Negro population, i.e., that there are as many Negroes under 18 and 65 years and older as there are in the productive age groups 18 through 64.

6. But in the midst of this cornucopia (or avalanche) of population is a unique story of *manpower change* which includes, again side-by-side, an historically high outpouring of 26 million new young workers during this decade and an actual decline (repeat: decline) in one major age group. In fact, between now and 1975 there will be a decrease of one million workers in the prime working age group 35 to 45 years, including all of those persons born during the depression decade of the 1930s when the birth rates were also correspondingly depressed. In the midst of all the forces we are enumerating, we are faced with a manpower profile which takes on the shape of an hourglass, with big bulges of people at both ends of the age scale and a very narrow waist in between.

7. To make the story even more interesting, if not more difficult and complex, is an allied *working-life change* which truly deserves the oft used term of historic. Throughout the 20th Century, we have actually been increasing the length of our encounters with our working environment. As our life expectancy went up, we were able to increase the number of our years spent as workers as well as those in growing up and going to school on the one hand and in retirement on the other. But during the past decade, for the first time in our national history, the length of working life among man has declined, as his age of entry into the labor force was advanced because of more schooling and his age of exit came earlier upon earlier retirement.

II. A LOOK AT THE FUTURE

The seven forces of change portray a technologically advancing society in which the industrial and occupational standings are being upended as the very nature of our labor is altered, under conditions where even the geographical rug is pulled out from under us, and where millions move, for the better we hope, to the shelter of more educational attainment for a burgeoning population which nevertheless contains a huge deficit of hands in a critical age group and where the very length of our working lives is apparently experiencing major alterations.

All of these are specifically and directly relevant to the manpower situation in the field of aging. They form, in fact, the framework into which every one of your sessions must fit and heed. They shape, whether it be the burgeoning young population, the new leisure groups, the upcoming occupational sectors, the increasing numbers in education and training, the very size and composition of your clientele. Every single one of them does at least this: *They simultaneously increase the demand for the services of gerontologists while they operate to change the very nature of the occupation's services under conditions of increasing difficulty in eliciting the quantity and quality of personnel required.*

If there is a mitigating circumstance, then it might help to say that we are really no different in this respect from most other professional and technical fields. But this also exacerbates the situation and technical fields. But this also exacerbates the situation because it underscores the competitive arena in which our profession operates vis-a-vis many other shortage fields.

Let us illustrate—and make a few predictions:

In the light of our unprecedented manpower profile, with a deficit of experienced personnel, where will you get the talent and hands you need? Can we compete with the other professions, with foundations, corporations, government bureaus for the group with some career development where we face a decline of a million workers?

> Starting now, we are going to hire in greater numbers the younger workers and accelerate their career development, the older workers—and like it, as well as other members of discriminated-against groups. They will go much further than now in trying to achieve a proper mix of the professional, technician and assistant manpower.
>
> We will join the rest of employing institutions in redesigning labor demand to fit labor supply and not the other way around.

The specifics, the tactics of instituting responsive forms to the current manpower crisis have to come from us. Let me suggest three necessary parameters of a general strategy to meet our needs:

1. Whatever concrete actions take place in effecting improvements in curriculum and other aspects of the education and training of the people we need, they must do so in a manner consonant with the principle that:

Education and training must have the breadth to enable a person to withstand and, in fact, take advantage of the inevitable changes which will occur in the relationship between what he learns and what he will be called upon to do in the world of work. Only in this way can we produce a group with a broad enough vantage point to stay flexible, maneuverable, mobile, responsive to change.

2. For the immediate future and then some, the profession must make the manpower factor the independent variable in designing programs for the education, training, recruitment and selection, utilization of its work force, no matter what kind of installation is involved.

In plotting this independent variable, it will be realistic to show it at a value which portrays substantial shortages of professional workers and the course of action is going to have to be in the direction of utilizing people and places, at times and with techniques we may not have thought of before. I see no viable prognosis unless manpower utilization not only accepts, but is based on the latest technological innovations in our field.

3. We are going to have to use the training and retraining lever as we have never done before. Many of the persons sitting in this very audience are here as practitioners because people like Clark Tibbetts and Wilma Donahue had the insight and the foresight to generate and lead institutes for the training of personnel from many disciplines.

We should consider how best we use the cornucopia of training and utilization funds and resources under the past several years' legislation—whether it be the Manpower Development and Training Act or the Older Americans Act to produce expeditiously up-to-date personnel in the professional and allied manpower fields we need.

ITEM 3: ADDRESS BY ROBERT H. BINSTOCK, PH. D.,* ASSISTANT PROFESSOR, FLORENCE HELLER GRADUATE SCHOOL FOR ADVANCED STUDIES IN SOCIAL WELFARE, BRANDEIS UNIVERSITY

Report on Professional Education and Training

The Division I portion of this conference, devoted to Professional Education and Training, was characterized by a remarkable input of useful information. In the two days of sessions we became familiar with aspects of training that were truly amazing in their variety, scope, and depth. Specific information was provided on programs in social work, biochemistry, sociology, psychiatry, physiology, nursing, psychology, adult education, anthropology, senior center administration, architecture, political science, recreation, public health, home economics, occupational therapy, public administration, physical therapy, and many others. And, of course, there were also discussions of interdisciplinary programs under a variety of labels, Social Gerontology being most prominent as a unifying conception.

Many of these programs, some long-term and others short-term, were described in considerable detail. We came to know about the content of programs, their objectives, their patterns of organization, their underlying philosophies, the procedures of education, the different types of trainees, the expense involved in various types of training, problems encountered, solutions devised, and so on. In addition, representatives of a variety of government agencies provided that always useful information concerning the amount of training money available from various sources, and explications of the criteria applied in the review of grant applications, or in other words, "broad hints on how to get hold of the money."

All of the sessions were interlaced with a great deal of practical information and a number of pragmatic discussions which seemed to be of considerable value to many participants.

Beyond the factual input and descriptions, three general issues arose in a number of different contexts, particularly with respect to training in the helping professions and short-term training.

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*At Twentieth Annual Conference on Aging, University of Michigan, 1967.

One issue that seemed to concern many of us was the great need for more efficiency and speed in generating trained personnel to meet the severe manpower needs in the field of aging. Seymour Wolfbein and Robert Morris portrayed the vast national dimensions of these needs. Against the backdrop of the broad portrait which they provided, each of us clearly appreciated the severe shortage of trained and qualified gerontological personnel within our own respective specialties and disciplines. Almost all of us would like to see more colleagues trained to join us as quickly as possible, with the least possible waste of money, time, equipment, facilities, and man hours invested for trainees and instructors. A number of models and suggestions for efficient training were discussed, and I think it is fair to say that for now no single model, or three models, or seven models will be universally applicable to the wide variety of training goals and interests represented by those here. We were, however, all exposed to alternative approaches and stimulating ideas which may lead us to re-evaluation, modification, and innovation, as we search for efficient approaches.

A second issue that arose in the sessions considering training in the helping professions was the issue of so-called generic training versus specialized training for particular tasks in the field of aging. This discussion was particularly applicable to training being conducted in institutionalized university settings, such as schools of social work. The issue there, for example, would be: Is it appropriate for a school of social work to train people narrowly for the job of senior center administration without providing the fuller depth of professionalism? This issue, which emerged in many forms was not, of course, resolved in any sense. Like most issues that focus on the appropriateness of one approach or another, it cannot be resolved through discussions and collective decisions. Clearly, both approaches will be pursued according to preferences, demands, pressures, and availability of resources. As is the case with most such issues, both approaches have an important place and perform valuable functions.

The third recurring issue in Division I sessions was the incredible range of difficulties involved in evaluating the effectiveness of training. Once again, this issue was particularly evident in the discussions of short-term training. Not that the question of training effectiveness isn't relevant to the basic scientific and behavioral disciplines, schools of social work, nursing, public health, and other professions, but since long-term training is well-established and protected by respective traditions of professionalism, the question is not so easily raised, and because of previous experience available for guidance, the issue is not so immediately salient.

The major difficulty in evaluating the effectiveness of short-term training is that in many instances we have not yet satisfactorily conceptualized a goal that can be identified as the outcome of successful training. Up to now we have been satisfied with the assumption that anyone who goes through a complete training course is effectively trained to be whatever it is we have declared to be the product of the program. We can cite the number of persons turned out, the number of jobs they fill, the number of dollars and man hours it cost per trainee, and so on. Often we fail to systematically keep track of these simple descriptive facts. But even when we do know this much, we don't know a great deal about the quality of post-training performance, or to what extent that performance can be attributed to a training experience. This issue was also pointed up rather effectively by Mr. Wolfbein on Monday when he provided us with the information that 20% of those who flunk the 7th grade achievement test for Armed Forces Qualification have high school diplomas.

We are turning out a great many diplomas, licenses, and certificates, but especially in short-term training, we know very little else about just what it is we are turning out. Many of you may take exception to this generalization, but I believe that it is fair to say that in short-term training we are doing a great deal of certifying, in-servicing, exposing, and stimulating, and then hoping and praying for the best. As long as we are exerting ourselves to the utmost to develop the best training inputs that we can, the most we can do right now is to proceed with the confidence that we are making important and useful contributions towards the fulfillment of the need for extensive and qualified manpower. I think it can be said, however, that just about all of us in the Division I meetings agreed that at the same time, we must also do everything we can to find ways of evaluating short-term training effectiveness, and redesigning our programs accordingly. This is a problem requiring urgent attention.

TRAINING PRIORITIES

Underlying all of these issues which we discussed, is a major issue that was never explicitly raised in any of the sessions. However it was implicit in all of them. This is the matter of training priorities. Perhaps it is the most important issue of all.

Overtly, we have talked about training at this conference as if all training, as long as it is relevant in some way to the field of aging, is equally good, equally useful, equally important, and equally productive of well-being for older persons. We have been presented with descriptions of a marvelously diversified variety of training programs, and I think we can see that each type, whether or not it is relevant to our own particular specialty, has potential value for meeting the equally wide variety of needs that must be met to enhance the well-being of the older persons in our society. In addition, we have seen that some amount of public funds is available for each type of training. I am sure that each of us has benefited from learning about all the things that can be done and need to be done.

