A NEW DAY for the Older American

selected papers

1966 National Conference of State Executives on Aging

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Administration on Aging

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U. S. DEPARTMENT OF
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THE WHITE HOUSE

WASHINGTON

May 14, 1966

I have asked Secretary Gardner to extend my greetings to all of you taking part in the Conference of State Executives on Aging.

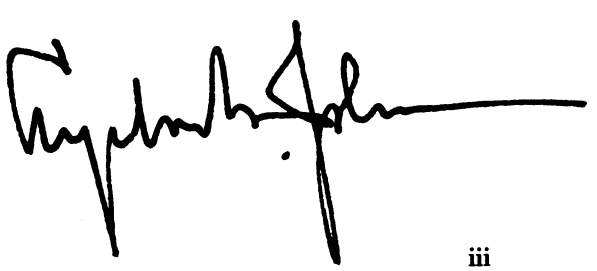
Many of you joined me in the White House Rose Garden last July when I signed the Older Americans Act. The months since then have been busy ones for you and for the new Administration on Aging. They also have been productive months.

Thirty-one States already have launched their new programs with the support of grants of the Administration on Aging. Other States are moving toward early operation.

I hope that all States will soon have their programs underway so that this important legislation can benefit all older people.

The Older Americans Act provides a framework within which energy and creativity can work. It recognizes the responsibility of State and local governments. And it sets forth the simple fact that opportunities and services must be offered to people where they live -- in their home communities.

In this Senior Citizens Month of May, 1966, we have declared a new day for the older American. It is now the task and privilege of your Conference to define goals for that new day and to devise methods of action to achieve them.



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Welcome

THE HONORABLE JOHN W. GARDNER*

I AM VERY HAPPY to be here this morning. This is my first opportunity to meet with you, and I welcome it.

We are here to prepare "a new day for the older American." Thanks to the leadership of President Johnson and the remarkable work of the 89th Congress, we are able now to see the first faint glow of that new day. We have made a significant beginning with medicare, with the Older Americans Act, with expanded community health and welfare services.

Many of you have been deeply involved in the design of those programs. You helped to arouse the widespread public concern that led to their enactment. And you know better than most what large and difficult tasks still lie ahead. You know better than anyone else that the enactment of Federal programs—for aging, health, education, or any social endeavor—does not mean a lessened responsibility on the part of the States or local communities or the many nongovernment institutions and agencies. On the contrary, every new Federal program enacted today is a call for greater effort and deeper involvement in the work of society by all its citizens and all its institutions. We provide resources. It's your responsibility to use them.

The Federal Government can't bring about the final result in Washington. That has to be done at the local level, in the community where the people live, where the needs actually exist, and where the services must be rendered.

Our programs won't work unless there is real vitality at the State and local end of the partnership—and that's where you come in. You have the difficult assignment of building the kinds of programs your communities need and of generating the civic support that will make them successful.

Our immediate task is to get the new programs underway and functioning smoothly—and that's no small job. But the times are going to demand more than that of us—much more.

The really difficult questions remain unanswered. How do we create a truly humane environment for older people? How do we organize our society and its various institutions so that people, as they grow older, can retain their dignity, their independence, and a sense of belonging, a sense of purpose in their lives?

We don't have the answers yet, but we're going to continue to look for them—you in the States and we, here, in the national government. I don't think the search will be easy or the solutions simple.

Looking around us, we are assailed by the most poignant paradoxes: debasing poverty in the midst of unprecedented prosperity; spectacular advances in the medical sciences but often inadequate care for those who need it most; years added to the life span but all too often loneliness, emptiness, and neglect in those added years.

Those paradoxes define the scope of our concern. As many of you know, I see a special meaning in the great social legislation of the past several years. I think that this affluent society has finally decided that affluence isn't enough. I think that this technologically-advanced society has decided that technical achievements aren't enough.

I think that we decided, after the agonies of the Great Depression and World War II, and the dizzying rise to prosperity in the fifties—I think we decided that we wanted a society that cared about the individual—a society that respected the individual, that enabled him to live his life with some measure of human dignity, that sought to release his potential, that helped him to be what he had in him to be.

* Secretary of Health, Education, and Welfare.

That is something that President Johnson understands, and that is what he has worked for. And that is what the Great Society is all about. It is a rebirth of our deepest convictions about the worth of the individual human being.

All of you engaged in these programs are helping us as a Nation to live by those convictions.

Before I close I want to say one more thing. It isn't just a new day for the older American that we're preparing.

I think that we are shaping a new day in Federal-State relations, in the relation of the Federal Government to the grass roots.

We're interested in what you have to say and we're going to listen to what you have to say, and between us we're going to shape a two-way conversation that will create better programs for the aging and a better Nation.

I wish you success in your Conference.

Several of the following papers present summaries of State and Federal action under the Older Americans Act as of the time of their presentation—May 1966. Rapid progress has been made since. As of January 1, 1967:

- 43 State plans (including Puerto Rico and the District of Columbia) had been approved by AoA.
- Over 300 Title III projects were underway in the States.
- And 37 Title IV and 15 Title V nationally significant projects were approved and grants made.

Also, as of January 1, 25 States had approved Medical Assistance programs, under Title XIX of the Social Security Act. (Berman paper)

The Older Americans Act — A Challenge to the States

THE HONORABLE WILLIAM D. BECHILL*

I AM SURE that each of you must know how much of a pleasure it is for me to welcome you here today.

While this is the Sixth Annual Conference of State Executives on Aging, it is the first such meeting to be held since the passage of the Older Americans Act and the creation of the Administration on Aging.

Today, we meet under very different circumstances than in the past. The Older Americans Act is a reality. The plans of thirty-one States for the administration of the grant program under Title III are in operation, and many community programs have already been approved and others are near approval. The first grants under Title IV and Title V for research, demonstration, and training projects have been approved and several more will be announced later this month and in June.

An articulate Advisory Committee on Older Americans has been appointed, has met, and has begun its important work of advising Secretary Gardner on how the major needs of older people can be met through the programs of the Department and the Federal Government generally. And, finally, we are beginning to move into the broader responsibilities of program planning, coordination, and cooperation through joint efforts with a number of other agencies throughout the Federal Government.

A year ago, when the Older Americans Act was moving through Congress under the dedicated leadership of Congressman John Fogarty and the late Senator Pat McNamara, there was a real anticipation that this legislation would provide a more central direction for the ideas, approaches, and convictions that had been generating during the exploratory years prior to its enactment.

On July 14, 1965, when the Older Americans Act was signed by President Johnson, I am sure that each of us began to face the reality of how to put its broad mandate into practice. And, as that process began, I am sure that each of us became aware that the opportunities presented by this remarkable piece of legislation also involved a heavy degree of responsibility. After years of anticipation, those in the field of aging had been told with dramatic swiftness, and with virtually unanimous consent by the Congress, to demonstrate that they really understood the needs that older people have, and moreover, that they had the ability to develop the thoughtful and practical programs required to meet them.

The Older Americans Act, together with medicare, the new housing legislation, and the many other actions taken last year by the Congress, will indeed mark 1965 as the greatest legislative year in our history for older Americans. The resources made available to provide new opportunities and services for older people were multiplied many times over during those historic months of last spring and summer.

It must be obvious that this unprecedented action on the part of the Congress and the Administration has brought us to a major turning point in our work.

During this Conference, I think it is essential that there be a thoughtful examination of the philosophy, the goals, and the objectives that underlie our present activities and efforts. All of us feel keenly the pressure and the need for action. But, this must also be a period that permits some time for contemplation about the types of programs that must be developed. We must create a framework that will give us a sense of balance and perspective as we proceed.

*Commissioner on Aging, Administration on Aging.

Let me explain. To me, what is called "aging" will ultimately be recorded as one of the most spectacular developments of this century. We may and should be impressed with the almost unbelievable advances made in science, communication, manufacturing, and transportation. But within this same span of time, rapid advances in medicine, nutrition, and other fields have increased the average life expectancy by one half. In a nation founded on a belief in the dignity and value of the individual, this achievement is surely of equal, if not of far greater, significance than advances that are solely technological.

The true nature of the challenge to be faced in carrying out the vision of the Older Americans Act, whether we are working at the community, State, or national level, is the dual task of discovering new opportunities for personal creativity and use of time, and of equal importance, the strengthening of present programs and services that guarantee that the basic necessities of daily living are adequately met, especially the incomes of older people who have retired.

In this respect, the Older Americans Act provides us with a very real sense of direction. The ten objectives of Title I underscore the importance of both of these responsibilities. Half are addressed to the objectives of continued social participation, a dignified retirement, freedom and opportunity for activities based on individual choice and interest, and a useful role in society.

The other objectives emphasize security of income and of health, availability of suitable housing and essential community services, and an opportunity for employment without discrimination because of age.

The objectives of the Act are a wise balance. They recognize that there can be little opportunity for self-development and independence by people who are haunted by poverty, illness, or who have been denied opportunities for useful participation and freedom of choice.

The translating of the ten objectives into specific program and service goals has been, and will continue to be, one of your major responsibilities in the development and operation of your State plan. The Administration on Aging is likewise engaged. We have not finished this job, but we have begun.

Since I feel strongly that this is a partnership effort, I would like to share with you some of the specific challenges that State and community programs must meet in achieving these objectives.

The Challenge of Responsibility

I am sure that you realize that the action taken by your Governor in designating your agency implicitly involves a far broader responsibility than the administration of the grant programs provided under Title III of the Act.

In reviewing the State plans as they are submitted, it has been interesting to note that most State agencies have a statutory responsibility to make recommendations and reports to the Governor on the improvements and additional resources needed to promote and improve the wellbeing of your older population. Plainly, there is the expectation that your agency will provide leadership in proposing solutions to a wide range of needs and interests of older citizens. Many of those needs and interests are interrelated and require as broad a view as possible.

I submit that by your designation, your ability to discharge your responsibilities in this area has been both increased and strengthened. This means that your agency must voice its concerns in a number of important areas, income security, health care, housing, social service, appropriate educational and recreational facilities—just to mention a few.

In the past, State agencies on aging have demonstrated these broad concerns. Today, with your new responsibilities and the new services developing in many other programs, there is even a greater urgency to do so. As important as the grant programs are to developing the kinds of community programs which are desired, the broader, deeper, overall concern will continue to be one of your heaviest challenges.

I am encouraged that this broader responsibility has been recognized in every State plan that has been submitted. Such a focus is absolutely essential for intelligent Statewide and community planning and action.

The Challenge of Creating Opportunities

A second major challenge, and one most directly involved in the administration of your State plan, is the development of the variety of opportunities desired by older people themselves.

In its first meeting, the Advisory Committee on Older Americans clearly described this challenge as "the creation of opportunities for older people to express themselves, to serve others, to earn, to

receive education, to travel, and to maintain their independence."

There are many who believe that this may be where States and communities can make perhaps their greatest contribution. As you strive to achieve this, it would seem essential that the range of opportunity should be as broad as possible.

We know that some older people will wish to remain in their career occupations. Others, upon retirement, will want to be engaged in services to others as volunteers or in public service programs such as the Operation Medicare Alert, Operation Green Thumb, and the Foster Grandparent Program have demonstrated.

Many will want the opportunity for pursuing, through educational programs, either old or new interests for self-expression and for the social activities that lend vitality to life.

