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Conference on Aging: Highlight Summary

by

Dwight Cooke, assisted by the chairmen
of the Conference sections

For me, this has been a tremendously impressive series of meetings, not only in what you have undertaken, but in what you have achieved.

I think this Conference has had to cope with certain very special problems. For one thing, it was the first such conference. You have had to focus on a tremendous amount of material in order to see where to begin.

Then, by the very nature of your subject matter--the aging--you have been considering the whole complex of the life process. And when you consider the life process in terms of aging, you are considering a problem which grows ever more intricate. For it has been pointed out over and over during these meetings that as we get older, we become more and more individual, less and less able to be considered and dealt with as a group.

So it seems to me that you have been moving into an area of infinite difficulties--a very stimulating area, however, I must say. Every one of you knows what each section has been considering, how complicated and interrelated have been the questions you took up. I feel it would be unseemly of me to attempt alone to digest for you experts what your sections have accomplished.

So instead, the section chairmen and I have decided to handle this report in another way. I am focussing my summaries on answers to two questions I asked each section: What is the most important thing your section does know about aging? And what is the most important thing you do not know about aging?

NOTE: The final meeting of the Conference on Aging on August 15 was devoted to a quick, running summary of some of the highlights of the Section meetings. The summary was given by Mr. Dwight Cooke, CBS commentator, and Conference Rapporteur, assisted by the Section chairmen. The nature of this final program carried out the exploratory forum concept under which the entire Conference was planned and conducted. There were no actions or resolutions taken by the Conference as a whole.

The minimal editing required to cast this summary into written form was done by Mr. Cooke, without altering the content. This is not, of course, an official statement and does not commit the Sections which are now preparing their own final reports.

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I shall begin with Section IB: Population Changes and Economic Implications. By 1975, this section foresees 20 million people, or about 11 percent of the population, over 65. Only 25 percent, a quarter of these older people, are going to be employed if things go along as they are now. If present trends continue, by 1975--according to one expert of Section IB--the support of our aged will cost the Federal treasury a minimum of \$15 billion a year in terms of the 1950 dollar. What a terrible burden that could be!

There was almost unanimous agreement in Section IB that the best way to reduce this burden psychologically, sociologically, as well as economically, is through enabling the aged to do productive work in accordance with their capacity. This would mean, change, change, change. Nothing in our present cultural institutions, the committee believes, is adequate to deal with the consequence of this new development of the increasingly aged.

That is what they do know. What they do not know surprised me; it would not surprise you. They do not know what types of occupation in industry can best use the skills and abilities of older people. They insist we must go beyond present data and find out what the requirements are of a given job in terms of the capabilities of older people.

All right, Dr. Hauser, if I have done violence to your committee report, would you correct me?

DR. HAUSER: I should like to make two quick points, Mr. Cooke. The first point is that our section, as I think is true of many others, has emphasized the importance of providing opportunities for our older people to do productive work in accordance with their capacities. I think it is highly important, however, that in emphasizing that point, it should not be overlooked that that alone will not solve the problems of the aged, that even when a maximum effort is made in that direction, a terrific part of the problems of the aging, economic, social, psychological, as well as medical, etc., will still be left.

The second point is, I think, with respect to a democratic or sociological standpoint. A large proportion of our population is now in the older brackets, and the prospect of an increasing proportion is a relatively recent product of modern civilization. Our cultural institutions are not yet adequate to deal with the problems that an aging population creates. Change is necessary in our way of thinking, in our practices, in the utilization of our resources. Just as the United States has a fairly magnificent record in the conservation of its natural and physical resources, it is now important that we parallel that record with finding out more than we yet know about our human resources, including the aged, who are an important component of those human resources.

MR. COCKE: Thank you, Dr. Hauser. Now we go on to Section II, Employment and Employability and Rehabilitation. I found in the work of this section much optimism about the untapped potentialities in their field. Personally, I found this constantly recurring theme of optimism the most important thing I learned here. Almost every one of your sections emphasizes the immense possibilities for constructive help to the aging which lie at hand around us now.

