

Proceedings
Institute on
**THE ADJUSTMENT OF THE
AGING POPULATION**

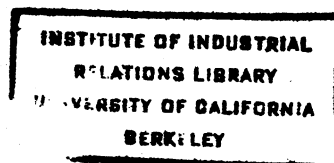
February 1-4, 1949

Berkeley, California

School of Social Welfare

School of Public Health

Institute of Industrial Relations



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**INSTITUTE OF
INDUSTRIAL RELATIONS**

Proceedings of the Institute on
the Adjustment of the Aging Population

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California, Moderator

INTRODUCTION

In 1948, a committee of friends of the late Mrs. Clare Moore deGruchy came to the School of Social Welfare, University of California, to discuss how best to utilize a fund which had been raised to commemorate her work in aiding elder persons and to stimulate continuing interest and study in this field. Mrs. deGruchy and her colleague, Dr. Lillian J. Martin, had pioneered this area of social work in San Francisco where they established the Old Age Counselling Center. After careful deliberation, it was decided to use these funds to finance an Institute on the Adjustment of the Aging Population, which would consider all significant aspects of the subject and provide an opportunity for wide participation by interested lay and professional people in the Western United States.

An institute in which comprehensive consideration would be given to the subject of an aging population seemed particularly timely. Many important phases had been largely neglected in the past few years in the West because public attention has been directed almost exclusively to the public assistance or "pension" aspects of the subject. Moreover, such an institute seemed uniquely appropriate as a memorial to Mrs. deGruchy whose work with the aged was always characterized by methods aimed at consideration of the total problem and, insofar as possible, the total adjustment.

This concept of an inclusive approach was applied to the Institute's planning, participation, and presentation. The sponsorship of the Institute was immediately broadened to include the School of Public Health and the Institute of Industrial Relations, University of California, in addition to the School of Social Welfare. The program committee and its subcommittees enlisted the services of a large number and wide variety of professional and lay persons, including a most active group of elderly people, who gave unstintingly of their time and talents in formulating the program and selecting the leadership of the Institute. They are too numerous to list individually here, but we take this opportunity to express our sincere appreciation for their yeomen's service. So persuasive was the interest and enthusiasm that the Columbia

Foundation (San Francisco) generously contributed additional funds to augment the leadership of the Institute.

As finally developed and presented, the work of the Institute took place in seven general meetings and five sections: Social Adjustment, led by Miss Margaret Wagner, Executive Director, Benjamin Rose Institute, Cleveland, Ohio; Vocational Planning, led by Murray B. Ferderber, M.D., Consultant in Physical Medicine and Rehabilitation, and Assistant Professor of Medicine, University of Pittsburgh; Recreation, led by Harry Levine, Administrator, Special Services for the Aged, Department of Welfare, New York City, with Mrs. Helen Brunot, Consultant in Recreation, former Director of the Bureau for Aged, Welfare Council, New York City, as special consultant; Medical Care, led by Martin Cherkasky, M.D., Home Care Executive, Montefiore Hospital, New York City; and Economic Security, led by Ewan Clague, Commissioner of the Bureau of Labor Statistics, United States Department of Labor. The Institute's keynote opening address was given by Miss Jane Hoey, Director, Bureau of Public Assistance, Social Security Administration, Federal Security Agency.

Attendance at the Institute, which was held on the Berkeley Campus of the University, February 1 through February 4, 1949, fulfilled the fondest hopes of its sponsors with respect to number in attendance, geographic and professional representation, and widespread and enthusiastic participation in the deliberations.

A summary of the proceedings of the Institute on the Adjustment of the Aging Population is presented in the following pages. We hope it will serve as a useful guide to what has been done and what must be done to help solve one of the most important emerging social problems of the twentieth century.

Milton Chernin
Dean, School of Social Welfare

Berkeley, California
September 6, 1949

UNIVERSITY
EXTENSION



Department
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OF
CALIFORNIA

Institute on

THE ADJUSTMENT OF THE AGING POPULATION

. . . to create awareness of the problems
. . . to provide techniques for dealing with the problems

February 1, 2, 3, 4, 1949

UNIVERSITY OF CALIFORNIA
BERKELEY

presented by

School of Social Welfare

School of Public Health

Institute of Industrial Relations

Department of Institutes, University Extension

This Institute has been made possible through a special grant in memory of Clare Moore deGruchy who was a pioneer in the field of counseling the older person until her death in 1947. Mrs. deGruchy brought a fund of intelligence, warmth and understanding to her work that will make her long remembered among her coworkers.

Additional funds have been provided by the Columbia Foundation

PROGRAM

Tuesday, February 1

8:00 p.m. Open public meeting Wheeler Auditorium

MILTON CHERNIN, Dean, School of Social Welfare, Chairman

CLAUDE HUTCHINSON, Dean, College of Agriculture and
Vice-President of the University, Presiding

PROBLEMS OF THE AGING

JANE HOEY, Director, Bureau of Public Assistance,
Social Security Administration, Federal Security Agency

Wednesday, February 2 and Thursday, February 3

10:00 a.m. - 12:00 m.

Section Workshops

SOCIAL ADJUSTMENT - Room 100, Wheeler Hall

Section Leader: MISS MARGARET WAGNER, Executive Director, Benjamin Rose
Institute, Cleveland, Ohio

Problem Areas to be Discussed:

1. Single, unattached persons
2. Minority groups with the double isolation of age and race or culture
3. Ethnic groups with their conflict of culture, language difficulties,
Food habits, etc.
4. Institutionalized persons
5. The differing problems faced by men and women
6. Persons who resist acceptance of help
7. Feelings in the clinonsts' relationship to the agency, the workers in
relation to the clients, and the process of aging itself
8. Insufficient recognition of the productive potential of the aged -
and that it not of necessity be economically remunerative
9. The tendency to consider economic insufficiency as the only problem
10. Relationships with relatives
11. Attitudes toward death

Committee Members

MRS. ESTHER ELDER SMITH, Chairman
Assistant Director, California Society for Crippled Children
MOSE FIRESTONE, Ph.D., Co-Chairman
Mt. Zion Psychiatric Service

MRS. GEORGE BARDIZIAN, International Institute
REV. BERNARD CRONIN, Ph.D., Catholic Social Service, San Francisco
MRS. MARY DUMBLE, State Department of Social Welfare
MISS FLORENCE HAGEE, Department of Child Guidance, San Francisco Schools
MR. WILBUR LEEDS, San Francisco Public Welfare Department
MRS. B. V. LOW-BEER, San Francisco
MISS JACQUELINE SMITH, San Francisco Urban League

VOCATIONAL PLANNING - Room 101 Wheeler Hall

Section Leader: MURRAY B FERDERBER, M.D., Consultant in Physical Medicine and
Rehabilitation, and Assistant Professor of Medicine,
University of Pittsburgh

Wednesday, February 2

Status of Problem--why is Vocational Rehabilitation necessary?

What is being done about it?

What needs to be done? By industry, labor, schools, other agencies?

Wednesday, February 2 and Thursday, February 3

10:00 a.m. - 12:00 m.

Section Workshops (continued)

Thursday, February 3

To what extent must old age be considered a "disability"?

Does it require modification of existing provisions with regard to:
minimum wages, full time employment, other?

Steps to be taken in conditioning the older worker for employment:

Counseling toward vocational education

Counseling toward change of attitude

Counseling with regard to personal and work habits

Committee Members

MRS. B. V. LOW-BEER, Chairman

MR. J. M. DOODS, State Department of Vocational Rehabilitation, San Francisco

MR. MUNRO HESS, Goodwill Industries, San Francisco

MRS. ELEANOR HEWLETT, Member, Industrial Welfare Commission, California

MR. MILTON GREENBAUM, Superintendent of Production, Levi Strauss & Co., San Francisco

MISS JENNIE MATYAS, International Ladies Garment Workers Union

MRS. BEATRICE SCHIFFMAN, Former Member of Staff of Old Age Counseling Center,
San Francisco

RECREATION - Room 102 Wheeler Hall

Section leader: HARRY LEVINE, Administrator, Special Services for the Aged,
Department of Welfare, New York City

Wednesday, February 2

10:00-11:00 Interpretation by workshop members of data presented in
Mr. Levine's outline.

11:05-11:35 Panel discussion by six members of the San Francisco American
Women's Volunteer Service Center for Elderly People.

Suggested discussion areas:

Factors that have limited recreational opportunities
for elderly people in recent years.

Changes or adjustments throughout our lives that might
have helped us occupy our leisure hours more adequately.

Recreational opportunities at our center today.

Things we would like to do or think we might enjoy.

11:35-12:00 Questions and discussion

Wednesday, February 2 and Thursday, February 3

10:00 a.m. - 12:00 m.

Section Workshops (continued)

Thursday, February 3

10:00-11:00 Planning for action

11:00-12:00 Evaluation of plans

Committee Members

MRS. ALTA SIMS BUNKER, Chairman
Oakland Recreation Department

MRS. WILLIAM BAYLESS, Chairman, San Francisco Unit, American Women's Volunteer Service
LOUIS BLUMENTHAL, Jewish Community Center, San Francisco
GORDON HEARN, School of Social Welfare, University of California
FATHER THOMAS LACEY, Director of Youth Activities, Catholic Youth Organization
SEATON MANNING, Executive Secretary, San Francisco Urban League
GLADYS SNYDER, State Recreation Commission

HELEN BRUNOT, Consultant in Recreation, former Director of the Bureau for Aged, Welfare Council, New York City will participate in the discussion in this Section.

MEDICAL CARE - Room 110 Wheeler Hall

Section Leader: MARTIN CHERKASKY, M.D., Home Care Executive, Montefiore Hospital, New York City

Wednesday, February 2

The Physician Views the Aging Population

Medical Social Problems of the Aging Population

Thursday, February 3

The Hospital and the Problem of the Aging Population

The Emotional Adjustments of the Aged

Consultants

DR. LESTER BRESLOW, Chief, Chronic Disease Service, State Department of Public Health, Berkeley
MISS RUTH BURCHAM, Director, San Francisco Visiting Nurses Association
DR. EDWARD MUNTER, Hebrew Home for the Aged and Disabled, San Francisco
MISS MARION SHEAHAN, School of Public Health, University of California
DR. ALEXANDER SIMON, Assistant Director, Langley Porter Clinic, San Francisco
MRS. FLORENCE SWITTON, Hebrew Home for the Aged and Disabled, San Francisco
MISS ADDIE THOMAS, Acting Director, Social Service Department, University of California Hospital, San Francisco
DR. DAVID WILSON, Assistant Director, Highland Hospital, Oakland

Wednesday, February 2 and Thursday, February 3

10:00 a.m. - 12:00 m.

Section Workshops (continued)

ECONOMIC SECURITY - Room 120 Wheeler Hall

Section Leader: EWAN CLAGUE, Commissioner of the Bureau of Labor Statistics,
United States Department of Labor

Wednesday, February 2

Relationship of the Aging Population Problem to Government

Relationship between the Old Age Insurance Systems versus the
Assistances Program

Tax Problems

Thursday, February 3

Economic Effects of the Problems on the Individual and on Industry
(including both labor and management groups)

Discussion of:

Statistics of Population Trends

Occupational Trends

Job Opportunities

Relationship to Industrial Relations

Private Retirement Plans

Seniority and Employment Policies

Committee Members

GLENN E. BROCKWAY, Regional Representative, Bureau of Employment Security,
Federal Security Agencies

MARY CHENEY, Economist, California State Federation of Labor

JEFFERY COHELAN, Secretary-Treasurer, Milk Wagon Drivers, Local 302

LINCOLN FAIRLEY, Research Director, International Longshoremen's and Warehousemen's
Union

MAURICE GERSHENSON, Chief, Division of Labor Statistics and Research, California
Department of Industrial Relations

KEN HUNTER, Publicity Representative, United Steelworkers of America

MAX D. KOSSORIS, Regional Director, Bureau of Labor Statistics, Department of Labor

STANLEY LANGSDORF, Director of Research, Bank of America

O. C. RAILEY, Chief, Research and Statistics Division, California Department of
Employment

JOSEPH W. RUPLEY, Regional Director, Bureau of the Budget

PHILIP SCHAFER, Office of Vocational Rehabilitation, Federal Security Agencies

WILLIAM H. SMITH, Director, Department of Research and Analysis, San Francisco
Employers Council

RUDOLPH THUMANN, Secretary-Manager, United Employers, Incorporated

Wednesday, February 2

Room 101 California Hall

ADRIAN FALK, Chairman

President, S. and W. Fine Foods, San Francisco

1:30 - 2:30 p.m.

Overview of Economic Security, presented by MR. CLAGUE

2:30 - 3:30 p.m.

Overview of Social Adjustment, presented by MISS WAGNER

3:30 - 4:30 p.m.

Overview of Medical Care, presented by DR. CHERKASKY

Thursday, February 3

Room 101 California Hall

1:30 - 2:30 p.m.

Overview of Recreation, presented by MR. LEVINE

2:30 - 3:30 p.m.

Overview of Vocational Rehabilitation, presented by DR. FERDERBER

Friday, February 4

Room 101 California Hall

10:00 a.m. - 12:00 m.

"Town Hall," EDWARD S. ROGERS, Dean, School of Public Health, Moderator
Five section leaders will participate. Written questions are to be
submitted in advance.

OVERVIEW OF ECONOMIC SECURITY

Presiding Officer: Adrian Falk, Chairman
President, S and W Fine Foods, San Francisco

The full purpose of the presiding officer on an occasion like this, of course, is to introduce the speaker. I will endeavor to the best of my ability to fulfill that very limited function. Mr. Ewan Clague began life as a farm boy in the eastern part of the State of Washington. His father and mother were among the early homesteaders in that section of the country. He attended the University of Washington before and after World War I. In the early 1920's he did graduate work in economics at the University of Wisconsin where he studied with Professors Commons, Eli, Scott and others. His first professional job after graduation was with the United States Bureau of Labor Statistics. The organization to which he returned as Commissioner twenty years afterwards.

Mr. Clague had business research experience with the Metropolitan Life Insurance Company after which he was called to conduct research in technological unemployment for the Yale University Institute of Human Relations. He then spent five years in Philadelphia as Director of Research at the Philadelphia School for Social Work and as a professor of research and statistics in that school which is affiliated with the University of Pennsylvania. In 1936 when the Social Security Program was inaugurated Mr. Clague was one of the early appointees. He became director of research for the Social Security Board and later for a period of many years of the Bureau of Economic Security of the Social Security Board. In August of 1946 Dr. Clague was appointed Commissioner of Labor Statistics in the United States Department of Labor, the position which he now holds.

Mr. Clague is this week acting as section leader on economic security in the Institute of the Adjustment of the Aging Population here at the University of California.

OVERVIEW OF ECONOMIC SECURITY

By Ewan Clague, Commissioner of Labor Statistics
University of California
Berkeley, California
February 2, 1949

I was at the Social Security Board when our former (1938-1939) Advisory Council was active. Perhaps I should remind Mr. Falk¹⁾ that the Council in 1938 spent a lot of time in the field of Social Security and many of their recommendations actually did take effect in the revisions of 1939. So I would ask Mr. Falk not to be too discouraged; maybe some of those recommendations he mentioned will still go into effect.

I have only a brief time this afternoon to talk about economic insecurity. I have here a series of charts which I have brought for you to see, hoping that the least I can accomplish in this brief period of time is to put some of the basic facts before you and enable you to make up your minds as to the nature and extent of this problem of economic insecurity.

I shall start off with this first chart, the field of prices. Prices after all are a very important economic factor in determining how our whole economy works. This first chart shows the trend of wholesale prices (which means, in effect, business prices) over the period 1914 to 1948. One line (blue) on the chart shows farm prices, while another line (red) shows industry prices (all prices other than farm). The third (black) line is just the average of the other two. I shall direct my attention to the variations of the other two. You will notice that in World War I wholesale prices began with an index of about 70. They soon rose, however, with farm prices rising a little bit faster, although industrial prices followed them up closely, especially after the war was over. They both reached a peak in 1920 with an index of about 170. That was a rise of about two and one-third times during a period of six years. Then came the great collapse in 1921 when prices fell in half in about one year. That was one of the most striking price collapses in the history of American business.

I can mention to you some of the individual commodities which make the story even more dramatic. Corn, which was selling at 71 cents a bushel in 1914, went to \$2.00 in 1920, and then within 12 months it was back at 61 cents, while in 7 months it was down to 44 cents a bushel. Cotton went from 13 cents in 1914 to 42 cents in 1920; it was back at 13 cents within about 13 months. Steel scrap began at \$12.00 a ton and went to \$28.60 and within a period of 10 months it was back at \$12.00 a ton again. So the picture of 1920-21 is one of tremendous price collapse. Dark shadows from that disaster still hang over us in our thinking today.

Let me carry this index forward. You will notice the plateau of the 1920's, the further decline in the big depression, and the modest upturn of the later 1930's. Note that in 1933 farm prices fell further than the others. They reached a bottom of 40, which was scarcely 60 per cent of what they had been in 1914. A definite rise in farm prices occurred in 1935 and 1936. These were the years of the "Dust Bowl," when we had some crop failures. But there were good crops in 1937 and 1938, and in 1940, even after the beginning of the National Defense program, farm prices were still at the level of 1914. Industrial prices were somewhat higher.

Then in World War II sharp changes occurred. You will see that farm prices almost touch 200, which is three times their level in 1940. They have risen faster and farther than industrial prices. They have turned down recently, first in the break

¹⁾ Mr. Adrian Falk, President, S and W Fine Foods, Inc., Chairman of this section of the Institute.

in February 1948 and then in the decline which has continued from midsummer practically down to date. On the other hand, I call your attention to the fact that they are still substantially above industrial prices. Farm prices since the war have been higher proportionately to the general price level than at any time in the last 25 years; in that sense they are out of line. In the long run, either the industrial prices are going to come up to match those farm prices, or the farm prices are going to come down to level into the industrial prices. At the present, the farm prices are coming down. The problem that faces us there is the question, "Are we on the precipice of 1920, and are we to look forward to a major shake-out of this kind in the next year or so?"

I would like to turn now to retail prices, which are the prices that are of more concern to you people. Retail prices, or consumers' prices, over the same period (1914-1948) follow a roughly similar pattern. They started at about 70, rose to 150 (just about double the prewar level) and then dropped away again. But I want to call attention to the fact that retail prices did not fall away as fast or as far as business and farm prices did. They fell from an index of about 150 down to about 120, which was a 20 per cent decline. So, while we had a decline of the businessman's prices and the farmer's prices of about 50 per cent, we had a decline of retail prices of only about 20 per cent.

What I am trying to tell you is that these retail prices are "sticky"; they do not come down in the same degree that the others do. That's a warning for you not to expect declines at the retail level that you are now seeing at wholesale.

At the depth of the depression in 1932-33 you will notice that the retail price index went down as low as 90, but this was still at least 25 per cent above 1914 levels. Retail prices remained fairly stable around the 100 level in the five years 1935 to 1939. There was an upward movement in the early years of the war, followed by a leveling off during the period of price control under the Office of Price Administration. Then in the last two years prices rose sharply with the elimination of controls. The peak was reached last August and September at an index almost 75 per cent above prewar. Since that time there has been a slight decline, the most recent index being 170.9. There are several points which I should like to emphasize in connection with this Consumers' Price Index and its behavior in the two wars. First, in World War I retail prices doubled, while this time they increased only 75 per cent. Second, the doubling occurred within six years, whereas this recent rise has taken about nine years. Third, if business and farm prices do not collapse as they did in 1921 (and I would not expect them to do so), then it is certain that the Consumers' Price Index will not fall completely out of its present range. It certainly could drift downward to 165 or 160, but even the latter figure would be only a 10 per cent decline from the peak.

In this connection it is important to compare the behavior of the six major components of the index during the two world wars. Food, of course, is the most important item. It has a larger weight in the index than any other item. Note that in this war food has risen higher than it did in World War I. Food prices have recently begun to fall, and are mainly responsible for the decline in the whole index.

Apparel prices have risen less this time than they did in World War I. They have barely begun to turn down in recent months. House furnishings likewise have risen more slowly this time, and it is clear that any decline from the present level will be moderate and slow. Nevertheless, all these three components are now pointed downward and could bring the general index eventually to lower levels.

On the other hand, the other three major components have a somewhat different outlook. Rent, for example, has risen only 20 per cent so far (this means rents under control of course), whereas in World War I rents rose about 50 per cent above prewar. Therefore, there is a concealed and controlled upward pressure on rents which has not yet had a chance to express itself fully. Furthermore, you will note that rents in World War I rose steadily until 1921, and then leveled off in a very mild additional increase to a peak around 1924. In other words, rent increases lagged, as they always do; but even the deep and sharp depression of 1921 did nothing more than level them off. There was no sign of a rent decrease until the mid-1920's. The conclusion must be that the rent item in our Consumers' Price Index can do nothing else than move upward, probably for some years to come. If controls are taken off, it would rise faster.

The item on fuel, electricity and refrigeration has climbed more slowly in this war, but it seems not to have exhausted its rise yet. It is possible that coal prices might decline, but in general I would think that this item would work itself slowly upward for some time to come.

The miscellaneous item is a conglomeration of everything from hair cuts to medical care to street car fares, etc. In general, many of these costs are fixed by tradition or law, and some of them have risen comparatively little. My guess would be that this item as a whole still has some elements of upward pressure in it.

In summary then we see that some retail prices may decline in the coming months and years. Others still have to get some rises out of their systems. This means that the cost of living will have internal conflicting tendencies over the near future. Sometimes the downward movements, as now, will win out; possibly in other times the upward movements will. It seems likely that, barring a war or a major crop failure, the balance of forces in the future would be slightly on the down side.

I should like next to make a brief comparison between wages and prices. For this purpose, I am presenting the weekly earnings of the average industrial worker, that is, the actual dollars in his weekly pay envelope (including deductions for income taxes or social services). In 1914 the average weekly earnings in manufacturing industries in the United States was \$11.00 a week. During World War I and afterward it rose to about \$27.00 a week, or about two and one-half times. It fell away again to around \$20.00 a week in 1921, and then recovered a few dollars in the business revival of the early 1920's. When these dollar earnings are deflated by the cost of living as reflected by the Consumers' Price Index, we get a figure designed to show the approximate real earnings. This shows how much the worker could really buy. The interesting point is that during the whole war (World War I) and postwar boom period the real purchasing power in the pay envelope of the factory wage earner in this country seldom reached a point as much as 20 per cent above prewar. Frequently the improvement was as little as 15 per cent. There was a decline in real earnings in the depression of 1921. It was 1923 before the average factory worker had true real earnings of as much as 25 per cent above prewar.

In World War II the situation was quite different. At the beginning, the average earnings in manufacturing industries of an individual worker was about \$24.00 a week. It rose steadily to approximately \$48.00 a week (practically double) in 1945. Earnings declined somewhat during the spring of that year, in view of the approaching defeat of Germany, and then they fell sharply after VJ-Day when overtime was eliminated and the high wage war industries were closed down. Average earnings dropped to about \$41.00 a week toward the end of 1945.

This gave rise to a demand for increased wages, and many workers went on strike in their attempts to restore the losses in their weekly pay envelope. In one sense these efforts were successful. Money wages have increased steadily during the past three years. The earnings figure for factory workers in December 1948 was \$55.00 a week, \$7.00 higher than at the wartime peak early in 1945.

However, when we deflate these wages by the Consumers' Price Index, we get a somewhat different picture. During the controls of the wartime period real weekly earnings of factory workers rose to a peak of 55 per cent above prewar. This was early in 1945. I must emphasize that there is something artificial about this increase because there were limits to the kinds and types of goods which could be bought during the war. New automobiles were practically nonexistent. Many kinds of food were rationed. However, since the rationing was adequate for basic human needs, it is appropriate to price the rationed commodities and use weights appropriate to their consumption.

When the money earnings went down after VJ-Day, of course the real purchasing power in the worker's pay envelope went down to about 30 per cent above prewar. Then began the three-year race between prices and wages which we have just witnessed. While money earnings have risen by over one-third in the last three years, so retail prices have also. In broad terms, the race has ended in a tie. Therefore, real wages are still just about one-third above the prewar level.