A number seek to understand the serious issues of the times, join organizations for improving the conditions of older people and of the community, and become active in the arenas of social action.

Through the grant programs and in other ways, it will be your responsibility to create the opportunities for older individuals to pursue any or all of the avenues I have mentioned. One major way, of course, will be to support multipurpose centers with a range of facilities and services that can meet some or all of these varied interests. Another may be to support community programs that provide opportunities for public or voluntary service and for employment of substance and status. Still other ways may involve innovative efforts in continuing education, stimulating many other types of leisure time activities, extending vocational education and training opportunities, and removing undue barriers to the facilities and services already available in your States and communities.

This is an exciting and a serious challenge. To the degree that it is met, it will give even greater reality to the later years of life as an invitation to self-renewal, to the development of second or third careers in satisfying the expression of self, and to giving continued purpose to life.

The Challenge of State and Community Planning and Coordination

Much of what I have said implies that State and community agencies in aging must, of necessity, work with other public and voluntary agencies and organizations at their respective levels. A large share of this work will involve planning and coordination. Indeed, these so-called "across the board" functions provide much of the basis for the work of the Administration on Aging, State agencies on aging, and community committees on aging.

Historically, the programs and services developed for older people, from the Federal to the community level, have been established to provide a specific type of service or benefit such as health, income maintenance, and housing. This functional approach has been pragmatic, and I am not necessarily criticizing it. However, as it is so well known, it has often meant that there is no clear responsibility placed upon some official agency to assess the gaps in services and to encourage more comprehensive program planning, cooperation, and coordination of existing resources.

An important provision of the Older Americans Act is the requirement that a single State agency be designated for developing and administering the State plan. The law requires that it be the agency which has the primary responsibility for coordination of the State programs and activities related to the broad purposes of the Act.

It seems clear that the agency which undertakes this responsibility in as diverse a field as aging must have flexibility and must be free from any constraints necessarily imposed by any single approach or program area.

Similarly, State and community agencies in aging must involve all of the agencies, public and private, having programs and services for older people.

There are some other dimensions to this challenge of planning and coordination that I am glad to see have been considered in the development of many State plans.

The first is that the Older Americans Act places primary responsibility for action on behalf of older Americans on "the government of the United States and of the several States and of local political subdivisions." This very clear statement of Congressional intent implies that appropriate responsibility for older people must be assumed by public agencies at all levels.

It is too early to predict whether, in the future, planning and coordination and provisions of services at the community level will be the functions of an official body responsible to officials of a county or a city government. Nevertheless, I foresee some experimentation here as inevitable and desirable both under the Title III and Title IV provisions of the Act.

A second element in planning and coordination is the participation of citizens, most particularly older people themselves. Their views and perspectives must be combined with the best professional judgment in arriving at the kind of community planning and action that will be undertaken.

A third part of this challenge of coordination and planning is the fact that the funds available under the Act are intended not only to create new programs and services but to supplement and not supplant those already in existence or available from other programs.

A great deal of your responsibility at the State level, and our responsibility at the Federal level, lies in assisting your State and its communities on how to use these resources to the maximum benefit.

The Congress does not expect us to operate this program in a vacuum. Neither do you nor I. In many respects, our performance will be judged largely on how well we are able to encourage the most comprehensive planning and action; how well we are able to stimulate educational, recreational, employment, health, social, and community planning agencies—public and private—to devote their skills and resources to better serving the older person.

I know achieving this coordination is hard to describe, let alone reach. In part, it will depend upon effective and regular means of communication. But, perhaps even more, it will depend on the skill of establishing the most effective "day-to-day" working relationships with persons in other departments of your State government with specific program responsibilities, with persons holding similar positions in voluntary programs, and with the informed citizens who work with you at the State and community level.

Conclusion

There are other challenges that could be mentioned today—The challenge of better training for volunteer and professional personnel in the many fields of services affecting older people. The challenge of greater application of the findings of research and demonstration that have a proven benefit to sustain and improve the health and happiness of older people. The challenge of organizing and restructuring present and expanded services so that these are, in fact, more convenient and more accessible.

I had wanted to say a good deal more than time has permitted. This field of aging is a large and complex one, and we are involved in almost every aspect of it.

The challenges that I have mentioned carry with them real urgency. We must define our goals much more precisely and we must devise ways that realistically measure both the progress and the problems that are encountered in trying to meet them. This is a job for every State—and for the Administration on Aging as well.

At the same time, we must accelerate all of our present program responsibilities. It is well to recall that the Administration on Aging and the grant programs established by the Older Americans Act were established on a five-year basis. During this period, and especially during the year ahead, we must demonstrate to the Congress and to the Administration that their confidence is well placed.

A statement President Johnson made in launching the program of the Great Society applies with full force to all of us. The President said, our efforts will require:

> "First, formulating imaginative new ideas and programs and second, carrying out hardhitting, tough-minded reforms in existing programs."

We can find no better direction for our future work. With the enthusiasm and leadership that you have already shown when conditions were far less favorable than today, I am confident that we will meet the public trust that has been given to us.

Consumer Needs of the Elderly

THE HONORABLE ESTHER PETERSON*

I'M DELIGHTED to be here tonight—but to say that I welcome the opportunity to speak to State Executives in the field of aging without misgivings would be an understatement! To talk to you about the needs and problems of our older Americans is, indeed, an example of "Coals to Newcastle." For I am told that represented in this room are psychologists, sociologists, gerontologists, educators and other leading specialists in the important field of geriatrics. Whereas, the only real credentials I bring to this discussion is my birth certificate!

However, you *are* all consumers and must, in your work with the elderly, hear their consumer complaints, so that therein we *can* perhaps, establish rapport. What's more, having had a hectic schedule of speaking engagements and government activity this week, I feel that I can very soon qualify as one of your "clients." In fact, when I returned from a speaking trip last Saturday, that had been very strenuous, I remarked to my family that the way I felt, I was the most appropriate speaker you could have chosen for a conference on aging. "Stop complaining about 'aging'," my husband said, "and *think* of the alternative!"

To be serious, I understand that you are enjoying a very fruitful conference these three days. And I *am* truly pleased that Commissioner Bechill has given me an opportunity to review with you some of the consumer needs of the elderly. Perhaps, as you continue your discussions of income maintenance, post-retirement employability, full participation in medicare, utilization of home health services, appropriate living arrangements, full enjoyment of multipurpose centers especially designed for their use—the subject of the older person's role in today's marketplace can also be fitted into the jigsaw puzzle of how best to serve our aging citizens. The elderly have contributed so much to our society that special attention should be paid to the consumer problems that beset them.

As our President stated in his "Consumer Interest" message to Congress this past March, "The consumer's interest is the American interest. In guarding it, in promoting it, we improve the lives of every man, woman and child in our Nation. Consumers are *all* people . . . the worker, the farmer, the businessman, and their families . . . young and old."

I am happy to bring to you tonight the greetings of President Johnson. I am particularly happy to be doing so during May, the month designated by President Johnson as Senior Citizens Month. In proclaiming this special observance, he said:

"For too many Americans, the later years still mean loneliness, lack of purpose and meaning. Today we have the tools to change this. We have the power to enrich the lives of older Americans and to benefit from their skills, their wisdom and their experience.

"Let us (and I continue the quote) make this month memorable by the dedicated efforts of each citizen to provide those benefits and opportunities within community programs which will add satisfaction and dignity to the lives of aging Americans.

"I call upon all Federal, State, and local governments, in partnership with private and voluntary organizations, to join in community effort to give meaning to the theme of this special month: A NEW DAY FOR THE OLDER AMERICAN."

I am confident that we will, indeed, see a 'New Day' for the older citizen. But this new day will not be complete without solutions to the elderly person's consumer difficulties.

With the Administration on Aging serving as the focal point within Federal Government, there obviously is—judging by your participation here this week—a going-partnership of all governments, Federal, State and local. This type of partnership

*Special Assistant to the President for Consumer Affairs.

is bound to reap benefits for the aging citizen. May I add that my Office of Special Assistant to the President and its staff wish to join in this partnership, too.

In going forward with this partnership, we must pay tribute to Congressman Fogarty and our dear late Senator Pat McNamara for their authorship of the Older Americans Act which created the new Administration on Aging. I am sure that AoA will now make easier the splendid work which all of you had been conducting long before the passage of this legislation last year. This exciting law was long overdue and its authors and supporters should be proud of their accomplishment. The names of all those who played a role are too many to be listed here. However, I am compelled to cite at least one, my good friend and HEW's very effective Under Secretary—Wilbur J. Cohen.

To the subject at hand. I think it can be safely said that elder citizens suffer from consumer problems that plague *all* of us, but often they suffer to a much greater degree. This has become apparent to me through the correspondence which my office receives and the frequent contact I have had with elderly consumers, dating back to the four regional Consumer Conferences held in 1964.

Furthermore, consumer complaints and court cases reveal a heavy incidence of exploitations and misrepresentations foisted upon the elderly—particularly, the elderly poor.

David Caplovitz, author of the book "The Poor Pay More," which reviews a study of some 500 low-income families in New York City, characterizes the marketplace in low-income communities as a "commercial jungle in which exploitation and fraud are the norm rather than the exception. It would appear that the elderly are particularly susceptible to high-pressure tactics—especially to the pitch of the door-to-door peddler—to 'bait' ads and 'switch sales,' misrepresentations of price and quality, and the sale of used merchandise, fraudulent and sometimes dangerous products, and to the countless promotional schemes which usually spell lost money, disappointed hopes, and a growing cynicism among those who are bilked."

Why is this so? In the first place, a whole set of special problems limits the choices open to these consumers and often makes them less effective buyers.

Many elderly persons have a narrow shopping range, due to an immobility caused by varying factors.

Many cannot obtain credit from traditional sources. Yet because of their generally limited incomes they frequently must borrow, no matter how costly, or buy on time—or credit.

They often lack the younger consumer's ability to judge prices and quality. This is sometimes due to a diminishing capacity to make comparative mathematical calculations and sometimes simple confusion in a complex marketplace filled with conflicting claims. At other times, it might simply be—to speak half seriously, half facetiously—due to an inability to read the fine, fine print on many labels and contracts.

And last, they are particularly susceptible to fraud and deceptive practices due to pervading and deep-seated social and psychological factors. When, for example, an elderly person is victimized by an easy speaking and seemingly friendly door-to-door salesman, it is often the person's loneliness that is the root cause. This is particularly true regarding elderly widows.

As the number of elderly persons increases every year, so does the realization that persons near or past retirement age in this Nation have become a major target for exploitation. Too many individual incomes in this age group are at bare subsistence levels, but even these meager resources—on a national scale—add up to approximately $37 billion in buying power. Increasing longevity, which *should* be a national blessing, thus has opened up a great new market for promoters, quacks, unethical salesmen, and others who make false claims for products or services offered exclusively or primarily for the elderly.

Perhaps the most telling review of this whole matter emerged from the hearings held by the Senate Subcommittee on Frauds and Misrepresentations Affecting the Elderly in 1964. Along with many others I testified at those hearings.

One of the points I wished to make was that many elderly persons are cut off from the mainstream of daily business activity and from the stimulation of regular exchanges with neighbors and children. In their loneliness, they therefore are more susceptible to the blandishments of hucksters. I tried to point out that in the hundreds of letters from older people my office has received, there was a heavy emphasis on health frauds and quackery.