Section II reports that we have a reserve army of able, old workers shunted to the sidelines by discriminatory age barriers in industry and by compulsory retirement rules. However, these people comprise a reserve army of able, older workers who are ready, willing and able to help the production machinery of the country. That certainly has encouraging implications in the light of the Korean crisis.

Section II believes there are no insuperable obstacles to the employment of older people. Management, labor and Government, working together, could do the job. However, an enormous amount of merchandising is going to have to be done with all three groups to sell the older workers to them. Incidentally, one labor union man in the final minutes of that section asked if he could address a representative of industry there as a colleague. Unless you have worked with labor and management consistently, you don't realize what an encouraging fact that can be.

What doesn't Section II know? It doesn't know what proportion of our older workers actually want to retire or how much the Federal Government is planning to use its agencies to help in special counselling, rehabilitation, education and placement of the older workers.

Mr. Abrams, will you go on from there?

MR. ABRAMS: I think our section would agree with Dr. Hauser's section that not all our older workers want to work or can work. However, we generally adopted an optimistic policy throughout that we can place a great number of older workers who can work, who want work and who need the work. The section did emphasize that in the immediate crisis, there was a need for doing two things. One was capturing the war production experience of our older workers, so that we do not lose the benefit of all that statistical material in order to answer many of the questions that we have today about production, absenteeism, etc.

The second suggestion that was made was that in the immediate situation we do not forget that we must fit that older worker to the job, that we don't merely flood the employer with a great number of older workers, without any thought of fitting them into the plant. For we must remember that we will lose a great many valuable man-hours if we have to dismiss such an older worker, send him back to the employment agency and send him out again for another job to which he may be fitted.

The basic problem, however, was considered in a broad perspective by the section. The major goal was jobs, not merely for our older workers, but jobs for all, of all ages, with no discrimination based on age alone, with ability the determining factor. In the final analysis, our problem on employment is, in a sense, part of the ancient biblical plea, "Forsake us not in our old age." Our section found that we couldn't deal with old age at age 65 and 75. In many cases, we were dealing with the 30-year old. We found some of that age who couldn't get a job in industry because they were regarded as too old. We were dealing also with the 45-year old and the 50-year old.

MR. COOKE: Thank you, Mr. Abrams. We come now to Income Maintenance and the work of Section III which, as translated by me, comes to this as a possible focal point. If the aged haven't got economic security and economic self-respect, they haven't got anything. It is the underpinning of everything else the Conference is talking about. Today, even with the new social security legislation coming up, our economy does not give all the aged a minimum economic opportunity and guarantee. Some of the aged will still get their economic help through assistance programs instead of through programs they themselves have directly contributed to.

Section III insists all workers should be covered through insurance, not assistance programs, and it wants social security programs to include all categories of workers not covered by present legislation.

Section III doesn't know the answer to this question: It is assumed people do not want to retire at a given age. However, when they are given a chance to retire voluntarily before that age, many of them choose to do so, while others want to work as long as they can. But if we do away with a specific age as a retirement basis, what measurement do we use instead? Dr. Kerr . . .

DR. KERR: As in the case probably of every other section, we talked about a great many matters in addition to the ones which Mr. Cooke has been able to summarize.

There seems to be general agreement on the first proposition which Mr. Cooke stated, which is that we should have insurance covering all people in the labor force. Now, in addition to the several million older people not covered by any type of program, even under H.R. 6000, there will be nearly six million people working who will not be covered by any public retirement program, either Federal, State or local. That is about one in ten in the entire labor force.

We had a good deal of discussion, too, about whether people wanted to retire, and there was quite conflicting testimony. We had people say that their experience had been that all the workers liked to retire when they had the opportunity before the age of 65. We had a number of other people say exactly the contrary, that when people were given the opportunity, they liked to work as long as they felt they possibly could. We felt that there was great need for additional information in that area.

We also talked a great deal, as Mr. Cooke said, about whether there would be a way practical for industry and labor to substitute something for chronological age which would be a better test of the man. We talked some about whether you could have tests of performance which would be more adequate than chronological age, also whether we could develop physiological tests or psychological tests which could be substituted. The feeling of the assembled industry and labor representatives there was that there was a most interesting and fruitful area in which to conduct research and one which seemed to be quite open.