Nonetheless, we are also aware of the great necessity to take the most direct steps possible to help as many people, as quickly as we can, and to meet those needs which are most urgent and basic.

It is true that more financial resources are available than ever before for helping the older persons of our nation. We also have more effective governmental mechanisms and stronger leadership. But we do not have anywhere near the resources that we can use, and it will be a very long time before we do. Because our resources are scarce, we are not going to have equal resources to invest in all approaches to meeting the needs of the aging. Whether we like it or not, think we are going to find that even as the problems of older persons are receiving greater attention in our society than ever before, we are going to be making more painful choices in the allocation of resources for priority programs. Rich as we are, we aren't rich enough to do everything, even though we may have well-founded faith in the efficacy of the most of our programs.

Through the past twenty months it has become increasingly clear that Congress and the executive departments of our Federal government are searching intensively for better evidence and better methods which will enable them to make some of these difficult allocative decisions. We have all been socialized to think about cost-benefit analyses, and the planned program budget has emerged to haunt the officials of virtually every public agency. It is very clear that Congress wants to know more than ever before, the tangible, actual, hard benefits, if any, that accrue to people from the vast array of programs and services. The Senators and Representatives are very tired of having their attention directed to the theories, designs, structures, and well-meant phrases that define the shape of the front end of the pipelines in Washington, where the money is put into the system. They want to know what happens at the end of the pipeline. Which programs, services, and facilities are doing people any good? And among those that are, which are doing the most good, and why?

It should not be at all surprising that the bill amending the Older Americans Act, enacted on July 1 of this year, includes a paragraph that requires the Secretary of Health, Education, and Welfare to make a thorough report to the President and to the Congress on March 31, 1968, on the adequacy and effectiveness of training programs in the field of aging. It is recognized that the Administration on Aging has done an excellent job of mobilizing training efforts on a variety of fronts. Many of us here have had sufficient contact with the activities of Clark Tibbits to know that this recognition is more than merited. But now that training is underway on many fronts, it is time for priority decisions.

If anyone has doubted the critical importance of priorities. those doubts must certainly be dispelled by now. The tragic events of recent days here in Detroit and in communities throughout our nation have made us all sharply aware of the need for urgent priority decisions regarding the use of our resources and efforts. We cannot afford the luxury of spreading our resources among all approaches that might be justifiably assumed to be useful. We cannot afford the luxury of waiting until we have sure, irrefutable knowledge that the ameliorative efforts we undertake are the most efficient possible. Priority decisions will be made whatever the basis.

We can all be sure that the field of aging will have fewer resources to deploy in the immediate years ahead than would have been available if through some luck these tragic events had not taken place. The irony is that the prob-

lems of the aging that have brought us together at this conference are also tragic. Perhaps they are not as tragic as the social disorder that has brought us all to the point where we can no longer repress and ignore the realities of our urban life. But perhaps the problems of older persons are indeed as tragic, and the primary difference is that they are not emblazoned in our minds and souls with such a stark, dramatic, massive shock.

Violence, arson, looting, death, oppression—the breakdown of social order in a major city of our nation—make us all fear that time is running out on us, while the many plights faced by the aging are not forced upon our attention by mass, dramatic events, so as to give us this feeling. But time is running out for millions of older persons and for the many millions more who will soon be old.

This is why I have chosen to single out the issue of priority, which implicity underlies our discussions of training. We could not make it explicit because we come here together for such a brief time from so many different backgrounds and pursuits seeking to widen our knowledge through interchange so that we can benefit from each other's experiences and make our efforts more effective. If this conference has served to unify and improve our efforts in some measure, and I suspect that it has, then it has served us well.

But perhaps it is not premature for us to begin to confront the issues of priority, the priorities of training, as well as others. We can be sure that priority decisions will be made whether we confront the issue or not. But the sooner we can begin to provide firm evidence to serve as a basis for priorities, that is, actual knowledge about the comparative efficiency and effectiveness of various training approaches, and the sooner we can begin to provide evidence that some of the programs, services, and research, for which personnel are trained have more payoff than others, the sooner we can get a truly significant return on our efforts to enhance the well-being of older persons.

There are a great many difficulties that will have to be overcome before we can attain that position, and these require the combined efforts of us all. I have no clear idea how our efforts can be concerted for this task, but Wilma Donahue has shown the kind of imagination and leadership necessary to meet such a challenge on many occasions in the past, and I wouldn't be surprised if we found ourselves here once again before too long, working together on this very important job.

Appendix 8

CORRESPONDENCE WITH CENTERS ON URBAN STUDIES AND LOCAL GOVERNMENT

The committee chairman addressed the following letter to selected centers for urban studies and related fields in advance of the hearing:

The United States Senate Special Committee on Aging is conducting a study of social and economic change that may be expected because of increases in the population of older Americans within the next three decades. I am writing to you and others involved in urban studies for information and commentary on the following matters:

In terms of social planning what should now be done to prepare for the anticipated number of persons past 65 in the United States, as well as those who will leave the labor force at earlier ages than is now customary.

Do you believe that adequate research is now underway on such matters as:

(*a*) Social services, housing requirements, and leisure facilities that will be needed by increasing numbers of older Americans.

(*b*) Tax structure adjustments that may be necessary as patterns of home ownership or apartment dwellings change with increases in the number of retired persons.

(*c*) Interstate migration of the elderly and its effect on land use.

(*d*) Measures that should be taken to assure a suitable living environment for the elderly.

I would also like to have details on any research or projects you may be conducting on matters related to the subjects mentioned, or others which, in your view, should be considered.

Sincerely,

HARRISON A. WILLIAMS, Jr.,
Chairman.

(The following replies were received:)

SOUTHERN ILLINOIS UNIVERSITY,
Edwardsville, Ill., November 17, 1967.

DEAR SENATOR WILLIAMS: I received your original letter concerning the special committee on aging (addressed to Dr. Mann) and my own copy. I am forwarding Dr. Mann's request to him at Hunter College, New York, where he is now Director of the Urban Research Center.

However, I felt that you might be interested in a study which was done in this office entitled Population Projections for the State of Illinois and Eleven Component Regions to the Year 2010. These projections are done by age and were published by the Department of Business and Economic Development, Springfield, Illinois. Though there is no special enmphasis placed upon the aged, the data developed might possibly be of interest to your committee. A copy should be obtainable through the above state office. If their supply is limited, please let us know and we will be happy to forward one of our rather small number.

I agree strongly with your implied emphasis on problems of housing for the aged (and for others of limited economic resources.) Our office is currently interested in the questions relating to governmental programs in housing. We are developing a project concerning the possible value to the community of home ownership in low income areas. This project will depend upon the availability of funds, and so is rather tentative.

We have not conducted any other research, except of a local nature, in the matters mentioned. I have strong doubt that, in fact, adequate research in them has been done anywhere.

Needs of the aged also include, of course, problems relating to fruitful and satisfying means of occupying their time. My limited contact with the situation indicates that handicraft classes and bridge clubs do not satisfy this need. I am also aware that this it not a novel idea and that this is a concern of many people.

I am sorry that we are not more directly involved, at the moment, in the kinds of things related to your group. The value of such a committee cannot be overstated.

If we can be of further assistance, please let us know.

Sincerely yours,

MRS. JANE ALTES,
Research Associate.

LAND STUDY BUREAU,
UNIVERSITY OF HAWAII,
Honolulu, Hawaii, November 21, 1967,

DEAR SENATOR WILLIAMS: I have your inquiry of November 13, 1967 soliciting information and suggestions which might be helpful in the development of your conference and in the formulation of a future program for the aging.

If I might digress for a moment, I would also like to commend you for your leadership and foresight in your "preventive" approach to a situation which could develop into a most serious social and economic problem.

Unfortunately, the Bureau's present program does not include any research in the subject areas with which you are concerned. I say unfortunately simply to acknowledge that there is a great need for expanded research in urban problems. The Bureau has done some research in the area of gross urban development and requirements as a factor in land use in Hawaii.

While some progress has been made in the United States in providing for the physical well-being (medicare) and the housing needs of the aging, it has not been so great that we can afford to become complacent. There is a need for additional research in all the areas you mention, particularly item (d).

I believe an area where much research needs to be done involves finding ways to make productive use of this expanding human resource of the aging. By productive use, I mean providing the elderly with occupations or activities, which make these individuals feel wanted and useful and without occupying positions or jobs needed to employe members of the working class. If the output from this work yields an income, this will constitute a bonus or perhaps a means of financing the program. Actually, wages or a salary should be paid for this work thereby eliminating any stigma of charity and improving the financial condition of the elderly.

Many of the problems of the aging are the result of failure of individuals to prepare themselves for their "old age." Of course, circumstances may not always permit or provide the opportunity for this preparation. Perhaps some help could be provided in this area through counselling or educational programs.

Certainly, more research is needed which will help us to understand the patient (the elderly) both physiologically and psychologically—their physical and mental wants and needs, their attitudes, etc.—so we can prescribe the proper cure. Know the aging before trying to establish a program to assure a suitable living environment for them. This research in understanding must be continuous because of expected changes in age, etc., of the future aging human resource.

I appreciate being invited to comment on the matters of urban needs and the aging and hope I have made at least some small constructive contribution.

Sincerely yours,

HAROLD L. BAKER, *Director.*

UNIVERSITY OF MAINE,
COOPERATIVE EXTENSION SERVICE,
Orono, Maine, December 15, 1967.

DEAR SENATOR WILLIAMS: Your letter of November 13, 1967, to Mr. Irvine W. Marsters, Jr., Career Development Specialist, Bureau of Public Administration here at the University of Maine has been recently referred to me for answer due to the relatively greater activity of the staff of the Cooperative Extension Service in programs with the aging.

We hope the following, although delayed in its submission to you, will be of interest and value to the Special Committee on Aging.