The findings and recommendations of the Senate Subcommittee, as submitted by its Chairman, Senator Harrison A. Williams, Jr. of New Jersey, covered a gamut of consumer problems peculiarly trouble-

some to the elderly. I think it can be safely said, however, that their major emphasis was on health frauds and quackery. It was revealed during the lengthy hearings that Americans are now paying the greatest price they have ever paid for worthless nostrums, ineffectual and potentially dangerous devices, treatments given by unqualified practitioners, food fads and unneeded diet supplements, and other alluring products and services that falsely promise to cure or end pain.

It is incredible that a wealthy Nation, priding itself on its enlightenment and its thirst for progress, should pay such a heavy penalty for ignorance or lack of adequate enforcement.

I am pleased to learn that AoA is jointly financing, along with seven other government agencies, a survey called "Susceptibility to Health Fallacies and Misrepresentation," which will identify some of the correlates of susceptibility and willingness by the elderly to accept the blandishment of the quack. According to Dr. James Harvey Young, international authority, there has never been a systematic attempt to explore the motivations of people who fall prey to purveyors of fraudulent health information, or to determine how much superstition influences their behavior.

Another area of close study, also in the field of health, pertains to deceptive or misleading methods in health insurance sales. Soon after the Health Subcommittee (of the Senate Committee on Aging) conducted hearings on the adequacy and costs of private health insurance plans, the Subcommittee on Frauds and Misrepresentations Affecting the Elderly conducted an inquiry into selling methods by fringe companies. The major findings revealed that economic pressures on older Americans are causing many to turn to mail-order health insurance offered by marginal companies which distort or omit facts to imply that the policy gives more protection than it really does. Federal Trade Commission investigations of such schemes are on the upswing.

Another fraud affecting the elderly involves fraudulent land sales. In their search for retirement security, many citizens have answered advertisements offering them homesites in faraway States. Sometimes, the purchase of land by mail has proven to be a worthwhile investment. But all too often, the buyer found that the site was far different than he had been led to believe. Congressional testimony revealed that the mail-order land sales industry has attracted many hundreds of millions of dollars from investors—much of this from the elderly. Enforcement action and publicity have hit hard at blatant schemes to defraud or mislead the buyers, but more subtle sales techniques are now at work.

Another fraud—perhaps the most heartrending of all—involves burial plans.

Here again, investigation by the Harrison subcommittee was instructive. The subcommittee looked into interstate operations of companies that use the mails or a combination of mail and personal salesmanship to persuade elderly persons and others to contract for burial services well in advance of death. Although many preneed plans are sound, the subcommittee learned of promoters who apparently promised far more than actually provided under contract terms, reporting:

"Preliminary inquiry by the subcommittee has revealed actual and potential losses resulting from the sale of preneed burial services across State lines or through the mail. Often, victims are elderly persons who have sought to make certain that they themselves, rather than their survivors, will bear such costs. The threat of such losses, and the cruel nature of the deception, certainly calls for broadened investigation."

Another field rampant with fraudulent practices involves hearing aids. Most hearing-aid companies are, of course, honest, but some are not. These latter engage in a type of sale totally repugnant to us all, feeding on a physical frailty of our elders which, by itself, brings trauma and despair. Disappointment at being duped with a faulty hearing device is, for many, the "last straw." The problem begins with the cost.

A California pensioner wrote me that a hearing aid cost her $298 while she lives on a total income of $201 per month. From Monroe, Michigan, the rising cost of hearing-aid batteries was described to me in a letter from an elderly person who lives on a $103 month budget and asked how she can continue to make time payments on her hearing aid, buy batteries, and still subsist.

Beyond cost, however, is the deceitful approach taken by too many sharp operators in this field. There is no question that cynical advantage is often taken of the elderly here.

For example, a New York woman wrote a carefully documented account of this kind of operation:

"Outside of New York, advertising of various hearing-aid firms is done in such a way as to imply philanthropic and medical background. 'Community Hearing Clinic' is an example. If you fill a

request for a sample advertised, you will get a salesman.

"This salesman has with him a device which tests the range of your hearing. He is not a medical man, but he will tell that your hearing trouble cannot be helped by an operation. My own physician of many years had some time ago told me I was developing oto-sclerosis and would eventually need a hearing aid. One salesman told me this was 'nonsense.' He said no doctor could see enough of the ear to make such a diagnosis. Each of the two salesmen I saw recommended hearing aids for both ears, costing $600. I was examined by a real, nonprofit clinic and was told my hearing loss was only 30 percent (in one ear) and one aid was ample."

This woman—an exception, to judge by my mail—evaded the gyp artists. But in her letter, she went on to describe an elderly friend who was talked into a special hearing device for her television for $600 and a new hearing aid for $700.

To help with this problem, the Children's Bureau of HEW, at the request of the President's Committee, has published a booklet entitled "Choosing a Hearing Aid." This booklet, prepared with the assistance of legitimate hearing-aid companies, gives the hearing-aid buyer many valuable tips on what to look for.

It is not difficult to understand or appreciate the truly vital importance aged people attach to making each and every penny count—but ironically, fraud and deceit zero in on those *least* able to cope—the elderly and retired.

In a recital of consumer frauds which particularly beleaguer the elderly, I cannot overlook the door-to-door "dentists" and "doctors." Spectacles by direct mail or house-to-house sales often are overpriced and a real health danger. In fact, it was recommended by Senator Williams' subcommittee that the detrimental effects of such eyeglass sales be the subject of a study by the Public Health Service.

Would that there could be a thorough investigation of *all* the consumer problems—far too numerous for full discussion tonight—which beset the people you serve, to give visibility—the best cure! I have in mind, for example, the home improvement racket, the savings and loan frauds, the nursing home gyps, and many others. If time allowed I would review the incredible credit abuses in this country today. Let us hope for the sake of *all* consumers that Senator Paul Douglas' "Truth in Lending" bill is soon passed, so that all consumers will know exactly what they are paying for credit.

The passage of the Rent Supplement Bill will be a godsend for many of the elderly poor. Having paid excessive rents for substandard housing for years, they can now look forward to economic and physical relief.

And so, despite the number of consumer problems which still confront us, we *are* making progress. Now if only Senator Philip Hart's long-pending Fair Packaging and Labeling Bill would pass during this session of Congress! This would be real progress. The bill, as you probably know, was reported out of the Senate Commerce Committee last Friday.

However, in closing, let me say that stronger laws or, in fact, tougher enforcement of the laws will not *alone* solve the consumer's problems. What else is needed? Three more things!

First, there must be *added services*, which will provide the security and sense of wellbeing that will make the elderly less vulnerable to exploitation in the marketplace—services such as those you conduct to combat and ameliorate the economic, social and psychological pressures which engender loneliness, fear, deep depression and despair. Income limitations, physical displacement, idleness, illness and isolation are conditions which *must* be reduced.

Second, there must be *expanded and innovative consumer information and education programs*, prepared especially for the elderly. This will be a real challenge since the aged of today are such a diverse group that only multiple approaches will meet their needs. However, such approaches *must* be devised as it would be a fearful waste to create the many new services which have emerged in the last year or two, if the elderly for whom they were designed are not provided adequate information about the services themselves, and guidance as to how to fully participate in them. And, incidentally, Commissioner Bechill, may I congratulate you on creating an office of consumer programs within the Administration on Aging. I think that is perfectly splendid. I am sure that it will serve as a valuable source of consumer information for the State experts represented here tonight.

Last, there must be *organized consumer action.* The work of such groups as the National Council of Senior Citizens and the Association of Retired Persons has been most valuable, and I hope it can be continued and expanded.

Inviting me to join you tonight is further proof—though, indeed, I needed none—that the Federal Government and the State governments are not

competitors in a quest for power. There is no quest for power; there is only a quest for solutions to problems. All the problems on Main Street cannot, and *should* not, be solved on Pennsylvania Avenue! Total solutions can only be reached by total cooperation between Washington, Lansing, Sacramento, Albany and *all* the other State capitals—with, of course, the very important assistance of business, voluntary organizations, and consumers themselves.

Since all the consumer problems which I have discussed tonight cross State lines and *involve* us all, *all* of us should be involved in their solutions. Increasingly, we are coming to realize that it doesn't matter so much *who* is protecting the consumer, so long as the consumer is protected.

I urge that each of us here join in bringing about the NEW DAY FOR THE OLDER AMERICAN as a consumer.

The Necessity for a Stronger Federal Focus on Aging

THE HONORABLE JEFFERY COHELAN*

YOUR DISCUSSIONS at this conference are on an issue with which I have been greatly concerned for sometime—setting goals for a new day for the older American. To obtain the goals that you are defining here, however, we need both a stronger emphasis on aging at the Federal level and greater effort and awareness on the local community level. And the Federal effort and the local community effort must work hand-in-hand.

As I said during debate in the House of Representatives last year on the Older Americans Act, there are no more critical problems facing Americans today that the problems confronting our older citizens. The passage of the Older Americans Act offered a significant opportunity to improve the future prospects of many of our older Americans, for it provided a strong, central point in the Federal Government for focusing upon the problems of the aging.

The problems of the aging, of course, are not limited to a single area—they are found in all aspects of community life and under all living arrangements of the elderly. Furthermore, they are not limited just to the 18½ million persons in this country who are age 65 or over today. The problems of older people are the problems of the young with aged parents to support, of the middle-aged who find employment opportunities closed to them, and of those who are about to be placed among the retired, as well as those of retired persons themselves.

And the problems that you State Executives on Aging must face are as varied as they are widespread. They run the entire gamut of our daily existence and include such basic living concerns as health care, housing, employment, income, and the productive use of time. In setting goals for a new day for the older Americans, let us remember it is not enough for a great society merely to have added new years to life—our objective must also be to add new life and new purpose to those years.

Primary responsibility for seeking solutions to these grave problems quite properly rests with State and local governments, with private organizations, and with individual citizens. But because the problems are nationwide, they entail a Federal responsibility as well. The passage of the Older Americans Act last year by the Congress goes a long way toward enabling us as a nation to meet that responsibility. That Act quite properly recognizes that the problems of older people are not isolated, that they are, in fact, closely related and intertwined, and it will enable us in this country to coordinate our efforts and mount the comprehensive plans which are essential if we are to attain the goals that you are setting here today.

Strengthening Older Americans Act

I don't mean by this that I am fully content with the Older Americans Act as it was passed last year. I look forward to strengthening these new programs.

There is a need, as I see it, to provide programs of direct service to people under the Older Americans Act. From the reports of the successful administration of the Foster Grandparent Program, there is no question that programs of direct service and programs of self-help should be stimulated and managed through the Older Americans Act. Here again, though, community coordination and community involvement will be absolutely essential if we are going to have a successful program.

As one example, I refer you to the proposed legislation to provide for a National Community Senior

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Service Corps. This bill would authorize the Secretary of Health, Education, and Welfare to enter into agreements for the payment of all or part of the cost of State programs for the part-time employment of people aged 60 or over. They would work on public facilities projects or for services provided by nonprofit organizations in the communities where they reside.

This legislation would help to meet a long recognized and widespread need for employment opportunities for retired persons.