The public is sometimes confused by statements in the press about the comparative level of wages and prices. Sometimes statements are made that the real earnings of wage earners have declined. Other statements indicate that they have increased. I have given you the whole picture from 1939 through 1948--for factory workers only, of course. You will note that the conclusions which are drawn will depend upon the base which is used. If one compares the real earnings in December 1948 with January 1945, there is no doubt that there has been a decline. In fact, a comparison of any war-time period since early in 1943 would show a decline to the postwar level. On the other hand, a 1939 base will show an over-all increase of about one-third in real earnings. The choice of a base at any time since the beginning of 1946 will show almost no change in real earnings.

Let us turn now to a brief discussion of the labor force. The chart shows the breakdown of the labor force by age groups, and by men and women. You will note the very high percentage of workers over 25 who consider themselves in the labor force. Note also, however, that there is a high proportion of young men under 25 who are in school. These figures are influenced a great deal by the exservicemen who have returned to school. In actual fact, the labor force is below normal in the lower age groups of men. Eventually, of course, these war veterans will return to the labor market and will swell the ranks of the younger workers.

In the case of women, of course, the proportion at the different age groups who participate in the labor force is very much less than in the case of men. Note, however, that there has been a substantial number of younger women in school. This proportion has risen since prewar days. The labor force varies by as much as 3 or 4 million between the low point of the year in January or February, and the high point in mid-summer. Therefore, you must use judgment in interpreting the figures for the labor force in any one month. Since April is a fairly average month, we might use that for comparison. In April 1948 there were about 62 million persons in the labor force, including the military. Unemployment was comparatively small. The military group was not very large. The agricultural group has barely held its own in recent years. The big expansion has occurred in trades and services.

Now for just a word on some recent developments. In October 1948 our Bureau of Labor Statistics' data on labor turnover in manufacturing industries gave a slight indication of a turn in the employment picture. Labor turnover shows the number of workers hired by employers, the number of workers quitting the employers, and the number of workers laid off by employers. When the labor market is very tight and jobs are plentiful, these three items behave as follows: lay-offs are low (no employer wants to let any good worker go); quits are comparatively high (many workers think they see better chances somewhere else); and hirings are high (the employer tries to replace every worker that he loses). When the employment picture reverses itself, then these factors behave differently: lay-offs by the employer increase; the quits decline, because people cling to their existing jobs; hirings go down sharply, because the employer doesn't have to replace workers, and he probably is not expanding. Consequently, these labor turnover figures show a loosening in the employment market some time before the employment data themselves will give evidence of it.

According to this, the first turn in our employment situation occurred in October. Then in November there was an actual decline in manufacturing and total non-agricultural employment. Agricultural employment also went down in that month. In December over-all employment rose to its Christmas peak, as it does every year, so that the underlying easing was concealed until January. At that time there is always a sharp seasonal decline from the Christmas peak.

A similar development is portrayed by the claims for unemployment compensation. There are two systems--the civilian Federal-State system and the veterans system. There is also a railroad system, but it is so small that it does not affect the general picture very much. Unemployment claims were high during the early part of 1946 when reconversion was under way. There was a steady and persistent decline of claims during 1947. Then in 1948 new low levels were reached, at least up to the month of September. In that month, for the first time in many months, the claims rose above those for the corresponding month in the preceding year. There was additional evidence in October, and by the end of the calendar year there had been a marked increase in unemployment claims. In early January there was a further sharp increase to a level higher than had existed in either 1947 or 1948, although below 1946. These figures should be watched from week to week and month to month in order to determine how the employment situation is developing.

I have one final point. This concerns productivity, or output per man-hour. The long time trend in output per man-hour in manufacturing industries runs at about 3 per cent per year. This isn't to say that such an increase is due to harder work by the workers or more machines by industry. The increase is due to the whole combination of management and labor working together to produce goods. Our statistics simply relate the output of industry to the number of man-hours required to produce it.

Productivity during the war was difficult to measure. The peace-time industries lost their best men and women to the armed services or to the war plants; the spectacular productivity achievements of the war industries could not be effectively measured. Consequently, we are unable to determine exactly where we stand on productivity at the present time. In general, however, I can say that as industry settles down to its postwar stride, all the normal factors making for an increase in productivity will be at work. In addition, there may be new factors arising out of the war experience. Consequently, we should expect to see not only a resumption of the normal upward trend in productivity in American industry, but we may also see a further increase in that trend. The importance of productivity is that in the last analysis it determines the standard of life of the American people. Raw material prices, profits, retail prices, or any other factors of cost may vary temporarily and thus affect wages. However, in the long run these factors tend to balance out, leaving the productivity increase as the major source of a rising standard of living.

I want to return now to one other problem in our economy. That is the so-called business cycle. So long as practically all American workers are employed, and so long as our productivity remains high, we must eventually produce a flood of goods which will improve our economic well-being. However, from time to time in the past we have reversed this upward trend and have cut our standard of living, because the economic system would not continue working at full speed. The Nation suffered a decline in its living standards in the 1930's. not because of any lack of men, machines or management, but because we couldn't put them together in a producing combination.

At the present time there is in the back of peoples' minds a worry as to whether or not we shall have to endure a similar setback. Economic maladjustments occur all the time in our economy. They are occurring now. The question is whether we cannot cure these maladjustments while we continue at work. Must we throw a third of our workers out of jobs in order to clean up the situation?

It is this problem which the Congress of the United States took into account when it passed the Employment Act of 1946. We have now in the Federal Government a Council of Economic Advisers which is responsible for studying that problem and making recommendations. I am not going to go into an extended discussion of this problem. I shall simply say that I do not believe we have found the full answer to it yet. I do know that individual industries are undergoing readjustments even at the present time. I would expect that in the longer future we shall undergo a more general readjustment to a postwar level of production and employment. At the same time I am sure that we have some weapons in reserve for such a contingency that we did not have in 1929 or in 1920. In other words, I would not expect in the 1950's to see this country experience a depression such as it had in the 1930's. How well we can do in offsetting any serious economic readjustment remains to be seen.

In closing, I would like to mention one longer-range problem. This is the topic which I have been discussing in my individual section, namely, the coming unemployment of older workers. The population picture in the United States for the present and for some decades to come is that our labor force is getting older and older on the average. There are more older workers wanting and seeking jobs and a smaller proportion of younger workers.

I cannot elaborate here, as I did in our section discussions, all the factors that go into this. I can summarize, however, by saying that older workers have several major handicaps. First, their experience and training tends to become obsolete with the changes that occur in industry. Second, they are not so flexible or adaptable as younger people in getting into new jobs in new industries. Third, there is a general prejudice against them which is based partly on fact and partly on imagination. The situation we face, however, is a real one. As the economy shakes itself down to its long run postwar level, I would expect to see a gradual increase in the unemployment of older workers. Many of them will hold their jobs up until retirement. Many of them will have to compete on an equal basis with their sons and grandsons. Nevertheless, there will be a growing proportion of them who will have difficulties. When they lose a job they will not easily find another one. It is time now to take stock of this approaching problem, which will come gradually, but which will be discouragingly persistent.

The solution may be in part, of course, an improvement in our old age retirement systems, particularly in the basic Federal old age insurance system. Other retirement systems on a supplementary basis have been and will be developed. But this is not the sole solution of the problem. In fact, we cannot maintain our standard of living if we rush to lower the retirement age to a point where a substantial proportion of workers in the older age groups are put on retirement pensions. The other half of the problem is to find jobs that these workers can do. That is not an impossible task, but it is one that cannot be wholly solved by these older workers

themselves. Most of them want to work. Most of them can work. Studies have shown that they can be efficient in many types of jobs. The problem is to find the industries and the jobs in which they can serve productively during their older years.

This will require a comprehensive community program. There will be need for the services of physicians, social workers, the Employment Service, vocational counselors and research workers. The objective of the program would be to assist older workers in finding jobs which fit their declining years. In that event we shall continue to have a high proportion of our adult population at work and our standard of living can rise sharply. It is not too soon for the public to begin to think about the nature of this coming problem and about the steps which can be taken to meet it.

Section Workshop on ECONOMIC SECURITY*
February 2, 1949

The first workshop session of the Economic Security section of the Institute on the Adjustment of the Aging Population met at 10:00 a.m., February 2, 1949, in Room 120, Wheeler Hall, University of California, Berkeley Campus. The subject of the workshop was "The Relationship of the Aging Population to Government."

Mr. Ronald W. Haughton, Assistant Director of the Institute of Industrial Relations, introduced the workshop leader, Mr. Ewan Clague, Commissioner of Labor Statistics, United States Department of Labor, as a person well versed in the over-all problems of the workshop subject. His experience in the Bureau of Labor Statistics, in the Social Security Board, as economic and statistical participant in many governmental commissions and inquiries dealing with statistical, administrative, and economic security problems--all this made his presence of particular value in leading the workshop.

Mr. Clague set the goal for the procedure of the workshop to be that of mutual discussion, rather than lecturing, and suggested that as a basis for discussion some broad aspects of the problem be considered.

First, the Relationship of People to Jobs offers some significant contrasts when compared with the distant past. The following table suggests some of these:

Institutions Change	Industry	People
<u>Period: 1600</u>		
Slow	1. Not many inventions	1. Enter labor force at age 14
	2. New techniques few	2. Become journeymen at 18-20
	3. 100 years for changes to be apparent	3. Through at age 40 or before
	4. Occupations stay the same	4. Turnover of people into and out of labor force <u>high</u>
<u>Period: 1950-80</u>		
Rapid	1. New industries: television, talking movies, new inventions, new processes.	1. Enter labor force at age 18-20. End first working life at age 45
	2. Occupations constantly changing	2. Second working life from 45-64
		3. Third period: retire from 65-85
		4. Turnover of people into and out of labor force <u>slow</u>

*
Recorders: William Goldner, Research Assistant, Institute of Industrial Relations and William H. Smith, Director, Dept. of Research and Analysis, San Francisco Employee's Council

Some observations from this chart are:

1. At present skills cannot be used unchanged for many years--in many cases, not more than 10 years or so.
2. Every employed person now has two working lives. This is the basis for the most difficult aspect of any prospective unemployment problem, for the problem of placing a person during his second working life--age 45-64--is becoming more difficult at the same time that that age group is becoming larger.
3. Pressure to lower retirement age increases as the problems of unemployment affect the second working life group. This is the major political issue of the next 50 years.

Population Tendencies can be clarified from the table in Appendix A.

The proportion of the population over 50 years of age will increase from one-fifth to one-third of the total population by the year 2000. Age groups over 65 will almost double in proportion, and more than double in gross actual numbers.

Political Problems of Government. (See Appendix B. Persons 50 Years of Age and Over as a Percentage of Population of Voting Age)

By the turn of the century, persons over 50 will be almost a majority of the voting population. The political value of slogans such as "\$50 at 50 years of age" has a high potency in these terms.

Labor Force. (See Appendix C: Population and Labor Force, 14 Years and Over)

In terms of the labor force, similarly striking contrasts are apparent. In April 1948, the following relationships existed:

Labor Force, April 1948

Sex	All persons	45 years and over
(In millions)		
Total	61.8	21.0
Male	44.6	16.0
Female	17.2	5.0

The proportions of people in the upper age groups are weighed much more in the labor force than in the population and are almost equal to the voting age relationship.

How Persons in the Upper Age Groups Are Affected.

We have to consider arguments and problems of programs of assistance vs. insurance plans and also the emphasis on setting up a retireable group, though the persons in it may not be unemployable.

Number of Persons Aged 65 Years and Over, April 1948

Sex	Population	In labor force	Not in labor force
(In Thousands)			
Total	10,860	2,820	8,040
Male	5,170	2,300	2,870
Female	5,690	520	5,170

The group of almost 3 million persons over 65 in the labor force will be most directly affected should an economic downturn occur. This may even have the effect of shrinking the size of the group; but there is a very substantial proportion of such persons who want to work, can work, do work, and have the same problems as other working people.

This is the retirement problem!

How Is It Being Cared For?

Population 65 years and over	11.0 million
At Work	3.0 million
Not at Work	8.0 million

Old Age Assistance	2.5 million
Old Age Insurance	1.5 million
Gap--this group constitutes a pressure group	4.0 million

Other Retirement Plans

- Railroad
- Government--Federal, State and local
- Private industry--by firms or industries
- General pension plans by legislation

State Variations: See table entitled "Number of Recipients of Old Age Assistance per 1,000 Population Age 65 and Over, and Average Amount of Payment, by State"

If Old Age Insurance were extended to cover agricultural labor, then the monthly benefit averages in the States of Mississippi, Kentucky, Alabama, Arkansas, North Carolina, Georgia and Virginia would be higher.

The growing impact of the problem is well exemplified by a State like Maine where outmigration, the deterioration of the land, and the closing down of some industries has occurred. Maine may be a conservative State politically, but it is a stronghold of support for a Nation-wide general pension plan.

Number of Recipients of Old Age Assistance per 1,000
Population Age 65 and Over, and Average Amount of Payment, by State

States (ranked by 1947 per capita income) <u>1/</u>	Recipients per 1,000 population aged 65 and over, June 1948 <u>1/</u>	Average payments per recipient, October 1948 <u>2/</u>	States (ranked by 1947 per capita income) <u>1/</u>	Recipients per 1,000 population aged 65 and over, June 1948 <u>1/</u>	Average payments per recipient, October 1948 <u>2/</u>
		(dollars)			(dollars)
Total	216	41.50	New Hampshire	125	42.10
Nevada	217	53.94	Iowa	187	44.03
New York	95	51.00	Maine	157	33.78
North Dakota	188	43.99	Texas	479	33.66
Connecticut	97	53.89	Arizona	298	48.66
Delaware	54	27.10	Florida	327	39.60
California	238	61.25	Virginia	89	19.17
Montana	235	44.85	New Mexico	335	31.89
District of Columbia	45	43.47	West Virginia	185	20.52
Illinois	180	41.84	Oklahoma	581	51.51
New Jersey	66	43.72	Tennessee	254	26.55
Rhode Island	137	42.73	Louisiana	404	47.09
Colorado	426	78.29	North Carolina	233	19.73
Wyoming	238	56.62	Georgia	495	19.90
Maryland	81	35.33	Kentucky	245	20.71
Massachusetts	207	58.74	Alabama	430	22.10
Ohio	191	46.49	South Carolina	380	23.93
Michigan	215	42.05	Arkansas	410	21.00
Washington	346	60.33	Mississippi	330	15.78
Pennsylvania	108	39.66	Hawaii	111	33.48
South Dakota	232	36.37			
Wisconsin	164	39.72			
Kansas	199	41.75			
Idaho	284	46.14			
Indiana	156	33.64			
Oregon	197	47.14			
Nebraska	196	41.48			
Utah	252	50.76			
Missouri	302	41.69			
Minnesota	218	45.51			
Vermont	160	34.59			

1/ Social Security Bulletin, October 1948, p. 12.

2/ Social Security Bulletin, December 1948, Table B, p. 26.

Relationship of Old Age Insurance and Old Age Assistance to Bureau of
Labor Statistics 4-Person Family Budget

Type of family	Annual budget	Monthly budget
<u>4-person family 1/</u>		
Washington, D.C. (highest)	\$3,458	\$288
Houston, Texas (lowest)	3,004	250
<u>Aged couple 2/</u>		
Washington, D.C. (highest)	1,767	147
Denver, Colorado	1,519	126
Houston, Texas (lowest)	1,365	114

- 1/ Bureau of Labor Statistics, "City Worker's Family Budget," Monthly Labor Review, February 1948, data for June 1947.
2/ Bureau of Research and Statistics, Social Security Administration, "A Budget for an Elderly Couple," Social Security Bulletin, February 1948.

The above figures are for a scale of adequacy, including food, housing, medical care, and other items.

It is interesting to make some broad comparisons between the budget figures and the benefit payments under Old Age Insurance and Old Age Assistance. The average payment (Nation-wide average) under Old Age Insurance is approximately \$37.50 per month for an aged couple. Compare with that the Old Age Assistance payments in Texas, which are about \$31.50 per month for a single aged person, and might amount to about \$55.00 per month for an aged couple. Quite clearly the Old Age Assistance payments are more generous than those for Old Age Insurance, yet the subsistence payments are available to the old folks on a needs basis, while the Old Age Insurance benefits are based upon contributions paid in previous years.

A much more dramatic situation exists for the State of Colorado, where average payments for a single aged person amount to \$78.00 per month, and might approach \$150.00 for an aged couple.

The present comparative levels of benefits in these two programs are not very reasonable. Of course, it should be clear that the Old Age Insurance beneficiary is permitted to earn up to \$15.00 per month without affecting his benefits, while this would not be the case in Old Age Assistance. It is also true that the Old Age Insurance beneficiary can own property and have assets or income which would not be permitted under Old Age Assistance. Nevertheless, in general, Old Age Insurance benefits are definitely lower than Old Age Assistance payments in the great majority of States.

It is of interest, also, to compare both these types of old age payments with the family budget requirements. According to the data, the budget of minimum adequacy would require \$114.00 per month for an aged couple in Houston, Texas, and \$126.00 in Denver, Colorado. If we estimate the requirements of a single aged person at about 60 per cent of the budget for an aged couple, then the minimum budget for a single aged person in Houston, Texas, would be \$68.00 a month and in Denver, Colorado, \$75.00 a month.

Assume now that the average Old Age Assistance payments in Texas and Colorado are applicable to the cities of Houston and Denver, respectively. Then this kind of comparison emerges: In Houston the requirements for minimum adequate living would be \$68.00 for an aged person; under Old Age Assistance, individuals are receiving about \$31.50 per month, and under Old Age Insurance, about \$25.00 per month. Likewise, for an aged couple, the budget requirements in Houston would be \$114.00 a month; the Old Age Assistance payments would be about \$55.00 a month, and under Old Age Insurance, about \$37.50 a month. It is quite clear that neither Old Age Insurance nor Old Age Assistance come anywhere near the level of a minimum adequacy budget. (This comparison does not constitute any argument that these payments should come up to that level; the comparison is only to indicate how great the difference is.)

At the other extreme, take Denver, Colorado. The budget for a single aged person would be about \$75.00 a month, while the Old Age Assistance average is about \$78.00 a month; therefore, old age assistance is at a minimum adequacy level. For an aged couple, the family budget in Denver is \$126.00 a month, while the Old Age Assistance payments would approach \$150.00 a month. Thus, insofar as both members of an Old Age Assistance family in Denver are both eligible to receive the basic payment in that State, the amount received by them will be definitely higher than the minimum adequacy budget. Of course, Old Age Insurance payments at \$25.00 and \$37.50 per month are less than one-third of the budget.

Some Proposals for Old Age Insurance Revision

Proposals are under consideration for revising Old Age and Survivors Insurance. For the sake of argument, let us assume that in any revision which may take place, the Old Age Insurance benefits will be doubled, and, further, that as much as \$40.00 per month may be earned by working without any deduction. Then, the monthly benefits for Old Age Insurance in Houston, Texas, would be as follows:

	<u>Single Person</u>	<u>Couple</u>
Old Age Insurance	\$50	\$75
Permitted Earnings	<u>40</u>	<u>40</u>
	\$90	\$115

This readjustment would bring the Old Age Insurance payments, plus possible earnings, up to the approximate level of the minimum adequacy budget.

There are inherent advantages in the Insurance system. The insured can move from city to the country, or to another State, in order to take advantage of lower rents and prices. Hence, the Insurance beneficiary can make the best out of his retirement income. In Old Age Assistance this is not possible. Furthermore, the Insurance beneficiary, as indicated previously, can have savings and property in addition to his retirement benefits. Finally, the Insurance beneficiary has the advantage of being able to make long-term plans--his benefits are secure as long as he lives. On the other hand, the Old Age Assistance payments are dependent upon the condition of the Treasury in each State; they may be affected by possible depression, when it would be difficult to collect taxes; and, eligibility is subject to possible changes in the future, by the action of State legislatures.

Costs

Eleven million beneficiaries at \$50 a month cost \$550 million each month, or \$7 billion yearly. A scale of \$100 per month would cost \$14 billion yearly. As large as these figures appear, they must be evaluated in terms of a currently running gross

national product of about \$250 billion and national income of \$200 billion. Our Federal budget now runs around \$40 billion and these increases might add as much as \$10 to the Federal expenditures. In 1960, another \$4 billion will be needed. If the age limit is lowered to 60, more billions will have to be added.

Work Instead of Retirement

Professor Sumner Slichter of Harvard has proposed that one solution to the problem of adequate retirement benefits is to postpone the retirement age. The funds required to pay benefits to all workers retiring at 70 years of age will provide far more adequate benefits than if the funds are paid for retirement at age 65. A still smaller benefit can be paid if the retirement comes as early as age 60.

On the other hand, this whole problem is complicated by the fact that over the last several decades workers in their fifties and sixties have had increasing difficulty in keeping employed. This has not been so true during the war and in the recent postwar boom, but it will reappear again as the economy settles down to its normal postwar stride. I would expect the unemployment statistics of the years immediately ahead to provide us with increasing evidence of the employment difficulties of older workers. Such being the case, there is a strong drive in the direction of lowering the retirement age. This greatly increases the costs and, therefore, exercises a downward pressure on the liberality of benefits.

The British have a retirement plan which meets this problem in the following way: Retirement is at 65, but at that age the worker who retires cannot work. In other words, he is forced to break with his job. On the other hand, at age 70 he is permitted to work and earn wages in addition to his retirement benefits. Thus, he has several choices to which he can direct his incentives. He can retire at 65, but there is an incentive not to do so. On the other hand, after age 70 he can work if he wishes to, but his retirement benefits are much more adequate, so that there is some incentive for him to retire in any case.

The inadequacies of the general Old Age Insurance system have had another effect, namely, the growth of numerous supplementary systems--some by the unions, some by individual firms, some by industry. The unions are now pressing strongly for special retirement systems for their members, to be paid in addition to Old Age insurance. A typical example of a pension and welfare plan is that of the United Mine Workers.

Retirement Benefits Beyond and in Addition to Old Age Insurance

62 years--retirement age
20 years work to qualify
Financed by 10 cents per ton tax on coal production

Benefits

\$100 per month at 62 years of age
+ 30--45 per month available at 65 years through Old Age Insurance

Total \$130--145 per month

The logic of having these additional systems is obvious. On the other hand, the complication which arises is that some workers may qualify under several of them, while other workers fail to qualify under any of them. Likewise, the independence of each system tends to keep workers in a given industry, or with a given firm,

when the employment situation would be improved by a shift. There is certainly need for some method of transfer of rights under these systems so that worker could accumulate his retirement rights throughout his life in several different occupations and industries. The most pressing immediate need is for the liberalization and extension of the basic Federal Old Age Insurance system so that it will achieve a reasonable adequacy in itself. Then the supplementary system will not create such a problem.

Appendix A

Forecast of the Number and Per cent of the Total
United States Population 50, 60, and 65 Years of Age and Over 1/

Age	1945		1960		1980		2000	
	Number (000)	Per cent	Number (000)	Per cent	Number (000)	Per cent	Number (000)	Per cent
50 years and over	30,089	21.5	38,295	25.1	48,866	29.8	53,833	33.0
60 years and over	15,416	11.0	20,845	13.7	28,042	17.1	30,339	18.6
65 years and over	10,110	7.2	13,978	9.2	19,065	11.6	21,508	13.2
75 years and over	3,077	2.2	4,261	2.8	6,198	3.8	8,161	5.0

1/ Forecasts assume medium fertility and mortality trends and no net immigration after July 1, 1945.

Source: Forecasts of the Population of the United States, 1945-1975,
Bureau of the Census.

Appendix B

Persons 50 Years of Age and Over as a
Percentage of Population of Voting Age 1/
1945 - 2000

Year	Per cent of population of voting age
1945	33.3
1960	37.5
1980	42.2
2000	45.2

1/ Population of voting age defined as persons
21 years of age or more.

Source: Based on Forecasts of the Populations
of the United States, 1945-1975,
Bureau of the Census.