First, these comments on your specific question:

1. Much social planning is needed in order to enable the increasing numbers of retired and aging persons to derive greater comfort and satisfaction from life in their later years.

Increasing appreciably the benefits under Social Security appears to be a prime source of income required for the aging if they are to live decent and meaningful lives in reasonable comfort and dignity.

2. *Research* in the following areas you have cited is extremely inadequate. Most of the modest activities being carried on locally are done so largely without benefit of research. The interest and effort of local groups and individuals usually without prior experience and with minimum staff, facilities and program resources are commendable but do little to prevent or correct problems of the aging even of their present magnitude. The problems in the balance of this century will obviously increase, so must the resources to combat them.

a. *Social services* already available need to be carefully and patiently explained to all older people who can and wish to use them. This is especially true of health services of which many more of the aging need to avail themselves.

Housing alternatives need to be greatly broadened. Refinancing of private home loans to permit adequate repairs and maintenance at cost levels that can be borne is necessary. So also are low cost rental housing units and purchased retirement homes. Built-in or easily available food, laundry, transportation, education, health, recreation and other essential services need to be included in housing requirements.

Leisure facilities and programs need to be more than the means to spend or waste time. They need to contribute to life, not provide a boring escape from it. Above all, they need to serve as an antidote to loneliness, provide sense of service to others and permit continual educational opportunities as well as the usual entertainment and recreation dimensions.

b. *Tax structure adjustments* such as the negative income tax proposal to permit retirement incomes to more adequately meet retirement living costs are essential. These should be combined with long-term, low-interest loans and rental arrangements as noted above under *housing*.

c. *Interstate migration* should be facilitated by means of standardized and reciprocal leasing arrangements. Rent-a-home facilities should be as available as rent-a-car or other transportation conveniences. Mobility should be compatible with security.

d. *Suitable living environment*, in addition to the very practical factors listed in your letter and briefly referred to above, should include such considerations as the following: (1) integration into existing community life, not isolated or segregated from it; (2) opportunities provided for civic and social interaction on both an individual or a group basis; (3) settings for reflective leisure as well as for formal or organized recreation—a walk or lunch in the park as well as group singing at the Golden Age Center, for example; and (4) a share in the natural beauty of our nation as well as in the basic necessities of food, shelter, clothing and health facilities.

Because of the length of this reply I will refrain from supplying details of program activities in Cooperative Extension's work with the aging in Maine. We are aware of how little we or others have done to date but proud at the same time that progressively more resources of federal, state, and local origin are invested in this important area of our total educational program. From a very modest start less than ten years ago, the staff of the Cooperative Extension Service in Maine have influenced program activities with the aging in many communities of our state and significantly in several. The enclosed describes some of the events in York County where we have been especially instrumental in organizing and activating programs.

Because of the national interest your committee has in this critical area of concern, you may wish to obtain information from the Federal Extension Service of the USDA in Washington, D.C. regarding programs in the several states. I am taking the liberty of sending a copy of this letter to Dr. Lloyd H. Davis, Administrator of FES, as well to Dean Libby of this institution, under whose general direction our work is done.

Should you wish more information about our Maine program activities with the aging please let me know. I or members of our staff who are most intimately involved in this area of our work will be pleased to acquaint you and your committee with both the current activities and the urgent need for expanding them.

The possibility of a White House Conference on Aging in 1970 or 1971 should dramatically and effectively underline the urgency of greatly expanded educational and related work with the aging.

Best wishes for a successful hearing by and favorable action on recommendations of your committee. Please be assured of our deep and continued interest in the subject of aging.

Cordially yours,

EDWIN H. BATES,
Associate Director.

THE FORD FOUNDATION,
New York, N.Y., December 27, 1967.

DEAR SENATOR WILLIAMS: Mr. Bundy has referred your letter of December 18, 1967 concerning the work of the Senate Special Committee on Aging to this office for reply.

The Ford Foundation provided support in the field of the aging totaling $6.7 million from 1956 to 1963. Since that time we have been less active and at present have no staff regularly assigned to the field.

We can perhaps be most helpful at this stage simply by mentioning relevant projects concerning problems of the aging and referring you to Miss Ollie Randall, who continues as our consultant for follow-up activities. Miss Randall will be glad to elaborate on the results of these projects and to share with you her broad experience in the field of the aging. (She may be reached at 45 East 9th Street, New York, New York, 10003: phone 212–228–1243).

Projects of possible interest are briefly described in the enclosed booklet entitled "Golden Years?" They include a study of local services for older persons in a dozen communities, coordinated by Brandeis University (page 3) and Western Reserve; studies of housing for older persons, Cornell (page 24) and Western Reserve (page 27); research on the reaction of older persons to different living arrangements, University of North Carolina (page 28); demonstrations in the resettlement of older persons, coordinated by the University of Pennsylvania (page 29); and various retirement studies (pages 32 and 40). You might wish to get a direct report on the University of Pennsylvania project from Professor Chester Rapkin. (He has since moved to Columbia as Director of the Institute of Urban Environment, School of Architecture, 405 Avery Hall, Columbia University, New York, New York 10027: phone 212–280–3515.) Other significant work related to the living environment of the aging (not Ford Foundation-financed) is being done by Professor James Barron at the University of Southern California and Walter K. Vivrett, Associate Dean of the School of Architecture at the University of Minnesota.

As this recital of projects itself suggests, not only more research but a better mechanism for pulling together the bits and pieces of research related to the aging is needed. Without improved coordination of information, particularly at the local level, programs affecting the aging are apt to work at cross purposes to one another. In general, it is our impression that the problems of the aging are overly fragmented both at the university, where professors study them, and in the community, where practitioners try to do something about them. A special effort is needed to get social planners and physical planners together in the design of aid programs for the elderly.

You also asked about our research or project interests in the overall subject of new directions in urban affairs. The main thrust of the Foundation's National Affairs Division is toward the enlargement of opportunities for minority groups, particularly the Negro minority. Illustrative urban-related grants over the past year went to the American Society for Training and Development, Los Angeles Chapter, for technical assistance to community and industrial manpower training projects; Princeton University for research on models of urban growth and decline; George Washington University for manpower and poverty evaluation studies; the Los Angeles Technical Services Corporation for application of the systems analysis approach to municipal functions; the Department of Community Affairs, State of New Jersey for development of a comprehensive manpower needs and program information system; the National Opinion Research Center for a monograph on personal, social and economic characteristics of urban Negroes in the North; and the Bedford-Stuyvesant Development and Services Corporation for support of private business involvement in slum reconstruction.

Please let us know if we can be of further help in connection with your work.

Sincerely,

ROBERT W. CHANDLER.

INSTITUTE FOR RESEARCH IN SOCIAL SCIENCE,
UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, November 27, 1697.

DEAR SENATOR WILLIAMS: This is in reply to your letter of November 13 in which you request comment on several matters of interest to the Senate Special Committee on Aging. In addition to observations below with reference to the work of Center for Urban and Regional Studies here at Chapel Hill, I am also enclosing comments from colleagues in the Department of City and Regional Planning who teach in the area of social policy planning.

Let me first identify the areas of research which fall within the research program of the Center. Broadly, our work falls into three interrelated areas: (1) Studies of *living patterns of urban residents*, the nature of their activity routines in a typical day, week or year, the way people get about and use facilities in metropolitan areas, and how they react and adapt to technological, economic and social change in this environment as they affect activity patterns; (2) studies of the *structure and growth of metropolitan areas*, how the physical environment restricts or facilitates the pursuit of activity routines of urban residents, how market and social processes modify the structure of metropolitan areas, and how technology, economic growth, and social change affect growth and the spatial structure of cities; and (3) studies of *policy and action opportunities in the public sector*, how public interventions of various kinds serve to accelerate or retard optimal adjustments between living patterns and the physical environment.

Now let me comment on the questions you raise with respect to the matter of planning for the larger number of persons in the older age groups not in the labor force, we can offer no specific comments because we have no clear picture of the status of work in this area. We have the impression that there is a substantial effort already going into studies of the aging, but to make intelligent comments on what else should be done we feel that first of all some comprehensive program statement is needed within which problem areas are defined, a rather precise definition of objectives with relevance for policy and action is made in each such problem area, appropriate research strategies for each area are indicated, and criteria for evaluation of research results against objectives are proposed. Assuming such a program were available, it would seem important then to inventory work completed, in progress, or proposed and to evaluate this work in terms of such a program statement.

In response to your question about the adequacy of research now underway in the four specific areas listed, I do not feel that I could give any authoritative repsonse without having access to information of the kind I have suggested above. However, to the extent that our work has involved us directly in the first and last of these problem areas, I can make some tentative observations. There is an extensive literature on the first topic, and a great deal of work has been done and reported on various aspects of the needs of the elderly for social services and leisure facilities. However, since there is no benchmark program of the kind noted above, as might be expected, there are wide differences in the rigor of methods used and the relevance of results for policy and action programs. Accordingly much of this work, as excellent as many of the individual studies are, must be considered to be ad hoc in character. The same problem exists in the fourth area, but considerably less has been done here.

I can illustrate the above observation with our own work. In the first area (Topic a), we have undertaken two rather elaborate investigations which might serve as useful baseline studies for observation of change, were they to be replicated at suitable intervals of time. One constitutes a national samping survey and other is a case study in one large metropolitan area. In the matter of social services (particularly medical care) and leisure time facilities, we record information concerning services and facilities used for each of our respondents on sampled weekday and weekend days from which we can develop standardized patterns in time spent in various activities and facilities used for these activities by various segments in our sample population. Of course, the group 65 years and over follow patterns of activity distinctively different from those falling in other stages in the life cycle. For example, home-centered activities are much more dominant for this group, and a substantial proportion of the waking hours spent in the home are taken up watching TV. In this connection, however, the amount of time that the elderly devote to different activities varies to some extent according to education level, income and whether the respondent is a man or woman.