Proposal for a House Committee on Aging

The complex interrelationships of the problems of the aged and the weight of these problems on the conscience of all America clearly show the necessity for a stronger Federal focus on aging not only in the Executive Branch but also in the Congress of the United States. The broad range of problems confronting the older people of this country fall within the jurisdiction of various legislative committees of the House of Representatives and they are necessarily considered individually.

But these problems can not be divorced from each other. They are highly interrelated, and a constructive, meaningful approach to legislation affecting older people must necessarily consider them as a group. *For that reason I have proposed the establishment of a House Select Committee on Older Americans.*

Under my resolution, the committee would be authorized to conduct complete investigations and studies on all matters pertaining to the problems of older people, including maintenance of health; assurance of adequate income; finding employment; productive and rewarding retirement activities; proper housing; and, when necessary, the assurance of adequate care or assistance.

The committee would not have legislation referred to it or the power to prepare a bill. It would though be authorized to hold hearings, call witnesses and report to the House its investigations and studies together with recommendations.

The importance of a House committee on aging is well established by the experience of the Senate, which has had such a committee since 1960. Its studies and reports have not only constituted an important background of coordinated and related information on the status and needs of older people; they have provided the essential foundation stones for the construction and enactment of sound legislation. Certainly, the need of the House of Representatives to be informed is no less great.

Actually, the establishment of the Administration on Aging is a further indication that problems confronting older Americans are serious and must be considered on an across-the-board basis. The Administration on Aging and the experience of the Senate Committee on the Aging speak persuasively to the need of the House of Representatives to have an independent arm of its own which can evaluate the progress of programs, which can explore new areas and developments, and which can review and propose new legislative action based on a sound understanding of the older individual.

Health Care for the Elderly

In attaining our goals to bring about a new day for the Older Americans, there are several other areas where stronger Federal action is essential. Last year a great step forward was taken by the enactment of medicare, and there is no question that a new day for older people arrived with its passage. There is no question either that time will undoubtedly indicate gaps and a need for strengthening the program if it is to continue to serve the purpose for which it was created.

There are provisions of the medicare bill I hoped would have been different. I am concerned with the deductible and co-insurance amounts which must be paid for hospital and medical care. As long as we have these deductibles some who are in need will not get the full benefit of the program, and no one should be subjected to the humiliation and degradation of a needs test. But let me reemphasize that the medicare program as passed by Congress is one of the great pieces of legislation of this century. It is a constructive response to a pressing national problem.

Strengthened Income

With the passage of the medical program, our most immediate need now is to focus upon the adequacy of the retirement income on which so many of our older citizens must rely to meet their daily living expenses. The fact that this income is grossly inadequate for the great majority of elderly of this Nation is well documented. The solutions to meeting the problems of this inadequate income, however, have not been as clearly stated.

I believe that we must take several important steps to meet the need. I believe that social

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security benefits need to be increased and once they are raised they need to be kept up-to-date automatically.

A strong argument can be made for tying the benefits to the changes in the wage levels of this country rather than to price levels. Keeping benefits up with prices, merely pegs the retired person's income to the situation at the time he retires. And the difference is significant. While prices have been rising at the rate of about 1% a year, wages have been rising at about 4% a year.

But the primary point is that we need action now if the older people of this nation are to have a decent income that will enable them to live their later years in reasonable dignity.

Rent-Supplement in Housing for the Elderly

Another area of pressing need for the elderly is in the field of housing and urban development. And this is an area in which strong Federal action is required. The housing and urban development legislation enacted last year provides many of the tools which are necessary for the tasks at hand. But if we are to wage a successful war on poverty, we must increase our efforts toward improved housing.

It is unfortunate that most of the criticism of the housing and urban legislation was directed at one of the new instruments that would go a long way toward providing decent housing for the elderly. I am referring, of course, to the provision of rent supplements for low-income families. Much of this criticism is even more unfortunate for it is misdirected and misinformed.

Some 8 million American families live in substandard housing today. Many of them cannot afford decent housing and half of these are elderly or the handicapped. By failing to have funded the rent-supplement program we would have deprived the very Americans who need help most in acquiring decent low-cost housing. By enacting this legislation we will save many older persons from being forced to move from their homes or their communities just at the time that persons find it most difficult to adjust to such changes.

The regulations drawn for this program contain many safeguards to assure that the rent supplements will only go to those low-income families eligible for them and in need of decent housing within their income capacity. In addition to safeguards in regulations, sponsorship is limited to nonprofit groups, limited dividend corporations, and cooperatives. Under this approach, private initiative is invited to participate in the effort to solve the housing problem of the elderly poor. And there are restrictions which discourage from the very beginning the expectations of large profits that might result from such participation.

The program fosters private ownership, but the type of ownership and its methods of operation are limited by law. And the auditing and screening procedures assure that sponsors have the qualifications and capabilities to develop and operate successful housing projects for the elderly, and other low-income groups.

As you know, we have so far been successful in our fight for this legislation. President Johnson signed into law just last week the measure which will fund this program for the remainder of this fiscal year, and the House, again last week, approved $20 million for fiscal year 1967. Though this still requires Senate action.

Community Responsibility

These then are some of the things needed to strengthen the focus on aging in the Federal Government. But let me reemphasize that our system in America is a pluralistic one and our goals and objectives can be realized only by a cooperative effort. Far from being a single operation of the central government our programs for the aging must be a partnership of all governmental levels—Federal, State, and local, which in turn work as a partnership with all related private activities, and with the older people themselves.

Recognition of community responsibility in helping the aged and especially in helping the aged help themselves is of course of prime importance. It is clear that the problems of the aged will not be solved merely by sheaves of laws passed by Congress and sent to you tied up in a pretty package. It is in the community that the complexity of individual problems must be unravelled. It is the community project and the community planning that in the last analysis will determine whether the aged in his day-to-day living faces it with dignity and happiness and with a feeling of usefulness and self-respect.

Conclusion

I recognize that the challenges confronting you are many and they are varied. It is a heavy responsibility to have the wellbeing of so many of your fellow

citizens in your hands, but it is a splendid responsibility. With imaginative leadership in the communities, and bold measures at the Federal level, I know we can work hard together toward a broader and more satisfactory program of service and help for the older people of this country.

Expanded Work Opportunities for Older Americans

THE HONORABLE JONATHAN B. BINGHAM*

THANK YOU for inviting me to participate in your conference.

I come to you today as a member of a minority group. Not because I am a member of Congress and there are only 535 of us. Not because I am a Yale graduate, either, even though we Yale alumni lived for a time in the temporary shadow of another Northern school I won't identify.

The reason I say I am a member of a minority group is that I am over 25 and under 60. With 60 percent of our population either under 25 or over 60, and with each of these age groups increasing more rapidly than the population as a whole, my minority status has become unquestionable.

And, since I relinquished membership in one group sometime ago and am headed, by an apparently irreversible process, for membership in the other, I feel entitled to enter into the discussions surrounding the process of aging and how to deal with it.

It is apparent from even a cursory reading of the literature on the subject that there is widespread recognition among the experts that research has not yet provided us with the facts we need if we are to proceed to solutions with a comfortable degree of certainty.

In fact, we may not even be sure at this point in history exactly how we should accomplish the research or organize it.

Let me not overstate our ignorance, however. We know at least the dimensions of the problem. Please bear with me for a few statistics: In the middle of last year, there were about 18 million Americans past the age of 65, nearly 1,900,000 of whom resided in New York State. This was about 10 percent of our whole State population. Projections show that by 1985, the Nation will have about 25 million post-65-year-olds, about 2,400,000 of whom will be New Yorkers.

Recent statistics for income for this group are for calendar year 1963. At that time, national median income for couples where the husband was at least 65 years old was about $2,900 a year; and for unattached senior citizens, median annual income was less than $1,300 a year. The social security increases voted last year improved this picture only very slightly.

A review of the pertinent statistics also shows what happens to our people when they reach the age of 65. According to the 1960 census, 77 percent of all men over the age of 14 are in the labor force (working or actively seeking employment). For those who are 65 or over, the figure is much less than half of that, 31 percent. For women, the drop in employment is even more dramatic; 35 percent of all women are in the labor force, whereas only 10 percent of the post-65-year-olds are. As a group, less than 1 in 5 senior citizens is still in the labor force. This shows that not only is there a sharp drop in income but a tremendous decline in their level of activity. It is important to note, too, that this is not a reflection of gradual decline in employment as one gets older. According to the same census, 78 percent of the males 60 to 64 years old are in the work force, more than double the figure for the male population thereafter. For women, the statistics show that 30 percent of the 60–64 category are in the work force, but only 10 percent of the older group.

Again, according to the 1960 census, there were in New York State nearly 50,000 men and 30,000 women aged 60 and over employed in the professional, technical and kindred category. These are the teachers, nurses and medical technicians, the

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dentists and the lawyers. At the age of 65, more than half of them are "put out to pasture."

And this in a society which is desperately trying to recruit and train people in these vital fields. These are skills and abilities which we need so badly that we make special provision for many of these occupations in our immigration laws and we offer all sorts of special inducements to youngsters to train in these fields and private groups to run training programs. Various Federal laws are testimony for the need we have for these skills.

The Senior Community Service Corps bill does not seek to add senior citizens to the full-time work force. To the extent that the bill suggests employment as such, it contemplates part-time employment. The bill prohibits paid employment of more than 20 hours per week.

We are, of course, moving ahead with the task of acquiring new knowledge of the subject of aging. The Older Americans Act is evidence of the determination of the Congress and of this Administration to see that such information is obtained as soon as possible. But it will be some time before these studies produce anything of use to us.

To me it is clear, and the Older Americans Act recognizes, that we cannot afford to wait until all the research is done before we act. We must do something now.

As I said when I introduced the bill to develop the National Senior Community Service Corps, I think it is imperative that we develop programs to use the skills and energies of our senior citizens who have the ability, the desire—indeed, the need—to play a constructive role in our society. While admittedly just a start, such legislation would put us on the way to bringing our older citizens back into the mainstream of American life, where they belong.

The Senior Community Service Corps bill is designed to facilitate the use of senior citizens in community work which would not otherwise be performed or would be done on a much more limited scale. For example, we all know of households where the only potential breadwinner is the wife but where she cannot help the family's financial plight by working because there are small children who need attention. In these cases, foster grandmother service could help make a self-sufficient family out of what would otherwise be a welfare case. Similarly, there are thousands of poverty-stricken people who are housebound because of illness or disability. They desperately need household aides to shop, cook and clean for them; sometimes just to be with them to provide personal assistance. These people cannot hire such help and the strain on family and friends frequently is beyond the capacity of those who have other obligations. Imagine what could be done by senior citizens who have the time and the ability to provide such services but do not have a mechanism for giving such assistance. The Senior Community Service Corps bill could provide assistance for programs to provide such aid.

Equally important are the more refined skills represented in our senior age group; skills which are in short supply in our society. Retired teachers, nurses, medical technicians, and office aides who cannot work full-time could be integrated into social programs in the community. Day care centers and after-school centers desperately need staffing and more such centers are needed. Counseling and tutoring are services which never are adequate for the needs of the community. The Senior Service Corps could be a boon here. The potential drop-out could be salvaged; the child whose health is jeopardized by lack of attention could be rescued. The senior citizens who would render these services would be themselves beneficiaries of activities which keep them in the mainstream of current life.