Appendix C

Population and Labor Force, 14 Years and Over April 1948

Age and sex	Popula- tion	In labor force 1/ 2/	Not in labor force			Popula- tion	In labor force 1/ 2/	Not in labor force			As a percentage of population in each age group		
			Keeping house	In school	Other			Keeping house	In school	Other			
Total, 14 years and over	109,350	61,770	32,750	7,950	6,810	100.0	56.5	29.9	7.3	6.2			
Male, 14 years and over	53,980	44,590	*	4,230	5,060	100.0	82.6	*	7.8	9.4			
14-24	12,640	8,260	*	3,930	430	100.0	65.3	*	31.1	3.4			
14-15	2,100	460	*	1,570	*	100.0	21.9	*	74.8	*			
16-17	2,230	1,100	*	1,050	*	100.0	49.3	*	47.1	*			
18-19	2,310	1,820	*	410	*	100.0	78.8	*	17.7	*			
20-24	6,000	4,880	*	890	220	100.0	81.3	*	14.8	3.7			
25-34	11,260	10,670	*	280	310	100.0	94.8	*	2.5	2.8			
35-44	10,000	9,660	*	*	290	100.0	96.6	*	*	2.9			
45-54	8,410	7,960	*	*	450	100.0	94.6	*	*	5.4			
55-64	6,500	5,740	*	*	740	100.0	88.3	*	*	11.4			
65 years and over	5,170	2,300	*	*	2,840	100.0	44.5	*	*	54.9			
Female, 14 years and over	55,370	17,180	32,700	3,720	1,750	100.0	31.0	59.1	6.7	3.2			
14-24	12,520	4,550	4,080	3,690	200	100.0	36.3	32.6	29.5	1.6			
14-15	2,050	190	*	1,740	*	100.0	9.3	*	84.9	*			
16-17	2,170	540	280	1,290	*	100.0	24.9	12.9	59.4	*			
18-19	2,260	1,110	640	450	*	100.0	49.1	28.3	19.9	*			
20-24	6,050	2,710	3,080	200	*	100.0	44.8	50.9	3.3	*			
25-34	11,870	3,850	7,890	*	110	100.0	32.4	66.5	*	0.9			
35-44	10,320	3,750	6,440	*	120	100.0	36.3	62.4	*	1.2			
45-54	8,520	2,910	5,460	*	120	100.0	34.2	64.1	*	1.6			
55-64	6,450	1,600	4,630	*	220	100.0	24.8	71.8	*	3.4			
65 years and over	5,690	520	4,200	*	960	100.0	9.1	73.8	*	16.9			

1/ Includes armed forces.

2/ Includes persons in institutions, disabled and retired persons, etc.

* Numbers under 100,000 and corresponding per cents are not shown, because they are subject to relatively large sampling variation. Detail does not necessarily add to group totals, due to rounding.

Source: U.S. Bureau of the Census

U.S. Bureau of Labor Statistics
Branch of Occupational Outlook

Section Workshop on ECONOMIC SECURITY
February 3, 1949

The Problem

The relationship between the worker and his particular industrial occupation is far less stable today than it was a century ago. With the coming of modern industrial practices and rapid technological changes, the worker frequently finds that his skills and work experience have become obsolete because of changed production methods or new and more efficient equipment. Such obsolescence frequently requires the worker to learn new skills in order to maintain previously acquired economic status. This means retraining and re-education which becomes more difficult for workers past 40 years of age for two reasons. First, our educational system is not designed nor is it adequate for teaching and retraining workers past 40 years of age, and secondly, industry is reluctant to undertake the employment and training of older men and prefers young men when available.

This means, as a practical matter in modern industry, the ages between 18 and 44 years comprise the first span of productive employment for most workers. A second period, more troublesome for workers than the first, is the period between 45 and 64 years of age. Persons in this group have the greatest difficulty when they become unemployed. If jobs for these workers are not available within their customary occupations and industry, alternative employment may be available only at jobs of lower skill and pay, or not at all. For some persons in this group, retraining and relocation are necessary for a second career of productive effort. This will place a substantial burden on agencies which provide adult education, vocational guidance and job placement.

The Facts

Now let us take a brief look at the basic facts. At the present time the typical male worker entering the labor force in his late teens can expect to live until about 68 years of age and can continue working until about 63 years. This is the average. By the time our typical worker reaches 45 years of age, he has fully 20 years of working life ahead of him and can be expected to survive until age 70. Furthermore this life expectancy is continuing to increase. During the current decade, for example, a full year was added to the span of working life.

As a result, older workers are becoming an increasingly important part of the working population of this country. By the end of the century almost one-third of the population of working age will be 50 years of age or older as compared with only about one-fifth at the present time. With these trends there is the danger of an increased gap between the occupational working life of the individual and his total potential working life. Failure to bridge this gap will lead to chronic unemployment and to the wreckage of successful careers; it will lead to pressure for earlier and earlier retirement at adequate benefits. Not only is this a costly matter for the nation, but in the great majority of cases it is quite unnecessary. We need to keep more persons in productive activity and not less. In a nation of 150 million persons, of which 62 million are in the labor force, this means that 88 million persons are not engaged in productive activity of economic significance.

Solution to the Problem of our Aging Population

There are many methods used in assisting in the adjustment of our aging population. One of the oldest is the common poorhouse which for the most part is no longer with us, being superseded in most instances by cash benefits for minimum needs provided through Governmental charity. To a considerable extent this, too, is being

superseded by more formal and standardized methods of meeting the problem through Government. This includes various State plans such as those in California for meeting the minimum needs of the aged and, beginning in 1936, the establishment of Federal Social Security system.

Parallel with these organized activities on the part of Government have been the development of plans fostered by private industry, unions and individuals as well as Federal and State Civil Service plans. Other special purpose plans which should be included in this development are military pensions and railroad retirement plans.

At present the pressure for expansion of these various means of meeting the old age problem is going on in all quarters at an accelerated speed. Proposals have been made for a greatly expanded Social Security system; spurred by the example of the Miners' success, unions are asking for such plans in collective bargaining; and industry, during the war and since, has established many such plans voluntarily. As the threat of unemployment becomes more real, these pressures for greater security in old age will become greater and greater. If unemployment is aggravated by a high cost of living, the pressures will be even greater. If unemployment becomes widespread, the young men in unions who are fearful of unemployment will want the oldsters to retire so as to provide more employment for the younger members. This will mean retirement earlier than age 65. If the retirement problem is aggravated by the continued high cost of living, much pressure will develop for increasing the modest benefits available from Federal Social Security. Present Social Security retirement benefits were intended as a basic floor upon which other provisions could be superimposed, either on a group basis or as a result of efforts by the individual himself. Social Security benefits were purposely of moderate size in order to provide an incentive for the individual to provide for his future well being.

Unemployment and high cost of living, when coupled with inadequate retirement benefits, will lead to demands for the establishment of more generous benefits. Politically this may result in pension schemes such as those promoted by Townsend and others which have already been established in modified form in California, Colorado and Washington. These plans are non-contributory plans, not based upon insurance principles but are a form of general taxation levied by the oldsters in the population against the remaining portion of the population. Inasmuch as persons of voting age who are 50 years and over presently comprise more than a third of our voting population and by 1980 will comprise between 40 and 45 per cent of our voting population, the spread of this means of meeting the problem is not unlikely.

The development of these many overlapping retirement plans, both private and Governmental, has resulted in a situation in which some individuals will receive more than adequate retirement compensation because of the pyramiding of benefits from several sources while, on the other hand, other persons are destined to receive much less than an adequate provision for retiring. This raises the question as to the proper relationship between the Federal Social Security retirement program and other Federal and private retirement programs. It would appear that the soundest plan is for an improved Federal Social Security retirement plan to be continued as the basic minimum provision for retirement, and that other Governmental retirement programs be integrated with the Social Security Program and that private plans developed by industry and unions or by individual employees be looked upon as methods of supplementing the basic provision of the Social Security program.

SECTION WORKSHOP ON SOCIAL ADJUSTMENT *

February 2 and 3, 1949

Section Leader: Miss Margaret W. Wagner,
Executive Director,
The Benjamin Rose Institute,
Cleveland, Ohio

Mrs. Esther Elder Smith, Chairman of the Committee in Charge of the Section on Social Adjustment of the Aged and Assistant Director of the California Society for Crippled Children introduced Miss Margaret Wagner, leader of the section. Miss Wagner has been Executive Director of The Benjamin Rose Institute of Cleveland, Ohio since 1930.

Miss Wagner began with a brief sketch of The Benjamin Rose Institute as a background for her discussion on the adjustment of the aged. The Benjamin Rose Institute is a foundation which was created in 1908 through the will of Mr. Benjamin Rose. Mr. Rose had survived other members of his family and previous to his death at the age of eighty two had experienced some of the loneliness and the problems common to old age. Old friends who had met with adversity came to him for help and he saw the tragedy which accompanied poverty in old age. This is said to have led him to the decision to create a charity out of his wealth which would provide for the necessities of life in such a way as to support the dignity and self esteem of the good citizen who had contributed to his community. The Institute was set up in a way designed to encourage the addition of other trusts and as the work has become known the endowment has increased, which has allowed an expanding program. In 1930 Miss Wagner was brought to the Institute to create casework service. At that time old people were thought to be too rigid to profit by casework and old age was considered a hopeless condition which called for institutional care or the adjustment of environment and neither inspired the caseworker. Casework at The Benjamin Rose Institute was begun as an experiment, but as it developed it was found to be a satisfying and productive service. The concept that old people primarily need financial security and that money was most important was soon discounted. Illness and poor health and its attendant problems were a constant source of anxiety. To meet this need medical services were instituted. A recreation program was developed. Each step was taken on the basis of accumulated evidence of need. The Benjamin Rose Institute might be called a laboratory for although small numbers are served it is a testing ground for experimentation. The knowledge, skill and understanding which can be developed in the small area can be made available to others and contribute to the casework field in understanding the needs of the older client.

The most important thing to remember is that the older person is an individual. His needs for basic satisfactions are the same as in any other age group. The older person today faces many privations as our society denies him the opportunity to be useful to himself or society. His happiness and peace of mind will depend upon his ability to adjust and this calls for maturity and the acceptance of a changing status. Old age is a period of loss--loss of family, home, work, prestige and authority. If the person has led a satisfactory life he may be able to accept his changing role, provided he has at least economic security and freedom from hampering restrictions which prevent his self expression. The old person, like the child, finds satisfaction through expressing his own individuality.

*Recorders:

Mrs. Doris Adams and
Mrs. Augusta Ury

The older person who must come to a social agency for help faces a real crisis in his life. He may be torn between a desire for independence and a need for dependence. He has fears for the future as his strength diminishes. He will react to his need for assistance in accordance with his pattern of living and the way he has solved problems in the past, by facing them realistically or by running away and evading. The caseworker must give the older client time during the first interview in order to allow him to tell his story in his own way. She must recognize that he may come to her with ambivalent feelings and that because of his uncomfortable reaction he may present negative behaviour. He may be very demanding or make a plea on the basis of helplessness. His insecurity may make him feel it is necessary to withhold information about his resources until he finds security with the caseworker. Feelings of guilt because of his inability to provide for himself or his wife will also play into the picture and create emotional tension. The older client will respond to the caseworker's interest in him and with some skill she may lead his wandering story in such a way that it will reveal his true situation. The caseworker must recognize each individual's strengths and build on those and not react to any hostility he may express. If he is hurried and not allowed to tell his story he will feel rejected. The caseworker will then have difficulty in establishing a good relation with him. This is important as his tendency to withhold information concerning his assets will result in his carrying a burden of guilt which will create increasing tension as he receives help from the agency. The impulse to hoard and hide seems deepseated in the older person. We know that in certain primitive cultures the older person protected his rights and welfare by virtue of his authority and superior knowledge. When private ownership developed the older person's life depended upon his ability to hold on to some property sufficient to maintain himself after he became helpless. It might be his knowledge of charms to ward off the spirits which he could sell, or he might hoard grain against the time when he could not produce. Secrecy meant security. Today the little hoard of grain is the small bank account. The older person cannot be accused of subterfuge but may be reacting to a deeply felt need unless the caseworker gives assurance that he is accepted and understood. Miss Wagner charged that too often the evasion of the truth was the fault of the interviewer and not of the client.

Miss Wagner pointed out that with adequate casework the grants might be reduced. The present care loads carried in public welfare agencies are too heavy to allow for individual attention. It might be found that a reduction in the case load would result in an economy measure. Through the Social Security program, much has been done to overcome the feeling that to accept public aid is to make one a pauper. Today we accept the fact that under present conditions it is difficult for a person to save enough to support himself in his later years. However, older people by and large do not accept charity comfortably. It takes time to know the older client. Their personalities are complex because of their long and varied experience. The worker must show skill in helping the client express his feelings. If he grows to understand himself and finds his tension released there is an opportunity for growth, for older people can grow. In this area the caseworker has difficulty for she finds herself less objective than when dealing with a younger group.

Miss Wagner reported that at The Benjamin Rose Institute an attempt is made to keep people in their own homes living independently as long as possible. They are encouraged to work when able. If they have resources they are urged to use these before accepting help from the agency. Casework service may be given without financial help and older people known to The Rose Institute may continue working for several years or spend their savings secure in a knowledge that The Rose Institute is concerned about them and will help them in an emergency. Casework service may be given to public assistance cases and old age assistance grants may be supplemented.

The question of institutions for the aged was raised. Miss Wagner considered that homes for the aged were a necessary part of a community program, and many older people chose to live in that setting. She gave examples showing how rigid

patterns of institutional living were being broken down so that life was more acceptable. In one city infirmary a volunteer program has changed the dismal and prison-like atmosphere to one of good cheer and activity.

On the second day, February 3, Miss Wagner opened the workshop with a discussion of the relationship between aged people and their adult children. She reminded the group that only recently has the United States become primarily an urban nation. The first World War greatly accelerated the movement to large cities as people crowded in the area of large industries, which resulted in more congested living, rising cost, and increased insecurity. In the modern compact home there is no room for the grandparents. Much worse, there is nothing for them to do. The constant presence of the old person who is in the way and burdensome causes friction and unhappiness to both the grandparents and the younger family. Sometimes a parent may have made his home with a married child since the marriage and in such a case a more comfortable relationship may be present as it has been a matter of gradual growth and adjustment. However, when a woman has to give up her own home and go to reside with her children the emotional tension may disrupt normal family life. This is increased if the parent finds he is financially dependent on the children. He no longer holds his parental authority and has lost prestige. Giving up his home has meant he is no longer head of a house and in his children's home he is third or fourth in consideration as the young couple and their children come first. Giving up the home is a traumatic experience and often the children are at fault in persuading their parents during a crisis to move in with them. The mistake that is constantly made is that they plan for him and not with him. At some point in this relationship there is a transition where the child stops being the dominated one and starts being the dominator of his parents. If this causes resentment the parent may retaliate in various ways as, for example, through illness, or neurotic behaviour--both powerful weapons of subtle domination. When the parent becomes dependent upon a child, the child may react subconsciously to his own childhood experience and subconsciously punish his parent for what he may have done to him. Guilt feelings may be aroused and expressed in over-protection and over-kindness, which are stifling and increase the emotional tension. The parent may feel guilty because he has not loved the child or has been responsible for blocking his development. This condition is common in our present older generation, especially toward an only or youngest daughter brought up in the Victorian age to shun marriage and to remain with her parents as a protection for old age.

Miss Wagner cited a case wherein the daughter, completely dominated from childhood, recovered after the mother's death and "grew up" in her later years. It is often a healthy sign if a daughter is able to admit her resentment toward a parent so that she can be helped to understand the basis for it and so relieve her feeling of guilt. Sometimes this typical old maid merely grows into a lonely bitter frustrated old woman. An elderly parent-adult child relationship involves domination by neither, but mutual recognition that each is an independent adult with his own life to lead. This relationship can best be achieved when they are living independently and not under the same roof, especially if a child is married. It was brought out in the discussion that cultural patterns have a strong influence in determining the parent-child relationship. Foreign born parents bring up their American born children according to old patterns. They believe that children are responsible for them and that the child's home is open to them. The foreign born parent does not give up his role of domination and the child is unable to separate himself from the parent because of his upbringing. This creates even greater conflict and difficulty.

Housekeeping service may make it possible for the home to be maintained. The caseworker falls into the error of making plans for the older person to provide more comfortable living arrangements than he can manage for himself. She tends to evaluate the home on the basis of her standards rather than seeing it through the eyes of the older person. Often his way of living seems intolerable to an outsider--the

clutter in his rooms, the inadequate diet, irregularity of hours. Some form of hoarding is generally indulged in by older people because throwing away things is difficult when they have so little left. Often the worker must decide whether or not the old person can be allowed to continue his independent way. The Rose Institute through its experience has decided that an older person should live his own life although it may not seem acceptable as long as it does not threaten the welfare of anyone else. The philosophy of the Social Security Act that every older person shall have self determination creates some difficulty, although basically it is sound. There comes a time when senile deterioration makes it impossible for him to care for himself and authority must be used to spare him neglect, privation and exploitation. When this time comes The Rose Institute worker does not make arbitrary decisions until she has tried to get the client to accept the plan that is best for him. The role of the legal guardian is inadequate for he cannot provide casework service nor does he understand how to meet personality difficulties and his role is primarily to give financial protection. It may, therefore, fall upon the caseworker to use her authority to place the old person where he can be cared for.

Nursing homes present universal problems and the caseworker working with older people must have experience with them and learn to evaluate the good from the bad. Cleanliness and order are not the best criteria. The most important is the indefinable atmosphere created in the home. Beware the place that is immaculate and quiet. There should be a buzz of activity and the patients should show an interest in what is going on. The Rose Institute has found that the most successful operator of these homes is an extroverted individual who likes people, is tolerant and easy going. Food becomes increasingly important as other satisfactions are eliminated. Older people need good nourishing food. They do not do well on very light diets. These people are accustomed to the meat and potato diet of the older generation and they find it hard to change their habits. When they do not have adequate food they become more feeble and irritable.

In closing the meeting Miss Wagner discussed briefly the problem of facing death. Many older people fear it less than the younger caseworker who has not had to accept it. It must be remembered that for the aged death is a natural phenomena. They know it is imminent and sometimes find relief in discussing it. The Rose Institute always plans with the new client for his funeral. This has brought relief to the client and gives him security and assurance that his wishes will be carried out. Like marriage or childbirth, it is the next big event in his life.

Our society shows a cultural lag in our dealing with our older groups who are looked upon as "has beens." Old age, once considered a distinction, has become a problem. New developments in medical science have produced increased numbers of the aged and have contributed to the increasing numbers of those who still live, but face permanent invalidism. These old people, facing inadequate housing, loss of family and friends, and jobs, tend to become isolated and unhappy human beings presenting a threat to our social and economic life. Social engineering must catch up with science if longevity is to be meaningful.

Mrs. Smith expressed the appreciation of the group for Miss Wagner's excellent presentation and the section was concluded.

Section Workshop on MEDICAL CARE*
February 2, 1949

Section Leader: MARTIN CHERKASKY, M.D., Home Care Executive,
Montefiore Hospital, New York City

Dr. Edward S. Rogers, Dean of the School of Public Health of the University of California, opened the workshop. He commented on the massiveness of the problem of geriatrics and that the problem demands massive action. Such massive action will have to utilize all the resources that we now possess in influencing public opinion. Dr. Rogers then introduced the section leader of the workshop, Dr. Martin Cherkasky.

Dr. Cherkasky laid stress on the need to recognize the aged population as being an integral part of the community. It is unsound to regard them as being separate from the rest of the community. Therefore any medical care given to the aged should be of the same quality given to the rest of the population.

Dr. Cherkasky introduced Dr. Edgar Munter of the Hebrew Home for the Aged and Disabled at San Francisco. Dr. Munter spoke on the subject "The Physician Views the Aging Population."

Physicians have regarded the aging problem as one reserved for the future. Under the guise of this attitude no concentrated efforts have been made to solve the problem. This attitude is no longer valid since the problem of the aged population is with us now. Knowledge on the scientific and medical aspects of aging is lacking. Hygienic programs including diet, vitamins, fresh air, sunshine, alcohol, tobacco, and the use of eggs and cream in the diet have been considered by many authorities, but as yet there are no fixed ideas.

How can we interest physicians in the medical care of the aged?

Not many physicians have an interest in aged patients. Ordinarily we find that a physician avoids these people. Aged persons desire to have a doctor listen and pay attention to them. A doctor doesn't have the time to give to such patients. Dr. Munter cited the example of an emigrant patient who had lost her husband and son and desired to have someone listen to her troubles. When this was done, the patient's physical and emotional health improved.

Physicians are needed to attend to the chronic diseases to which the aged population is peculiarly susceptible. This group has also fallen heir to many nervous and mental disorders. The stresses and strains of modern society and the adjustments required of this group have been more than many in this group could bear. The sense of uselessness in society and the family circle, prestige loss, and weakened physical condition all contribute to these nervous disorders. Too often these conditions are interpreted as irreversible symptoms of senility whereas only about 15% can be attributed to this cause and the remainder can be corrected with proper care.

Old age institutional workers have found that the opportunity for doing creative work or participating in group activity have helped by merely keeping an individual too busy to think of being sick or of dying.

The medical profession has the responsibility to educate itself in regard to these problems. Physicians should be able to guide patients in growing old and help in developing the proper attitudes and interests which will keep their minds alert. It is essential that people learn early how to ease up in later life.

* Recorder: Paul Selchau, School of Public Health, University of California

The following are needs which must be met in coping with these problems:

1. Stimulate physicians to be interested.
2. Encourage the cooperation of community agencies in forming old age clubs and other activities for helping the aged.
3. Blocks of houses should be built after the pattern that has been used in Denmark and other Scandinavian countries for housing the aged population.
4. Old age counseling centers need to be established where these people will be able to receive the advice of expert people in these fields.
5. Modern publicity methods for educating people on aging should be utilized.

Up to date we have to concede death the final victory, but we can at least try to fix it so death comes in peace.

The second speaker was Miss Addie Thomas, Acting Director, Social Service Department, University of California Hospital, San Francisco. Her topic was concerned with the "Medical Social Problems of the Aging Population."

Miss Thomas gave examples of some typical cases which are found in the social service record. Family trouble, loneliness, resentment toward children, physical illness were listed among the difficulties of these people.

The aged individual, the community and the family face many complicated issues in regard to medical social problems. The cost of medical care is borne by the community or by the family wage-earner.

In the vocational training of aged people it is better to train them for the maximum use of what they are able to do rather than to start them in entirely new occupations.

The feeling of rejection is actually more predominant in the life of an older person than in that of a child.

The medical social worker can give adults suggestions as to where they can go for help. She is in a position to arrange for family conferences with the physician and is able to work closely with the nurse. The family finds a great deal of security in looking to the medical social worker to arrange these contacts.

For aged people who are living with their families there are some special services which are especially helpful. A companion service on the order of baby sitting is needed so that the younger members of the family may feel free to leave the older members in the care of a companion. This is helpful in relieving the tensions that develop in families when all the members are forced to curtail all their activities because of the aged member. For aged people living together it is found that house-keeping service and shopping have been of great value. Better transportation facilities are necessary for aged people who are living alone.

Large numbers of aged persons living alone usually live in the most undesirable locations such as upstairs rooms or basement rooms.

The spirit of independence of these aged persons living alone is sometimes a problem for physicians and other workers.

The medical social worker is of great help in cases of terminal illness. She provides a feeling of confidence and security and the family tends to lean on her for support. She can aid the physician to be frank with the patient and the family.

The medical social worker must discipline herself to the slower pace of the aged person. She must learn to listen patiently. The strengths of the patient must be recognized and the patient must be helped to look away from his illness. An effort must be made to develop the resources of the patient and the community.

Dr. Cherkasky spoke of two viewpoints of obtaining productive action in these problems.

The broad view requires planning in advance so that the seeds of chronic disease will be prevented from growing. Many chronic diseases result from insecurities which can be overcome by some method of medical care for health and disease.

The immediate problem requires the use of existing institutions, hospitals, apartment projects, home care, and all other facilities giving the best possible care.

COMMENTS OF THE CONSULTANTS

Miss Marion Sheahan, School of Public Health, University of California:

There are many undefined problems in aging which harass the family, the physicians, and social workers. It would be good to change the terminology used in connection with aging so there will be pleasant connotations rather than those affronting the individuals concerned.

The adjustments which are required within the family can be aided by teaching certain of the simple things which are needed in these adjustments. In this way resentments and tensions could be prevented in the early stages.

A study was made by an English physician which showed that in England an aged person could live with or near families with enough security. The pension system was adequate with occasional medical supervision.

We need a survey to find out the number of people who can take care of themselves. Then we must determine the financial help required and the aids and methods to be used.