These same studies give considerable attention to housing preferences, the dwelling space, the neighborhood environs and the access to community facilities. Again, comparisons can be made for different stages in the life cycle. While we report these studies as offering insights into activity patterns of the aging and the kinds of services and facilities used or preferred by the elderly, in all candor we must observe that our objectives, research strategies and criteria for evaluation were not developed to fit into a comprehensive program aimed at developing policy and followthrough programs for the aging.

Our work in the fourth area has been concerned with the development of survey instruments for measuring how respondents in the above kinds of surveys perceive their surroundings, how they evaluate the liveability of their home and environs. This Center issued a report on "Urban Living Qualities from Vantage Point of the Elderly," which drew on a pilot study carried out by Robert L. Wilson several years ago when he was associated with the Center. Again, in the absence of a comprehensive program statement and established performance criteria couched in policy and program follow-through objectives, this work, too, must be considered ad hoc.

Sincerely yours,

F. STUART CHAPIN, Jr., *Research Director.*

[Enclosures]

MEMORANDUM

To: F. Stuart Chapin, Jr.
From: Michael P. Brooks.
Date: November 21, 1967.

This memo is in response to your request for reactions to the questions raised in Senator Williams' letter of November 13, 1967. I must confess that I find it difficult to react in a meaningful manner, primarily because it is obvious, from a reading of the Congressional Record reprint which was attached, that a good deal of constructive thought has already gone into this problem; any comments I might make "off the top of my head" must necessarily seem rather superficial in comparison.

I applaud the decision by Senator Williams and his colleagues to focus on housing, health, consumer interests, income maintenance, and job discrimination. My only suggestion concerning this five-fold breakdown of the problem concerns the last category—job discrimination. The problem of compulsory retirement, or of failure to hire an otherwise qualified person because of advanced age, seems to me to be only a part of the larger problem of finding productive tasks for the aging to perform. In other words, it will not be enough simply to combat discrimination. We must also think in terms of a broader, more positive approach wherein jobs which the aging might fill are systematically identified (and, if necessary, created). I should think that the service sector offers the most likely possibilities (e.g., staffing day-care centers, running craft and recreation programs in neighborhood centers or public housing projects, etc.), though I cannot be more specific at this point.

A planing process should certainly be initiated, if it does not now exist, for dealing with the problems of the aging. Among the most important aspects of such a process are these:

1. A detailed analysis of the relevant population, and the problems which confront it.
   (a) What is the size of the group we are talking about? (Apparently good estimates of this already exist.)
   (b) What are the major subgroups with which we should be concerned (e.g., by age, sex, race, location, physical health and mobility, need for special types of facilities, etc.)?
   (c) What problems are common to the entire aging population, and what problems are unique to specific subgroups?
2. A specification of the goals and objectives toward which a national policy for the aging should be aimed. How much is it reasonable to ask government to do for this group?
3. An assessment of the resources which will be necessary to achieve these goals.
4. The identification of a broad range of programs which might achieve the goals; application of cost-benefit analysis (and other techniques) to evaluate alternatives; experimentation with the more promising ideas to survive this process: careful evaluation of the results.

One principle which should, in my opinion, underlie all planning for the aging is the maximization of *choice*. With regard to housing, for example, we know that some aging persons find attractive the social milieu and physical facilities of "golden age" communities or housing projects; others, however, prefer to live in the midst of "normal" communities, where they can have contact with people of all ages (including children). My point is simply that *both* of these options (plus perhaps, some others) should be open, at roughly comparable expense and convenience. Perhaps we need some consumer research, however, to tell us the ratio in which these types of arrangements should be provided.

Since I am not familiar with research efforts of the kind which Senator Williams mentions in his letter, I can only assume that there *is* a need for more investigation into such matters. Research on the problems of the aging should, of course, be highly interdisciplinary in nature, and should be conducted in a number of institutional settings—though with a centralized operation in HEW for comparison and evaluation of results. I also suspect that the social policy planning programs presently emerging in the nation's better graduate schools of city planning (such as our own) can be particularly fertile sources of ideas and research, if the necessary stimulus from Washington is provided.

MEMORANDUM

To: F. Stuart Chapin, Jr.
From: Michael A. Stegman.
Date: November 27, 1967.

This memo is intended to supplement the comments you are passing along to Senator Williams as per his letter to you of November 13, 1967.

Without much immediate study, it is difficult to offer any detailed suggestions or recommendations to the Senator and his colleagues, who have done an outstanding job in summarizing the "quiet crisis" of many elderly families and individuals in our urban centers. Let me, therefore, make only one suggestion, and to elaborate briefly upon it. In my judgement, it is not sufficient to study the needs of a population group, to identify problems of its members, create programs at the federal level to alleviate the problems, and go on to some other pressing business. There is no reason why the development and funding of a program at the federal level should be considered as evidence that the problems which generated the need for the program are successfully being alleviated. I am therefore urging that a thorough study be undertaken of the impact, on the urban elderly population, of a myriad of federally financed programs which have been designed to strengthen the vitality of our urban metropolitan centers, and to aid the poor, elderly and nonelderly, alike.

My concern is more for those programs, broad in design and impact, which reach the elderly and nonelderly, but with differential effects. There exists compelling evidence, for example, that not only have the housing conditions of an uncounted number of elderly families and individuals been worsened as a result of federally sponsored renewal programs, but that living patterns, life styles and social relationships have been irreparably disrupted and damaged in the course of federally assisted and locally directed efforts to revitalize our urban cores. By their very nature, the low income elderly population is a disorganized, mute and easily frightened and intimidated group. Even though the federal urban renewal program is not to be conceived of as a low income housing program, legislative provisions and administrative guidelines do exist which encourage local agencies to consider relocation as an opportunity to serve a family. On the other hand, a bureaucratically efficient, but insensitive treatment of relocation can have serious consequences. There is little question in my mind that the elderly have suffered greatly in the name of progress and in the name of urban revitalization. We must not, for example, tell an elderly widow that she must move to smaller quarters where there will not be room to store her memories of forty years or more; we must not continue to view our mortgage and loan assistance programs in purely economic terms so that the elderly family is not eligible for the long term, low interest mortgages his neighbors are receiving, simply because he will not outlive the mortgage. We cannot continue to speak of the economic lives of dwelling units without considering the human lives within them. Similarly, we cannot continue to administer a program of public assistance that provides for shelter allocations that are mere fractions of the economic costs of securing decent housing.

I am particularly concerned about the problems of the elderly with regard to the impacts of programs that are not necessarily elderly-oriented. It is here that their quiet crisis might be made more critical. I am particularly concerned with the low income elderly population at this time, for yet another reason: I am concerned because the probability is great that their crisis will remain quiet for many years to come. Today, when the very existence of our social order is being threatened by nonelderly activists who see no constructive alternative means of making their desperate plights known, the plight of the elderly poor appears less urgent. It can wait; it must wait. The elderly are not threatening our social order, we are only threatening theirs. If we do not decide to deal with their problems in a sensitive and significant way, our social order will not be overthrown, it will merely be a little less worth saving.

UNIVERSITY OF MASSACHUSETTS,
Amherst, Mass., November 22, 1967.

DEAR SENATOR WILLIAMS: Thank you for your letter of November 13 in which you make inquiry about research relating to the growing problem of aging in American society.

As you may know I am interested in the problems raised in your letter, although I must quickly add that I hardly claim to be an expert in this general area.

It is true, however, that when in Illinois I conducted a feasibility study for HEW on the problems of aging in nonmetropolitan communities. The basic thrust of this endeavor was to determine if there are any social and economic characteristics which when related to local voter turnout would tell something about the disposition of such communities to offer services for aging and for services in general. I think it is fair to say that the preliminary study of some twenty communities in Illinois did show a rather unusual relationship between such characteristics. Indeed, the results were so encouraging that we are now embarked on a study of some 700 municipalities in the states of Illinois, New York, Texas and California in order to see whether the results of the pilot effort will indeed be verified by the larger study.

I recognize that such research does not directly relate to the matters you raised in your letter. However, the project is being pursued on the philosophy that if one can forecast the disposition in communities to offering services, one will also be able to ascertain the disposition within communities to offering services for the aging.

Certainly I accept the fact that the items specified in your letter as matters of major concern to the problem of aging are valid issues. It is my hope, however—perhaps the dream of a college professor—that such a research project will be particularly helpful to people like yourself and could indeed serve as a major point of discussion in any contemplated White House Conference On Aging.

I suspect that this letter does not contain the detailed responses you anticipated. I do hope, however, that you find its contents interesting and, hopefully, useful.

Most sincerely,

IRVING HOWARDS, *Director.*

MIDWEST RESEARCH INSTITUTE,
Kansas City, Mo., November 30, 1967.

DEAR SENATOR WILLIAMS: I am pleased to learn that the Senate Special Committee on Aging is contemplating some study of the influence of the next three decades on that segment of our population, which is known as "older Americans."

I am pleased to respond to your letter of November 13, asking for our views. Here are some of the elements of this entire problem, which we think need more study in the development of more specific information;

1. The educational, economic, occupational, social background of persons who will fall into the category; this is needed to better design programs.

2. What has happened to this relevant age category during the past few years—what kinds of people have retired, what they have done, where does their financial support come from, etc.

3. What are the regional differences in the aged, both by geographic regions, urban-rural, etc.

4. We need a picture of what is being done now in social planning for persons over 65—adequacy of programs, information, strengths and weaknesses.

5. Probable employment displacements resulting from technical developments—where it is occurring, in what industries, what skills.

6. It should be possible to describe a future situation with some accuracy—how many persons, where, probable alternative patterns—since all the people are now alive and general information is known.

7. Identification of factors which appear to contribute to a healthy retirement, factors impeding, etc.

Midwest Research Institute is presently involved in two specific projects, which have some relation to your proposed studies:

A. Special transportation requirements of small cities—one of the special problems of passenger transportation is the aged who tend to rely heavily on public transit, or at least vehicles other than their own.

B. Development of the Ozark region—there is already some retirement community development there, will probably be more. Additionally, a relatively large portion of the population is in the older groups and part of the task is to find good employment and income-producing possibilities for the existing population.