A second aspect of the potential benefit to these older citizens should also be considered. This bill does provide modest sums which can be paid out to senior citizens to help meet their out-of-pocket expenses—such as travel—or, in some cases, can supplement their retirement income up to $125 a month by part-time employment. This income would not interfere with Social Security payments but would augment the pitifully low monthly benefit level. Although raising social security payments substantially is necessary and long overdue, I think that prospects are not so bright for the near future in this endeavor that we can ignore the financial plight of these citizens. If this program will enable some of them to move a little closer to a decent standard of living, then it is another argument for the bill.

I am particularly pleased that this bill will function in such a way as to match programs to community needs. The role of the Federal Government is to make grants to the States to help finance desirable projects. State agencies working in the field of problems of the aging will make the determination as to which specific projects merit financial support.

They are the best qualified to make these determinations. The guidelines for the State programs are deliberately broad so as to encourage diversity and imagination.

The local organizations conducting projects approved by the States must be public or nonprofit private organizations; the programs must permit or contribute to an undertaking or service in the public interest which would not otherwise be performed and should not displace employed workers. Participants would be restricted to those 60 years of age or older. The goal is truly *community* service by senior citizens and this approach is best calculated to achieve the goal.

The bill has broad community and Congressional support. At the time that Senator Williams and I held our original press conference to announce our cosponsorship of the bill, we were joined by the National Council of Senior Citizens, the National Council of Jewish Women, the National Council on the Aging and the National Association of Retired Teachers. These organizations indicated their enthusiastic support for this legislation. I am pleased to advise you that in the weeks following the original introduction of this bill in the House by Congressman Rodino (Dem.—N.J.) and me, about twenty of our House colleagues have cosponsored this measure by introducing identical bills. The measure is now pending before a House Education and Labor Subcommittee and I am hopeful that hearings can be held in the near future.

The truth is, I am convinced, that our older people want continued commitment, not enforced idleness.

It appears fairly obvious that they do not much like the role of relative inactivity to which they have for the most part been relegated, a role which permits them neither to participate nor to contribute very much.

We know that a very large number of our older people, both men and women, simply do not wish to retire. One observer has stated that most of the aged do not retire because they are old and incapable, but because social regulations relegate them to the status of old age.

I said last year, in support of the Older Americans Act, that I am not satisfied with a world in which retirees have only the steady diet of television, movies, chess and checkers to fill their hours. Neither, I believe, are most of our older citizens. They have earned the right to an opportunity to participate in more dynamic activities, compatible with their physical limitations, and they want to exercise that right.

With the success of programs such as Foster Grandparents and Medicare Alert, I am more convinced today than ever before that, shown the way, our older Americans will eagerly participate in new activities.

It should be obvious that I, along with, I suspect, most field workers, believe that it is wrong to tell people that their active life ends at a specific chronological age. Many will undoubtedly welcome the opportunity to withdraw from activity entirely and they are certainly entitled to do so. However, for so many more the attainment of the 65th birthday does not mean that they lose the desire for constructive activity. It is for these people that we must provide the opportunity for service.

As we extend the life span and act to relieve our senior citizens of debilitating and disabling ailments, we must provide outlets for the energies thus preserved. Not only does this enhance the lives of many senior citizens but their service to their community enhances the quality of the community which can so well utilize the skills and knowledge of these people.

There can be only one answer. At the very least, we owe our older Americans the opportunity to make the choice themselves, an opportunity they have been largely denied until recently.

It should be clearly understood at this point that I am not advocating the continuation in the regular work force of persons over a certain age. At present, I see no practical alternative to our system of retirement at specified chronological ages. Our industrial progress has both decreased the need for sheer manpower and increased our ability to provide goods in abundance to a growing population. At the turn of the century, two-thirds of the men over 65 were in the labor force. Today it is a little over one-quarter and this trend will undoubtedly continue.

But the prospects are far from ominous.

My contention is that opportunities for useful and meaningful lives for older persons exist, not primarily in continued employment in the regular work force, but in whole new and vast areas of services which will use their accumulated skills and wisdom.

It is a shameful fact that we have not yet evolved a clear-cut, socially defined role for our older, retired people. They are simply there, and that's that.

Until we do discover what we really want from our older people, we have no right to cut them off from occupational activity.

I for one will continue my efforts to see that our older Americans have every opportunity to continue to contribute to the work of our society.

I hope you will do the same back in your home State and communities.

Health Maintenance for Older Americans 1966

FRANK F. FURSTENBERG, M.D.*

IT IS A CHALLENGE to those of us who are involved in trying to make life meaningful for the aged, to examine our progress, our programs, and our perspectives in our concern for the older Americans. Can we really establish "Goals for Older Americans" without establishing goals for all Americans? This morning, I will present the thesis that a physician working in the field of medical care, social medicine, humanistic medicine must look at the problems of older Americans as an integral part of the problems of all Americans and that one cannot create a dynamic way of life for older persons unless there has been an emphasis on such a way of life during childhood years and in adulthood.

One can hardly expect society to produce a healthy, vibrant, secure and involved older person if society has not gone out to promote a healthy family life and has made it self-evident to all families that they can and should participate in the expectations of the middle class. By this I mean a life in which housing, education, jobs, and the dream of what is best in America becomes a reality for all Americans of all social classes. There must be no discrimination based on racial or ethnic origin or just being unfortunate in being born in the wrong State or the wrong part of a State in our great land.

I am all for income maintenance in the older years; indeed I am certain that the aged will become the first to obtain a guaranteed annual income just as they have become the first to earn hospitalization and other medical benefits as a right under part A of Title XVIII of Public Law 89–97. However, our society should move to develop income maintenance associated with productive work for all people and when productive work is not available, income maintenance then should be their right and it should be given with dignity.

May I also suggest that while housing for the aged requires not only creative architecture and social planning so that the comfort and security as well as the health of the aged can be maintained, let me hasten to add that such housing should not just begin at age 65. In order to live a community life and be involved in one's neighborhood and develop pride in the home, such creative housing should be made available to the families with children so that they may become socially involved in constructive activities in the schools, the clubs, the churches, the community.

This morning, I have not been given a mandate to create a brave new world for all our people. I wish I had! I have, however, been told to discuss the subject of health maintenance for the older persons in the light of the new Social Security Legislation.

I shall give you a few concepts and some suggestions for action based upon my working experience in an organized medical program for the aged at Sinai. I shall also draw upon my experience with the nuances in the administrative implementation of Public Law 89–97.

Now that Medicare is the right of persons over 65, what does it do? What does it leave undone? How much will it do to maintain health of the aged and what are the next steps that should be taken? Medicare was not designed to give total care to the aged. It's an attempt to relieve some of the costs of acute illness and to make hospitalization with other medical benefits a right. What Medicare will do is to make all aged "equal" in being able to purchase some health services. Now this is a great step forward in national responsibility for it helps this particular disadvantaged group and it establishes a precedent for helping other sectors of society.

What does Title XVIII leave undone for the aged besides not covering the entire costs of sickness,

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and what steps should be taken to correct obvious defects in the law? It, of course, does not cover drugs, an extremely high-priced item and a most important aspect in the day-to-day medical needs of older persons. It doesn't cover eyeglasses or routine eye examinations, perhaps the most common single service required by the aged and a primary need for their comfort, for accident prevention, for giving them security to move around. "My glasses are broken. I cannot see." This is a common experience in the day-to-day care of the aged in our Comprehensive Medical Service at Sinai Hospital. Without routine eye care, a basic need in total care for older persons is not met. Then, too, Medicare does not cover the dental needs of the aged. Without good dentistry, good nutrition is often difficult, indeed almost impossible. We, in our Sinai program, have inadequate funds for necessary prosthodontia. This means that many foods are denied to the older persons. I hardly need to tell this group the importance of both tasty and nutritious food for the wellbeing and comfort of the aged.

The co-insurance feature of Medicare—the first $40 of hospitalization, the first $50 of personal health services, the first $20 of outpatient diagnostic services, the 20 percent cost of the medical service to be paid by the patient when the deductibles are met under medical services of Plan B—will, I believe, not be paid by such a large group of the aged, who will not have the money, that sections in the law will fall by the wayside when Congress considers the legislative defects of the present law. I am certain that the hospitals will be unable to collect most of the deductibles and they will simply become losses in services rendered to these individuals and then become part of the increased reimbursable costs of outpatient care. The nuisance value and cost to hospitals and, therefore, to the insurance fund and to society will far outweigh whatever psychological restrictions were intended against abuse or overuse of services.

I was one of a group of interested physicians who tried to persuade the Congress not to place any financial deterrents between the initial visit of the patient for sickness to the physician. The concept that the aged would abuse the right of the sensitive use of health resources and physicians' time always has left me singularly unimpressed. The deductibles under Plan A and B are wrong in concept and will be impossible and tremendously costly to administer. The law should be changed promptly to eliminate these poorly conceived regulations.

Let me state that there is little real joy in the older person's frequent visits to the physician. It requires physical effort. It's time consuming. Transportation is often difficult. While the reassurance obtained by the visit to the physician is often helpful, when adequate medical and continuous care is available to the aged person, physician visits simply to allay anxiety are reduced. If the patient has hypochondriasis or has anxiety, this complaint requires attention.

Over the years, I have become a strong advocate of early-sickness-consultation as a much needed right. Sickness, after all, remains a challenge to the physician. At this time, the physician more carefully evaluates the patient's problems. Dr. Gordon S. Sigel, the Chief of Occupational Medicine in the United States Public Health Service, recently emphasized the need to make complaints, symptoms, and signs the reasons for seeing physicians rather than promoting periodic health examinations. It is interesting that periodic health examinations are not covered in physician services under Plan B of Title XVIII. I can maintain that the routine physical examination has not proven itself in American medicine. Along with Dr. Sigel, I would also emphasize that, with increased use of physicians' service implicit in Medicare and with the absolute shortage of personal physicians in the immediate future, promotion of the personal health examination is an injudicious use of physicians' skills as well as time. What is necessary, as I have mentioned, is the removal of any financial deterrent to the early treatment of illness.

While we, as yet, know little about the primary prevention of chronic illness, we know considerable about the care of persons in whom chronic illness is discovered early. For example, the care of the feet in the diabetic is a must. The early treatment of glaucoma is an absolute necessity. The early discovery of cervical cancer makes it not only treatable but it can be cured. The research studies in multiple screening for early signs of chronic illness at Permanente Hospital in California for adults are impressive and these should be enlarged in scope as research tools. In this respect we can give support to Preventicare, the Adult Health Protection Act of 1966. This is a bill promoting detection centers for asymptomatic chronic illness. All these centers are to have a research design.

I am all for research. One really can't dare be against it, but I grow impatient when we do not organize our present health services now so that

we can employ the resources and our present medical knowledge effectively for the people who are already old so that they can live out their years in comfort with minimal anxiety, with the knowledge that their fellowman cares even when the older person faces chronic incapacitating illness or terminal disease. We are not doing this and in this sense, we are guilty—you and I—of not organizing these services in the interests of the aged persons.