Our own anxiety is projected to older people when we break down their independence and draw them away from home.

Dr. Cherkasky:

The survey is important, but this particular survey was done in Wolverhampton, England, a manufacturing town where there is a tendency for the younger people to settle in their own homes. In America the population is unusually mobile and children are more likely to move away from home.

Dr. Lester Breslow, Chief, Chronic Disease Service, State Department of Public Health, Berkeley:

Dr. Munter stressed the need to stimulate physicians to take interest in the aging population. There are a few recent developments which are now causing this stimulation.

1. Demonstrations of what is now being done.

The work of Dr. Cherkasky at Montefiore Hospital in New York City where an ambitious program is underway for giving medical care at the homes of the patients.

The work of Dr. Howard Russ and Dr. William Cabot in neuro-muscular therapy.

2. The construction of hospitals.

The modern tendency is breaking away from the pattern of special patient facilities and relating the treatment to the main stream of medical practice.

3. Grouping of medical interest on certain diseases, such as cancer and heart disease.

The attention of physicians is then directed to the better methods of caring for these problems.

New progress has been made in the preventive approach to chronic disease. It is no longer a matter of giving vaccines or safe-guarding food supplies. Methods are now available to improve the early detection of illness. The mass case finding surveys used in tuberculosis and venereal disease can be used to help in detecting heart disease, diabetes, and the early stages of glaucoma.

The multiphasic approach to finding chronic disease can be carried out by technicians with medical supervision and thereby eliminate the need for complete physical examinations.

CONTRIBUTIONS FROM OTHER MEMBERS

A Consultant on Vocational Rehabilitation mentioned three areas which affect the aged population.

1. The prejudices which are held by the general public concerning the disabilities of older persons.
2. The attitude that older persons take toward their own disabilities.
3. The need for action on concrete suggestions.

The characteristics of older persons make us regard the older persons differently from other people.

Miss Watsel expressed the view that the problem of the older people in rural communities is more serious than in urban communities. She felt that there was more isolation of older people which allowed for less attention to be given to them.

Dr. Weinerman who had worked with the Farm Security Medical Care Program stated that rural life is not so different from urban. He found that there is just as much mobility of farm families where younger people leave home to enter the city as there is in urban families. Forty years ago life expectance in rural areas was better than in urban, but at the present time the longevity is equal.

Dr. Weinerman stated that as a result of the latest findings, such as work on the Recticulo endothelio system, the normal life span may range to 120 years.

Dr. Weinerman said that it is the older people who have the greatest difficulty in getting medical care and usually they are the ones who have the greatest need for it. About 50% of the aged population are indigent and 90% are medically indigent. Washington state had a program which provided medical care for their senior citizens. A medical care system in this country will have to embrace the entire aging population.

Miss Jean Barrett asked if there could be some way to obtain funds from the general public to support an extensive program for the aged population. She referred to financial campaigns like the T. B. Christmas seals and the present polio drive.

Dr. Alexander Simon felt that the public has been given enough of these financial campaigns. Any additional fund drives would probably go beyond the breaking point and have harmful effects on those already in effect. He saw need for an educational program in regard to aging which would have personal significance to every member of the population.

Dr. Brown was concerned with attitudes on aging. He felt that some kind of hygienic program would be a sound approach.

February 3, 1949

Dr. David Wilson, Assistant Director, Highland Hospital of Alameda County, Oakland, spoke on the subject, "The Hospital and the Problem of the Aging Population."

At Highland Hospital the average age of the chronic disease patients is seventy plus.

The following are the problems presented by this aged group in the chronic disease wards:

1. Many are mentally confused due to the effects of arterial sclerosis and senility. They are prone to wander and sign themselves out of the hospital even though they have no place to go.
2. The desire to stay in bed. This problem is more pronounced with the ladies.
3. Personal needs of the patient.
 - a. Teeth
 - b. Reading glasses
 - c. Maintaining interests. Occupational therapy is useful in meeting these needs.
 - d. Haircuts and shaves.
 - e. Demanding relatives who think that the hospital is not doing enough for the patient.
 - f. Entertainment.
 - g. Feeding problems when relatives bring in food.
 - h. Toenails and fingernails.
 - i. Clothing, bedjackets, etc. In acute cases, the personal belongings of the patient are stored away. In the chronic disease wards, the patient is allowed to have his personal belongings.
4. Staffing the chronic disease hospitals. Up to the present time younger physicians have wanted to take care of younger patients with whom they could observe results.
5. The problem of treatment. With the new drugs, penicillin and the sulfa drugs, diseases like pneumonia no longer lead to immediate death. Medical science is faced with the problem of those individuals who, though paralyzed, can be kept living over longer periods of time.
6. Fairmont Hospital, another Alameda County Hospital, has an occupancy in excess of eighty per cent. A concerted attempt has been made to get home care treatment, but a large number of the patients have no home and have been living in a single room in an hotel.

The following are the needs in hospital care of the aged population:

1. More chronic beds are needed.
2. Better outpatient care.
3. Improved convalescent facilities. Private facilities rather than ward care will help the patient get over the acute stage more quickly.
4. Close relationship between acute, chronic, and convalescent care will save time and beds.

Dr. Alexander Simon, Assistant Director, Langley Porter Clinic, San Francisco, spoke on the subject, "The Emotional Adjustments of the Aged." A copy of his talk is appended to this report.

COMMENTS OF THE CONSULTANTS

Mrs. Florence Switton, Hebrew Home for the Aged and Disabled, San Francisco:

About one half of the residents in our home for the aged are chronic disease patients and one half are active. Those who enter the home are allowed to retain everything they want and possess. As a rule a person enters the home for the aged as a last resort after having tried other resources. Consequently they desire at first only to stay in bed. Our job is to recreate these people to usefulness. Adequate activity is the keynote; such activity includes reading circles, dancing groups, etc. Such usefulness is exhibited in the amount of clothing which these people have made to send abroad. The object is to help them do what they want to do and thereby bring them out of their shell. Our average age is eighty. The security provided by the nurses and doctors makes the residents feel as if nothing can happen to them. This feeling allows them restful sleeping at night and active days.

Miss Ruth Burcham, Director, San Francisco Visiting Nurses Association:

The older patient is usually medically indigent. They have had savings, but when the first illness comes along the savings are used up quickly. The nurse must help in their adjustment. The bedridden have no clinic care. The rates of the clinic are now two dollars. Some patients in order to avoid the stigma of poverty have borrowed the two dollars from their neighbors. The patient has to depend on the city physician who has no medical history of the patient. The city physician comes to visit the patient when called. There is no follow up or concerted medical care given. The visiting nurses are trying to get better contacts between the physician and the patient. At the present time the care given is not good medical practice. The visiting nurses have always tried to teach the other members of the family how to give nursing care, but many persons live alone and the nurse must then do the nursing.

DISCUSSION

Dr. Cherkasky started the discussion.

There are now eleven million people over the age of sixty in the United States. It is necessary to have integration of the older person into society. He should be allowed to work as long as he desires and is able in order to retain that important feeling of independence.

Before any new facility is built in the community all agencies in the community should be contacted so that they can give their suggestions and their approval.

What can we do to utilize the facilities we now have? Should new facilities be constructed? What should be done in new construction?

Dr. Cherkasky believes that the problem of interesting the medical staff in the aged patient is not serious. It seems that if the physician is to continue in practice he will have to cater to the aged population.

What can be done with communal projects? Apartment house projects for the aged who may live together.

Dr. Chesterson of Fairmont Hospital:

The psychological adjustment of the aged person to his family and the family to him is of prime importance. Therefore, before having community projects on housing etc., we need to have psychological aid similar to child psychologists for the aged person and his family. Many of the indigent chronically ill patients if given this psychological help might not have ended up in the hospital. This aid could be given in counseling centers where these counselors would be available.

Dr. Rogers, Dean, School of Public Health, University of California:

Our society's attitude toward the aging process is unhealthy. In China the aged person holds a dignified position. There seem to be two groups in our society. One is the less highly intellectually developed who is easier to satisfy. The other is the group of energetic people to whom retirement means a withering away process during which in a short time they die. Dr. Rogers believes that we should have had a cultural anthropologist present in the workshop to give us some information on this aspect of the problem.

Dr. Weinerman of the School of Public Health, University of California:

The proposal for medical care must be considered from the economic viewpoint. The terms of the social security act do not give care for the aged, the voluntary health insurance program has age limits, compulsory schemes leave out the old people. Insurance programs cannot count on contributions from the indigent group. Society cannot face this problem on a piece meal basis. We need a widespread program which will not be concentrated on any one group like the aged population, but one which will render services to all so that the young, the middle aged, and the aged can go to the same source. We must decide from where the finances are to come.

Dr. Cherkasky believes that the program for the aged must include the integration of all the aspects. It might have been better to work out these problems in this institute with all the groups combined in order to achieve better integration. We need a broad health program to solve the problem.

Dr. Rogers:

Practically speaking the public mind is attracted by glamorized programs. Therefore we may have to approach this problem in a segmental manner. If we can get programs going for the chronically ill at the present, we must do it now and at the same time work for a broader program.

Dr. Breslow, Chief, Chronic Disease Service, State Department of Public Health, Berkeley:

In the recent report submitted to the state legislature of California, the following recommendations were made:

1. Research into chronic diseases
2. Improved institutional care.
3. Home care.
4. Statistical study.
5. Preventive aspects.

The report requested a grant of money to work on one or more of these problems.

An overall plan for the care of the aged is the best goal, but we must be opportunistic in our approach to this problem. In California there are at present two solutions being used.

1. The proposal to license practical nurses. These practical nurses can give the necessary services in home care.
2. The administration of the Hill-Burton Act funds has devoted much attention to the building of acute hospitals in rural areas. A survey is to be made to determine which communities are willing to help finance the construction of chronic hospitals.

A medical social worker stated that the practical nurse program would not be of much help because of the economic factor. These nurses now receive one dollar an hour for their services.

Dr. Cherkasky:

Practical nurses have helped a great deal in New York City. The indigent chronic disease patients are not expected to pay for their services. The community must bear the expense in these cases. The problem was not one of specifically financing the care, but of finding the personnel to do the work.

A Social Worker from Garden Hospital:

The majority of people are not medically indigent. In San Francisco there is needed some central place of information where families can find out about the facilities and get the proper help. Many people have used up their resources unnecessarily by going to the wrong places for help.

Jewish family service worker:

The family agencies have served as a center of information. Mt. Zion hospital has a social service department which can give this type of information.

The community chest in Oakland operates a referral service for this type of information.

PSYCHOLOGICAL PROBLEMS OF AGING

By Dr. Alexander Simon, Assistant Director, Langley Porter Clinic
San Francisco

Aging is a universal, continuous and insidious process, beginning with conception and ending with death. What is understood as "old age" or "growing old," in terms of structure and function, may be observed in one individual in his earlier years, and in another many years later, or it may manifest itself locally in special organs such as the heart, kidneys, brain, eyes, ears, skin, etc., in an extremely irregular and variable fashion. Growth and repair, atrophy and deterioration, are constantly in evidence at any age level and differ in intensity and rate from one individual to another so that it becomes most important always to consider biological as well as chronological age. Some persons are old and worn out in adolescence, while others may be old in years and still quite active and useful. Age should, therefore, be considered in terms of structural, physiological, behavioral, intellectual, and emotional factors, and only then can judgments be made of true biological age in contrast to chronological age which is fixed by the calendar.

In order to understand any individual, one must understand not only the person but the setting in which he lives. Biological, personal and cultural problems, including sociological and economic ones present themselves in every case. This is as true of the oldster as it is of the younger person. The emotional problems of the aged are like all psychological problems, those of adaptation to a changing functional equilibrium within him as well as a changing attitude toward him from his environment. Old age can be a problem period, characterized by more or less frustration, and represents special problems of adjustment. All components of human behavior undergo modification as the individual grows older, and any of these changes is a potential source of frustration requiring a reestablishment of the equilibrium between needs and satisfactions. Just as the aged show in general a progressive impairment of the regulatory homeostatic mechanisms which enable the body to maintain a fairly constant internal environment in the face of fluctuating external conditions, in the same way the adaptive capacity of the individual to withstand psychological stress becomes impaired and defenses formerly adequate may disintegrate.

Biological Factors

With increasing age, a general reduction in strength, skill, and endurance occurs. This usually causes more difficulty in adaptation in men than women, as it is upon such abilities that the economic independence of the man depends. Involutional changes, which actually begin early in life, are so subtle and insidious in development that they do not generally manifest themselves overtly until the individual is well past forty. Disability, while usually gradual in development, may come on abruptly after an illness, an injury, a failure in competition, or after rumination over friendly teasing that "he ain't what he used to be." The oldster in any case may react to decreasing abilities by withdrawal and retreat into a state of rationalizing his disfunction with complaints of fatigue, weakness, digestive and bowel difficulties and physical illness. Preoccupation with body functions is often the result of decreased activity and leads to feelings of ill health which becomes an unconscious means of gaining sympathy and attention. Complaints of fatigue are prominent and usually are in inverse relationship to prospects of satisfactions of needs. Instead of withdrawal, the oldster may react to feelings of impending disability by aggressive over-compensation to prove to others he is as good as ever. He tries to increase his effort and productivity beyond his capacity to a degree that he exhausts himself or his verbal repetitions of his prowess and ability reach the point of annoyance, or he adopts vigorous physical culture routines to improve his strength.

In a woman it is the decline in youthful appearance and attractiveness which is more important. She places great store on youth, comeliness and fertility and their passing is a real personal threat. In contrast to the male, she finds an easy rationalization for this threat in the development of physical illness with a variety of physical complaints, since society's attitude is much more indulgent to illness in the female.

Of important sensory functions, hearing and vision are most often affected by aging. With failing hearing and vision, the older person becomes deprived of a large share of pleasures, diversions and occupations, and as a result he becomes even more isolated from the activities of his social group. Deafness, in particular, may lead to misinterpretations and misunderstandings, the suspicions isolating him further from his friends and family, and making it difficult for him to discharge his social obligations or to function adequately at his job.

The fear of death is present in all of us, but is understandably exaggerated in the elderly. Anxiety about living may be translated into anxiety over one's physical health and be expressed in terms of physical symptoms. A fear of ill health, and especially of chronic invalidism, may be constantly present in that such eventualities may be a serious threat to limited funds, force one into a position of dependency on others, or seriously hamper one's activities. Physical health and comfort and emotional security are paramount needs at all age levels, but become even more essential with advancing years. The younger person has greater hope for recovery when ill and correspondingly less concern about disease, but the older person who is more preoccupied with the state of his health, in view of the physical deterioration of the aging body, feels the constant threat of imminent death.

In the past, tradition has demanded that human beings, as they grow older, should become asexual. Asexuality for them is as unrealistic as it is for the child. While there is generally a reduction in potency in the male and of desire in the female, there is great variability in this. The rate of cessation of gonadal secretion at the time of the menopause may have little, if anything, to do with the onset of so-called "nervous" symptoms at this period of life. Anxiety may become more intense, not because of physiological changes, but because youth is being left behind. Frantic efforts, especially in women, to maintain a youthful appearance occur. The aging male may react to his waning potency in a realistic accepting fashion, or he may develop exaggerated, aggressive, or passive reactions. His solution may be a passive one in that he attempts to relieve his sexual tensions by indulging in sexual fantasies or masturbation, and as a result, his former conflicts at adolescence, with associated feelings of guilt and anxiety, recur. If he attempts a solution by aggressive means, he increases his overt sexual activities to reassure himself of his sexual competence, and to prove to his spouse that he is still an able man, he indulges in extramarital adventures, which sometimes prove very embarrassing. Should he fail, there is apt to follow an intensification of feelings of inadequacy and guilt. He may instead attempt to solve his problem by a vicarious interest in the sexual problems of others, condemn the younger generation for their "loose morals," and even join in crusades against supposed evidences of modern depravity.

Cultural Factors

In order to appreciate clearly the problems of our aging population, they must be considered in the cultural setting in which they lived and are now living. Cultural changes, while gradual and continuous, are nevertheless slow enough that prevalent attitudes are in many ways different today than they were in the formative years of our present aged group. This is true of our attitudes about the family group. The family is the most important influence in an individual's personality and behavior.

Living in an ideal family group provides the source of many satisfactions - physical care for its members; it satisfies the sex needs of the individual, his need for intimate personal contacts, and it provides emotional and economic security. Father, mother and children all have certain roles to play in this group, and these may seriously be affected by the aging process. The man has a job to do, daily problems to meet, and the responsibilities of a wage earner; the woman has the care of home and children, and each is carried along by a pressing daily routine. With increasing age a grave readjustment becomes necessary. The children become adult, marry, and leave the home. Time hangs heavily on the hands of a once busy mother. Illness may interfere with the man's ability to hold a job, for the woman to be a housekeeper; or the death of a marriage partner may force a major adjustment, especially in living arrangements. The oldster then finds it necessary to relocate himself and to step out of a familiar pattern.

Changes in concepts about the family group have produced problems for the aged. The large family unit consisting of three generations, including grandparents, parents, and children, is a thing of the past. Especially in the urban middle class group, the family is not considered normal unless its membership is confined to parents and children. When children grow up and marry, they are expected to leave their parents' home, and as a result the older people are left in comparative loneliness. If one of the parents should die, either son or daughter must add an old member to the family group, which is not designed for such an addition, or else the parent continues with separate living arrangements and increased loneliness.

The attitudes of the younger generation regarding their obligations to the aged are changing, and as a result a great deal of ambivalence and conflict develop. The custom of youngsters before marriage turning over their earnings to the parents is disappearing. It is undesirable for the young person to continue his home with his parents after marriage. Newer attitudes about child training have taken from old persons the pleasures of guiding their grandchildren. Oldsters tend to be treated with patronizing courtesy, but are excluded more and more from the social life of the younger group.

So far as living arrangements are concerned, the tendency seems to be for the elderly married couple to maintain an independent household, and for the widowed person to accept living with children or relatives, in an institutional home, hotel, or boarding house. With lowered income, the elderly couple often finds it necessary to leave the old home to which they are sentimentally attached, to relocate themselves, to leave familiar objects and patterns of living for quarters in neighborhoods of socially inferior rank. The oldster's conservatism resists this change, as familiar objects and persons are important to him. The wife may blame the husband for real or fancied lowering of status; children may assume a changed attitude to impoverished parents; and the oldster may react to his changed status with anxiety, resentment, and somatic complaints. For the woman, the death of a husband involves an economic adjustment and change in living arrangements; for the widower, the loss of a homemaker; for either, loneliness and loss of emotional security. When an oldster is forced to move into a child's home, the relationship between parent and child may become reversed, so that the adult offspring now has an opportunity to revenge himself for years of submission to a dominating parent. The elderly man loses the prestige he had in his own home; the woman loses control over domestic arrangements. Each loses status and prestige. The maladjusted elderly person is like the maladjusted adolescent, and may feel unwanted, inferior, unattractive, and unnecessary.

When decrease in family income, decrease in the size of the family group, the death of a family partner, or failing health make existing living arrangements of older persons unfeasible, and one is called upon to advise in such a situation, either in the direction of arranging for the individuals to live independently or to live

with children or relatives, one must ask: Does sharing a family home, maintaining a home on a modified scale, living with non-relatives, or living in an institution, offer the greatest possibilities of satisfaction of the physical and emotional needs of the individuals concerned. Living with one's family may provide natural bonds of affection to incorporate the older emotionally into the family unit. On the other hand, the housing of three generations under one roof offers many possibilities of conflict and frustration, each of which must be handled adequately if the group is to live harmoniously. While maintaining an independent household provides less opportunities for conflict with younger members of the family, and less loss of prestige and status, it still presents problems of loneliness and of obtaining physical care for illness when it is needed. The institutional family has many advantages of group living, companionship, and provisions for medical and nursing care, but there may be frictions and frustrations with which to cope.

Making a Living

Opportunity for work is the crux of most problems in the economic sphere and such opportunity is severely curtailed in old age, especially in times of economic depression. Luckily, older workers, usually stand a good chance of keeping their jobs, although they have a poorer chance of getting new ones. In spite of the fact that older people, in general, have greater difficulty in acquiring new occupational skills, especially when they are in conflict with well established habits, they do have certain assets which come with age, greater evenness of performance, less frequency of errors in performing a well established routine, and less tendency to quit their jobs. Where physical vigor is important, the older may be at a disadvantage; where judgment and skill are required, he has the advantage.

Motivation is also an important factor. Strong motivation can compensate for loss of ability, so much so, that in a given situation an old person may be more efficient in learning than a younger one, or because of personality reactions to environmental pressures from without he may adopt an attitude of helplessness and be unable to use what ability he has. Old people are apt to develop feelings of lack of self-confidence, and of personal inferiority. In our present industrial society, old age brings lowered productive capacity, decreasing income, increasing need for support from children or social agencies, and a relegation of status to the older to that of a "has been." It is no wonder, then, that loss of economic independence, especially in an already insecure person, contributes to exaggerated reactions of anxiety, tension, depression, and helplessness. What is needed are new purposes and motivations at an age when it is most difficult to acquire them.

Retirement

Retirement too often depends on an arbitrary age limit. Abrupt termination of active interests and occupations can have disastrous effects. The retired person misses the externally imposed routine; he loses familiar landmarks and points of reference, and his own sense of personal identity. Retirement is often treated like a graduation ceremony, with dinners, speeches, and tokens of esteem, with this difference: that the young graduate has his life yet to live; the man who is retired feels too often that he is through, that this is in a sense a funeral ceremony. To the fullest extent, collateral interests should be mobilized and revived and, if necessary, even created. Retirement should always be from a job to some other interest.

Personal Factors

There are a certain number of traits which are attributed to the personality of the older which occur with varying frequency and intensity, and which are dependent on the psychological integration of the individual. Symptoms commonly appearing in

the elderly are feelings of inadequacy, feelings of rejection, depression and self-pity, hypochondriasis, anxiety, irritability, boredom, apathy, guilt feelings, social withdrawal, rigidity, and conservatism. Many of these traits can be understood at a psychological level in terms of satisfaction or lack of satisfaction of definite psychological needs. If the oldster's need for physical health and comfort is not satisfied, he reacts with feelings of loneliness, rejection and depression. If his need for recognition is not gratified, he reacts with feelings of inferiority and worthlessness; if his need for expression is thwarted, he reacts with restlessness or apathy, and if his need for emotional security is thwarted, he develops symptoms of anxiety.

Dulling of recent memory, the retention of things long past, and the tendency to reminisce "about the good old days," are actually a turning away from the unpleasantness of the present; the memory of the pleasures and successes of the past being an attempt to find reassurance in the past against the threats of the present. When an elderly person becomes overly assertive and domineering, it is a compensatory reaction for feelings of inadequacy, inferiority and insecurity engendered by physical and psychological decline. The feelings of depression arise from increasing isolation and loneliness as friends and relatives die, and this added to a loss of self-respect and self-esteem, which follows decreasing status and prestige, feed the depressive feelings.

Emotional conflicts are as apt to occur in the oldster as they are in the young. He is not in a state of suspended animation, and as he realizes that lifelong wishes are not attained, old unresolved conflicts may reappear in the form of passive or aggressive reactions. The pattern of his neurotic reactions are dependent on his pre-morbid personality, and the character of his interpersonal relationships with those about him. Psychological tensions are apt to be translated into somatic tensions, which become attached to specific body organs and provide apparently tangible problems with which to deal. Illness becomes a means of gaining sympathy and attention, a means of restoring at least some lost security and sometimes provides a method of aggressive domination of the situation by arousing guilt in the children. Anxiety reactions are often repetitions of similar earlier patterns, or arise from guilt over sexual fantasies, or from feelings of insecurity, from loss of occupation, loss of prestige, or from being forced into a position of dependency on one's children. As older people become more and more isolated, they may become more and more sensitive to slights, and this may become exaggerated enough to be considered a paranoid reaction. Fatigue complaints are frequent and are in inverse relationship to motivation and prospects of gratification. What is needed by them is not only rest but a wholesome balance between rest, recreation and work.