MR. COOKE: Thank you Dr. Kerr. Now let me shift from the economic to the medical. This brings me to the work of Section IA, on Aging Research--Biological, Medical, Psychological and Sociological.

Section IA points out that behind the evident manifestations of aging lie a myriad of biological processes. Even so simple an activity as converting a little bite of cheese into a living bit of grandma involves a complex variety of related psychological, chemical and physical activities; even social and economic issues may enter the picture.

Section IA believes that we have a great many of the techniques and facilities available to help in this respect; that the field is ready; that the laborers are there, that the tools are there: but there isn't enough pay for the laborers.

What Section IA does not know, again as translated by me, is where they are going to get the money they could so fruitfully use now to pursue a great deal more research into these fundamental areas and the attendant benefits which would flow to all of us as we age. Many new significant factors are being uncovered. We are learning more about the hormones, more about new drugs. Aureomycin has been found recently to be able to increase growth as much as 50 percent.

So Section IA knows a group of things which may have effects on reversing our metabolism decline and getting us back into the metabolism of our younger years, able to repair ourselves. But medical science has not the money to pursue these clues. Dr. Hoskins, how much violence have I done to medical research on aging?

DR. HOSKINS: I think your emphases are all splendid. We don't like to appear mercenary, and we are so glad you said we needed money instead of leaving it to us to say so.

The first resolution passed by our group today, as a matter of fact, was in favor of setting up an institute of gerontology. The Committee on Research was, of course, put in a completely untenable position. Each of the speakers so far has emphasized the need for research, and I dare say each of the speakers to follow will do so.

Research, at least to our way of thinking, is the crux of pretty much the whole matter. Getting the results of research into circulation is also important, but a much easier job. To give you some idea of the range that research has got to cover in this field, I might say that, first of all, gerontology is the Cinderella of medicine. By and large, scientists haven't got interested in the aging problem until they themselves were so much a victim of it that they couldn't do much about it. It is delightful to see in the present audience so many people to whom 1890 is a date well in the past.

The few seconds I have available I shall use in pointing out the range that has got to be covered. The human being--grandma for example, is a lot of things. First, she is a collection of molecules. She is a collection of cells. There are three thousand billion cells in grandma. That is even getting up above budget figures. Grandma has these cells organized into organs to do special jobs. The organs are brought together in working systems, and the working systems give rise to behavior patterns. The behavior patterns give rise to individual activities, the activities my psychiatric friends like to talk about, such as the action of the organism as a whole.

Finally, there are very important areas of research in the inter-relations of the organisms with each other; economics, sociology, all the social sciences come into this picture. For example, it was shown some years ago at Johns Hopkins that if an individual is lacking in a trace of manganese, that individual doesn't develop maternal attitudes toward her offspring. She will have nothing to do with her babies. Other examples of the influence of chemicals could be mentioned. So research has got to take that area into account.

With respect to molecules, there are a legion of problems. The problem of hormones, of vitamins and a lot of other things enter in too. I wanted to make the additional point that these working mechanisms, these things we inherit, stomachs and all these things, would be of absolutely no use except that we have built-in controls. We have appetites and hunger, and the reverse of that is we have a sense of nausea, etc. Well, the mechanism would be no good without the built-in controls. Therefore, psychology comes into this picture in a big way. As we get up into the other ranges, where the interrelationships are important, then the whole field of sociology comes into it, as I suggested, etc.

Well, that gives you just a very brief picture of what is in our minds. The field is very large. It needs cultivation at every level that you can specify, and as Mr. Cooke said, we have some laborers and we have some good tools. Some of my conservative friends in this field say that we have the know-how right now to solve all or a large part of these problems. If we don't know immediately how to do it, we do know how to set up and discover techniques to do it. So the thing is wide open. It needs working on and the workers like to get going.

MR. COOKE: Thank you, Dr. Hoskins. You see again how many things are related here, how everything leads to everything else.

On we go, logically enough, from basic research to Health, Maintenance and Rehabilitation, Section IV. Again, I was so impressed by the opportunities available to us. If you think of the shock troops of death as being infectious diseases, medicine has managed pretty well to cope with a great many of them, but it is still unable to cope with the guerrilla and the attrition factors of aging, better known, of course, as the chronic diseases.