Medicare does not actively intervene in the interests of the older person. Many of the older persons need more than financial security in illness. They need more than an identification card giving them the equal rights to purchase medical care in the open market. Such a guaranteed right is immensely important and Medicare is a revolutionary victory in making medical care a right of some Americans. But many of the older persons will soon find out that in Medicare they have been oversold for they will find themselves underserviced. Neither physician services, other health personnel, nor health resources to meet their medical needs are adequate or organized and in many instances are not even available. To meet the needs of many aged persons, organized services in the interests of these people are required. What I mean by this is that the health team needs to evaluate the needs of the older person. There should be a plan for care in which there are medical needs to be sure but also social and emotional needs as well. A plan for care must include those services which will help the older person remain independent, secure and live with dignity. This of course means decent housing, opportunity for work, recreation, human relationships and even travel. Recently, in speaking to a group of older women, I was a little trite, but not too so. I said—why doesn't society make two vacations a year a right for the aged, in the summer—one to the mountains or the seashore, and in the winter, one in the south? Planning ahead, I said, can make the future exciting and also, I said, it could make the future gay and not gray as it is too often for many older persons.

The need for all kinds of health personnel now is the major concern of all of us working in the health field. One high priority for the aged and necessary to maintain independent living are home aides. We have a paltry few thousand persons paid in organized public or voluntary programs serving as part-time home health aides and housekeepers. Sweden has 50,000 persons and England 300,000 persons receiving such services each day under public auspices. Many older persons fight to maintain independence in what seems to us often inadequate living quarters. When we help them with necessary services, they live out their years in their own neighborhood, with their own belongings, with their own friends, with their own pets.

It may not be much but we can help them live with dignity with a complex of group services based in part on the availability of a home aide, buttressed by meals-on-wheels, friendly visitors and organized health services.

For those who need more protected care there is the nursing home and here I add a somber note. Older persons do become sick, irreversibly ill and develop terminal disease. How does America behave in the treatment of the last years, the last months that the older person lives? Our society has done badly. Long-term care for the aged in nursing homes is by and large a national disgrace. Nursing homes are too often orphan asylums for the aged. Half of the 600,000 beds occupied chiefly by persons over 65 are paid for by public assistance funds. Examine your own State public assistance payments for these older persons in nursing homes. In all likelihood, you will have to face the kind of care that is implicit in the inadequate payment that these abandoned, aged persons, placed in nursing homes, are receiving.

Profit certainly is not a dirty word, but many—yes, even most—of the aged sick nursing home patients are in proprietary homes which are making a profit out of chronic illness even with the inadequate payments for care they receive from the official agencies. This should bring us up with a start. Inadequate payments for nursing home care mean inadequate personnel, paid inadequately. It means inadequate food served unappetizingly. It means little or no skilled nursing service at the bedside. It means the lack of personal care that follows from institutionalized neglect. It means a premortuary for too many people. One of our patients in the Sinai Aging Center said last week in group counseling when discussing nursing homes—"A nursing home is living death. When I die, I want to die."

Mea culpa! I am also guilty. How often have I, as the physician, authorized the sending of a patient from a hospital bed to an inadequate nursing home, knowing full well that the patient would in all likelihood never have a chance for good care and certainly not for rehabilitation. Are we not all guilty? How many of you have recently visited

inadequate nursing homes in your State and, if you have, how many of you have called for an end for substandard homes and for an end to substandard payments for the care of your fellowman; and in simply calling for change, have you done enough?

What we need is an aggressive social action group for eliminating discrimination against the aged poor sick in the nursing homes of this country. We cannot depend on Medicare with its limited responsibility for rehabilitation, nursing home benefits, to do our job. It is time that we stand together, march together, even sit-in together until we end the discriminatory treatment of chronic sick aged poor, more than a quarter of a million in number. We have waited too long!

Well, what are some priorities in health maintenance. I have only had time to touch upon some and have left out others high on other workers' lists.

(1) Let us work to raise social security payments as a first step to income maintenance and with it significant health maintenance.
(2) Let us eliminate the deductibles in Medicare, wrong in concept and impossible to administer.
(3) Let us improve Medicare by covering drugs, routine eye care, eyeglasses and dental care.
(4) Let us promote organized health services for the older persons who need such services to maintain independence.
(5) Let us support programs for developing all levels of health personnel, but particularly home aides.
(6) Finally, let us move to eliminate a national disgrace—the care of older persons in nursing homes—by supporting adequate payments for services and a broad and massive program of nonprofit nursing homes.

Medical Assistance Under Title XIX of the Social Security Act

JULES H. BERMAN*

I HAVE ALWAYS been intrigued with the way the British use the word "scheme." They do not use it negatively, as we do so often, but, rather, positively to describe a system, or method, or plan of accomplishing something. Using, therefore, the English connotation of the word, the Social Security Act Amendments of 1965 are, indeed, a scheme. These amendments justify that colorful, descriptive term because the various provisions relating to medical care were formulated and fit together so carefully.

Most people are familiar with the medicare provisions—those relating to hospitalization and supplementary medical insurance to cover the costs of physicians' services. But many are still unfamiliar with the title XIX, the provision, of its implications, and of progress being made in putting it into effect. The newspaper stories which I have been reading tell of a spreading knowledge of this program throughout the country. Still, the details of this aspect of the 1965 legislation are not fully understood.

It is my objective here today to tell you a little about the provisions of this new law, to tell you the progress being made in putting it into effect, and to evaluate the impact of this new law on the American people.

What is Medical Assistance?

Title XIX is designed to supplement the services available under medicare's title XVIII, to go beyond these services and to include others not provided under title XVIII, to extend these services to all age groups in the population, to make it possible for low-income people to receive the full benefits of the title XVIII services by offering assistance to pay the various deductibles and co-insurance charges. All through the statute there is an emphasis on quality of care. Safeguards in title XVIII for medical care will also apply, in practice, to the same items of service offered under title XIX.

Title XIX provides for grant-in-aid to the States to establish a broad medical care program for persons receiving assistance under the basic public assistance programs and for medically needy persons. States have an option on how they may begin the program. They can initiate the program for money payment recipients only and then later extend the program to the medically needy. By July 1, 1975, however, the States must have a broad, comprehensive program of medical assistance available to all persons in the States who are unable to provide such care for themselves. Thus, although several of the States which are progressing in their planning for a medical assistance program are limiting the program to money payment recipients, they all are aware of their obligations to broaden the program. This is an important factor in their planning.

At the initiation of the program the States may limit the services offered. But by July 1, 1967, the services will need to include as a minimum these five: in-patient hospital care, out-patient hospital care, diagnostic and other laboratory serv-

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ices, skilled nursing home care, and physicians' services. Even this list of services will need to be expanded, for by 1975, as mentioned already, the services offered must be comprehensive.

An Improved Grant-In-Aid

Some of you may be familiar with other grant-in-aid programs and, if so, you are aware of the latitude such laws usually give the States. If you are familiar with the usual limitations placed upon Federal authority, you may be curious as to the reason for my optimism that title XIX will bring about substantial changes in State programs of medical assistance, and that the goals of 1975 will be reached.

The answer lies in understanding the provisions of the new law. This law establishes a new relationship between the Federal government and the States. Much more than in any other grant-in-aid program with which I am familiar, this legislation sets forth details of State operation, groups to be covered, services to be offered, and methods to be used in determining who will receive benefits.

The law has two essential ingredients. First, it has a cut-off date for Federal participation in medical care programs operated with Federal sharing under the other public assistance programs. That date is January 1, 1970. After that date, the Kerr-Mills program, for example, ceases to exist and any Federal sharing in the cost of medical assistance will need to be under title XIX. This makes it necessary for all States to move toward title XIX in the next few years.

The second essential feature is the financing system. The Federal cost sharing is very generous, the most generous of any program on the statute books. In addition, Congress was aware of the large sums the States will save under title XVIII. After this coming July 1, for example, States will need to spend only trifling sums for hospitalization of the aged compared to what they are now spending. Social Security will be picking up the major responsibility. But Congress has declared that these savings are not to be withdrawn from the program, but made available and used in other parts of the public assistance programs. Thus, States will have some money with which to start their title XIX operations.

States will have differing amounts depending upon their present efforts in the provision of medical assistance. It must not be assumed that Federal funds alone will make it possible for States to finance title XIX programs.

The Federal funds will enable many States to make a good start, but State money will be needed as the steps are taken progressively toward the 1975 goals.

A New Approach to the Means Test

The new law provides for an exciting shift in the nature of the means test for determination of eligibility for the medically needy. Many features considered by many of us so irksome in the traditional means test either are being dropped or seriously modified. For example, the new law prohibits States from imposing a responsibility on adult children to support their older parents. This wipes out one of the most troublesome provisions in public assistance administration. It should contribute greatly to improved relations between parents and children. The law also provides that income actually must be available, and resources reasonably evaluated, before they may be taken into account in determining eligibility.

As we see the program, each State must select a level people need for maintenance. The States may be liberal in this respect, but they may not set a level below the level of maintenance used in the most liberal of their existing money payments programs. This provision will be a great boon to our needy children; for usually, the most liberal program in a State is Old Age Assistance. Once the level of income is established, an applicant's eligibility is determined by taking into account his available income and the actual or anticipated cost of his medical care. States may not make ineligible anyone solely on the basis of his income. No matter how high an individual's income may be, he may still need medical assistance if his medical costs are high enough to cut into his basic everyday maintenance. Under no conditions may a State expect anyone to participate in the cost of the medical care needs if it should reduce him below the level of maintenance set by the State.

In projecting an individual's income available to pay for medical care, States may not go further into the future than six months, and preferably, three months. Thus, future income cannot be mortgaged for this purpose without limit.

We have advised States they are to use, to the maximum feasible extent, an individual's declared statements-of-fact in the determination of eligibility.

Thus, the detailed, time-consuming investigations characteristic of other assistance programs will not be present in this program. States are to design a form in which an individual provides the information on income, resources, and other factors of eligibility. States are to make a decision on the basis of this information, if they have no reason to indicate that the information provided is not accurate. The usual system of sampling reviews of actions taken will follow and if any ineligibility appears, the States will be expected to correct their actions.

This device, which we hope to extend to the basic assistance programs, should do a great deal to simplify the administration of medical assistance, shorten the time period for eligibility determination, and protect the dignity of the individual.

All of the approved programs include the medically needy as well as the money payment group. Several other States which will probably have their programs approved soon will have a more limited program.

There is always a good deal of interest in the level of income established by the States. We had many requests for this information under the Kerr-Mills program of Medical Assistance for the Aged. Under title XIX, however, no State may have, as stated earlier, an "in-or-out" program; that is, a program that excludes people above a specified income. In this program, the information of genuine interest is the level of maintenance set by the State. Taking just the approved State plans, the range for a person living alone is from $1,440 a year to a high of $2,000 a year. For a family of four, the range is from a low of $2,712 to a high of $4,000. The New York plan, once it is approved, will establish a new high for both the single person and the family of four.

I do not think that these figures are to be considered static. Experience we have had in the past suggests the likely trend of liberalizations in these amounts as they are able. In every instance, the State plan has been developed in consultation with the State health department.