Prophylaxis and Treatment

The level of adjustment made by old people is to some extent the product of their immediate environment and the attitudes to them of the surrounding society, but even more is it the result of the kinds of people they were. This means that the most effective ways to assist the aged are those undertaken before they grow old. Maintaining health, economic security, and the building of a mature flexible character structure are the necessities by which one wards off the problems of old age. Adequate food, lodging, and medical care are necessary for security, but if living is to be adequate in later maturity, an appropriate set of attitudes and a wholesome elastic way of life must be set in early years if later ones are to be contented and satisfying. It is necessary to make preparation early enough that no abrupt disruption of habit patterns occurs, that one is able to maintain some degree of personal independence and find sources of gratification in even curtailed activity to such a degree that one maintains status and prestige in one's own eyes as well as in those of others.

Society must recognize that the elderly are a large and important group of its population. A realistically adequate old age assistance program directed at providing adequate food, lodging and medical care is needed. The community must be educated about many of the fallacies regarding the aging process if people are to assume personal responsibilities for themselves and the care of aged relatives. Education should be levelled, at first, at the group in whom the problem is real, the elderly themselves, and the younger ones who must assume the care of aging relatives. Young students are not usually well motivated toward studying the problems of advancing age, since these have not yet assumed a personal meaning. Community recreation, educational facilities and hobby training should be provided for the elderly, as well as the adolescent. The elderly should have clubs where they may have contact with their confreres, establish themselves in social relationships, work at old interests, or acquire new hobbies. Industry should recognize that age alone is not a reliable basis by which to judge a worker's ability. Those over sixty do have a definite economic place in industry which, if recognized, will add to the adjustment and self-respect of the aging. Not all the problems of the elderly can be solved on a wholesale, social, legislative or community planning level. Certain individuals will need the personal attention of the psychologist, social worker, and psychiatrist.

A few cases suffering from pathological changes in the brain due to senile atrophy and cerebral arteriosclerosis will need institutional care in a nursing home or a state institution. The guilt feelings of children must be appropriately handled when such a placement becomes necessary. The oldster should be protected from injury and infection. Food fads should be avoided and his nutritional demands should be satisfied. His sight and hearing should be helped in every possible way to avoid increasing his feeling of isolation. Regular physical examinations and measures directed at improving health will help in dissipating fear of invalidism and excessive dependence. An active healthy routine with a definite goal in mind will prevent habit deterioration. He should be encouraged to continue at a job as long as possible and to have suitable interests to replace it when he is retired. Discourage them from believing they are wise just because of their age, and discourage them from interfering in the lives of their children, even if the children are making a "mess of things."

The psychotherapy of older people is not as hopeless as many think, and a fatalistic therapeutic attitude is unnecessary. One gives them a chance to talk about themselves and their problems. Respectful attention and interest, not maudlin sympathy, is what they want. The therapist must recognize the oldster's need for physical and emotional security and for independence, he must give him an opportunity to work out his own solutions and not impose his prejudices on him; and he must recognize that such a patient still has capacities for growth and change. An old person does not lose his personality and individuality just because he is old.

One of the most serious problems with which one is faced is that of unsatisfactory relationships within the family group consisting of two or three generations. The problems in parent-child relationships in old age are as serious as those in childhood, except that the oldster constitutes the problem child in this case. Where a child refuses to help a parent, either because it would disrupt his own family or because of overt hostility, it is apt to engender severe conflict and guilt feelings in him, and these must be worked through to some sort of solution. The type of living arrangement best suited for an elderly person is dependent on his individual needs, physical and emotional, and may vary from an independent home to full institutional care. Such a decision cannot be made lightly. Where the oldster presents a cultural problem, every effort should be made to fit him into a group similar to his own cultural background, or else his already existent isolation will be exaggerated.

The more severe pathological emotional reactions of the aged may require hospital care, and this is true of the intense paranoid and depressive disturbances. The prognosis is poor for the former, but excellent for the latter, especially with the judicious application of electro-shock therapy. Like the rest of us, the oldster needs provision for his physical health and comfort, affection from those about him, recognition of his abilities and limitations, some means for self-expression in work or play, and economic and emotional security.

OVERVIEW: OF RECREATION

Harry Levine, Administrator
Special Services For the Aged
Department of Welfare, New York City

For a great many people the increased life span will not be worth much if along with it there is illness, insecurity and rejection. For a great many who have reached 65 today the situation is tragic. The ending of gainful employment is a major tragedy; the living of a useless life accelerates deterioration.

Social work has been interested primarily in the first part of our life span. It must begin to orient itself to the fact that in the United States today there are more older people than children in need of service. This new frontier of gerontology is a challenge to social work that must be met, unless we too are to become one of the outmoded and inadequate institutions serving the older person.

There is no one solution to the problem of our large aging population. To meet present needs would require extensive operations, long range planning and a tremendous outlay of money, not available in most communities today. However, a day center program, boarding home arrangements and a medical and nursing service in the home, similar to the one being developed by the Montefiore Hospital, the Home for Aged and Infirm Hebrews, and the Peabody Home can go a long way in meeting the needs of the community and the older person.

A day center program is being developed in New York City. The Department of Welfare is taking the leadership in extending this program in conjunction with settlement houses and churches, together with neighborhood community leaders. The Department supplies the professional workers; the private agency the space; and the neighborhood community the board of directors who raise the necessary funds to maintain the centers. We have six such centers functioning in Greater New York City. The Department is also stimulating clubs in many settlements similar to the one developed at Bronx House, and being developed in cities like Philadelphia.

The first of these centers was the Hodson Center which was organized in 1943. Recreation is the method used to overcome the recognized tendency of older people to reject activity that disrupts established habits or makes it necessary for them to undertake new activities. Fundamental in our thinking, however, is the purpose of such a center.

- 1 - To promote the social and emotional adjustment of the older person by making it possible for him to find companionship and create an environment that is favorable to his active development, giving him a sense of security.
- 2 - To promote the rehabilitation of personal efficiency by making it possible for the older person to make the maximum use of the capacities least impaired.
- 3 - To promote community usefulness by creating a feeling of adequacy and accomplishment through an activity program. We hoped this would lead to participation in community projects.

We recognized early in the development of the program that if we channelized the strengths of the older person in activities that were meaningful and important to him, we would be preserving his personality. We are, however, limited by lack of funds, trained personnel and community attitudes. Therefore, we have continued very largely in the area of recreation. In general we have adopted the knowledge, the techniques and the program developed by the recreation field. We have found that the values and

benefits accruing to younger people in such organized programs by the large are applicable to older persons. In our program we have recognized that recreation is a basic human need and we, too, can develop group accommodations and acceptance of one another by members of the group. We very quickly recognized that when older people first come to the center they have difficulty in accepting people and forming social relationships, (social reorientation is difficult for them), but we feel it is largely due to unused resources for emotional expression. When put at ease and encouraged, they show tremendous change and remarkable improvement.

In our experience with the day center program we have found that the older person has many characteristics related to aging which must be considered and understood. These characteristics apparent to most people, have been exaggerated out of proportion to the effect they really have. In an organized program many of these characteristics can be controlled, arrested, modified, sublimated or channelized, even when the program is recreational. In cases where they cannot be changed, other strengths and values can be developed to offset them. The older person himself is unaware of his capacity for change and ability to adapt. We have observed that chronological age is a most inaccurate index to capacity. We have found that fatigue may easily be a defense mechanism, frequently the result of being bored, useless, or not being necessary to anyone. We believe that energy may be lessened merely by not using it.

We have found a tendency to intolerance but that tendency can be eliminated easily. At the Center we have people of all races, creeds, and nationalities. Our Negro members are completely at home. Members of the Center take great pride in the kind of democracy that they have developed.

We have found older people have a tendency to more aversions than younger people. We also have found in them a more limiting and narrower interest. Nevertheless, our people at the Center paint, write, participate in editing a magazine. They write their own plays and act in them. They make clothes. They sing, they dance, they play cards and games. We have classes in woodwork, in English, in poetry, in arts and crafts. They are self-governing. There seems to be no limit to the interest that may be developed. Group friendships can be planned and created. Interest can be aroused that will hold groups of varying cultural levels. Many things in common can be developed. There are unlimited areas for activity, both intellectual and physical. In some instances we find it sufficient for one to become part of the audience, particularly where the audience plays an active role.

We recognize the importance that recreation is playing in our program. We believe recreation is as important to the older person as it is to the young person, but like the young person he still needs to fill part of his unused day with an activity that will give him a sense of contributing to the community as well as to himself. A day center program should provide activity during the hours usually spent at work, and provide relationships similar to those he had at work; similar outlets and similar satisfactions. In order to do that we need to individualize the older person. We need to know some of the background of the individual. We need to know whether an activity program for the man who has just lost his job and for the man who has not worked for a long time differs materially. We need to know the reserve capacities of the individual, and his learning ability. We need to be aware of the personal problems which we know affect the motivational changes that are possible in a day center program. We need to know the pattern of sublimation in earlier life in meeting the many frustrations of every day living. Are they still available to him? Is it giving him satisfaction, or will he find it in our center program?

we have recognized that in later life the tendency is toward noncompetitive and sedentary activity. This tendency, which is important to some, is undesirable in many, and we have to develop tools to overcome it. The desire to obtain what one has missed, or what one would like to have done, can be channeled into positive experiences. We have sensed that the older person is not the same biologic age throughout, and therefore, we need to know much more to make the maximum use of capacities least impaired. We need tools to indicate how much and what kind of activity an older person should participate in. Our limited experience indicates that the degree of adjustment and mental alertness and youthfulness is dependent upon the extent of our activating the individual. We find that the active person is much more adjusted, and that those who tend to run away from activity, as for example those who play cards, are less adjusted. We need to know whether the sudden increase in recreation can be assimilated. Can recreation be substituted for a workday? We know the Hodson Center and similar

centers do solve the recreational needs of the older person very effectively. However, we recognize that if we are to give the older person a sense of achievement, lessen failures in his efforts, and develop compensating possibilities for impaired capacity, we need more than a recreational program. A program involving medical, psychological and psychiatric facilities as well as group work, case work and personnel counselling in a day center can constructively affect the characteristics of the older person.

Psychologically, this program provides the participant with a daily pattern to substitute for the work pattern. It can be even more satisfying than his usual work experience had been. Most of the people with whom we have contact have not been trained to utilize their many areas of competence. Life has been filled with many negative experiences. They have had to work very hard to earn a living and bring up a family, with little opportunity to explore their areas of competency or leisure time activity. In a day center program many of these competencies can be developed and utilized to give real, creative satisfaction to the older person. Finally, the hope of a day center program is to give that kind of security and emotional stability which will make it possible for the older person to assume his place in the community and to contribute as long as he can.

A good illustration is Mr. V, aged 71, now one of the most active members at the Hodson Center. Before losing his job he had been busily involved in the St. Vincent de Paul Society for many years. After that there came feelings of insecurity, inadequacy, and a sense of being inferior to the other members. With the receipt of assistance from a public agency came withdrawal to his furnished room. The marked deterioration after several years of this kind of life became apparent to his worker. Mr. V. seemed to have palsy; he was hesitant, diffident, uninterested. The worker referred Mr. V. to the clinic, where no special need for medical attention was found. The worker was able to interest him in the Hodson Center. He attended several times and then stopped. The worker had to help him again to understand the values and the interest a center program could have for him. At the Center he tried several activities, and became interested in dramatics. Here he was active in writing, staging and in acting in the plays produced by the Center. His interest was heightened when the dramatic group raised funds for the Center. He developed a sense of security and felt so much more adequate that he returned to his former activity in the community--working with the St. Vincent de Paul Society. The ultimate purpose of the Center program was achieved by the return to a former place in the community.

The enormous amount of unused time holds tremendous possibilities of cultural enrichment of the individual and society. It is as important a resource as our natural resources. Long life will permit people to mature, to gain perspective, to grow in understanding and in wisdom. Society must husband the minds as well as the bodies of the older people of our population. It must provide the opportunities for the constructive use of their time and energy. Society must enable all to fulfill the promise of growth and achievement offered in the prolonged life of man. Oliver Wendell Holmes at the age of ninety was still writing masterpieces of judicial opinion. Such a mind as his at that age need not be the exception but the rule.

TO SUMMARIZE:

The increasing life span and the number of people over 60 have not had accompanying increase in service and resources. The loss of jobs and job opportunities to the older person creates an undue — and unwholesome amount of unfilled time. The result is a breakdown of personality through increased tempo of deterioration. There is a crowding of institutions, clinics, general and mental hospitals, and the creation of a very large reservoir of broken individuals in the community who cannot be accommodated. The older people are displacing the people for whom these services were organized. Larger and more institutions and hospitals will help, but will not answer the problem. On a reality basis there are very limited possibilities of

increasing our present facilities in the near future. Very few agencies are expanding and very few new ones are in the offing. A recreational and activity program can be developed at little cost. Combined with boarding arrangement and medical and nursing care in the home, it can ease the pressures on the individual and the community, and create a new form of institution--more related to the field of geriatrics and gerontology and less costly than our present institutions. Important in itself is the development of a Day Center program where man continues to create, to produce, to contribute according to his own pace; where we can give him a feeling of adequacy and accomplishment, of usefulness and belonging; where we can satisfy the need for companionship, recreation, acceptance and understanding; where we can preserve the personality.

With Dr. Lillian Martin we say, "There is some such activity for the least gifted to the very end of life."

RECOMMENDATIONS:

- 1 - A coordinating and planning body be formed through the development of a National Foundation.
- 2 - The community make definite provisions for individuals 60 or over to engage voluntarily in an activity program as a substitute for loss of the workday.
- 3 - The community make available schools and public buildings when not in use.
- 4 - Adequate public and private finances be made available to meet the need of the older unemployed citizen for use of his unused time.
- 5 - An organized program of public relations to interpret the needs of the older person.
- 6 - A program of research to keep up with the findings in the field, with the changing needs of the individual and the community. To make these findings available to all agencies working in the field; to all personnel.
- 7 - To stimulate schools of social work to train for leadership in the field.

NOTES ON RECREATION SECTION

Recorded and Prepared by

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Sacramento 14, California

Introduction	<p><u>Session 1 - 10 a.m. to 12 noon, February 2, 1949</u></p> <p>Gordon Hearn, chairman, stated that the Section Planning Committee and its chairman, Mrs. Alta Sims Bunker, had defined the purpose of the Recreation Section as follows:</p>
Purpose	<ol style="list-style-type: none">(1) To provide information to workers entering the field of recreation services for older people(2) To provide information to workers wanting help in extending recreation services to older people in various communities(3) To share ideas, methods, experiences, and program aids <p>As a guide to the Planning Committee, each worker was requested to provide information as to name, agency, address, and reason for attending the section.</p>
Resources	<p>Two kinds of resources were provided the section: <u>consultants</u> who would bring special knowledge of administration, methods, programs, and services already established elsewhere, and <u>counselors</u> who themselves were older members of the population.</p>
Consultants	<p>There were introduced: <u>Harry Lovine</u> Administrator, Special Services for the Aged, Department of Welfare, New York City, and <u>Mrs. Helen Brunot</u>, Consultant in Recreation, and former Director of the Bureau for Aged, Welfare Council, New York City.</p>
Counselors	<p>Louis Blumenthal, member of the Section Planning Committee, was asked to introduce seven counselors who were to serve with him on a <u>panel to discuss recreation for older people</u>. He presented Bernard Gordon, Mrs. Jossie M. Keyes, C. E. Rose, Mrs. Emma Ware Smith, Luther C. Stiles, Mrs. Violet H. Willard, and R. D. Young, all of whom are members of the Senior Recreation Center of San Francisco.</p>

PANEL DISCUSSION NOTES

Older people are the forgotten generation. They have generally out-lived their contemporaries; their husbands or wives are gone. It is commonly accepted that later maturity is a very difficult period characterized by frustration, unhappiness and difficulty in adjustment. They are lonely, and the world becomes a reflection of their own feelings. They stay at home or sit on a park bench. They need real interests.

Older people want such recreational activities as listening to or playing music, instruction in social and folk dancing, travel movies, card games, reading, dramatics with stage and scenery construction as well as acting, writing and reading of poetry, millinery, parties,

and service projects. But along with it they need activity as a substitute for loss of a workday.

Operation of
a Center

Suggestions for operating a recreation center for older people: the employed leader should be someone between forty and fifty years of age, with interest and skill in working with people, capable of making people like him, and liking people. Members should participate in the operation of the center, be given responsibilities, and share the work. Older people have time and need things to do. Facilities should include lounges, kitchen, workshop, little theatre, and such equipment as card tables, piano, and magazines.

The
San Francisco
Adult Recrea-
tion Center

Located in the Marine Building at the foot of Polk Street. Building and utilities are furnished by the San Francisco Park Department. Sponsored and organized by the San Francisco chapter of the American Women's Voluntary Services. Financed by gifts, Columbia Foundation funds, and the American Women's Voluntary Services.

Schedule of Building Hours

Wednesday	11 a.m. - 10 p.m.
Thursday	11 a.m. - 6 p.m.
Friday	11 a.m. - 10 p.m.
Saturday	11 a.m. - 6 p.m.
Sunday	1 p.m. - 6 p.m.
Monday, Tuesday	Closed

Membership open to all people over fifty years of age. No restrictions because building is on public property, but participants to date have been, with few exceptions, Caucasian. Any person attending the center three times may fill out an application blank and receive a membership card. Five hundred cards have been issued in six months. Total attendance in December, 1948, was 2,500. A number of members attend regularly. Some who are employed attend the center in the evenings. Members may, on occasion, bring guests under fifty years of age.

Program includes dancing, cards, service projects, parties, sewing, Dramatics, monthly birthday parties. Members often bring sandwich lunches, and coffee is served at the Center. Acquaintance is made by members who serve on half hour shifts at the door, to greet people, secure names and addresses of newcomers for the register. There is no standing on ceremony, and much informal introduction. Planning is carried on by a six-member council, composed of three men and three women, elected in open meeting. Council membership is rotated monthly in order to provide more participation.

Intermission

Following a short intermission, Mr. Hearn presented the consultants, Mr. Levine and Mrs. Brunot, who carried on a two-way conversation concerning older people, and the recreation services for the aging population.

NOTES FROM TALKS OF CONSULTANTS

Individuals differ, regardless of age, and their capacities differ. Situations differ and individuals' reactions to situations differ. The life situation in which many older people find themselves is that of living alone in a single room, possibly in a strange community. They are no longer working. They tend to withdraw from the community, have difficulty in adjusting and in relating to reality.

The greatest increase in population within the past few years is the increase of the 75-year-old people. This increase has been 72%. Four and four-tenths per cent of our population over 60 years of age live in homes for the aged--a protective environment--but the many who live alone, who need constructive outlets for their energy interest and for satisfactions that is rightly theirs. Age is relative, not chronological. It is a quality of mind and body, not a term of duration. Its onset varies from individual to individual. Avoid defining old age! Old age in terms of mental, physical, and emotional states differs tremendously between individuals. The prejudices of young people toward older people are negative attitudes to be considered. The slowing down process, attributable to old age, actually begins much earlier, and all people need to be made cognizant of the fact.

Geriatrics is showing us that dying at the age of seventy is dying of disease, not dying of old age. Older groups in population are neglected from the standpoint of health. There is little medical care between 50 and 65 years of age for many people. The physical disorders are not concomitants of old age, but diseases in which there is lack of awareness and lack of medical skill. Neglect and loneliness contribute toward these illnesses and hasten deterioration.

There are comparatively few deaths among membership at the William E. Hodson Center, (for older people), in New York City. Members of the center improve in health, attend clinics less and less, and there has been a reduction in members' application for admittance to homes for the aged. Older people attending the center participate in committee work, edit a magazine, plan, purchase, prepare, and serve refreshments, take boat excursions, provide entertainment, use the craft shops, pool room, library, lounge, card rooms, sew, and take part in fashion shows. Employed staff workers in the center range in age from 22 to 50 years.

City-wide hobby shows, with exhibits and demonstrations limited to those of older people, such as the one held annually in New York City, expose the general public to the interests and capabilities of the aging population and introduce ideas and interests to older people themselves.

Some older people are still employed and can participate in recreational activities as a leisure time interest. Many other older people are faced with long hours of unemployed time. There are vocational aspects of work with older people, developing out of recreational and hobby interests. Hobbies have grown into income-producing work. The State Departments of Agriculture in New England have assisted in cooperative marketing projects for handicraft products. These vocational aspects assist in relieving some of the economic insecurities of old age, but what is more important, give the older person a feeling of accomplishment and feeling of adequacy.

There is need to conserve the capacity and potential residing in 16,000,000 older people in the United States today, who have the time to develop new areas of competency and free time to contribute to areas of our culture.

Summary

Mr. Hearn summarized the morning workshop by saying it had been concerned with the living level of the aging population. During the next workshop to be held on February 3, there would be explored the various projects in recreation for older people, and what next steps can be taken to extend recreation services to older people.

Planning
Committee
Process

He stated that the Section Planning Committee assisted by Consultants Levine and Brunot, a counselor from the older people in the workshop, and two workshop workers chosen at random from those present, would have lunch together. At this lunch conference they would analyze the reasons why workers had attended the session, evaluate the morning's accomplishments, and plan next steps for the conduct of the second meeting of the section.

Recreation clubs for older persons meet in churches, community houses, and homes. They are sponsored by Jewish Welfare Boards, National Council of Jewish Women Sutheran Churches, the Protestant Federation, and the Junior Leagues. Clubs meet weekly and monthly. Some have trained employed leaders, some have volunteer leaders, some have both. In some instances agency staff members have been loaned to promote planning and to aid clubs and other organizations to establish services and programs.

Day centers for older people point up the different concept in services for the freetime of the employed and the free time of the unemployed. Day centers are open daily from nine to five o'clock and emphasize activity program. There is need to question when the older person reaches a saturation point with regard to recreation and wants activities of semi-vocational nature.

Hobby shows are an educational and promotional device. The New York City Hobby Show held in the Museum of Natural History Hall had 2,000 exhibits shown by older people and an attendance of 7,000 people during its three day showing in 1948. It is planned to hold the show for two weeks in 1949. The show illustrates to the community the positive capacities of older people and encourages older people to learn new skills. An information desk at the show gives information on available programs for older people in New York City.

The Brooklyn Museum of Art has conducted art classes for older people in settlements. From classes of inexperienced students there have emerged artists with skill which have rated one-man showings in New York City art galleries. People can learn new means of expression after they are eighty years of age.

Resources for programs for older people are public libraries which plan reading courses, exhibits, forums, and tours on various subjects. The Vocational Guidance and Rehabilitation Services and the Agricultural Extension Divisions can be called upon to give educational-recreational courses in isolated and rural sections. Councils of Social Agencies and many colleges are studying the problem.

There is the possibility of seeking financial assistance in under-writing recreational programs from large industrial and business firms which have a retirement plan for employees. Management is becoming concerned over what is happening to competent employees who are forced to retire at sixty-five years of age, when this retirement sometimes results in early death. Newspapers and radio are interested in publicizing the need for recreational services for older people.

Mr. Hearn now called for an inventory of other community projects presently conducted or contemplated by workers in the Section.

Reports
from
Section
Participants

1. State Department of Social Welfare, Division of Child Welfare. Miss Cather said that the Child Welfare Division is charged with the licensing of boarding homes and institutions for older people. There are 100 such homes in California, where fifteen or more people now reside. Physical factors of the home can be standardized. The question is how to create a real home life in an institution. How may the institution become a part of the community and its recreation and social life? How can older people be helped to avoid applying to live in such homes because of the fear motive? What admission standards can be devised to apply to people who want admission to the home for the sake of companionship there?
2. Oakland Recreation Department. Mrs. Bunker reported that the Department was to initiate its first recreation program for older people on February 6 at a community center. Two volunteers from the San Francisco Adult Recreation Center are assisting in the planning, and the Oakland Chapter of American Women's Voluntary Services may be called upon to assist. The program will take the form of a club.
3. Jewish Community Center, San Francisco. Mrs. Blumenthal said the center has members from seven to eighty-five years of age, many of them participating as families. Older people take part in the physical education, craft, and committee work programs. There is need in the agency program for a certain place and time for older people to meet with those of their own interest and age in a special program. Recreation for older people is no different from recreation with any group, except that older people sometimes feel out of place with younger people, and want some activities for people of their own age. There are many more older women than men in these programs at the center.
4. Council of Social Agencies, Bakersfield. Mrs. Mary Chambers reported that the Council had sponsored a senior citizens' party which was well advertised and well attended. Dancing, singing, and refreshments were a part of the party. The Council has canvassed the needs of older people in the community and found interests, including tennis and rug making. The Adult Education Department has provided instruction for the latter in a church basement. During the summer of 1949 the Recreation Department is reserving a corner in each park for games for older people. There will be weekly picnics to an out-of-town-park. A house is being reserved for older people in the Pioneer Village being developed by the Recreation and Park Department. Older people are now collecting period furnishings for the house.