Section IV believes there is a great, untapped opportunity to improve the health of older people by periodic health examinations and by the use of mass screening surveys for the detection of incipient chronic diseases. Section IV is most optimistic about what could be done to help the aging if chronic illness could be caught at an early stage when something can still be done about it.

The group is quick to point out, however, that it does not yet know how to formulate any set of rules for living which will lead with certainty to good health in old age. So many of the factors involved are beyond the individual's control. Heredity has much to do with the length of life and what disabilities you will have. Environmental factors are often decisive. So too are emotional attitudes toward aging. Both of these are in turn dependent on society's attitude to the aging.

Incidentally, as we go along from here, note how often this central point of the community's reaction to aging will come up. Now, Dr. Roberts, will you step in?

DR. ROBERTS: Our section divides itself up into seven committees. We wouldn't try to cover even a small part of all of the things they talked about, but there were a few common threads that ran through the work of all the groups. Interestingly enough, there are some very close relationships and comments that have already been raised by others.

Apparently Dr. Kerr's group wondered if there were other measurements that could substitute for the chronological measurement of age 65 in relationship to retirement. Our group considered that and concluded that we do not now have at our disposal reliable methods of measuring work ability, that this belongs to the field of labor.

We also invaded Dr. Hoskin's territory and we, too, recommend that this field and many other fields must be subjected to careful, penetrating and controlled research in order to develop these new tools. Our approach to research in the field of aging was a little different perhaps from others. We thought of it in terms of community research.

We use the term "epidemiology" quite broadly these days as not applying to just one communicable disease, but to degenerative diseases and even to health itself, the study of environmental and other factors that affect the health of individuals. And we want to study not just the sick individual, but we want to study cross sections of the community as a whole in order to understand better the factors influencing health in the later years of life. We want to concentrate on studying successes in aging rather than failures in aging.

There were other common threads that ran through our committee's work. One was the great need for deliberate, thoughtful planning at a community level, which Mr. Cooke has already mentioned. We feel that a great conference such as this can stimulate it, but the actual job has got to be worked out at a local level. We feel that facilities and services provided for the health of older people should not be set up separately from these services for the population as a whole, but that all of our services should be broadened and strengthened to serve the entire age population. We don't want to put the aged group aside in a little pocket and deal with them apart from the rest of society.

We would like to challenge Dr. Kerr in one of his statements. He concluded, as perhaps others, that the work of his section was basic and fundamental, independent of all the rest. He says economic security was the foremost thing. Well, we felt very strongly that health is basic to the work of all the other sections.

We were impressed by the fact that reasonably good health for older people is essential and that these older people ought to hold jobs successfully to contribute to community, to church, to family life and to profit from adult education and participate in recreational opportunities. They can't use these opportunities unless they have a reasonable measure of good health. Conversely, good health in the later years is in part dependent upon penetrating research into the physiological processes of aging and into the etiology of the so-called degenerative diseases.

Adequate housing is of great importance in the prevention of the spread of disease. The heart patient needs suitable housing adapted to his disability. Mental health is inexorably interwoven with family life, economic security and popular attitudes toward age. Emotional stability calls for an opportunity to work and play, to love and be loved.

MR. COOKE: Dr. Roberts is only one of many section chairmen who are convinced that his own group has the prime focus, the basic material in the problem of aging. This is just one more reminder to us all that aging has numerous prime focal points. Therein lies the rub.

I come now to Section VI--Family Life, Housing and Living Arrangements and Services. This committee insists that despite all the changes that have occurred in the American family--as the family goes, so goes aging America. The family is the basic frame of reference, say they, for successful aging.

I was interested in a group of specifications that they drew up for a satisfying family to age in. It should be a large family, with children and relations. It should own some place for family reunions. It should supply a clearly defined status for all members of the family, including the aging. It should preserve and protect the property rights of the aging in the family. It should give the aging opportunity to contribute to the joint interests of the family. And it should protect the privacy and personal freedom of the aging. It should even go so far as to furnish a place where the aging would have an occasional fling, could have a few drinks, if they chose.