Equality and Compatibility

One of the positive features of the new legislation is its insistence on similar treatment for all eligible persons. If medical services are offered to some of the needy, they must be available to all. It is possible, however, for States to offer broader services to the money payment recipients, as a group, than to the medically needy, but not vice versa. In addition, the eligibility provisions must be comparable for all groups. The income and resource standards used must be comparable by size of family, must progress as the size of the family increases, and may not differ among the aged, the children, and the handicapped. This provision will correct one of the recognized weaknesses of the former provisions.

Progress in Implementation

As I mentioned earlier, States may initiate the program when they are ready, but must have a program in effect by 1970 if they are to have Federal sharing in the cost of medical care. We are delighted with the response from the States in developing plans for title XIX. There are now eight States with approved plans. These States are: Pennsylvania, North Dakota, Illinois, California, Minnesota, Oklahoma, Puerto Rico, and Hawaii. In addition, about 15 States have discussed their planning with us, and these, and probably more, will have programs approved before the end of the year. We have not encouraged all States to undertake a title XIX program, for we believe some need more experience in medical care administration and additional money before they could operate with the anticipated emphasis on equality. Thus, the States now initiating programs are those which have in their own judgment capacity to manage a program of these dimensions.

In several States, health agencies will have a definite contractual role in providing technical assistance to the welfare agency. And in some States, it is likely that the health agency will be the administering agency. None of the approved plans have such an arrangement, with the exception of California, in which the combined State health-welfare agency is responsible as the single State agency. We are placing great emphasis on the standards for nursing home care, and we are expecting the State health agency to set the standards high enough to eliminate nursing homes of less than high quality.

Prospects for the Future

Medical assistance, under title XIX, will play an increasing part in the structure of medical care in the United States. This program will grow in size and importance as the years immediately ahead

pass. It seems likely to be implemented by nearly all the States within five years, and the programs in those States will grow in coverage and services offered. It can also be anticipated that the financial eligibility levels will be liberalized as the States gain experience in administration.

This program should remove the uncertainties from the minds of many low-income and moderate-income people about how their medical care costs will be met. It is clear that while a means test will be used, it will be one reflecting the rights and dignity of the individual. This legislation presents an expression of Federal interest in the broad range of medical services needed by the needy.

As time passes, the Federal legislation will undoubtedly be amended and probably further liberalized. It is my opinion that Congress is determined that low-income people shall not be outside the mainstream of medical care in this country. I think that adequate provision can be made for their care within the context of an equality operation. If this is to be done, every citizen will need to watch developments in his State and to make sure that the actions taken are in the best interests of all groups.

Some Goals for Older Americans

JACK WEINBERG, M.D., F.A.P.A.*

WHAT IS IT that needs to be shown about the aged and aging which ought to be of help to all of us who are to ameliorate the suffering in times of need? Each one of us in the care-taking professions knows of but a fragment of the kaleidoscopic fabric of which any given life is tailored. We must share our knowledge and pool our material in a fashion which may serve the life style of any individual whose being we encounter. Yet this very term—individual—makes it impossible to have everyone fit into a given mold, for individual variance is of essence and is at the very core of good medical and psychiatric practice.

As a psychiatrist I am well aware of the difficulty or impossibility of the treatment of the emotionally disturbed older person in the absence of an adequate base of combined social and economic support. Conversely, the obviousness of socio-economic needs of most mentally ill or disturbed aged may lead to the mistaken belief that situational manipulation alone can yield therapeutic success. It is true that environmental changes without the intervention by a psychiatrist may result in a dramatic change. However, years of experience with the economically and socially privileged have proven otherwise. I can safely predict that medicare, war on poverty, adequate housing, etc., are not in themselves going to be the answer to all of the needs of the aged human being. Even the recent suggestion by an eminent geriatrician of polygamy and polyandry for those of 60 and above is not going to be the answer. While it may "double the pleasure" without fear of begetting for some, the problems that it may evoke are too fearsome to contemplate. Good God! It may even lead to group nagging!

Over-riding all is our concern as behavioral scientists to prevent disease and promote an optimal level of functioning in the elderly. We are keenly aware that a malfunctioning biological and social-psychological system, such as man is, may respond to a variety of interventions, not necessarily, nor only, psychiatric. Many times the disordered behavior never comes to the attention of the psychiatrist but is adequately dealt with by a social system to which the concepts of mental health are completely foreign yet are somewhat intuitively utilized. This is possible because all mankind shares in the common human condition. For the sources of human suffering and grief are only too frequent acquaintances of all of us. They are qualitatively alike but differ markedly quantitatively.

These sources of suffering are threefold in nature and, although applicable to any age group, are particularly poignant in later life. They are:

Reality as expressed through losses, through death and dispersal of meaningful figures (and by that I do not mean love objects only—meaningful figures may also include those whom one dislikes and quarrels with but who give one a reason to live), economic privation, financial reverses, illness, etc. But then you would hardly expect a psychiatrist to deal with these realistic factors for they often require common sense, and we have long since been accused of lacking in that all too common ingredient. The sources which I am going to concern myself with are those of civilization and the internal conflicts as they affect the personal adjustment.

Despairing of his inability to solve his problems, man attempts to separate himself from his human condition, the major source of his suffering, and to tend to his biological needs. He will preoccupy himself with his physical needs in an escape from

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his lack of a philosophy of life, its meaning and purpose. He complains of his glands when he is really sick at heart. He frets at his financial insolvency when his real troubles lie in a bankruptcy of the spirit and soul.

If the above sounds moralistic and philosophical coming as it does from the mouth and pen of a psychiatrist, may I point out that it is psychologically valid, for those who have to deal with the emotionally tired and ill must deal not only with biological man but also with the human being. As a biological entity man is definable, and the fulfillment of his biological needs is definable, concrete, and definite. However, those characteristics which make him human—his common sympathies, passions, feelings, and failures—are much more abstract, more varied, less concrete, and more difficult of definition. Because of the inability to articulate the ambiguous, man takes refuge in the obvious and avoids the latent.

It is, of course, the function of the social scientist as well as the psychiatrist to penetrate the manifest and to bring the latent material to light. We are also acutely aware that of the entire animal kingdom man and man alone is particularly unique in that the imaginative capacities of his human state allow him to alter his environment, influence his evolution, determine and actuate his fate. Human evolution is more often a result of cultural development and not of an organic change. We mean to find ways to free man from his economic insecurity to fulfill his biological needs, so that he can realize more fully his human strivings. Inasmuch as man is human, the satisfaction of his instinctual, biological, animal needs is not sufficient to make him happy; they are not even sufficient to make him sane.

Man's solution of his physiological needs, is, psychologically speaking, rather simple. Reality as a source of suffering can be modified, for here the difficulty primarily is a sociological and economic one. Man's solution to his human needs, however, is quite complex. It depends on a multiplicity of factors—on the way his society is organized and how this organization determines the human relation within it.

From time immemorial as man surveyed the world he has lived in but had not created, he has been consumed by a number of burning, motivating forces: first, to master himself and that about him; second, by his productivity to contribute to or alter and modify his environment; and third, to belong to and be accepted by his own species. To the realization of these ambitious dreams, man of every generation has spent most of his adult years. He has created a world of man-made things as they never existed before. He has constructed a complicated social machine to administer the technical machine he built.

Yet this entire creation of his stands over and above him. He does not feel himself as a creator, but rather as the servant of a monster which his hands have wrought. The more powerful the forces which he unleashes, the more powerless he feels himself as a human being. He confronts himself with his own forces embodied in the things he has made, apart and alienated from himself. He is owned by his own things and has lost ownership of himself. He has built a golden calf all over again.

To maintain his safety and security he has created governmental machinery, entrusted it with the preservation of his welfare, and then reacted to it as being alien to himself and his needs. He looks with hostility toward its attempts to do just that which he has asked of it. He feels no kinship with it and does not consider himself a partner in its institutions. For he prizes his individuality, the individuality of being human, while his physical self must merge with the herd and submit to its laws if he is to survive.

Furthermore, he is engaged in a titanic struggle with time, another one of his inventions. The measurement of time is the creation of man for his orderliness and convenience. Then he looks upon it with typical human ambivalence. It is a great friend and healer for "time heals all wounds." On the other hand its ticking minutes are a tragic accompaniment to his life pulse. It is a constant reminder of periodicity and all things temporal. It is forever running out on him; he begins to look upon it with hostility, suspicion, and anger. He must kill time, for otherwise it is certain to kill him.

In a society which is future-oriented, it is the aged who can most afford to live in the present. Yet, most of them find it difficult to do so, not only because of the paucity of the present but also because they cannot help themselves. One of society's functions is to transmit to its individual members its cultural value orientations. Cultural patterns play a large part in determining variables in human behavior. These include not only moral standards and mores but also more subtle patterns of motivation and interpersonal relationships. Variations in judgments and systems of belief, such as religions and philosophies, have been integrated with other

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cultural patterns, such as child-rearing practices, by cultural anthropologists. As a result of this synthesis, there is now a clearer understanding of the effects of the one or the other on the individual and the cultural pattern he has developed. The values which the child accepts and incorporates into himself have much to do with defining his attitudes toward aging people and later toward himself as an aging person.

We can readily see, therefore, that in our society, which is future-oriented, we incorporate this value and apply it to ourselves in later life. Since the older person has the least future chronologically speaking, he is the least desired member of our group. The older person looks upon himself with disfavor. Much as he would like to live in the present, he is unable because of this incorporated time value. As a matter of fact our society is so child centered and oriented that we tend to treat all adults, and particularly the aged, as children!

The type of individual that our culture values is also germane to our discussion. There are three choices—the individual who is concerned mainly with the feelings, impulses, and desires of the moment, called the "being" type; the one who is principally concerned with action, achievement, and getting things done, called the "doing" type; and the individual referred to as the "being and becoming" type who is most interested in inner development and the fullest realization of aspects of personality.

Americans are noted for their emphasis on "doing." While the Mexican mother, who can be classified as a "being" individual, may happily enjoy her child from day to day, the American mother is too often concerned with his progress. She compares him to other children, and in this way measures her own success as an efficient manager or as a force in the community. What the individual does and what he can or will accomplish are primarily questions in our appraisal of people. Getting things done and looking for ways to do something about everything are stock American characteristics despite our cultural pluralism. Our "doing" orientation leads to our comparing and competing to an extreme and intense degree.

Here, again, we can readily recognize the impact of such an orientation on the aging organism. Unable to compete with younger groups at his old rate and speed, he is obviously at a disadvantage. He may have stopped "doing" and so, again, he is beyond our pale.

I am acutely aware that I have said: "He may have stopped 'doing'," and I must hastily add "doing in our cultural sense." Being pragmatists, our deeds, actions, and accomplishments must be visible to the naked eye of others; if not to the naked eye, then at least to any of the other physical senses. Should we be reading and asked what we are about or doing, we are much too prone to reply: "Nothing. Just reading." As if thinking, evaluating or reading is nothing! Even learning, especially learning per se, is considered as a time-filler rather than an activity. For want of results we are impatient in the learning. We'll settle for mediocre artistic productions, for instant art, rather than spend the time to be proficient.

Here the psychiatrist may fail his patient in his treatment of him. Since the psychiatrist is a member of our society, he has incorporated the "doing" orientation and may apply this judgment to the aging. He may push for activity, achievement, and action, when the stressing of a "being and becoming" orientation may be of greater service to all concerned. What is true of the psychiatrist may be true of all of us in the behavioral sciences.