5. Veterans Hospital, Palo Alto. Miss Henrietta Kleinschmidt said that she works with mental patients of the Spanish-American War and World War I. These older patients discourage the young workers because of lack of response. Is there a part that arts and crafts and recreation for older people can contribute to such re-training programs? The apathy of the mental patients is not unakin to the apathy sometimes encountered in the early induction of normal older people in recreation activities.
6. Peninsula Volunteers, Inc. Miss Graezinger said that this organization is exploring the possibilities of programs for older people, using a room in the Menlo Park Recreation Center. The tentative program will include a lending library, hobby workshop, gardening, movies, and mending and sewing groups. It is hoped to have the program operated by and for older people.
7. Ministerial Association, San Jose. Mr. Tritt said that the Santa Clara County Welfare Department had requested the Association to survey what services were available for older people. There is a Committee on Recreation for Older People in the Council of Social Agencies in San Jose.

The survey and committee work has resulted in the organization of three Live Long and Like It Clubs meeting in churches and community halls. Members plan their own programs and serve light refreshments.

Summary

Mr. Levine summarized by saying that the old age home should be a part of the community, rather than a community in itself. It should open its doors, invite other older people to come and participate in the institution's recreational activities and social programs.

Our resources have not kept pace with the increase in older population. Services which will keep older people out of mental hospitals and clinics comprise a new frontier in social work. There is need of a new three-fold program for older people: foster home care for grandparents plus a home medical care program plus recreation day center programs.

Introduction Session 2 - 10 a.m. to 12 noon, February 3, 1949

Mr. Hearn opened the session by referring to material written on a blackboard comprising reference material (see bibliography at end) on problems of the aging population and to places where research was being carried on and by whom.

Research Centers and Personnel	Bryn Mawr College	Bryn Mawr, Pa.	Hertha Kraus
	University of Chicago	Chicago, Ill.	E. W. Burgess
	McGill University	Montreal, Canada	Dept. of Psychiatry, Gerontological Unit
	University of Michigan	Ann Arbor, Mich.	Clark Tibbitts
	Ohio State University	Columbus, Ohio	S. L. Pressey
	University of Pittsburg	Pittsburg, Pa.	Wayne Dennis
	Rockford College	Rockford, Ill.	Ruth S. Cowan
	Sweet Briar College	Sweet Briar, Va.	Bette Boone Beard
	Syracuse University	Syracuse, N. Y.	Raymond G. Kuhlen
	U. S. Public Health Service		Dr. N. W. Shock Gerontology Section
Chicago Council of Social Agencies	343 N. Dearborn	Mrs. Elizabeth Breckinridge	
Federal Council of Churches of Christ in America	297 - 4th Ave., New York 10, N.Y.	Rev. Seward Hiltner	

Mr. Hearn continued his introduction by commenting on the need to know the community organization processes necessary to extend services in the area of recreation for older people. He called on Mr. Levine and Mrs. Brunot for information as to programs for older people in various parts of the country.

Programs
for Older
People Programs of recreation for older people are carried on in the United States, France, Canada, and England. There has been interest in such programs in Scandinavia and Iceland.

Kinds of programs can be classified as club programs, day center programs, and hobby and workshop programs.

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BASIC PRINCIPLES WITH RESPECT TO VOCATIONAL PLANNING
FOR THE AGING POPULATION

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In the upsurge of rehabilitation one fact seems to make sense. As workers grow older, experience and loyalty become greater. In our economic and social existence too frequently it is felt that experience and loyalty are commodities which can be purchased in the open market. For generations we have done everything to stamp out disease and prevent injuries, thereby giving us a healthier growing population. However, by these preventive measures we are responsible for more people growing old. Our adult population is larger in proportion than ever before and will continue to grow. In this country industry, medicine, and the state have never combined their efforts in attempting to solve the problems of our aging population. Our county homes, poor-houses, and other institutions can never accommodate this growing population, and all too frequently people are shunted into such institutions.

The 'retired employee' is a bewildered and frequently discouraged person who, because he has reached what we term 'the age of retirement', must be discharged to make room for younger employees. It is well known that living tissues which are not used atrophy and lose their skill. We should accept the aging population as a balance wheel in the high speed machine of modern living. It is short sighted to forget that when we retire a competent older worker, his successor will necessarily devote part of his salary to the support of the retired. We remember too well the magnificent courage of Winston Churchill in the recent war without considering that he was 'an old man'. The late Dr. Martin, who founded the Old Age Counselling Center began her study of old age rehabilitation at the age of 65 as a result of her own retirement.

A physical rehabilitation service started in 1946 in a local county home was described.

In the industrial fields possibilities for vocational planning are greatest. One large firm whose local plants hire approximately 20,000 workers presented the problem of retaining certain workers at retirement age who had expressed the desire to continue in some capacity. 'Downgrading' is not too serious for such workers, since older persons have learned economy over many years and can save their resources. Such workers constitute a training group for the industry, devoting their time to teaching their younger successors, and the relationship has done much for their feeling of usefulness to their employer. Time lost in industry is never as great in the older group or the handicapped and while the younger trainee is absent the older worker is ever present. In the field of human engineering we cannot demand sudden changes of policy. Seeking out newer and smaller industries in which to place 'retired workers' has been resorted to, and in Pittsburgh three such industries operate to the great satisfaction of both employer and employee. A number of examples were presented.

None of the ventures attempted for placement of older workers in small businesses and industries has failed; none of the persons so placed is now receiving public assistance; all the persons concerned are supremely happy. One may well feel proud of these older workers who defied the appellation 'retired', for the fortitude and willingness they have displayed. It is the hope of the future that groups of 'unfortunates' in all parts of this country may have the opportunity to follow their example.

Section Workshop on VOCATIONAL REHABILITATION*

February 2, 1949

Dr. Ferderber: In this whole problem of the aging people there are no answers to be found but there are a few trends. Rehabilitation is necessary because of the increasingly aging population.

Mr. Dodd: The aged are in need of some type of assistance and adjustment so they may take their places properly with others. In the Bureau of Vocational Rehabilitation we are interested in the handicapped. The oldest case handled by the Bureau was 83. Certain states take advantage of loop-holes in the Federal Act and won't take individuals over 65, or the blind, etc. Readjustment of the aged person would represent no more of a problem to us than the rehabilitation of a younger person. With the aged there are certain complications such as despair, fixed ideas, etc. which must be overcome to make them acceptable from the standpoint of re-employment.

Dr. Ferderber: The aging, but not aged group - those who at the age of 40 to 45 are slipping must be considered. I think we might well take up this group because they represent an acute problem. The question arises as to what they may be when they retire at 60 or 65.

Dr. Mallary: I don't like the approach of talking about the aged, the blind, the incapacitated, the handicapped. Aged people are not always 60. The problem of the minority group is the problem we are attacking in the work shop. We have been attacking this problem of minority groups for a long time. What is there in counseling a person 21 or 24 that isn't just the same as counseling a person 65? We have a person 40 years of age and his foreman says he is slipping. In all my experience on the California State Personnel Board and in the Federal Government I have been interested in the hard time the women have had in employment. Everything they have had to go through, the aged have gone through. A woman or an aged person has to be twice as good as a man to obtain employment. In the Federal and State Government a woman does not have to be twice as good as a man but merely once and one-half as good. On this question of the aged we have the same point of view. We should try to get a new slant on this problem; not approach it as if it were a new problem but approach it rather as a problem we have recently discovered. It is an old problem which is like the problem of the discrimination against negroes and Jews. The women thought they had solved their problem when they obtained the amendment to the Constitution, but it was not solved. The solution lies in our trying to bring all we know to the solutions attempted over the last 50 years to similar problems. That is the academic point of view but I am getting tired of starting the solution of problems as though they were new and we knew nothing about them. They have been working for at least 25 years on rehabilitation. Probably 90% of what has been learned on rehabilitation could be worked in.

Dr. Ferderber: The acute problem is the fact that there are more older people and we must try to maintain them as wage earners. If we don't they are going to suffer. We must keep them working. Worker 'A' in a large industry is going to be dismissed for some reason - economic, social or emotional. Should he simply be kicked out? How is it to be avoided? The union steward is the first to hear of it. It is the job of the foreman or the union steward to take the problem to the medical department. The medical department is not utilized to its fullest extent. If it is put on a quasi-medical basis the doctor is able to ask for other services. If you turn him over to a professional technician or a non-professional he may not see that there may be some physical disability. So the doctor should be used to go over him physically and let some one else go over his other problems with him. We felt that was a pretty good solution. There are other aspects to consider in this whole matter.

* Recorder:

Mrs. B. V. Low-Beer, Chairman of the Workshop.

One is the time factor, which is very important. Can we imagine what a wage earner goes through if he has to spend six to eight weeks going through the hands of the doctors, psychologists, etc.? He becomes morbid, fearful and depressed. The only defense he has left is his defensive method of getting security. I would like to ask Mr. Hess whether what we are talking about fits in with the experience of Good Will Industries.

Mr. Hess: We are in the field of dealing with handicapped people. Of those in the age group above 60, not all are with us because they are 60. Most of them are with us for some other reason. When you get down to the younger group below 60 they are with us because of a physical handicap. I think this approach is certainly the right one. We don't get the people you often place. You place them in some more remunerative employment. They are not directed to our organization if they are more productive and can earn better wages. When we get them, whether 45 or 70, they are considered as being close to the bottom of the barrel so far as ability is concerned. It is amazing that by having them all work together happily and feeling a part of the entire group we are able to get by without any subsidy. At least for the immediate present we are getting along very nicely and it is because these people with their various disabilities are all doing their part. We have quite a few spastics also working for us.

Mrs. Brewster from the Industrial Welfare Bureau: I do research in age groups from 40 to 65. I believe the wrong approach is taken in the educational field. The younger person feels that when 40 is reached he is old. If the articles, etc. written by the universities were approached from a different angle, and the value of the older group written about, it would be better. We could point up the value of the worker between 40 and 65, make a survey in that field to determine where the people are working and start putting it out to the public. It is very easy to develop trends by a good program. We could make a great contribution in taking care of those people in that field.

Dr. Ferderber: I agree except in one thing. Top-side management is too busy to deal only with this one problem - a very small one in relation to the whole. We go on the air one week a year and devote it to the handicapped. This is shameful. I don't think anything can be done now to force industry by propaganda. They have a retirement age even for top-side people and they retire them at that age.

Lady: In California a great deal of thought is given by industry to the older people.

Employment Man: I think there is much in what Mrs. Brewster says. It is a sales problem.

Mrs. Brewster: We have been working through the Governor's office to try to work out some program for women, to help them up to 65 years and beyond if they want to work. It is going to be done through the State Schools and I hope that out of that will come some method of evaluating the work. I believe we could recommend that the Institute make a survey.

Dr. Ferderber: Frequently there is no relation between chronological, psychological and physiological age. Only chronological age is taken into consideration for retirement, regardless of the individual's capacity or financial circumstances. Industry does not realize the costs - it costs a tremendous amount of money to train an individual to take the place of the one who is going out.

Employment Man: It is fortunate one of the sponsors of this Institute is the University of California and perhaps it would be in order to suggest the University undertake a survey.

Mrs. Low-Beer: Perhaps this is not a good time to take a vote. On Friday morning there will be a session to recapitulate any conclusions, actions or recommendations of these work shop sessions and to consider written questions to be submitted in advance. The discussion will be on the basis of the questions and conclusions and to consider the next steps to be taken.

Dr. Mallary: I would assume the Employment Man raised a question and I am going to disagree with it. I am tired of these separate researches on different groups of people. I want the Industrial Relations people to make a study of who is the efficient person, man, woman, etc. I want to hire ability regardless of sex, age and religion. I think we should always attack these problems on a common front as well as a special front. 90% of the techniques are the same, whether it be a question of security - home relations - jobs - family relations. We are specializing too much.

Dr. Ferderber: I am tired of surveys. The survey should be of the individual before he is deprived of his job. The length of time required to do a survey is going to be so much in the future. Let us look at two things that happened in Pittsburgh. We couldn't get anywhere in Pittsburgh so far as trying to settle the problem of the aging group. I went to visit the poor-house in 1946. There were 1700 to 1800 helpless individuals there. They had nothing in view but eventual death. They were herded there. They did not take to the idea of being rehabilitated because they were fearful of their security. They were afraid of being kicked out. When they found our purpose was to help them to get to work they cooperated. They built mattresses. The only cost to the county was \$150.00 to get a section devoted to rehabilitation. They planted four acres of ground. The group included amputees, paraplegics, etc. They had a green house and planted seeds and separated plants. In 2½ years 55 patients were able to be discharged, 42 went to work at normal salaries and wages. The rest went to homes where they could do something. They are earning their way in the homes. In Allegheny County in two years they reportedly saved \$90,000 in this poor-house by getting these people up, around, and going. The handicap was not only age.

Dr. Mallary: I do not believe the word 'handicapped' should be used.

Dr. Ferderber: But we are talking about a certain group of people with definite physical handicaps.

Employment Man: These people should be pulled off the job at any time during the period of employment and not wait until they are over 45.

Dr. Ferderber: The Allegheny Vocational Counselling Center maintains a service to determine what job an individual can do best. He goes down to the High School and gets his psychological tests. An amazing proportion of people are found to be doing the wrong sort of work. This individual type survey costs the county between \$30 and \$60 for each patient.

Dr. Mallary: It costs \$250.00 to hire a person in the Federal Government and so \$50 is a small amount to pay for keeping him on the job.

Mrs. Schiffman: Anyone who has a physical handicap or is old enough to draw a pension can exist during the time the counselling is taking place. The problem is in the group which is not old enough to be retired and there is nothing to which they can turn for temporary support.

Mr. Dodd: I want to comment on Mr. Hess' suggestion. We may have overlooked something. In the Good Will Industries there is something besides the physical and mental power that is used on the job. You call it 'spirit,' 'backbone,' etc., but

it is important on any job. Underneath is this something that cannot be measured but can be developed. We had a shop during the depression in which some of the people could only work at odd times. These were people who did not fit any place - the dregs. Some emphasis should be put on 'spirit.' The person doing the producing becomes fearful that he is going to produce less. Something that develops morale will make that person stay on the job a little longer. One of the costs of today's industrial success is the degree of specialization. The person's skills and thinking are limited. When a change has to come in industry he is almost a derelict. That is one of the prices we pay. Less than 20% of employed people are using all their capacities and this is because of their employment. They have to take the first opportunity they can find. If these people could only be shifted to jobs for which they were better fitted it would be helpful. We disregard individual temperament, which is very difficult to measure, but it is one reason we have so many misfits in industry. There might be some system of rotation in industry so that people could find their place. In the little shop we had, each person was given a chance at every type of job in the place.

Dr. Ferderber: We have accomplished this in many individual instances, but as you present it, it is a problem in human engineering. If as you say, consideration should be given to the temperament of people and their adaptability, take your ex G.I. and begin from there to accomplish that. You can't go in and create a tremendous corps of displaced persons which would upset the economy. It is not practical today, but it is practical to begin to plan.

Lady: People usually know exactly what they wish to do and they often know a good deal about industry. When you reach 60 or 70 you can afford to take a chance.

Dr. Mallary: We have learned something from the war that should give us heart. There are a lot of statements made that the war workers from Arkansas and housewives who had not worked before were not very efficient. I worked for five months on a Liberty ship and although I am not a machinist I worked all five different machines in one evening and I produced. There was a card showing the standard time before me and I averaged 50% of production. I might have averaged 75% if the work had been better organized. There was a man who formerly operated a laundry, a factory worker and a housewife who had never worked before who were better than I was. We were working on machines, measuring to 2,000th of an inch. I used to see the whole machine put together. People were shifted about and no one knew where they were going when they came on at night. We have an inflated idea of the skills necessary to do the job. I don't worry about the job these people can do. The big problem is convincing the individual and getting rid of our own superstition. The problem is getting these things out of the mind of myself and others. I can make headway with employers who know me personally. There is no argument. You people in vocational work make these contacts and you can do these things.

Mr. Shapiro: I agree it is an economic, sociological and psychological problem. We have to attack it from all angles. I have been working with a group who are receiving old age security and I want to speak from that point of view. That group is becoming larger. Since the adoption of Proposition No. 4 the eligibility age for old age assistance has gone down to 63. I believe it will go down further. I have never done any case work with the aging but I was visiting these people while working on appeals and I am not convinced that economic security is the only thing. I would like to see some progress and hear suggestions as to what has been done on a broad scale to give these people some sort of vocation and help them toward some sense of achievement. They have been forced out of their family. Economically there is this growing group. I would like to deal with this from the reality point of view.

Mrs. Brewster: There is a difference between those people who are handicapped by being 40 and those who have a physical handicap.

Dr. Ferderber: It is a personalized job. At a factory 142 miles from Pittsburgh they are building furniture. I paired off two epileptics together. The man who can stand worked with the man who could sit. These people had to be re-trained again, both from the standpoint of skill and from the standpoint of temperament. You cannot send these people into a large business or industry. We must go after a little business where from five to ten loyal workers are needed.

Mr. Dodd: Certain clerical workers become displaced at the age of 35 with no physical disability. The only complaint the employers may have is perhaps they are not so alert at 35. You talk about retraining but I think you would have to examine the question and see where the resources are and find what can be done to re-counsel and re-train even at that early age.

Dr. Ferderber: I met a man of 45 who was let out. He was not a C.P.A. I asked him what he did after being let out. He stated he had to live so he went to a small organization and now travels around doing a group of small businesses and his average pay is \$60.00 per week. In Pittsburgh I went to the Bureau of Rehabilitation. My friend said I think we can do something about the handicapped. He had the people tested and then I went to a certain company and asked if they would take ten men and women. In less than 9 days, 8 out of the 10 were re-trained and are making normal salaries. They went to a smaller organization and it worked out beautifully.

Mr. Dodd: I am referring to people also who do not have disabilities. In San Francisco there are facilities to counsel all adults. Why should not funds be made available and publicity given to these resources? There should be city-wide coordinating groups to see that there is no duplication and the needs are met.

Dr. Ferderber: I went to the Chamber of Commerce and took the names of organizations and I phoned them. It is unbelievable the number of people for whom I got employment. When you put the names on a board it never strikes home until they find there something they really need. Our state employment service in Pittsburgh has a tremendous load.

Supv. Com. Serv. for Emigrés: We have the same problems you have discussed. Our groups have language handicaps and many physical handicaps. We have what is known as an employment committee on which are representatives from large industries. We present our more difficult cases and were it not for the personal contacts we could not get anywhere. We also have a work shop where a group in their 70s work and it has become self-supporting. This has to be personalized. There are no limits for eligibility for working in the shop. We were very hard up some times, but the whole spirit of the place was fine. These people had a hobby and they were doing something. We tried to find out what they did when they were young.

Dr. Ferderber: With grandmother living in the home in which small children are growing up, the mother frequently says that grandmother does not like the way she does anything. We take these old people out at a certain time of the morning and take them down to a sheltered work shop. These people are there every morning in the work shop to do work for which they have been trained. The ill effect in the home has been somewhat eliminated. We are guilty of thinking of them as not being capable. We have oldsters who have banded together and have gone into business. A machine shop is one example--the man who runs it is an expert in machine shop operation. The average take-home pay is \$33.18 a week. We have oldsters who are quite happy cutting pipe and threading it on a machine they bought. One plant hired thirty retired men as supervisors. They thought if they save steps for themselves they will save money for the company because steps cost money.

The meeting adjourned.

February 3, 1949

Lady from Industrial Welfare: We have established a minimum wage of 65¢ per hour for women. This creates a problem in some sections of the State because employers feel the older woman may not be earning 65¢ per hour. I would like to hear something on this.

Mr. Hess: I feel that not only the women, the aging, but other groups with emotional difficulties, etc., have not been able to get jobs. There was a woman working for us for about four months who had worked during the war as a helper. About 15 months ago she had some sort of back difficulty and was given a special brace for her back. She wished to get some work because of her need for income. Through one of the State projects she was given an opportunity to see what she could do. She was able to make at union rates on piece work basis a little more than \$4.00 a week. She could not get by, so got a job in the clothing industry and when the training period was over she was retained and able to make about \$2.41 a day. This earning capacity was far below the minimum wage of \$5.20 which he was required by law to pay, and the employer was obliged to let her go. She then came to the Good Will Industries where she was started at 50¢ an hour but was told she could not be guaranteed anything in excess of 50¢ an hour. There is a State law that after 200 hours training with Good Will she must receive 65¢ an hour, yet she does not produce 65¢ an hour for us.

Dr. Ferderber: Could she earn 65¢ an hour for a shorter period?

Mr. Hess: We had no medical recommendation for anything less than 7½ hours.

Question: What was done along the lines of training - why could she not produce as much as the slowest worker?

Mr. Hess: We assumed the State Rehabilitation would look into that.

Dr. Ferderber asked why there were not exceptions from that ruling for certain cases. The answer: Special permits are granted to those who present a doctor's certificate of disability.

Question: Is the word of a doctor taken, or is a survey of the person made?

Question: Where and when are such facilities available to make such a survey?

Mrs. Brewster: Handicap permits may be granted on old age and physical disability. If the person is over 65 years old, let us say, or if a younger person, we consider the physical aspects. If there is a physical reason for her not producing what she should produce in the markets of trade we say 'what is the handicap?' We do not consider deafness to be a handicap to many types of jobs. Then we ask is she epileptic? If so, she cannot work in ordinary channels of trade. She or he is entitled to a special substandard wage. Every physical and mental attribute plus age is taken into account. Then we ask, what wage shall be fixed? We try to fix about 3/4ths of the minimum wage for the person who is beyond the learner rate, but not up to the standard rate of 65¢ per hour. We interview the person again after six months and if she cannot turn out more we allow her a substandard wage. I might say that Good Will Industries has done a splendid job and is very cooperative.

White: Do you have medical or physical examinations or do you have a staff giving these examinations?

Brewster: No we have no staff - but the employee usually has his own doctor.

Ferderber: You have an individual reasonably normal for his age. Secondly, you have an individual under some terrific emotional stress. What criteria do you have to determine the emotional stress of the individual?

Brewster: It is only the experience of the staff over a long time or number of years that indicates to them under what emotional stress an applicant is. There is nothing under the law compelling us to require physical examinations.

Ferderber: I wonder about many people in small industrial concerns and sheltered workshops - most small industries will hire people to work whom large industries would not pick up. They expect these people to be able to adjust themselves. On the other hand, you have the problem of exploitation of these people. In Pittsburgh, a couple of young men started making a particular type of toy. We got them five or six people who took the training period. However, the bosses stated the training period was too short and lengthened it. I waited until the training period was 75% through and then called in another department to ask them to show the production records.

Brewster: We find many industries which put in learners, discharge them after the training period and hire new ones.

Hess: So far as our dealing with handicapped people is concerned, every person coming to us has a certificate given by the State Bureau of Rehabilitation. If that Bureau feels the person can work for us and that they cannot find a job we take them on. When another individual comes in to us whom we believe not capable of handling a job without training, we will train him if asked to do so.

Rehabilitation Dept. Rep: We had an instance of a boy with whom we had worked for a year. He is a spastic and limited to a simple routine job. He had a fixation on this training counsellor, which is not unusual. No one but the counsellor could understand him when he tried to talk. He stated they were taking away his money at home. The training officer is now working out his problem. We have two or three aging women who had been to the Bureau and they had seen fit to ask us to employ them. After an adjustment period on the job, the training officer offered to try to find them work elsewhere.

Ferderber: What you are doing there is really running a training course.

Gentleman: It might be useful to explain what we do when they first come to us. Every person who comes is given a physical examination, and on the basis of the recommendations of the doctor he is sent to such other specialists as may be necessary. They are given psychological tests - a battery of group tests and such individual tests as may be indicated. If during the physical or psychological tests emotional problems are found, the officer may secure the services of a psychiatrist or a psychologist as indicated. At that point we have exhausted all available techniques for determining whether or not the person may work. The officer then gets an extended history and goes into the family history. On the basis of these facts he sends them to Good Will or anywhere else where they can work.