Your staff may wish to inquire further of us about these matters. I would be glad to handle them directly, or perhaps they could call upon Mr. Peter Shoup, who is my assistant and manager of our Washington operation located at 1522 K Street Northwest, Washington, D.C.

Sincerely,

CHARLES KIMBALL, *President.*

UNIVERSITY OF OREGON,
Eugene, Oregon, December 6, 1967.

DEAR SENATOR WILLIAMS: Dr. Pellegrin, director of the Institute for Community Studies at the University of Oregon, has asked me to respond to your letter of November 13. He is on sabbatical leave during the Fall term and his business correspondence is handled through his office at this Center which is an agency of the Institute.

There has been no research conducted within the Institute which treats the specific areas of concern which you enumerated in your letter. However, a study which was conducted by two members of the Sociology Department under the auspices of the Institute about five years ago may have relevance to the general subject of social planning for increasing numbers of older persons. The study, entitled "Structural-Functional Bases of Adjustment in Old Age," was funded by the National Science Foundation. One of the investigators, John M. Foskett, is a research associate in this Center and has indicated his willingness to answer any inquiries about the findings of the project, if you wish to address correspondence to him c/o Department of Sociology, University of Oregon, Eugene, Oregon 97403.

The only other agency of the University which is presently engaged in urban studies is the Center for Urban Ecology. However, the work of this Center will not, in the foreseeable future, deal to any significant degree with the matters you are presently considering in your committee.

We will be interested in the proceedings of the hearing to be conducted by your committee. Certainly the subject you are considering is one to which the attention of researchers should be directed and to which current and future efforts of the federal government should be addressed.

Sincerely,

(Mrs.) JOANNE M. KITCHEL, *Editor.*

WASHINGTON, UNIVERSITY.
St. Louis, Mo., December 20, 1967.

DEAR SENATOR WILLIAMS: The following observations are in response to your letter of November 13, 1967, addressed to Mr. Charles L. Leven, Director of the Institute for Urban and Regional Studies of this University. Several of my colleagues have shared their thinking with me, and I have tried to incorporate their ideas into this statement.

An increasing amount of planning and research in relation to the social problems of the aging is being carried forward at all levels—local, state, and federal—and by both governmental and voluntary groups. A definitive judgment regarding the adequacy of these plans and studies requires a more comprehensive view of

the situation than I possess. I will content myself with a statement of major problem areas which, so far as I or my colleagues can see, are still unresolved and therefore might well be appropriate subjects for planning and/or research.

These problem areas may be grouped as follows: (1) economic security and opportunity; (2) living conditions; (3) social contacts; (4) health maintenance.

1. Economic security and opportunity.—The old age retirement system under Social Security is now "coming of age" after thirty years in operation. The action of the present Congress in raising benefits under this program is indicative of the continuing scrutiny given to it to keep it abreast of the needs of the retired worker. That still further increases in the benefit level would be advantageous to the beneficiaries does not negate the value of steps taken this year and previously to keep payments in some relation to the cost of living. A related question is the desirability of increasing the incentives for older persons to stay active on a reduced basis, rather than retiring totally and suddenly. This would involve study of retirement plans and work assignments by both industry and labor unions, as well as of the incentive provisions of the Social Security Act. Considerable effort has been put into the study of this constellation of problems, but when the individual older person comes to retirement the magnitude of the break still is often a traumatic experience.

2. Living conditions.—A considerable amount of attention has been given to housing for the elderly, which is one aspect of the problem area. Nevertheless, there remain many questions about the circumstances which favor one or another kind of facilities, and particularly about the basic question of when, and under what circumstances, the elderly person or couple should give up independent living and go into some form of sheltered living arrangements. Should this be while still vigorous, so that care would be acessible when needed and adjustments in living quarters made when necessary according to physical capacities? Or should the individual be encouraged to maintain independence to the last possible moment, with entrance into sheltered care meaning essentially the end of active life?

In either case, one aspect of living conditions which does not appear to have gotten a great deal of attention is that of a balanced social community, so that the elderly will not be isolated, "segregated" might be an appropriate term, from people of all ages. Another aspect of great importance to the elderly person who is no longer at the prime of his vigor is physical security in the street or in his home. No longer able to contend with vigorous assailants, he needs assurance that he is safe from physical attack

3. Social contacts.—For many of the elderly, this appears to be a major problem area. At a time when their physical vigor is reduced, many of their long-established contacts are being broken through their own and others retirement from work and through death. The establishment of new contacts seems burdensome, yet they are lonely. Hence the importance of thinking about living situations which would call for normal association with people in a wide age range. It also points to the need for additional study and development of activity programs under community auspices to give special attention to the needs of the elderly. Must such programs be "leisure time", "non-productive" in the economic sense, or could they include an element of productive employment for those who, through choice or disability, were no longer in the regular labor market?

The "mobility problem" is a serious one for the elderly person. If he is able to drive a car, can he afford the insurance rates? If he cannot, or does not drive, are there available public forms of transportation at surface level (no overwhelming flights of stairs to climb to subways or elevated lines)?

While these bring to mind immediately the problems of the elderly person in the city, similar problems are found in the rural areas, and in the areas of sparse population, such as the Dakotas. There is the added question of how close there are any of the services, such as stores, banks, even churches, as the small towns shrivel up and die. Where does the elderly person go, even if he is mobile, if he is not in the city?

4. Health maintenance.—The introduction of Medicare and Medicaid should, in the long run, make for much greater availability of medical care for the elderly. They are far from providing the total answer to health maintenance, however. Here the problems of the elderly are hardly to be distinguished from those of the next younger group in the population. For many people the periods of young adulthood and middle age are generally healthy ones. Because of the immediate cost, visits to the doctor are postponed until illness demands them. No pattern of preventive diagnostic care is built up, and the elderly person arrives at the period of physical degneration without preparation for the most

constructive use of medical services. Add to this the actual or feared charges for medicines and other services associated with medical care, and there is still much reluctance among some people to go to see a doctor. An extension of medical provision, at least for physical examinations, to a younger age, say 45 or 50, might be studied as a measure to increase the ultimate effectiveness of Medicare services to the elderly.

It may be important to look into the lack of provision for such items under medicare as dentures, hearing aids, eyeglasses, etc. The cost of such items for the people at the lower end of the benefit scale is excessive, yet without them their social contacts and their health may both be threatened.

Another consideration might be the extent to which physical activities can be encouraged as ways of obtaining both personal satisfactions and healthful exercise. For instance, for some who have always had a home and garden, moving into an apartment or other congregate housing may lead to an unhealthy and unstimulating sedentary life. Might it be possible to provide gardens or other satisfying outlets for declining physical vigor without making them burdensome?

None of these problems or suggestions are new, but if their recital adds weight to the need for planning and research in these areas, I will feel rewarded.

Sincerely,

RALPH E. PUMPHREY,
Professor of Social Work.

NORTH STAR RESEARCH & DEVELOPMENT INSTITUTE,
Minneapolis, Minn., November 27, 1967.

DEAR SENATOR WILLIAMS: Your letter to Mr. Dale Bergstedt of our staff, dated November 13, 1967, posed several questions about planning and research concerned with our growing population of aged persons. Mr. Bergstedt felt that these questions were not closely related to his concern in urban development, which centers around the provision of physical facilities to control the environment. He believed that your interests would be better served, therefore, by having these questions answered by someone who is actively involved in social problems research, and has referred your letter to me. We hope that this action on our part is not inappropriate.

Before attempting to answer your specific questions, I feel that it is necessary to comment about the term "problems of the aged". The "problems of the aged" cannot meaningfully be restricted by defining the aged person as one who has reached an arbitrarily selected chronological age. Any person who is unable to compete on an equal basis with younger people because of his age is faced with a "problem of the aged". According to this viewpoint, the marginal farmer who is forced out of farming at age 45 and is unable to find work because of his age may be an appropriate subject for inclusion in research and planning concerned with the problems of the aged; a successful, self-employed man of 70 may not be an appropriate subject. In order to be meaningful, criteria for studies and planning in this area should be based on the functional effects of age—not on chronological age itself.

Bearing this point in mind, social planning aimed at preparation for the anticipated increase in the number of the aged should be very broad in scope. It should include not only the programs conventionally proposed to aid the aged such as medical, housing, recreational, and social services programs, but also should include measures aimed at eliminating all discrimination based on age. Workable solutions must be found for the discriminatory problems resulting from the very real cost differential experienced by the employer when he hires older workers as opposed to younger workers.

A solution to this problem based on mandatory equal opportunity hiring practices will probably be ineffective because of the difficulty in enforcing such a policy; there are too many factors related to age that, in themselves, would be valid excuses for not hiring an older worker. Until the employer is assured of equal profits, regardless of the age of the workers he hires, job discrimination based on age is bound to persist.

We do not have available to us adequate objective data on which to base realistic planning in this problem area. Intensive research should be undertaken on a multidisciplinary basis to determine the probable effects of alternative approaches to eliminating discrimination based on age. Any program undertaken to solve the problem would have multiple effects involving complex interactions among diverse elements including economic, social, psychological, political, and geographic variables. Because the effects involve these complex interactions, the

research cannot be carried out effectively except in a closely-coordinated research program.

I am not fully aware of all the research currently being undertaken in the four specific problem areas you have outlined and am not, therefore, able to give a valid answer with respect to the adequacy of these research efforts. I am convinced of the importance of the problems and feel it unlikely that present research effort is adequate.

I would, however, draw your attention to one aspect of the behavior pattern of the aged that cuts across all of the research areas you have outlined and of which we are particularly aware because of our previous research on rural social problems; this is, the tendency for the aged to concentrate in small rural communities.

Technological advances in agriculture have resulted, through farm consolidation, in marked decrease in the number of farms and an economic decline in the small towns that have existed to serve the farmers. Lack of opportunities in farming and in the small towns has resulted in massive rural-to-urban migration that has been very selective in nature. It has been the young, more adventurous, and better educated who have left the rural communities. Over 60 percent of the outmigrants in recent years have been under 24 years of age. As the younger people have left the small towns, their places have been taken by elderly farmers who have retired or who have been bought out by younger farmers who are expanding their operations. These older farm people avoid the urban centers, preferring for several reasons to live in a small rural community.