In the area of housing, Section VI believes that the total supply available to meet the fundamental needs of aging couples and individuals is grossly inadequate and there is almost none that has been designed directly to meet the needs of the aging.

When Section VI comes to what it doesn't know, its succinctness is only equalled by its scope. We don't know enough about how the aged are living, how they want to live and how they should live.

Incidentally, there are two co-chairmen of Section VI, and it is typical of the cooperative spirit of the whole endeavor that each time there has been more than one committee chairman in a group, all members have urged that only one man speak for his committee. In this case, Dr. Burgess yields to Mr. Joseph B. Anderson.

MR. ANDERSON: First of all, in addition to the basic fact which has been impressed upon us at this conference that we are all growing older, we would like to suggest another basic fact, and that is that the family is here to stay, and that as an institution of the greatest importance in our American society, we must work to enable the family to discharge its responsibilities more effectively. It has done that up to now in relation to its aging members. We know that it will need the help of other institutions, the church and the school, the hospital and social agency. However, there are special obligations which it has to discharge.

We know, too, that the kind of housing and living arrangements that we provide for our aging population can determine to a large extent their outlook on life and how they participate in the life of the family and in community affairs. We know that the kind of housing we now provide is not adequate to meet their needs both in the urban and in the rural areas.

Finally, we believe that we must provide in a much greater sense and on a much greater scale than we have up to now, specialized and general counselling services for the aging population and the other members of their family. As we provide proper housing and living arrangements for the aging members of our population, as we provide the necessary essential services which they need, we believe we will strengthen the family as an institution which, in turn, will serve to strengthen our democratic society.

MR. COOKE: Next is Section VII--Creative and Recreational Activities. They know that creative ability obviously does not disappear with age. They know that the creative urge and need to express oneself do not lessen with age. By creative urge here, I refer to all the fruitful and self-fulfilling activities that help us play a normal part in the life around us. Section VII is convinced that communities have the art, the craft, the recreational techniques which could be used to help and guide and encourage creative ability. They know they have the facilities which could be utilized and which could help.

What they don't know--or I might say what they would like to know more about is what the aging person wants and finds most satisfying out of all of this. And one other point--a theme which is going to come up in the report of every committee still to be heard from--Section VII does not know how to get the community more interested and more appreciative of the importance of the problems concerned with aging, how to secure a higher status for the aging. Mrs. Brunot, is that accurate enough as a commencement for you?

MRS. BRUNOT: Yes; I think you did very well. Section VII recognized probably more than any other section in this conference that it was plowing new ground, because, while we have done a good bit of talking about the social and psychological values of creative and recreational activities for older people in the country, we have done relatively little about it except for piecemeal spots here and there.

Our section did very much feel that the basic human needs for doing and for being, apparently, are not lessened as a person grows older, but that the opportunities which the older person has for satisfying the needs become fewer and fewer. The reliance on gainful work for a sense of purposeful activity tends to leave the individual unprepared for the excess of leisure at his retirement, just as exclusive dependence on the family circle for social status and social relationship would leave him isolated when that circle is broken.

He may find individual and challenging opportunities for satisfying and purposeful use of leisure time--the wide choice of possible activity and citizen-participation in all aspects and at all levels of community life, in nature, in the out-of-doors, in study and discussion groups, in games, clubs, sports and the many handicrafts. This applies, we felt, both to the old and the young. We felt too that recreational and creative activity should not be regarded as substitutes for work, but supplements to it.

MR. COOKE: Thank you, Mrs. Brunot.

Next I come to Section VIII, Religious Programs and Services. Section VIII, of course, believes that religion furnishes the fundamental justification and satisfaction in living; therefore, it has to do the same thing in aging. But, besides furnishing the inspiration which spurs the individual to go beyond himself, religion also furnishes at a human level conscience and responsibility inside the community. And this force can offer us a wonderful mobilization point to start and spur action in helping others as they grow older.

What the religious section did not know had a characteristic humility, it seems to me. They do not know this about the aged who are outside our churches and synagogues: how much help these aged would welcome from organized religion, its churches and synagogues.