Lastly the greatest source of human suffering is man's inner self. His vast intrapsychic conflicts center around unresolved internal stances: conflicts related to parents and authority figures in which questions of dependency and hostility play an important role; peer relationships with their attendant competition or cooperation; psychosexual functioning with its more subtle aspects of intimacy and separation; and self conflict, i.e. one's ego identity and the legend about the self.

It is in this last category that the psychiatrist is of greatest service to the individual. For it takes time and individual attention to arrive at and understand the personal legend that each human carries within himself. I use the term legend for in all of us the concept of the self as a dynamic force, interacting with the environment, is often tinged by wish rather than reality and is thus distorted and obscured. For each of us there is a reality which transcends the truth. It is when the legend of the self is not in concert with the facts as they are, that discomfort and illness make their appearance. The legend leads to a romanticizing of the self and a poetic interpretation of reality which is not easy to discern and which arouses skepticism and hostility to the holder of the myth.

Responsibility for the interpretation of these dreams and needs in the aged into realizable goals

falls squarely upon the shoulders of the psychiatrist. However, this responsibility must be shared by the aging and aged themselves.

There is the mistaken notion afoot that when the psychiatrist attempts to understand behavior and interprets it, he in the same breath sanctions it. Nothing can be further from the truth. No psychiatrist feels successful in his therapy unless the patient begins to assume full responsibility for his acts. When the psychiatrist makes the patient aware of the timelessness of the unconscious, that it behaves as if there is no such thing as chronological time, he is being interpretive and suggestive. He states that early hurts and pains are experienced within the unconscious as if they occurred but yesterday and today's rejections and losses find an echo in those of the past and set up a chain of reverberation intensely experienced and intensely out of proportion to the stimulus, and therefore need to be placed in perspective.

What I am trying to say is that our summons here, as I see it, is to assist the person to recreate a source of significant being for himself, whether it be existential, inspirational or transcendental, to be an individual even when approaching one's own end. It is a lifelong responsibility that each one of us has to prepare oneself for the time when one becomes the repository of all the memories of the self and one's forebears—for the time when each of us must continue to be the model for the ones whom we have brought into being. Only the dignity of the self and its realization can demand the respect of the others.

A Progress Report on the Administration on Aging: Research and Development

MARVIN J. TAVES, PH. D.*

THE AUTHORS of the Older Americans Act had their eyes well focused on the future while not losing sight of the status and needs of today's older American. Therefore, in addition to the State grants, the Older Americans Act provides for a special program of research, development, and training designed particularly to carry out the theme of this conference. If the general emphasis in Title III of the Act is on "creating a *new day* for older Americans" today, then the purpose of Titles IV and V is to create a *new tomorrow* for them, their families, and their communities.

My assignment is to review briefly what has been done to inaugurate the Research, Development, and Demonstration Grants Program under Title IV. This program is to encourage administrators, practitioners and scholars to develop, experiment with, study and evaluate potential contributions to that new tomorrow for the aging. I shall attempt first to note the purposes of Title IV and *differentiate* its scope from that of Titles III and V; second, to describe AoA *procedures* relating to Title IV; third, to provide a glimpse of the applications received and being processed; and finally, to leave you with a philosophy and some guidelines for State Administrators.

The Role of Title IV

The name given this program in the Act is "Research and Development Projects." The impact of the first term, "Research," probably is apparent. The other term, "Development," is particularly important to an understanding of the role of Title IV. To *develop* is to create, to generate something new, or to improve on what exists. As used here, it calls for more than simple replication or duplication, not just expansion of existing facilities, programs, or activities.

Here lies one of the main differences between Titles IV and III. Title III provides for grants by State Agencies on Aging for the "establishment of new, *or expansion* of existing, programs" (Sec. 301(4), P.L. 89–73). Title IV omits all reference to expansion of the existing. Instead, its charge is

(1) "to develop or demonstrate new approaches, techniques, and methods (including multipurpose activity centers) which hold promise of substantial contribution toward wholesome and meaningful living for older persons;
(2) "to develop or demonstrate approaches, methods, and techniques for achieving or improving coordination of community services for older persons; or
(3) "to evaluate these approaches, techniques, and methods, as well as others which may assist older persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of our Nation" (Sec. 401(b), (c), and (d)).

Another statutory criterion which applies to Title IV, but not to Title III, requires these projects to have more than local significance. In fact, the statutory words are (Sec. 401(d)) "approaches, techniques, and methods . . . which may assist older persons to enjoy wholesome and meaningful living and to . . . contribute to the strength and welfare of our Nation."

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It would appear that any project eligible for Title IV support would have to meet all the criteria for support under Title III. In addition, it needs to meet the two criteria just noted, namely, those of novelty and of national significance. This criterion of novelty or newness could be applied either restrictively or broadly. The so-called "reasonable interpretation" will be used. This generally will mean that a Title IV project potentially must provide data, information, and experience of significant value to others than the applicant and participating organizations, and preferably for the Nation as a whole. The ideal probably is the project which generates firm bases for long-range policy and program development.

Just a word about development grants as distinguished from demonstration grants.

The dictionary defines the term *develop* thus: "to evolve the possibilities of," "to make available or usable" or "to evolve, differentiate or grow." A *development* grant is one designed to evolve a new or improved technique, method, process, program, activity or organization. A *demonstration* project is one designed to *display* such technique, program, etc., to *give evidence* of its *workability*, *effectiveness* and *efficiency*, and to *convince observers* of its merits. The assumption of risk is generally greater for the development than the demonstration project. The caption, "Research and Development," includes demonstration projects as "Development."

Also, supportable under Title IV are *research projects* in two areas of knowledge. One is to study current patterns and conditions of living of older persons, the other to identify factors . . . beneficial or detrimental to the wholesome and meaningful living of such persons. Everyone of you, as administrators and counselors, should recognize the importance of reliable information on how different older people live, their economic needs and resources, their hopes and aspirations, their problems and frustrations, the adequacy of their information, the facilities in which they live and the services available to them and used by them. You also know the paucity of trustworthy information.

Research and Development Grants Procedures

The processing of research, development and demonstration applications and grants follows generally used patterns. Applications must be submitted in writing on forms prescribed by the Administration on Aging. These may be obtained by potential applicants from the Administration on Aging in Washington or any Regional Representative on Aging. Application kits are not normally distributed otherwise in order to have a record of potential applicants, be able to provide them promptly any new directives or guides, and to encourage consultation during preparation of an application. On the other hand, grant announcements and examples of all application materials are available to State agencies and others for judicious distribution to all who may be interested.

Applications, when received by AoA, are examined for intelligibility, completeness, face validity of objectives, budget, etc., and for compliance with the scope and criteria set forth in the Older Americans Act. Applications meeting these prerequisites are presented for review to a Technical Advisory Committee.

This committee is composed of persons representing the widely diverse interests and competencies found in aging. Members normally have an opportunity to study applications and then convene as a group to make a recommendation on each project to the Commissioner of the Administration on Aging.

The committee tends to make one of the following recommendations:

1. Approval
2. Conditional approval
3. Resubmittal
4. Deferral of decision
5. Referral to other funding agencies including Title III State grants
6. Disapproval

Comments on each application also are requested of the relevant State agency within whose jurisdiction a project is to be conducted, and of the Regional Representative on Aging. All these are assembled with the recommendation of the Technical Advisory Committee and submitted to the Commissioner with a recommendation for action by the Research and Development staff.

The disposition of each application for a grant rests with the Commissioner. Applicants are notified of action as promptly as possible. Normally, absence of communication means the application is still being processed.

Applications are judged according to the following criteria:

1. Quality
2. Utility
3. Provision for dissemination of benefits
4. Feasibility
5. Adequacy of evaluation, innovativeness or novelty

The announcement and instructions point out to applicants that their State agency will be asked for comments on the application and suggests they utilize the State and regional offices for consultation in developing their projects. The comments requested of State agencies relate to the utility of the project for the State or region, to the reputation, if any, of the applicant for working effectively in the area of the proposed project, and such other information on the applicant agency and proposed project personnel as may be thought pertinent.

In order to preserve the confidentiality assured the applicant on details of budget, specific project design, and personal data requested, only the face sheet, the summary of the project sheet, and the three-year budget sheet are transmitted to the State Agency.

Procedures are being developed to alert the State Agency *earlier* in the preparation of demonstration and development project applications being prepared or processed.

Nature of Applications Received

The quantity and range of applications received testifies to a strong demand for support of such projects in aging. Over 500 different potential applications have been reported; many, if not most, applicants have discussed theirs with us personally, over long-distance telephone, or by letter.

The projects already approved include the demonstration of a model downtown metropolitan multipurpose activity center for older adults; the demonstration of institutes in conjunction with a community organization program to keep or bring into the intellectual and social activities of their community those about to or recently retired; the development and demonstration of techniques and methods to help newly-blinded older persons remain relatively self-sufficient in their own homes rather than become institutionalized; and to develop and operate a National Senior Center Recruitment and Placement Service.

In addition to the projects already approved, 46 either have been or are being reviewed at this time. Grants made and soon to be announced total almost $700,000 for the first year of the several projects. Another three-fourths million dollars in applications are to be reviewed in the next few weeks. Actually the total requests in hand ask for $9,058,072 over the next three years.

Some Philosophy and Guidelines

The primary goals of the research and development program were summarized by the National Advisory Committee on Older Americans as follows:

1. Creation of opportunities for older people to express themselves, to serve others, to earn, to receive education, to travel, and to maintain independence.
2. Provision of favorable environments—social, community, political—for the continuing full participation of older people in American life.
3. Development of roles, programs, and societal arrangements for older people—housing, protection, care, rehabilitation, employment, income maintenance, education, and studies of the impact of these on their adjustment and on the society as a whole.
4. Encouragement of organizational efforts by older people to influence the means by which their needs are to be met and studies of these efforts.

We have tried to compile a list which further helps indicate the Administration on Aging's priorities for demonstration and research projects. On the list are projects to study or improve:

1. multipurpose centers for the aging, a variety of social services including information, referral, and protection;
2. community planning and organization;
3. utilizing the skills and energies of older people;
4. basic, vocational, and continuing education;
5. roles for older adults in the family and community;
6. employment and other income maintenance programs;
7. living arrangements and housing;
8. the organization and operation of residences for the aging;
9. diet and nutrition;
10. recreation;
11. retirement patterns and procedures;
12. preparation for retirement;
13. attitudes toward aging held by the aging and by their society;

14. social opportunities and social relations of the aging;
15. social and personal adjustment of older persons.

The State and regional offices on aging can strongly influence the quality of applications and the direction of innovation generated under Title IV. You can encourage the more competent to submit imaginative, well-conceived proposals. Have them on your State research and demonstration committee and really use them; conduct seminars for and with them; involve them as speakers and consultants in public, and above all, find time to convey to each personally the problems which their demonstration or research projects could help you with.

We are looking for projects on which to build the future of aging in the U.S.A.—projects designed with an eye to the future—projects which will produce the kind of roles and other opportunities you who are now 35 will really appreciate as a 65-year-old senior citizen in the year 2000; or if now 50, in 1980; if 60, then in 1970. If you will generate strong, forward-looking but currently-meaningful projects, the Federal agencies and the Congress will find the means to finance your work, if other sources don't.

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