The combined patterns of selective outmigration and an influx of the elderly has resulted in a grossly distorted age structure in many rural communities, particularly in those areas where outmigration has been severe or prolonged. A long history of outmigration eventually produces a town heavily burdened with elderly dependents, a diminishing tax base, lack of young vital leadership, and a conservative outlook characterized by opposition to change.

All the problems usually associated with the elderly are exaggerated in the small rural community. The increase in the number of elderly is very large in comparison with the increase experienced in urban settings. This coupled with outmigration of the younger people who normally provide the money, skills, services and leadership essential to the welfare of the aged residents of the community, poses special problems not only for the aged but also for the younger community residents. The limited tax base affects a broad range of local institutions; educational standards must be lowered and other village services must be curtailed. Perhaps most important in the long run, the distorted age structure combined with the lack of young leadership seriously affects the community's capability to initiate new business enterprises or to attract new industry from the outside.

Current research emphasis is inappropriate in terms of the needs of the aged population in rural communities. Adequate planning for the rural aged must be based on valid information regarding the combined effects of a rapidly increasing elderly population and a detrimentally selective pattern of outmigration. Information must be obtained not only about economic effects but also about social effects. Current research efforts are not aimed in this direction.

In my opinion much more research emphasis should be placed on the problems that the aged in the rural communities have, as well as the problems that they pose for the rural community.

Much more emphasis should be placed on employment for the aged; not only in terms of job discrimination based on age, but also employment as a means of retaining self-respect in a culture that tends to measure individual worth in terms of individual productivity. Research is needed in order to define the potentials of the elderly labor force and the effects that might be expected if full use were made of these potentials.

I hope these thoughts may be of some value to you and your committee. I am pleased to be able to make some contribution toward the solution of a very complex and serious national problem.

Sincerely,

GUY H. MILLS,
Director of Research, Psychological Sciences.

UNIVERSITY OF PENNSYLVANIA,
GRADUATE SCHOOL OF FINE ARTS,
DEPARTMENT OF CITY AND REGIONAL PLANNING,
December 1, 1967.

DEAR SENATOR WILLIAMS: Your letter of November 13 to the Institute for Environmental Studies has been referred to me for reply. I am delighted to see that you are addressing your committee's attention to the future! It has been of growing concern to me that we have thought largely in terms of the short run in dealing with the problems of aging in our society. To have a legislative committee move aggressively on more long-range concerns is necessary, admirable, and even inspiring.

I believe that your office has in its possession at least one copy of my book, The Elderly in Older Urban Areas. You might wish to note that a second volume, entitled: Relocation: From Obstacle to Opportunity in Urban Planning, will be published by the University of Pennsylvania Press in late spring of 1968. In the latter, I suggest some of the things that you mention in your letter and I reflect on the priority of research in essential areas such as the following:

Projections of the social needs of the elderly sector;

Projections of the distribution of wealth and income among our aging population;

Systematic studies into the roles that a more able and economically affluent elderly population can satisfactorily play;

Studies of the magnitude of the housing requirements of a growing older population;

The performance standards that will be necessary if the physical environment is to be adequate for the elderly as well as for the young.

I fully support the notion of having a White House Conference on Aging in 1970 or 1971. Again, congratulations for your farsighted leadership.

Yours very sincerely,

PAUL L. NIEBANCK,
Assistant Professor of City Planning.

UNIVERSITY OF MISSOURI,
Columbia, Mo., November 27, 1697.

DEAR SENATOR WILLIAMS: It is a pleasure to reply to your kind request for information and commentary on research concerning the aged.

With respect to social planning I would like to make several observations. First, it seems that government policy from earliest days has been to provide minimum aids to enable any non-military social group, not alone the aged, to sustain themselves privately. I do not demean the efforts that have been made, but I have often wondered whether present parsimony does not create future crises, at a much higher cost in human and material reseources than would have been the case with a greater measure of largesse.

Colonial and early American individualism was dependent upon nature's bounty. As we have multiplied, our independence of nature and dependence upon economic organization and technology has quickened. But we still act as though nothing has changed. With this as prologue let me add specifics with respect to future planning for those over 65:

1. We need to better understand the nature of economic change in this nation so that we may better know why we act as we do toward the aged and retired. This means that we should undertake some historical perspective studies of social, economic, and political conditions from the standpoint of those over 60 or 65. It also means that we need to obtain respectable data on public attitudes toward the retired and elderly if we are to educate the citizenry and design flexible policies for the aged capable of strengthening the fabric of our whole society.

2. We treat the economically deprived aged as outcasts and as such provide a minimal payment (social security) based on years of work service that is sufficient to screen them off (in homes for the aged, rest homes, nursing homes, etc.) from public view. This leaves unsaid the thanks of needy elderly whose only measure of self-respect has been maintained by our social security system. The fact that we have such a system should not shield those of us who are younger from the debasing knowledge that we are, to an extent, shielding ourselves from them. We need more knowledge about the values of elderly and how to communicate their experiences to those of lesser ages. We need to know much more than we do about the variations and levels of aspirations of those whose years of

toil are over but whose years of "work" are not. With all the things that need doing in the U.S. is it not just possible that the aged may contribute to our society?

3. In our urban changeover the plight of the deprived elderly has so seriously worsened that stopgap measures may be necessary, but they should not be accepted as alternatives to long-range solutions. In the New Yorks, Cincinnatis, St. Louis', Los Angeles', and lesser places we have witnessed deterioration of neighborhoods and we put the elderly, through economic necessity, into housing that can only be chilling to their spirit. Their only contacts are with themselves. What they need may be situations where contact with the total spectrum of ages, particularly the young, is possible. Are those of us who are younger so incapable of productive imagination that we cannot find some answers for this dilemma? Or, shall we allow the drift of elderly into the "ash cans" of our cities to continue because of our own incapacity of thoughtfulness, and because they may be too exhausted for effective protest?

4. By 2000 A.D. we may confidently expect to have about 300 million inhabitants of the U.S. Perhaps as many as 90 per cent will be living in metro areas. The dimensions of this development are hardly noticeable until one realizes that right now we only have 200 million in the nation and the year 2000 is just 32 years away. For the aged this can be disastrous. For, is it not likely that we will concentrate attention upon the more obvious needs of education (at all levels), transportation (all modes), and the production of goods and services (private and government), and by-pass the problems of those whose wants and needs simply do not conform to a market economy which assumes that all people are both young and have rising credit goals? Despite the fact that the proportion of elderly in our society is increasing the outlook for their condition appears dim indeed. I may be overlooking the elderly as a focus of potent political influence because I doubt that they can be effectively organized except under conditions of a general economic depression. If that should occur the nation, will once again be forced to turn its attention from the physical development of land and machines to human improvement and development.

Right now we need to know the statistical profile of the elderly. How many are there now and how many will there be by 2000? What are the socio-economic conditions associated with them? What will they be in 2000? Particularly important will be the statistical data on the elderly who will need aid to exist at a satisfactory level of living.

To create a profile such as this we must make some assumptions about the U.S. economy and its regions; we will need to raise questions about the fundamental character of Americans; and it will be necessary to find some techniques to portray the economic impact of various alternative policies for improving the lives of the economically distressed elderly.

5. Private efforts and local government programs to aid the dispossessed go back to the beginnings of our culture. They were frequently hit-or-miss in nature, but the results remain in the records of social welfare history of cities, states, and private associations.

Even so, I am not aware that we have a voluminous literature on problems of the elderly. Thus, by any definition one would care to pose, we must admit that adequate research is not now underway on the conditions of the elderly and the associated impact of these conditions upon the nation. We do know something about the size of the problem, but the operational research that has been done seldom seems to cut into the major core of fundamental policy questions that concern the elderly.

As part of our Research Center's new program of Manpower and Population Studies we are beginning work on some aspects of the statistical profile. We hope to use our Public Opinion Survey Unit to gain some insights on the extent of indigency in Kansas City, and out of this we may clarify how the elderly relate to its existence. In addition we are conducting a survey of Missourian's health problems and health care sponsored by the Department of HEW. From it we shall gain some valuable insights about family health histories and the dimension of illness as a growing factor in the consciousness of the elderly. I suspect that any policy concerning the elderly must start with health and work outward to other factors of life. We are also performing research in the general areas of urban problems, but, at the moment, our concern about the elderly is peripherally related to larger questions about the nature and existence of the urban community.

Compared to the extent of problems of the elderly I should admit that the amount and quality of research in the U.S. is minute. Perhaps, we should begin

to hypothesize more solutions and gather data as it is needed. At least this would give policy makers a firmer footing in dealing with the immediate and long-range need for creative solutions to problems posed by the elderly in our nation. Perhaps, a session at the proposed White House Conference on Aging might be directed toward solutions.

I am sending along two copies of our 1966–67 Research Center *Annual Report* entitled "Research Organization and Activity." Pages 23, 31–33, 40–41, 43, 45, and 51–59 indicate areas in which we are working which may be of some interest to you and your Committee.

I shall be happy to cooperate with you in the important task your Committee is undertaking.

Sincerely,

ROBERT W. PATERSON,
Professor of Economics and Director.

UNIVERSITY OF MISSOURI,
St. Louis, November 29, 1967.

DEAR SENATOR WILLIAMS: We are certainly pleased to hear that your Committee will soon start hearings on the economic and social problems of the aged. This is one of the most crucial problems now facing our society and one which cuts across the rural urban dichotomy in our nation.

The State of Missouri ranks among the top states in the percentage of its population which is over 65 years of age. Many of our rural counties have a very high and increasing percentage of their population over 65. In some cases, in counties that surround some of our lake resorts this is a result of the immigration of retired people who want to be near the recreational opportunities afforded by these lakes. But in most of the counties this increasing percentage is simply the result of the out-migration of younger citizens which leaves the older residents isolated in counties with declining tax resources and often with inadequate health or even shopping facilities.