Doctor Boyd, since your two co-chairmen insist you speak for them, will you go on from here?

DOCTOR BOYD: Mr. Cooke, I act very frequently as a co-medium in the sense of representing better than 250 religious groups in this country. Modestly speaking, one thing we do know, as a religious group, is that there is an answer to this problem, and that answer is God. We at this conference, representing churches and synagogues, feel that the churches and synagogues have unique resources for helping individuals and communities resolve many of the problems of an aging population.

The churches and synagogues in their day-to-day services offer a way of life which will enable many, if not most, men and women as they approach their later years to continue as normal human beings, meeting the stresses and threatened distortions of life successfully. This way of life is achieved with the practice of personal religion, the use of the services of ministers and rabbis and participation in the fellowship which is offered by both church and synagogue.

Moreover, the churches and synagogues provide encouragement and inspiration to individuals so that they, as citizens, may influence their communities in the discharge of their social obligations to the aged, to change the attitudes and habits of a nation into a direction of more understanding. Treatment of the aged is too great a task to be accomplished without the motivation and drive which religion alone is able to supply. These religious leaders concluded that every social problem indicates a spiritual need.

Therefore, as advocates of the religious approach, we see older people as persons, precious in the sight of God, and their problems against the background of God's providence, today and forever. We here in this conference may be making our plans within the framework of time, but we make it also within the framework of God's timelessness.

MR. COOKE: Thank you, Doctor Boyd. Given this religious motivation for education, we then come to the last three sections in my report, three sections which are involved with education and aging--either education about the aging or education for the aging. So I put next in order, Section X, Professional Personnel.

They know, as I get the picture, that most programs give very little attention today to the specific needs of the aging. This lack in teaching, they are convinced, reflects a general lack of recognition by the community of the growing importance of this group. It also reflects a lack of acceptance of the importance of the older group by the younger groups.

Given that to be true, this is what Section X would like to know. They do not believe they know enough about the basis for a sound educational approach for professional personnel. Section X insists the other sections in the Conference must tell them what constitutes a really good pattern of community services--for instance, the way in which professional education should be related to operating programs, what the medical student should learn about aging in the hospitals and the clinics, or what the student social worker should learn to be useful in the social agencies.

Since Dr. Brumbaugh, the Chairman of Section X has departed, we have in his place as Co-chairman, Dr. Browning.

DR. BROWNING: I think Mr. Cooke has been exceedingly kind in discussing what we don't know. I do want to add, in connection with that last point, that the people in our section were able to point to a good many experimental programs, a good many individual isolated programs of services, which are doing wonderful jobs and to which training programs are or could be related.

The thing we missed most in our search for more knowledge about the community programs was some demonstration project or projects which could illustrate the approach that was considered very important by the various professions in our discussion-groups. We did feel that there is need for one or a good many more demonstration projects which would show the way in which all of the various professional and community services could be integrated into a plan.

Now, Doctor Brumbaugh, before he left, was good enough to work with me in trying to pull out just a very few brief points on which it seemed to us there had been considerable agreement in the three subsections through which we worked.

The first of those points is that professional services for the aging do not at present, at least, constitute a special field nor a specialty within the several professions. However, an understanding of and attention to the special needs of the aged should run through the services of all of the professions.

Secondly, general education in our colleges should give to all students a sympathetic understanding of the processes of the maturing and of the aged and of the needs of the older members of society. General education should give to those who plan to enter the professions a broad background of the humanities, the natural sciences and the social sciences.

Our third point is learning how to apply the knowledge which is acquired in general education in professional schools; and it is the responsibility of both general and professional education to synthesize and to transmit effectively the knowledge that we do have concerning the aged, to develop attitudes and understanding and abilities, while at the same time continuing the search for more knowledge and new skills.

Education of personnel to work with the aged must continue beyond the professional degree and must through in-service training programs receive subprofessional and auxiliary groups as well as the professional personnel. Programs for the training of personnel must not only take care of the backlog of inadequately-prepared people not in our services but it must continue for all of those who will enter such service in the future.