Lady: The law in California says there are certain types of manufacturing which may not be done in a home. We have to survey work which may be done in a home for the aging and physically handicapped. We work on the theory every person is entitled to earn his living. We have about 300 home work licenses in the State and we survey that field very carefully. We are trying to amend the 'home work act' to allow work on the basis of absolute need. They should be able to work if they need the work. They are doing all sorts of work such as sorting screws and cutting hairs from the tails of cows. Most of them work in the field of knitting. Many of the women doing hand knitting just like to earn a little extra money. Many of these people are refugees. Even men are doing this knitting. However, we feel the law should be amended so that people with physical and other disabilities should be allowed to do the work in their homes.

Dr. Ferderber: I don't know of another State having so many home licenses. In Pittsburgh a few years ago we got together a class of men and women who could not get out to work because of physical disabilities. One woman in particular has built up a tremendous business in hand work.

Question: What publicity is given to this home working program, how do they project it and what amendments are needed in the law?

Answer: Just one word needs to be taken out of the law. The Federal Government goes along with the idea of no home work. But it is being done every day - particularly in homes in China Town where it is impossible to get in and investigate. There is nothing we can do about it.

Dr. Ferderber: Is there anything to prevent a person doing something as a hobby and then selling it?

Dr. Mallory: I want to endorse what has been said. At the time the law was passed there was a national furor about shops in New York City. New York and California are not similar at all. This is one of the things we are going to have to face.

Miss Baker: Why do sheltered work shops reject and refuse to train epileptics and alcoholics?

Answer: It is a legal concept - the fact that the person must be capable of employment. Therefore, they must of necessity exclude certain categories in which it is not feasible to train for employment. This is a small group, and we are concerned with what can be done for the mass of people rather than with exceptional employment for specific classes of work. If you have a limited staff, money and resources, you are going to take the most hopeful, those who may attain almost full employment, expansion is occurring however, and we are moving into other areas of disabilities. What was not feasible yesterday may be feasible today.

Question: There is an aging population in all sections of the State. You have been talking about an area which has the facilities for psychological examinations, etc. In our rural areas we have no such facilities nor have we any jobs available. Under present arrangements it seems impossible to bring the resources to us. What can be done about this?

Answer: Resources of sheltered work shops are not available but rehabilitation is available throughout the State.

Lady: Someone has to take the people to San Francisco for examinations and we have more people on pensions in proportion than in any part of the State. With the liberalized eligibility there was an increase of 90% in applications for old age aid. The problem is in the rural areas where one man may have to cover two counties and we have no psychologist. We are faced with a boarding and a transportation problem. It is serious.

Rehab. Man: We get back to the basic question of - are we going to handle these people as disability problems, or admit that we can't handle these people on relief and pensions and use the rehabilitation approach for each individual? We must break down this arbitrary dividing line of retirement for those over sixty-five. Many of these people are quite adequate.

Dr. Ferderber: I would disagree with that because we don't know.

Rehab. Man: It seems to me that our job is to find a way in which society is going to cooperate until such time as they find themselves unable to find employment or care for themselves.

Dr. Ferderber: Funds appropriated by the Legislature are inadequate in Pennsylvania, as perhaps elsewhere. I made a suggestion to collect these people in one place and then take a team of people up to see them. You can get doctors who will go if you make an excursion of it. I went up to Johnstown, Pa., after I had collected people from various State departments to go with me. It was amazing what we worked out in determining what those people were and what they could do. We have a number of these people repairing mining cars. We have people who are repairing industrial appliances. We have people who have banded together to work in Victory Gardens, others who raise pigs. We had two reasonably self-sufficient communities which were going pretty well. We had about 125 people who, while they were not entirely self-sufficient, were lining brakes. The question of coal came up and so they picked coal from the slag pile. The question of power came up and they are going to have power. Someone got the idea of making a certain type of fishing rod. These people are now making them. There is a lake about three miles from there which we had stocked with fish and it will become a small fishing resort. One condition is that there shall be no donations, and the money borrowed is being paid back.

Mr. Dodd: In rural areas there are people who could not compete in cities. A cooperative approach to the needs of the community in which the whole society pulls toward the objective of augmenting or supplementing this group should be made.

Dr. Ferderber: We think of productive convalescence so they may retain their own dignity.

Question: What do you do with cases where people have to change their vocations in mid-stream? What do you do with labor unions and with management in these cases?

(There was a general and rapid discussion on the question of getting into unions as apprentices after age 25. It was pointed out that in a large number of unions there are age limits on apprenticeships and inability to get in when work is scarce.)

Question: If a man was not a union man but changed his skill would the union take him in?

Answer: That would depend upon many things, members out of work, etc. 19% of our veterans wanted to be automobile mechanics. This was not possible because the industry is over-crowded.

The question arose as to trades having an early mortality.

Dr. Ferderber stated the counselling services are remiss. The philosophy of society is geared to the younger people. There is little difference with respect to the need for counselling between a person of 55 and a veteran of 25. After the war many people came back with chips on their shoulders. They were afraid of what was going to happen to them. When they felt they were able to do something they lost their bluster and settled down. I think our counselling people do not make a study of, or perhaps see enough of aging people.

Man: Our personnel engaged in counselling are competent to do the job required but do not have the budget required or the time and resources to do that work.

Dr. Ferderber: You may have five aging persons and 15 young ones which would be the same as having 20 young ones in numbers. But the counselling would not be the same for those aging.

Man: The stress is being placed on the younger population because that is the largest group.

A discussion ensued during which a visiting nurse stated she was thinking of individuals who need counselling but there is no place to send them. There are only 2 counselling agencies: Veterans Administration and Vocational Rehabilitation.

Lady from Santa Cruz: First of all a budget is necessary, but you have to determine what agency by training would be best fitted to handle the problem. Those people who cannot or will not go to the Welfare Department are untouched. A great proportion of our pensioners are from outside the State and have no guidance of any kind. If you have a program you can present it to a service group or a Board of Supervisors. If we as a group care to formulate a program which can be carried out in a local community we can get groups working in the counties. In my county 60% of people of retirement age could be in a large measure self-supporting. However, there is no plan for them. Some plan has to be made for them.

Mrs. Schiffman: Since we have the problem of the counselling of the aging population why couldn't we start some place and have our social workers properly trained?

Dr. Ferderber: We must define counselling. There is the trained vocational counsellor, and the working counsellor who knows what the problem is and how to survey the situation as it actually exists. They may or may not be trained but have a good background. The case worker and the visiting nurse can be given the necessary information to enable them to offer sound advice while not doing laboratory counselling. There is a tendency to do too much on an individual basis without sufficient use of the community resources. We do not have a mass of source material for dealing with the aging population. There is a lack of specific information in communities for the aging group, a lack of specific jobs, etc. The average person doing counselling work is comparatively young. We need more people in the aging group to counsel those in the aging group.

Santa Cruz Lady: When communities make industrial surveys a part of it should be what you are going to do with the self-respecting person who has attained the age of 63. It should be done by a skilled older person. It should not be done by the Rehabilitation or Welfare Departments. It seems to me that the adult education bureau is now sole beneficiary on adult education in rural communities. They can get funds through the State Department of Education. With a sales talk and plan for them sketched along those lines we can get some place quicker.

Woman from Washington: I believe the Welfare Department could do the job.

Dr. Ferderber: I am opposed to the beautiful homes for the aged about 78 of which I have seen in many States. The homes are usually provided to allow the director a large yearly salary. Most of them claim they do physical therapy but how many permit people to learn to do what they would like? How many permit husbands and wives to live together? I have talked to about four or five hundred people and it is sickening to hear their remarks. The poor-house is sometimes a better place.

Dr. Mallary: Stated he was tired of Institutes at which people become momentarily enthused and then disappear. He didn't want this thing to drop.

Mrs. Low-Beer: The next step is to get together and see how each step can be implemented in the community.

Question: To what percentage of the aging population does the Rehabilitation Department extend therapy?

Answer: The curve of the people's service falls off as the age increases, but I cannot answer specifically. However, there is no arbitrary age limit. It is going up.

Dr. Ferderber: I feel it is difficult to leave this meeting. I have met this problem on perhaps a different basis from you people. We have a problem of 'if we select when we hire, why don't we select when we fire?' These people who are not at retirement age need to have something done for them which will not burden the Rehabilitation Division. We also have the problem of the handicaps other than age. What are the objections of the industry concerned? The State Departments of Education are remiss. County Supervisors are an untapped source and should be explored further. The various agencies are not collecting the amount of money heretofore collected. Why not take advantage of the facilities we have? What to do with these oldsters scattered all over the country? We have little places to do this and that; get them into a small shop; start home bound and other programs; and finally have sheltered work shops. The latter do not require a tremendous investment, and it yields great results if of 1708 patients you can discharge 55 and put 41 back to work. Multiply that by what your public assistance costs each day and you are bound to have a little money left over.

The session adjourned.

TOWN HALL

February 4, 1949

MODERATOR: Edward S. Rogers, Dean, School of Public Health, University of California

ROGERS: The first question in our discussion is, "Is our social structure or cultural pattern able to accept the problem of the aging population with reality?" Miss Wagner, would you like to start the discussion on this problem?

WAGNER: I do not think that our culture at the present time is accepting the aged population. I think there is evidence of this in some of the points that were brought out in previous discussions showing that they are deprived in various fields of what we would consider normal activity. How this readjustment can take place so that we can absorb this growing aged population is a real challenge to our present-day culture and our present-day living. Somehow we must accomplish this or the total community is going to feel the results. Our emphasis on youth and the needs of children, which we recognize perhaps as paramount, has overshadowed our concern for older people. The general idea that, if we provide adequately for youth, old age will take care of itself and does not matter will prove to be a boomerang, because we cannot have a community which provides security for anyone without having security for all. You know how many studies have been made of various minority problems in this country. Ten per cent today of the population belongs in the aged minority group. Yet you do not see the same attention paid to problems of the aged, you do not see studies made, you do not see the general difficulties that the aged face presented. I think one of the tragedies is that this is an area in which you would expect the leadership to come from the social work group and yet that leadership is seriously lacking.

ROGERS: The aged are a minority group, you believe, but even if they were organized as a minority group, who wants to belong to it?

WAGNER: Apparently, from the Townsend Movement and from the drive for bigger pensions, a great many older people want to belong to it provided there is money in it.

ROGERS: There is the question of social acceptance in our cultural pattern. What's lacking: Why don't we look forward to old age?

WAGNER: I think one of the difficulties in this country is that old age holds no prestige. In the older economies, the skilled worker by reason of dexterity with his hands or whatever, remained on his job. The apprentice method provided him the opportunity to be a teacher and he was looked up to -- to be an older person was an acceptable status. Through the mechanization of industry, however, when the demands for skill were relatively eliminated and in its place you wanted or needed stamina, speed, and the type of work which was very demanding on nervous energy, the older worker was displaced and, being displaced, he lost his economic security. His job was jeopardized and basically no one can afford to lose economic security. That's why women dye their hair, and men, they say, to even as great or greater extent -- because the gray hair is a threat to their very existence in our present economy. I think the loss of economic security is one of the basic reasons why we are afraid of old age plus the fact that we idealize youth to the extent that our older people dress like sixteen-year-olds and try to act like sixteen-year-olds.

ROGERS: What can we do about the problems of the aging population now? It seems to me that the answers, unless somehow the era of ages becomes more meaningful, will always be given by society as a philanthropic service, a secondary thing to life itself, an afterthought. The aged group will form a larger proportion of our population and this future trend underlies and will underlie every phase of effort that we will talk about this morning.

WAGNER: We have to educate ourselves and prepare for old age. Also an aged person must be accepted as an individual in the community who has a right to the necessities of life -- not just pension plans, something that is handed out for nothing.

CHERKASKY: Yesterday when Dr. Rogers was at our Workshop session he mentioned the Chinese view of age and the prestige of the older person in Chinese society. Of course, I don't hold to that. I think that in a country such as China where the average span of life is some thirty years, that when you live to be forty years and become an aged individual that the respect you get is probably for your hardihood. I don't think that we're ever going to create in our society a respect or a place for the aged people by adoption of a pattern similar to the Chinese. Why don't I want to become aged? I don't want to become aged because I won't be able to do all the things that I could do a few years ago. I think that when we talk about the cultural acceptance of the aged people by our society, what we are really talking about is economic acceptance. I think that if by some means or other our aged people can be helped to be economically independent, that they will be accepted by the rest of society not as a burden but as I accept the man next to me and don't pay much attention to him.

ROGERS: At some point or other a person of necessity must become a burden, if that's what you call it. At some point, whether you call it 60 years or 70 or 80, he will not be in a position to earn and to support himself. Does that mean that at that point he loses status?

CHERKASKY: You're appealing to me on an idealistic basis -- isn't it a shame not to take care of these people? Certainly. It's the same story if an individual becomes sick, who's not aged. Doesn't he lose status? Don't you have to support him?

ROGERS: Our whole tendency, is to move toward social insurance. There may be a point at which we will conceivably see people who have paid for insurance for many years become independent of support from charitable organizations and from the community at large. Does that mean that at that point the older person in the community will become more acceptable? I am wondering about the point that you just made, namely, that you are afraid of being old and you don't feel that you could enjoy living at 70 because you can't do the things you could do at 25.

CHERKASKY: I think that's only part of the story. I think our whole society, our culture, has placed the accent on youth.

ROGERS: Perhaps we have devoted sufficient time to discussion of this basic question. The preliminary answer to this first question involves considerations of security and of the dignity of the individual. Education has thus far not dealt directly with these issues. Most people are not prepared, emotionally, mentally, or economically, to meet the problems of old age.

LEVINE: Dr. Rogers, there's another point about which I'm very unhappy, and with which I'm concerned. Most people in our society are vocationally maladjusted, isn't that true? Most people may be doing something that they may not have the capacity to do. We don't know the capacities of individuals.

ROGERS: I'm going to ask you a question, Mr. Levine, our second question, "Whose job is the job of the aged population?"

LEVINE: Suppose I take just a moment to approach that question by indicating that we find that people have many areas of competency which work experience may not develop. As the person gets older he may have had many negative experiences in life which result in a pattern of failure. If this pattern becomes evident to him, he loses

respect for himself and the people around him don't respect him and accept him. It also seems to me that there is a basic and fundamental truth in relation to the acceptance of the older person. That's education. I think Miss Wagner is perfectly correct. Now I think, also, that a person doesn't necessarily have to contribute to the industrial development of the country to make a contribution. I think art and sciences generally indicate that. In other words, I think there is a period of time when a person can make a contribution on an economic level and then can continue to make a contribution for the rest of his life on a cultural level to the society. If we were to develop that area of activity, to give that satisfaction to the older person and to the community, the older person may become a much more acceptable person in the community and there may be a different attitude and approach to this whole psychology of living after 65.

CHERKASKY: Mr. Levine, it seems to me that that's quite true. However, basically if the older individual cannot support himself or does not support himself through social insurance or some other means, then any contributions that he makes on a cultural level are just not important.

LEVINE: Yes, I accept that. I said originally that Mr. Clague may throw some light on that point because I think eventually social insurance will be the mode of assistance for the older person.

ROGERS: To summarize, we have the question of security and we think the patterns for that are emerging. We have, I think, in addition, uncovered something more -- a certain amount of long-range planning, of blue-printing, is necessary to see all facets of this question. Economic security alone will not answer the problem. It must be accompanied by planning for any variation that may develop for preparation of the individual and of society for the functions and opportunities of aging. They are real, and I feel we have discovered something. Now may we go back to the question of "Whose job is the job of blue-printing?", "Whose problem is the aged population?" Everybody's job is nobody's job.

LEVINE: That's it, I think it's everybody's job and therefore it's nobody's job. Dr. Cherkasky in his presentation yesterday or the day before indicated that as a physician, he felt that he had a great responsibility toward the aged. That was part of his problem. Then he made quite a quip when he said that perhaps the next person comes along and says, Well, the doctor is also necessary to this thing. That's quite true because that's what I said yesterday in my program. I thought that the doctor also had a part in the program. Fundamentally, there are some patterns in the community that show a trend. In many areas the council of social agencies and welfare agencies take responsibility and they have sections on the aged where they try to coordinate all the activities of agencies working in the field.

In New York we have that pattern. The welfare council has a committee on aging that has existed for many years and has done an excellent job in terms of studies, of research, and of counseling. Along with that, the commissioner of the department of welfare developed a special committee, an over-all committee for the city as a whole, consisting of individual scientists and containing a good many more disciplines than the welfare council contains in their setup. There are some patterns. I think that by and large every community should know the resources available to the older person, and there should be an effort made to coordinate those resources through some form of board. I would prefer that it be a public board with paid officials who would coordinate the program rather than depend upon individuals in the community who represent agencies when most of their activity is related to their agency and they have little time to spare for outside activities. They're always torn between five and ten different committees and work. I would prefer to see a development where the public agency can develop a board of coordination for various problems in the community, amongst them the problem of the older person.

WAGNER: Mr. Levine, I think that you need both. I do think that you need leadership from the public agencies but you also need leadership in the private. I think that a community may have the best will in the world, it may wish to do something. But as Mr. Levine said, everybody's business is nobody's business. There must be a focal point. There must be a place where the strength and the interest can be brought together and guided in order to be productive. I think the idea of a council of social agencies with a special division on the aged is a very sound one. Somewhere, particularly in the larger communities and in some similar organization in smaller communities, there should be some group or someone who has as his particular job the development of a program for older people. Now Mr. Levine talked about New York. I'll talk about Cleveland. In our council of social agencies, which we call our welfare federation, we have what we call our committee on the aged. Now that group has attempted to educate the community. So far, I think they've done a very good job. They have brought in the public. They have worked for higher standards in our old age assistance program. They have shown the need for recreational facilities. Now the thing they are working the hardest on is the development of a vocational counseling and rehabilitation center and job placement through interesting the employer. In other words, the central focal spot in which my institute, the Benjamin Rose Institute plays an important part is in trying to understand all the needs of the life of the older person in the community and to develop community interest and resources in that area.

ROGERS: The Benjamin Rose Institute is a voluntary organization.

WAGNER: Yes. It's voluntary. The council of social agencies consists of representatives of both public and private agencies who together develop a joint program. Responsibility may be placed on either the public or private agencies.

LEVINE: Unfortunately, as the social agencies are constituted, they depend so much on the voluntary time that the executive gives to any program, that frequently the program is lost because of it. Now I don't care whether it's a public agency or a private agency that is developed as the central focal point. I say that there should be a paid executive staff to deal with the program. Unfortunately, however, we don't have that setup and therefore I say that the public agency should assume responsibility for coordinating because they do have the funds and should have the funds. Now you take a very limited situation -- New York City. The welfare councils are strong, powerful, well-organized parties, but they expect as much as \$1500 in membership fees from some agencies. It's pro-rated depending upon the amount of money the agency spends. There are many agencies that are not members of the council because of the amount of money that is expected from them. Now that's a weakness that is evident throughout the country and in many areas with the result that the central groups that work toward the development of a program of this kind are dependent very largely on volunteer groups and the program does not achieve proportionately. Primarily, volunteers are involved in their own organizations. Therefore, I advocate that a program for the aged become a matter of public concern.

CHERKASKY: May I interject something here? Sometimes I have a feeling that we between the ages of 20 and 65, I think that covers almost everybody here, are pretty arrogant. We've always felt that it was certainly our job and our duty and our right to raise our little ones. They haven't been able to put up much of a protest, they're too small. I think that we also feel that it is perfectly right for us, possibly because of our cultural pattern, to regulate the lives of our people over 65. It seems to me when we talk about responsibility that it would be very nice to have some of the older people involved in the decision of their fates.

CLAGUE: I don't think that the older person is precluded. As it happens, many of us have executives who are in the older age group and they themselves are concerned. Unfortunately, they are not trained to deal with problems of older people and you do need trained people.

CHERKASKY: Yes, but I don't think you have to be trained to find out the things that you want, and the things that you need. The people who are executives and who are employed, and who are productive -- they're not the people with whom we have the problems. I think that one of the things we ought to do is get to the people about whom we are talking. Lots of them are intelligent even if they may not have jobs.

WAGNER: Yes, but you can't provide a channel for that. That was my point. We have provided these channels. I think New York with its Social Council is rather the exception because of the size of New York. It's a very different picture I think in most smaller cities. You have to have some place for the old people to make their contribution. I think this is frightfully important, and something for which we are constantly looking.

ROGERS: We are emerging with a basic pattern here, namely that responsibility rests with the community. The aged population is somebody's responsibility, society's responsibility, and the social group is the community in the ultimate sense. The community then may organize as we have seen here in diverse patterns to discharge that community responsibility. Whether the community acts by coordinated voluntary efforts with resultant complexity or by the more formal functioning of a government unit, seems to me less important than the fact that the job must be done and done by a single agency. Dr. Cherkasky has brought up an additional interesting emphasis on consumer representation, with which I think probably we all would agree.

CHERKASKY: Except I think we don't do anything about it. For example, I think the people who are the aged have not been too heavily represented in our Institute here.

CLAGUE: Mr. Chairman, I might comment here since several of these things are pointed toward the field in which I'm particularly interested. I'd like to review very briefly something that we went over earlier. I don't know that you medical people so sharply differentiate, as I would like to do, between the personal happenings to the individual and those which are social in the sense of job and human relationship. We do go over the crest of the hill at some time in the forties or the fifties or whenever it happens to us. It's the doctors that usually are the bearers of bad news. That's the reason they're unpopular. They come around and tell you that you can't play tennis any more, you've got to go slow. Next they announce that you can't smoke any more, smoking is bad for you. Next you can't drink because that's bad for you. Then they tell you when your heart's a little flickery, you'd better not get down to the office until ten o'clock. In other words, something that's awfully personal to us all. I happen to be in a very fortunate position, I'm not losing my hair, but many a man has gone into quite a mental state because of loss of hair. So this situation is already on us when we're going over the top. Cicero wrote about this 2000 years ago. He wrote quite a story on how happy and pleasant old age was. I remember reading about old age when I was a young boy and I was not at all thrilled. On the economic side, and here you talked about jobs, the same thing happens. A man gets at the top of his job and so the fellows coming up from below are pushing him. That's natural. Incidentally, if the world's going to progress, our sons and daughters must be better than we are. In fact, if my children don't do better than I've done, I'll be a greatly disappointed parent. Other people, not my children, are crowding around too, making life a little unpleasant for me. The young statisticians are better than I am.

ROGERS: Now I've got a question that I wanted to ask you that comes right out of what you're saying, Mr. Clague. The question is sort of a compound of questions that bear on the subject. Is reorientation of the worker to a new or lower and different level of skill of the aged a practical consideration? Will the individual accept that down-grading? Will industry accept it? Is there room for both the old and young?

CLAGUE: That covers quite a bit and I mustn't talk too long. I think it hooks onto one of the points I was just at the moment making. Since we're going up over the hill and down in many of our physiological and our personal, psychological relationships with ourselves, it would be awfully important that we were continuing to go up, that we had counteracting things, say prestige, to keep our balance. The balance has to be something real, something that I can do, something that makes me better than anybody else. Take Mr. Baruch as an example. Everybody goes to consult him about the economic situation. Even approaching eighty, he's got something in which he's been going steadily uphill which counteracts some of the downhill developments. For most of us, this becomes very much more prosaic. We don't get into the newspapers and get called down before congressional committees. What happens to us generally at about 45 or 50 is that the employer decides we're already in the way so we are pushed aside. Employers get a new and a brighter and a younger man or woman. Then we're down in the depths physiologically, psychologically, economically and any other way. Must the person go downhill from an economic point of view at this point? I say no, but I do think he's got to shift in many professions and jobs. That was the story of my overview and my group. Yes, many jobs are tied with physiology and with skill and with alertness and with quickness which you lose in the forties, fifties, and sixties. Now that means that we should be adjusting. That's all I want to say. Not adjusting downward. We ought to be adjusting in such a way that our activities on the economic front in the fifties may be different from what they were in the thirties. Now if we can make that readjustment happily, I think the amount of income derived is not too important. Unfortunately, because we have no other satisfactory avenue for self-support in old age, the economic factor looms very large in our minds. The average individual in the fifties hates to move across to another job that pays a lower amount. He hates to be shifted out of the line that he's been in. He clings vigorously to the line he's already attained. He writes in seniority provisions in union contracts just to insure that the youngsters will be kept down and that he'll keep on in the top position. I want to close on the point that this problem is going to be with us. I don't know who's going to be responsible for it. The old people are going to take a hand in it, politically. They're going to take a hand in it in union contracts. However, there are bad ways of handling the problem and good ways. The bad ways will hold down productivity, will keep older people in the way of progress and advancement of younger people, and, in general, have a bad effect on our economic situation. Or you can have a readjustment which is very beneficial, happy for the older person individually and productive for the nation. This decision is going to be made in the legislative halls.