In the same way the central cities are the home of not only the poverty stricken Negro but also large proportions of poverty stricken elderly persons. It is, for the most part, the young white families that move to the suburbs and the white population that remains in the city tend to be those whose children are grown. This is one of the major reasons behind the fact that while only 38 percent of the total population of St. Louis is Negro, 65 percent of the students in elementary school are Negro.

Furthermore, even the few well-to-do white families that are moving back into the central cities tend to be older or retired citizens whose children are out of school and who can afford the luxury of some of the plush new apartment complexes such as the Mansion House Apartments in St. Louis.

This means that there is a very great need for further study of the basic population migration patterns of older Americans, of their housing opportunities of the discriminatory impact of property taxes on the person living on a limited retirement income, and on the health, cultural and recreational needs of this growing segment of our population.

Unfortunately, although we have done some general work with the Ozark Regional Commission on a survey of economic development data which touched in part on the problems of the aged in that region, our Center has not, as yet, been able to conduct any research specifically dealing with this problem. We have people who are capable of conducting such research but we are severely restricted by a lack of funds for such research. If your Committee could provide information concerning the availability of funds for research in this area or if you could stimulate the appropriate agencies to make such funds available, you would perform a very real service.

We will be glad to cooperate with your Committee in any way possible and to send you any further information on our Center and our Staff that you might desire. Again, let me emphasize our belief that this is one of the most crucial problem areas facing our society today.

Sincerely yours,

EARL J. REEVES, *Associated Director.*

PRINCETON UNIVERSITY, SCHOOL OF ARCHITECTURE,
Princeton, N.J., December 8, 1967.

DEAR SENATOR WILLIAMS: My apologies for this belated reply to your request for my views on matters pertaining to older persons. Our Research Center is currently engaged in four projects, and I have had to be in the field several days each week.

Although the Federal government has made great strides forward during the past several years, geared toward providing financial security, job opportunities, adequate housing, and health and leisure facilities for our older citizens, the needs of these people are still unfulfilled and increase with each passing year. Research has been undertaken through many channels, including universities, yet many important areas remain unexplored. There is also a need for a compilation of all research efforts completed and underway that are directly concerned with the elderly.

Being fully aware of the accomplishments that were a direct result of the 1961 White House Conference on Aging, I heartily concur with your proposal to conduct another conference on this vital topic. I urge that it be held in 1970, rather than in 1971, provided the necessary background papers can be completed. Certainly a reappraisal of current programs and efforts is in order, and should be made as soon as possible.

I believe you will be interested in one of our projects now underway. We are attempting to find ways to help the disadvantaged in our cities to find constructive means for rebuilding their own community. We are working with the Human Renewal Corporation, a non-profit housing group, in Newark's Central Ward. The enclosed copy of a story that appeared in the [Newark] Star-Ledger on November 19, 1967, sheds some light on our endeavors.

Sincerely yours,

BERNARD P. SPRING,
Director, Research Center for Urban and Environmental Planning.

[Enclosures]

RESEARCH CENTER FOR URBAN AND ENVIRONMENTAL PLANNING,
SCHOOL OF ARCHITECTURE, PRINCETON UNIVERSITY.

The Research Center for Urban and Environmental Planning was established within the School of Architecture in 1966. The Center provides a focus for faculty members, staff, and students who are interested in research concerning the methods used in solving complex problems of planning for the rebuilding and growth of the built environment. Major attention is focused on the wants as well as the needs of the people.

Research projects undertaken by the Center are intended to develop fundamental knowledge and theory which will clarify the problem-solving process that may be used by communities and the professional groups which serve the communities. Typical study areas are (1) methods of specifying performance requirements; (2) methods of generating alternative solutions; (3) methods of evaluating planning alternatives and developments.

Theories are being built by working in the cities and the suburbs where social, political, economic, and physical problems exist. Such problems range in scale from the consideration of the growth of an entire region, the development of new towns, the reconstruction and rehabilitation of urban centers, the planning of institutional complexes, and the development of building systems and components.

The Center is currently working closely with the New Jersey Department of Community Affairs in considering the problems involved in implementing New Jersey's new middle-income housing program. Effective planning depends on knowing how human beings respond to different kinds of surroundings, and this important factor is being examined. The practical side of implementing the middle-income program involves proper expression by the community desiring to take advantage of the legislation. Two guide books will result from the study—one for the architects and one for the local community group.

The mode of operation of the Center revolves around a weekly seminar for the review and discussion of ongoing research. The multi-disciplinary approach and insights are provided by 24 participants representing numerous departments at Princeton and other institutions. The academic disciplines currently involved include architecture, engineering, sociology, economics, geography, psychology, biology, politics, environmental sciences, and history. A number of graduate students sit in on the seminars.

A random selection of some of the disciplinary approaches to urban problems provides some idea of the scope and nature of the Center. An economist is de-

veloping a theory of urban growth and decay. A geographer is concerned with a study of white and Negro density ratios in cities. A biologist is studying the human ecology involved in the various ways that people group and space themselves in the environment, in addition to exploring desirable density.

Graduate students in the School of Architecture are involved in the Center's work through direct participation in projects being undertaken and through professors who are involved. Undergraduates will also benefit by the impact of wide-ranging research, for example, a freshman course at the School includes reading assignments in all of the disciplines involved in the Center.

BERNARD P. SPRING, *Director.*

OCTOBER 1967.

[From the Sunday Star-Ledger, November 19, 1967]

PRINCETON TEAM PLANS "SHOWCASE" HOUSING PROJECT

(By Herb Jaffe)

A new Princeton University research center has teamed with a group of Newark Negroes in an experimental housing program that is expected to become a national showcase.

On the surface, the program involves a housing redevelopment of 17 acres of slums along with shopping facilities, and various sociological and community services.

Below the surface, it marks a dedicated and indefatigable effort by 20 Negro community leaders, assisted by a Princeton staff of eminent professionals—planners, architects, psychologists and sociologists.

PEOPLE FOR PEOPLE

Assemblyman-elect George C. Richardson, spearhead for the program, defines it as "people building for people."

Other members of the nonprofit Newark Human Renewal Corporation see in it "the most ambitious undertaking of housing and social improvements by Negroes in behalf of all people."

Professor Bernard P. Spring, of Princeton, sums it up as "a physical thing that is an embodiment of the total structure."

Therein lies the essence of an overall project made possible by a $37,000 interest-free loan. The money was provided by the state to the Newark Human Renewal Corp., through the efforts of State Community Affairs Commissioner Paul N. Ylvisaker.

WATCHED CLOSELY

"Every move made by members of our staff involved in this program will be weighed, studied, then analyzed closely by faculty members, practicing professionals and graduate students," explained Spring, director of the new Princeton Research Center for Urban and Environmental Planning.

"This is our first major project. We will not sit behind desks and make theory. We will respond directly to an urgent task," he emphasized.

The program will have behind it a vast store of expertise and professional advice in areas of architecture, community planning, sociology, psychology, human relations and environmental understanding.

Spring explained that most of the faculty advisors and graduate students have had considerable experience applying their respective skills in other cities.

WHEELS IN MOTION

"Putting the wheels in motion is of great importance here," said the professor. "But this is relatively small when measured against our over-all purpose—to train people to do for themselves, to help them prepare a workable program that will improve their standards of living, and to provide them with as much direction and cooperation as is needed."

For the 20 members of the Newark Human Renewal Corp., the entire program is a dream come true. "This is a genuine effort to do something in a positive vein for Newark," said Harry Wheeler, a member of the corporation.

And for Richardson, who is the spokesman for the corporation, it is the culmination of "a desire to do something good for a lot of people who desperately need something good. Ours will be a building program geared to the needs of people, not profit."

SLUM DETERRENT

Richardson said this would be a showcase. "It's the first of what we hope will be many other similar programs, geared not only to provide shelter in pleasant surroundings, but to become a deterrent to slum encroachment.

"This will be a step forward in the rebirth of Newark as a beautiful city to live in," Richardson commented.

It will be a step forward, too, for the Princeton Research Center.

"We will receive no compensation for the program," said Spring. "Nor would we even want to be paid. Programs of this type support our research efforts."

The director of the Research Center explained that most people involved in the study already are practicing professionals. Spring, personally, is a practicing architect with offices in New York City. Other "students" and advisors are participating through their graduate work at the university, although most have already performed professionally in civic projects elsewhere.

"We have a contract with the State of New Jersey to prepare two guide books," explained Spring. "One will be for community groups and the other for professional architects and planners. For this we will receive a nominal fee.

EASIER JOB

"However, the guides are research projects and the program in Newark will provide much material for these guides," he explained.

While the architectural facilities of the Research Center will be available, the actual architects for the project are Brown and Hale, a Negro firm located in Newark.

"We're very fortunate to have such a competent architectural firm working with us," Spring said. "They will make our job that much easier in the final analysis."

Spring explained that the preliminary task is to search for new methods. "No one yet knows how to get maximum community participation," he said.

"We don't intend to pull rabbits out of hats, but we do know that we must concentrate on finding the broadest representation of the whole community. This is essential for a total concept," he explained.

Spring said that, initially, there are some 20 people directly involved in the project from the university. He emphasized that the time schedule for preparing a plan that must meet the approval of the Newark Housing Authority is "tight at best."

The Research Center will conduct the program on three separate levels:

Research seminars will be held one day each week to review all areas of the program. The seminars will be on a faculty level, including some of the leading specialists in their fields.

Research teams in areas of architecture and sociology will work in Newark, seeking out every piece of information pertinent to the project.

"These research teams will be comprised of faculty members and graduate students," Spring added. Space already has been provided to the center for an operations office on Springfield Ave.

"We intend to talk to people. We want to know what they want. We want to hear their views as to the kind of housing they want. We want to know what types of recreational, social, educational and shopping facilities they want. In short," Spring said, "we want these people to know that this will be their home, and their opinions and considerations are of paramount importance."

Individual work projects "on a man-to-man basis" will include working with people in the area on an orientation and training basis.