Finally, there was a recurring emphasis on the well-known fact that no service can be better than its personnel, and that much remains to be done and learned about the recruitment, selection and training of personnel for all types of professional services.

MR. COOKE: Now that leads me directly to another section--Section IX on Community Organization. Section IX has decided that while the needs of the aging are the concern of the whole community, these needs are of the greatest concern to the older people themselves. The aged must therefore play the major role in satisfying them. Yet while the community must plan for the aged, the aged don't want to be considered as a special case.

Viewing the situation with optimism, Section IX is convinced the community can provide the machinery needed to help in this area. But the section feels it must know a great deal more about what is going on within the community; how attitudes and behavior to older people and the problems of aging are evolving. Until they know that, they can't really retool the existing community machinery to do the best possible job for the aging. Dr. Nisonger--

DOCTOR NISONGER: Section IX was quite conscious that planning and developing programs of action to meet the needs of the aged in our community should be based upon sound principles. During recent years we have accumulated considerable knowledge and experience in community organization, but there are many uncharted fields that need to be studied. Section IX attempted, therefore, to draw on our general experience in community organization and to spell out some of the principles that we felt would guide us in planning and development programs in the field of the aged, and I would like to indicate just a few of those.

The first one that was listed by Mr. Cooke, the needs of the aged, are the concern of everyone in the community, and especially the aged, themselves. Second, planning for the aged should be considered an integral part of total community planning. As he indicated, older people do not want to be set apart from others in the community. On the other hand, within this general framework, we should make specific provisions for meeting the needs of the aging as a part of the total community problem. Three, planning should start where the problem is, and where people are, in terms of their interest and experience. In some communities, they may begin with a single project; in others, they may start on a broader base. In any case, the final goal of every community should be to provide eventually for all of the needs of its

older people. Fourth, an important step in any form of community planning is to establish the facts which are necessary for understanding problems and determining those. Along with this fact-finding should go a continuous self-appraisal and evaluation to work out problems and reach the goal.

Now there are great uncharted areas which need to be studied, and where experimentation is needed; and I would like to mention two of those. Our present knowledge of the psychological and social processes involved when people work and plan together is extremely limited. Secondly, our knowledge of how the attitudes and patterns of behavior toward older people have evolved, is extremely limited. We need to broaden our understanding of these problems and find ways of improving them.

MR. COOKE: I have placed Section V--Education--last. It is perhaps a self-centered arrangement because education inter-relates so much with my own work. But I would also defend this order as a sensible way to arrange my agenda because education is the force that continues after the work of most of the other sections leaves off.

Section V believes that older people can and do learn. Section V is certain we have the knowledge and the personnel and the facilities to teach the aging. You see, once again, how this optimistic stress on practical improvement comes up in committee after committee.

Section V, however, is baffled about a vitally related point. They have a mousetrap, but how to get the aging to beat a path to it they still haven't figured out. In other words, how can we reach and convince the aging--in time--that continuing education in aging will help them. We don't yet know enough about techniques for interesting the large mass of the aging. We don't know enough about ways to get the large group into action.

Section V also stresses a point which has run through so many of these reports. They don't know enough yet about how to change the attitudes of the community toward the aging, those attitudes which have so much to do with what the community does about the aging and what the aging does with the community. Doctor Donahue.

DOCTOR DONAHUE: Well, Mr. Cooke, I really don't like this analogy of the mousetrap. We haven't been working on a mousetrap, at all. We have been working on a release mechanism. (Laughter.) We have been working on a release mechanism to release these 2-million people that Phil Hauser is so concerned about, through educational processes, so that they can really become productive and happy individuals. We want to educate those 2-million for productivity. We want to do a lot more things. We want to release them so that they may find employment, so that we may keep them educated, alert, active people, so that employers will want to employ them as well as to keep them employable. We want them to be able to know how to maintain their incomes and also what methods to go about to insure their opportunities for that.

How can we educate them for that sort of thing? We want to release them from the old prejudices and the old lacks of knowledge, so that they may maintain reasonable health and live happily together in families, or, if they lose their families, in groups. We want to educate them to be creative and imaginative, and to take advantage of whatever opportunities may be presented in communities and other groups for expressing themselves. We want them to have the joy of the experience of an imaginative life in later years. Then we want them to have not only the opportunity, but the knowledge and experience which make religious worship a satisfying experience to them.

Also, we emphasize very strongly the great value and resource that these older people can be in the community, if we can find the ways to educate them to continue their citizenship-participation and to educate the community to realize the tremendous resource that these older people represent. We try very hard to think of ways to design or model our 1950 release-mechanism so that there will be people in all of our communities who may put aside their own personal prejudice toward growing old and will be willing to work for the creation of opportunities to improve the welfare of the people.

We want this release-mechanism to be understood as a completely 1950-model. We realize by next year it will be outmoded and the following year it will be back probably like the 1900 Ford is now. This is an evolving situation, and I hope very much that you will realize that we are not so smug as to say we have a mousetrap. We just are in the process of developing one. I might say there is one organization in the process of formation, a new adult education association, which is going to ask all of us to help them find ways to develop educational plans for the aging population.

MR. COOKE: Finally, there is one other point, upon which all the chairmen were unanimous. It gives me great pleasure to bring it up for them. They have asked me, on their behalf, and on your behalf, to extend our appreciation to the people who called this conference. May I ask you to demonstrate that appreciation by standing with me to applaud the Federal Security Agency? (Standing applause.)

There is one more point I want to add for myself, before I turn this meeting back to Mr. Ewing. I hope that I am looking at a group of apostles as well as pioneers. It is up to you to go home and communicate to your organizations and your communities the thinking and searching which has gone on here--and to inject into your communities your own kind of enthusiasm.

There is such a tremendous amount you can do with what you know now and what you have. There are enormous potentialities in what I have read and heard here for very good and very helpful radio programs, for articles, for talks, for a thousand meetings and discussions. The press has tried to cover part of this, but they can't read all your minds and they can't read what is between some of the lines you have written here. So I suggest and urge you to become apostles for the Conference on Aging.

Finally, I want to thank you for something. In my work I see much of the powerful in our civilization. Sometimes, in watching some of the powerful, like all people of the press, I get somewhat cynical about where we go from here, whether our democracy is really working and whether it can work.

In these three days of meetings, I have been so impressed by the democratic procedure followed here, by the way you have all come, paid your way, paid for this luncheon--by the way you have joined together strangers in complicated explorations of areas which were anything but clear, where many times you didn't like what the other fellow was suggesting, where you thought it was pretty irrelevant until you considered a second time. Through all this, with mounting appreciation, I have seen your willingness to be part of the somewhat complicated and often trying democratic process. You can't possibly know how much inspiration you have given me by doing that--because you were busy doing it.

But as I watched you work, I thought of a phrase I want to steal from Carl Sandburg's "Remembrance Rock," because you have given me a re-assurance that democracy does work in America and will work in this problem of the aging. Here is Sandburg's toast which I would offer you as a fitting summary of your work: "To the storms to come and the stars coming after them." (Applause.)

MR. EWING: This conference has been an unqualified success. We can see that, already. It has been a success in two most important ways; first, in the pooling of ideas and information and opinions and conclusions by exactly 816 of the leading authorities in all fields of the aging problem and, second, in the fact that you have called the attention of the American people, through the press and radio and television and motion-pictures, to the meaning and implications of an aging America; and I want to take this opportunity to thank the press, the radio, the television and the motion-pictures for what they have done and will do in helping to educate America to this problem and what must be done about it.

Furthermore, I would like to pay a real, heartfelt tribute to the work of the Secretariat and the total staff of this conference. They have done a magnificent job. I have heard nothing but praise for all of the details and infinite variety of services that they have rendered, and if I don't thank you individually, please accept this collectively. Thank you, both on behalf of myself and every one of the delegates who have been here. (Applause.)

I feel, also, that I want to pay a particular tribute of thanks to the Planning Committees and the chairmen, those of you who have attended this conference, on the care and thought and foresight that the Planning Committees gave to their work, and what the chairmen have done to expedite this work and keep it under control and keep everything in line; and you have done a magnificent job, and I hope you will accept our thanks for it. (Applause.)