Mr. Richardson said that the renewal corporation would supply one man for every one of ours. We can show them what we are doing and help them so they will eventually be able to do much of it themselves in the future," Spring stated.

The eventual plan will be finalized in three stages. The first will be a rough concept of a physical and environmental approach. Upon approval by the faculty, corporation and architects, it will be refined into a second stage.

"The final stage will be the processing of all maximum refinements into a practical working plan," Spring explained.

MINIMIZE RELOCATION

"And this final stage will encompass the broad responsiveness of the community," he added. Spring said that, while the bulk of the program will involve housing, it will be designed in such a way as to minimize relocation problems.

"It will be designed to allow for necessary commercial needs," he said. "And it will take into consideration any limited abilities on rental payments, which we will learn from our interviews. In addition, community activities must be defined to provide the necessary facilities in this area," Spring continued.

The 17 acres—bounded by Bergen Street, 15th Avenue and Springfield Avenue—borders the site of the new state medical college in the Central Ward. The Human Renewal Corporation, composed of persons living in the area, includes religious, labor, education and community leaders.

SARAH LAWRENCE COLLEGE,
CENTER FOR CONTINUING EDUCATION AND COMMUNITY STUDIES,
Bronxville, N.Y., November 22, 1967.

DEAR SENATOR WILLIAMS: This is in response to your letter of November 13, 1967. Although I am not familiar with the current literature on the problems of the aged, I have served as a consultant to the National Commission for Community Health Services which conducted a retrospective analysis of community studies, including studies on the older Americans.

As a result of these studies, it has become clear to me that a fundamental shift in emphasis and relevance must take place. We need to examine community decision-making as it pertains to the aged. We need to know how community leaders view the problems of the aged, and we need to involve the aged in programs intended to provide suitable living environment.

While our recent and current studies are not related to the aged, our methods of studying the leadership and decision-making process may provide a feasible model. If this is of any interest to you, we will be glad to detail some of our work for you.

Sincerely,

BERT E. SWANSON, *Director.*

DELAWARE COOPERATIVE EXTENSION SERVICE,
UNIVERSITY OF DELAWARE COLLEGE OF AGRICULTURAL SCIENCES,
November 21, 1967.

DEAR SENATOR WILLIAMS: Dr. Edward S. Overman—Director of the University's Division of Urban Affairs—has sent to me a copy of your November 13 letter to him regarding problems of the aged. He has asked that I transmit to you any thoughts I may have in response to the questions you raised. I am pleased to do so, as I am closely involved with problems of the rural aged in Delaware and further concerned in that my own parents are retired.

In answer to your question about improved social planning approaches in relation to the aged, the following national objectives are essential in my opinion.

1. A complete revision of private and public employment policies is of paramount importance, to permit *able* elderly people to continue working if they desire to do so. With all the unmet needs of the world's people, it is inconceivable that we could deprive society of the immence knowledge and skills of so many able elderly people who wish to continue their productive careers but are compelled to retire. Rather than commending the occasional retired person who through perseverance finds a measure of re-employment, we should create employment policies such that able elderly people are enabled and greatly encouraged to extend vital careers. Unless this objective is achieved, other assistance to the aged is hollow by comparison and society suffers an even larger loss.

2. Private and public pensions should be related automatically to cost-of-living fluctuations. Inflation accompanies an expanding economy. We must develop a more systematic means by which to adjust pensions accordingly.

3. A serious crisis exists with lack of nursing homes. We have barely a "drop in the bucket" in terms of adequacy. Indeed, far too few of even the meager number of facilities available provide much more than janitorial services required by sanitary regulations. Programs to construct and operate nursing homes need vast expansion.

Turning to the matter of research deficiencies as requested in your letter, I believe that problems of elderly people have received perhaps more intensive study than those of other age groups—at least among groups for which major social services should be provided. However, much of this research has been use-

ful primarily in geriatrics and has had little relevance to the non-medical problems of the aged. Better socio-economic research—with public policy implications—persists as a real need for aid to the aged.

Specifically, future research must first distinguish among at least three categories of elderly people. These are the physically and mentally sound retiree (about ages 55-70), the deteriorating elderly person in need of occasional or limited care (roughly ages 70-80), and the incompetent or terminally ill elderly person (typically above age 80), each of whom has quite a different set of needs.

Added research on the aged as to social services, housing requirements, and leisure facilities would be so helpful. An important social services study should analyze the provision of trustee and other protective services for incompetent elderly persons. Another study should determine the effectiveness of the U.S. Department of Agriculture's Commodity Distribution and Food Stamp programs in meeting dietary needs of the aged. New opportunities for the mobile-unit concept (e.g. "Meals on Wheels") in servicing the needs of elderly people—particularly in rural areas—should be examined. The ability of commercial "retirement communities" to meet a wide variety of housing requirements for elderly people should be evaluated. The development of public outdoor recreation facilities geared to increased participation by older visitors should be explored.

Community tax structure adjustments prompted by the influx of elderly persons are significant research topics. School tax levies are a particular problem.

Land use impacts of interstate movement by the aged need heightened research. States such as California and Florida have experienced major impacts, but these impacts have been little documented—actually due to their magnitude in part. Many resort regions of other states are witnessing lesser though meaningful impacts of this type. Rehoboth Beach and environs of lower Delaware is a case in point, one which would provide an excellent "laboratory" for research on the land use effects of America's growing retirement population.

A subject of which much is said privately but almost nothing publicly now should be opened to general religious, medical, legal, and citizen debate. This subject is the conditions and safeguards under which medically-supervised death of terminally ill elderly persons should be permitted by request and in the best interests of such persons and their families. Ending the vegetative comatose existence of loved ones is a distasteful and highly controversial subject, but one which an intelligent mature society should face candidly, in view of the great financial and other burdens placed upon families by prolonged terminal illnesses.

One final item I would like to mention is a research project under discussion in Delaware which will interest your committee. Dr. Hector LeMaire, Director of the Delaware Commission for the Aging, is formulating a most imaginative research project on protective services for incompetent elderly persons. Findings should have widespread applicability I suggest that you contact him for details. Dr. LeMaire's address is North duPont Highway, Smyrna, Delaware.

I trust these thoughts will be constructive, and I would appreciate it if I could be advised periodically of your committee's progress. If I can give any other help, please let me know.

Cordially yours,

GERALD F. VAUGHN,
Coordinator, Community and Resource Development.

STATE UNIVERSITY OF NEW YORK AT ALBANY,
GRADUATE SCHOOL OF PUBLIC AFFAIRS,
Albany, N.Y., November 24, 1967.

DEAR SENATOR WILLIAMS: Thank you for your letter of November 13, 1967 inviting me to comment on the matters contained in the letter. As a former member of the Committee on Aging in Worcester, Massachusetts, I have a special interest in the work of your Committee.

I do not have the required time to comment in detail, but would like to suggest a few subjects for your Committee's study.

The rising cost of local government, reliance of local governments upon the general property tax, and real property inflation have created serious financial problems for many elderly home owners; the problem apparently will become more serious by the end of the Century. A possible solution to this problem would be the encouragement of local governments to levy income taxes or piggyback them to the state income tax and thereby reduce the current reliance upon the inequitable general property tax.

Home improvement loans for the elderly currently are available only in federally assisted urban renewal or cencentrated code enforcement areas. Such loans might be made generally available and supplemented by grants under certain conditions.

Fiscal disparities in metropolitan areas probably will grow more acute in the future. Most senior citizens live in the central city which is feeling the strains of an increasing number of persons on welfare and the flight of the middle class to the suburbs. It may be necessary to provide special federal and state aid for certain central cities.

It would appear to be desirable to encourage local school boards to utilize the "school-park" concept in developing new schools. Such schools could be designed with special facilities for the senior citizens. A related program worth expansion is the provision of recreation therapy in nursing homes.

Returning to the question of housing, it would appear to be desirable in many instances to place increased reliance upon rent supplements as a partial substitute for public housing for the elderly. Rent supplements would help prevent the up-rooting of senior citizens from their neighborhoods.

In closing, I wish to stress the importance of good public transportation. It can make the senior citizen more mobile, increase his range of choice of housing location, and open up a broader job market.

Sincerely,

JOSEPH F. ZIMMERMAN, *Director.*

URBAN LAND INSTITUTE,
Washington, D.C., January 25, 1968.

DEAR SENATOR WILLIAMS: Your letter of November 13, 1967 requesting information and commentary on resolving problems of the elderly was referred to me by our Executive Director, Mr. Max Wehrly.

The Urban Land Institute has not conducted or been associated with studies addressing themselves specifically to the problems of providing adequate housing and other social services to the elderly. However, as you know, an explosion in the quantity of research in urban problems (including those of the elderly) has occurred in recent years. It would seem to me, therefore, that a major emphasis in the future should be on the best ways to implement some of the research findings which have been uncovered to date. For example, providing satisfactory housing for the elderly, as well as some others, is deterred by their inability to pay for the relatively high-priced housing currently dominating the market. The question really becomes: Is it feasible to build low-cost housing given the present structural make-up of the construction industry? If not, what sorts of changes could be made in the structure of the economy to bring this about? For example, nationally or regionally uniform building codes might encourage the formation of large well-capitalized corporations in the construction business and possibly bring about lower costs as a result of economies of scale.

Most of the other questions you ask in your letter could best be answered by sociologists and psychologists. However, you did identify two areas of the problem in which, to my knowledge, no research has been done and which might profitably be pursued. The first relates to the effects of interstate migration of the elderly on urban land use, and the second to changes in tax structure which might become necessary as a result of the shift from homeownership to apartment living by older retired persons.

The Urban Land Institute does maintain a fine specialized library which emphasizes urban problems in general and urban real estate development and land use in particular. We have several good bibliographies in our files which cite articles and studies relating to housing for the elderly, and we also have a good number of these studies on our library shelves. We would be happy to send you copies of some of our bibliographic information or permit members of your staff to use our library facilities.

Please let us know if we can be of further service to you.

Sincerely yours,

ROYAL SHIPP, *Research Director.*

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