QUESTION: Is that predicated on the fact that the older you get the more you lose in terms of ability, energy, experience, and so forth? I didn't quite follow your reasoning when you said that in the forties and fifties we start going down the hill or over the hill. I think we ought to differentiate between what you lose and what you gain in the process.

CHERKASKY: I think that even if what you say is true that as you grow older you have certain loyalties and experiences. I think we have to face certain basic facts. Our industry at this time employs, we will say, 60 million people. When we have 65 million people including the people who are over 65 who can still do the job, what are we going to do with them all?

CLAGUE: Have you thought of the possibilities of re-grading hours? Why do we have to work eight hours a day?

CHERKASKY: Now you're talking about a fundamental change in our economic structure which I don't think we're prepared to discuss. Under the present set-up, if you have only jobs for a certain number and you have more than that number, somebody has to be out of a job. Now you don't think that industry is going to come along and say, "Let's everybody work five hours."

CLAGUE: I'm on your side and I can't argue that point. At a certain juncture, there is no reason why people shouldn't stop the kind of work they're doing and do other things that will be equally important to our community of interests. It doesn't necessarily need to be in the area of work that produces.

CHERKASKY: Then we have to go back to the point, "How are they going to be economically secure?"

CLAGUE: Through insurance.

FERDERBER: I have to disagree with Mr. Clague for the simple reason that what's happening in parts of industry now is that you're hiring a younger group of people. We all take that for granted. I don't think, however, that we're replacing as many of the old group as one would imagine. If it's a high speed, volatile type of industry that is working at high speed with high speed machinery, I think everyone would concede that the younger worker is better able to handle the job. You get experience as you grow older but you also have the ability to take time. I think what's happening, not in light industries, but in heavy industry, is that the shift is over to positions for the older people where skill is important. I don't know whether the thirty hour work week is going to be an answer or not. I'm not an economist. The fact remains that you can't vocationally readjust all the workers in the 40 year group.

LEVINE: Suppose we assume that these people at the age of fifty or sixty are still very capable and still can contribute to our industrial society. The fact is, as Dr. Cherkasky noted, that there is sufficient work for just so many. At some point, some people will have to leave industry. Who should it be? Should it be the older person at 50 or 60 or 65 or should it be the younger person who has had to wait until 20 or 25 before he finds employment?

FERDERBER: I feel that what Dean Chernin calls "depression industries" are part of the solution. They are definitely, in certain places, absorbing enough of the older people who have a sufficient amount of skill. Incidentally, many of these people have been tested and reoriented as to jobs into which they should go and they're working out very well.

ROGERS: It seems that the need for group training is asserting itself. Here is an obvious dilemma. A lot of unknown factors are involved. Study is certainly indicated on the question of the distribution of our future population among the various employment possibilities.

LEVINE: I am disturbed by the fact that we frequently explain the unemployment of older people by their inability to function. I disagree most heartily. I think there are areas of competency where an older person can still contribute to our society. Therefore I don't like the rationalization. If we believe that our society cannot absorb all of the people and can only absorb people of certain age groups, then we ought to say that rather than throw the burden on the older person. That makes for the most important area of insecurity in the older person.

CLAGUE: I do want to interrupt to straighten out one point from an economic point of view. I'm supporting Mr. Levine now but from another angle. There isn't a limit of 60 million jobs in the U.S. We could employ 70 - 80 - 90 million people. There are unfilled jobs in the country today. The problem is whether the individuals who are available for employment can earn their keep effectively in terms of their output. Business will always hire more people. Government will always hire more people. The question is, are you wasting your money? That's where individual performance comes in. I'm in complete agreement with the three men who have emphasized that we ought to have these older people working. They will add to our productivity provided they're properly placed. What actually happens is that in older age people cling on the ladder to positions and types of work where they're not worth anything. You talk about kicking people upstairs. The attic in most business organizations is filled to overflowing with people upstairs, no good, \$3000, \$5000. The first wind of economic difficulty and out they go because they're not carrying their weight. They could carry their weight. Older people of the age of 65, 70, and 75 can be used but they've got to be in the right niche, adapted to their capacities. When you pay them money, that's the purchasing power that buys the product that they create. There's no upper limit. There's plenty of opportunity for both the young and the old to be employed.

LEVINE: What are the latest figures on the employment of people between the ages of 60 and 75?

CLAGUE: There are about $10\frac{1}{2}$ million people in the country over the age of 65. Out of that about 3 million are in the labor market today.

LEVINE: Yes, but they are largely in the group from 65 to 74. The 75 years to 80 to 90, which make up the larger percentage of people who are unemployed are not generally able to work. It's really remarkable to realize that about 70% of the people who are 65 to 75 are still employed and find themselves able to function adequately. I don't think that it's the adequacy of the individual that is involved as much as the adequacy of society. Now I don't know what the facts are and I think that's a controversial question that we can't decide here.

ROGERS: This next question is quite provocative. It's rather vague but an interesting question. What is an "institution for the aged," and "what is its contribution, if any?" Miss Wagner, do you want to start in on that?

WAGNER: I'll start by saying that good institutions for older people are necessary and should be provided in a community. By good institutions we certainly do not mean the homes for the aged that were patterned in the 1850's, under private financial aid. We certainly do not mean the poor house that has remained pretty stationary until the passage of the social security law and that still has many earmarks of that deplorable situation. The difficulty in institutions for the aged is that because they are made of brick and mortar, they stand solid and go on for years and years. Board members in the institutions for the aged tend to stay on forever. I know presidents of boards who have been presidents for 25 years. Old people today are just not the same as they were in their abilities to do things, strength and vitality, but their homes have not changed. Homes clamp down rules and regulations. There should be no rules except as a family has rules such as not eating at all hours of the day, etc. Old people in such a home do not stagnate or rock themselves to death in a rocking chair. Rather, they continue their activity as normal people in the community. We no longer dress all the children in orphanages in uniforms and let them sit in their own school rooms. They dress like other children and they go to the community schools. The same thing must be true for older people. They must have some opportunity for self-expression and self-government. They must have good

medical care in order that they may remain active and competent and feeling well. That also means adequate nutrition. One of the great weaknesses in these institutions today is that old people come there to remain in a sort of semi-conscious state until they die. The admissions committees on homes try to pick people that aren't going to cause them any trouble, just remain quiet. Then they give them a very light diet, because older people don't need such heavy food -- and the result is that you have a very unhappy, uncomfortable, and anemic group of old people who might be quite otherwise in a normal home life.

ROGERS: Would you consider a well-run institution the ideal disposition of the problem of the older population?

WAGNER: There is no ideal. Older people are distinct individuals and in order to meet the need, we need many different types of care. Some older people want to go to an institution because they like to be with people, have older people around them, to hear the noises of people walking up and down the corridors. They want communal living. There are some very good institutions for the aged in this country and there is a gradual awakening as to just what an institution for the aged should offer its residents.

CHERKASKY: I think there are some institutions that are doing a very good job, but ideally no one should have to go to an institution. I think some of our aged have to because we have no other resources. I think an individual can want companionship without going into an institution where he has to live a regimented life. I think we need institutions like hospitals which have definite facilities for the benefit of the patient. Once the acute need is over, however, to keep an individual in an institution because that's the only place he can find security, brings us back to what our society is doing in relation to aged people. A lot of people cry to come into old age homes. Not because they're good. They take with them their little belongings which are all that are left to them after a long life, and all that they have to remind them of the normal productive life that they once experienced. Sure, these people don't complain. That's all the protection and security they have against outside society. I recognize that we can't have Utopia. We must have institutions and must use the ones we have at this time for chronic illness and for the aged. Simply because people are forced, and I mean forced emotionally or intellectually or any other way, there's no reason to think that this is a good solution. I think nobody here, nobody, will say that when he gets old that he wouldn't like to pick his own way of life. I say, psychologically and from every one of the aspirations of human beings, confining someone to an institution is a very unpleasant thing. It sounds to me more like Alcatraz than as a good way of life for our old people.

LEVINE: I'd like to second what Dr. Cherkasky has said. The very best homes for the aged that I know (Peabody Home in New York, and the Home for the Aged and Infirm Hebrews in New York) have out-departments, where the older person lives in the community as long as he possibly can. The social worker visits occasionally, gives him assurance and gives him some feeling of security with the knowledge that when he becomes ill and cannot continue to live in the community, he will be admitted to the home for the aged. The Home for the Aged and Infirm Hebrews has an apartment project where people are transferred from the institution itself to the apartments. They give the older people apartments where they have communal living. They eat together in the dining room. They keep their own apartments. I think it is important to keep the older person in the community as long as we possibly can. We violate that when we direct people to the home for the aged. Many people do need the protective security of an institution but they are very few. As a matter of fact there are very few people who live today in institutions. I think about 4.4% of all the older men and 3.3% of the women live in institutions throughout the U.S. This in itself implies that the older person himself does not want to go to a home for the aged. The best of the institutions are not as good as the poorest kind of home life in the community.

ROGERS: Again we have something emerging. We have oriented ourselves a little to the place of the institution. Now actually an institution can start out as a home and end up as a community. It still requires organization. We must move along now if we are to cover the area that your questions indicated to us. "Is it possible and desirable to rehabilitate older people?" Dr. Ferderber, would you like to start out with that?

FERDERBER: Briefly, if you take the experience during the past war, there's no question about what it's done for the younger people. The present and past experience of the Veterans Administration demonstrates what has been done for younger young people and a growing and an aging group of people. Let's get a little bit closer now to our present concept. It's about time we got rid of isolationism, whether it be medical, social, mechanical, or anything else. A rehabilitation center in a community constitutes a complete team of the medical, social, economic, and vocational specialties combined. Without any one of these it wouldn't be possible to accomplish much. Many older people, you must remember, have quit work because they couldn't remain at work for physical reasons. Their hearts go to pot, the same as anyone else's does who has been lying around indolently for any length of time. You can retrain these people.

In my opinion, no rehabilitation center should be called a rehabilitation center unless it provides a workshop. Besides the cultural things which are very vital, in Mr. Levine's province, there's no question that the end result is the ability of the individual to work. It's surprising what you can do with these older people at your own Good Will Industries here. I think we are just beginning to realize what rehabilitation can do. Industries are rehabilitating workers, county homes are rehabilitating their inmates and placing them. If you can rehabilitate those people who are presumed to be physical derelicts I don't see why you can't rehabilitate other older people.

ROGERS: Any other points of view?

CHERKASKY: We can think of rehabilitation from two points of view. Rehabilitation so that an individual can become economically useful and rehabilitation of an individual so that he can fit into our social structure. Pennsylvania doesn't allow funds for the rehabilitation of individuals who cannot be made economically useful. From a strictly utilitarian point of view we might accept that but I think that's not our purpose in being here. I favor rehabilitation for a person even if he's only going to live for a year or two. It's going to give him some opportunity to fulfil his aspirations a little bit more fully.

ROGERS: If you make an aged person a little more self-sufficient even in the home, you release employability in the other members of that household, don't you?

CHERKASKY: Sometimes you do, but we try to rehabilitate many people who don't release anybody, who economically will not be any more productive. As a matter of fact, rehabilitation costs a lot of money. I still think that aged people should be rehabilitated if we're going to take the point of view that we want to make our people as happy as possible.

CLAGUE: Dr. Rogers brought that out when he said that human dignity was involved. You certainly can't put a dollar mark on that.

WAGNER: I don't agree that it's very costly to rehabilitate in most cases because it's too costly to maintain a person who is helpless and indolent. If you can help an older person in his eighties through rehabilitation to regain the functioning of

the muscles of his legs and arms and correct his emotional attitude toward his disability, if you can even just get him up and on his feet so that he can take care of himself, it is going to cost a great deal less than it will cost to maintain that person in an institution or a hospital or whatever for weeks and months and years.

CLAGUE: Example: A county home near Pittsburgh saved \$90,000 through rehabilitation of patients.

ROGERS: Let's move along to the last question which is directed to you, Dr. Cherkasky. "What differences are there between the medical care and needs of the aged and those of the general population?"

CHERKASKY: I think when we consider the medical care and needs of the aged we are primarily concerned with the problem of chronic or long-term illness. I don't think that the treatment for a person with a long-term illness who is 65 or who is 35 is very different. Both are usually incapacitated; both look forward to a long period of illness; both are confined to an institution and lose their dignity, and hope, and everything else. I think our problem of the aged would be much less if we didn't divide the aged so completely off from the rest of the population. We must recognize that they do have more long-term illnesses than the rest of the population and the problems of treatment require modification. However, I'm not one of those who believes that geriatrics is a proper specialty. I think we have specialties and complexities in our modern society which we cannot get away from which are part of progress, but I think tacking new names on things doesn't help at all. The doctor who takes care of the eyes can't say that he stops at 65 and the geriatrician takes on from that point. My answer to the question is that the medical problems of the aged are inextricably involved with the medical problems of all the people. You've got to be young before you can be old. The seeds of most of the diseases of old age have their origin in the thirties and the forties. When we talk about old age diseases we must direct our attention somewhat earlier, because our weapons against the diseases which have entrenched themselves are quite unsatisfactory. We don't do too well with hyper-tension or with arthritis or with other of the chronic illnesses. It is possible that if we turned our attention to the people who are younger, that we might be able to have our people grow into this older age group without so much illness. Even for those who are old, unless they have illnesses that bring them to the attention of the doctor because they complain, they are just disregarded. If people who are over 65 had routine physical examinations and we used some of the techniques which Dr. Breslow has outlined to us as being used with the younger population then we would not have so great a medical problem. It's very significant that 1% of the people who have had X-rays for tuberculosis have shown evidence of heart disease indicated by changes in the heart size. If you pick these cases up at the early stages, you won't have patients with heart disease in their 60's and 70's who are in the chronic disease institutions and great problems to society.

CLAGUE: Isn't it true that the type of diseases that old people have is quite different? The disease may be the same when it occurs but its incidence is not the same.

CHERKASKY: I don't agree with that. Fifty per cent of hospital admissions, all patients with chronic diseases, are under the age of 50. I think we forget the fact that rheumatism, arthritis, colitis, tuberculosis and kidney disorders are diseases principally of young people. All these things occur before 65. In fact it's sort of rare to have some of these things after 65. The problem of chronic diseases is a problem which all the medical profession is going to have to face in young and old.

WAGNER: The medical care of the chronically ill whether young or old should be the same. The acute cases are much more challenging to the doctor and the long-term patient is not very acceptable. There is a block expressed by the medical profession when they find a great many beds in acute hospitals occupied by older patients. When the young doctor, who has tended to push aside the older patient, has not tried as hard to make a sound diagnosis and plan for treatment, gets out and hangs up his shingle, he finds that most of the people who track up to his door are these older patients with chronic illnesses. There is a gradual change in this attitude but our young men are not properly prepared to treat these older people in the same light and with the same concern that they treat the younger people.

CLAGUE: I disagree unequivocally. In the sophomore and junior years in medical school, the young men begin to learn the disadvantages of lying around and the effects of indolence on the body during cure. The youngster can go to pot just as fast as the oldster if permitted to lie around.

CHERKASKY: I think Miss Wagner is right. The young doctors aren't oriented toward the care of diseases of old age. I don't know whether it's a lack on the part of the teaching staff in the medical schools or a lack of interest shown by the young doctor.

QUESTIONS FROM THE FLOOR

QUESTION: It was stated that old people are a minority group to which no one wants to belong. I'd like to ask the question: "Don't you think that many people, provided they have a little social security, look forward to retiring?" Personally I've told people that I interview that I look forward to retiring, look forward to old age. I want to have a little time to read, go fishing, do research, and so forth.

ANSWER: I think that all of us look forward to some time when we won't be working quite so hard. However, when we get a period of any sort of enforced idleness, very few of us react very well to it. Of course, the experience with the old people who retire is pretty disastrous.

ROGERS: How many people in this room have given very serious thought by way of preparing themselves for retirement - for a full life in retirement?

COMMENT FROM AUDIENCE: I think some of us have been contributing to insurance or retirement plans so that at the time of retirement age we feel that we can afford some of the hobbies and a way of life which is indispensable to us. We haven't actually developed a plan for our leisure time.

ROGERS: You want to break it down into two groups: those who have provided for their economic adjustment at retirement; and, those who have provided for their intellectual and emotional adjustment at that time. (Practically all raise their hands for both groups.)

COMMENT BY PANEL MEMBERS: This is not a fair sampling -- this is a very unusual group. Now I know a very unhappy man - the most unhappy man I met all last year who was in the grocery store just to buy a box of matches. He was complaining bitterly that in the year and a half since he had retired (he was 76 years old) there just was nothing to which he could turn his mind and he just wished he could have kept on being a salesman. Now he was not prepared. My experience with industrial workers is that by and large, that is their situation.

Farmers, too, -- I'm from a farming community. We used to say that a farmer would soon die after he retired because he went to town. He lived in a different environment. He had no purpose in life. He just faded out.

Why is it that men on farms outlive women two to one while in cities the opposite is true?

I can give an economic reason. On a farm, a man is useful. Even when he's 75 years of age he can always go out and throw some hay to the cows. In the city in an apartment he is useless. He has no function. On the other hand, the mother-in-law or grandmother is useful. She can be a baby sitter, etc. Grandfather can't do it very well- he spansks the baby. I think that that may account for a part of it, but growing old on a farm is not an unhappy experience.

QUESTION: Why shouldn't it be the same for the woman on the farm?

COMMENT BY PANEL MEMBERS: Because she's not as useful on the farm. I mean by that, when a woman is left alone on a farm, as often happens, she's going to move away from the farm. The man who's left alone can remain on the farm.

QUESTION: (about feeling of security in old age with regard to medical care.)

ANSWER: Frankly, when it comes to medical care, you've got to be awfully economically secure so that it won't be a catastrophe--the bills the doctors send these days! When you're old or when your earning capacity is nil or very small, you are in the worst possible position to support an illness which in the later stages of life is usually the longest and the most costly. You can't get insurance either. Almost all the group insurance plans and the health insurance plans are based on age. Some of them won't take anybody over fifty-five. The idea is that they are in business. Now the health insurance plan of greater New York does not have any provision for dropping anyone regardless of age. We take people in regardless of age without physical examination and we provide them with care as long as they need it. There are certain provisions that if they are admitted to institutions like tuberculosis sanatoria then we do not provide care. Ordinarily we do. It's on that sort of a pattern that future care has to be planned if we're going to provide the proper care for our aging population.

ROGERS: A very important point, though, is that in voluntary insurance, as long as it's done up in very small packages, on an actuarial basis, the older person is a very hazardous risk. The insurance company simply is not going to take them on. That is not a criticism that should be levelled at the insurance plans. I mean the companies can be perfectly sincere about it, but larger inclusions are necessary to make insurance offerable for the total population and a certain backlog of security with regard to reserve funds.

QUESTIONS: (long discussion of the need for an adequate old age insurance plan which would cover all categories of workers. Insistence that we must not and cannot wait twenty years for this plan to come into effect because the old-age population is increasing all the time.

COMMENT BY PANEL MEMBERS: Within the next few weeks there is going to be introduced into Congress a new bill on old age insurance which will be far more adequate and will cover all categories of workers. That was always the idea in social security. However, political strength was not sufficient to have it enacted. This new plan will cover all types of workers - agriculture, self-employed, domestics, all other types of trade, commerce and business. We're having the most trouble of all with the non-profit agencies. They're the hardest crowd with which to deal. The benefits would be substantially doubled. This would make old-age support much more adequate in view of the fact that under old age insurance, you can have savings, you can own your home, you can have money coming from relatives and friends and children. Also there probably will be a new deal so that some of the older people will have some of the

advantages they had back in 1937 when the system first started. That is to say, a person working just a very short time would move into a reasonably respectable annuity even if he had started to work at age sixty. It is true of course that people of 63, 64, and 65 or 66 would have trouble qualifying beginning January 1950, after just a year or two of work. The idea has been advanced of hurrying up eligibility so that many people who are not eligible will become eligible in the next few years. Health insurance will be in another bill entirely. Some features of the Stettinius report will be in it, but it will go beyond the Stettinius report, particularly with respect to disability. Chronic decline becomes particularly serious in the fifties, around fifty-five. That gap between 55 and 65 is very important. We have no disability now, as you know, in the old age and survivors' insurance. A person might even be unable to work and lose old age and survivors' coverage between 55 and 65. We must close that gap. There will be a powerful effort to add disability insurance features to the old age and survivors' insurance. I'm not sure that sickness benefits will be put in the same bill. Health insurance I know will not be put in the same bill.

ROGERS: Dean Chernin, will you now give us a summary presentation?

CHERNIN: A summary of an institute is very much like a recipe for lemon chiffon pie. Everyone agrees that it's good but no one thinks that it's as good as his mother's! Please bear that in mind as I give my summary of this institute. These are a few of the more important points made at this institute:

1. The aging population is an important social, economic, and political fact. In 1945 persons of 50 years old and over constituted approximately one-fifth of our population. By 1960, they'll constitute a quarter, by the year 2000, they'll be a third of our population. Politically, they will become one of the most powerful groups in the United States. In 1945, they made up a third of the voting population. In 1980 they'll be 43%, in 2000 they'll constitute 45% of the voting population. In 2000, if one includes those between 45 and 50, they will have a clear majority of the votes for anything that they may want. They may be a minority group now, but they're well on their way to becoming the majority group of our population.

2. The labor force at the present time includes about 61.7 million people. Workers 45 years old and over constitute one-fifth of this labor population. As persons 45 years old and over increase proportionately in the general population they will increase proportionately in the working population. There are approximately 11 million people 65 and over. About 3 million of these are working now; about 2.5 million are on old age assistance; about 1 million 400 thousand are drawing old age insurance. The remaining numbers derive their support from a variety of sources, such as government pensions, railroad retirement, private industrial retirement benefits, private insurance, private investments, etc.

3. Attaining economic security is one of the most important problems faced by the aging population. A worker of 45 becomes insecure in our industrial system. If he loses his job at that age level, he finds it increasingly difficult to get another one, or if he gets another job, it will probably be inferior to the one that he lost. Our industrial technology requires a fluid labor force, able to transfer quickly from one industry to another or to one section of the country from another in order to take prompt advantage of the changes in our methods of production. Yet, the various retirement plans, which are developing now, (government pension plans, private industry plans, railroad retirement, union welfare funds) operate to freeze

persons into the industrial categories in which they work and to discourage them from moving from one industry to another because of the fear of losing accumulated retirement benefits. When employment decreases there will be increasing pressure to lower the retirement age as one method of getting the unemployed out of the labor market in order to insure jobs for younger people. The point was forcefully made that the age of retirement is directly connected with the amount of the retirement benefit. If the age of retirement is low, the retirement benefit cannot be high because our economy couldn't support it. On the other hand if the age of retirement is high, say 70, then the retirement benefit can be adequate; even approaching the level of wage payments. This poses one of the most important questions in our economy - how many persons can we afford to support in a retirement or nonproductive status and at what level can our economy afford to support them? We cannot be deluded by any scientific monthly fantasies about what our technology is able to produce. There will be no miracles. Statistics on the increase in productivity show that it has averaged about 3% per year. As far as we can see now, that long term trend will continue in the future. Mr. Ewan Clague closed the discussion of this vital problem by stressing the importance of quickly extending the coverage and increasing the benefits of the old age and survivors' insurance system which is the most general, most flexible and most comprehensive system of social security that we now have. A doubling of the present benefits would make that system provide about an adequate standard of living for most workers covered. In the economic security area we are faced with a race against time; a race between the timely adoption of a workable conservative solution or of some economic panacea brought forth by the powerful political pressure group that is developing among the aging population.

4. Socially the aged are a deprived minority group in our society and culture at the present time. Every speaker stressed the fact. They suffer from loss of prestige, of work, of living standards. Their feelings are trampled on. They are merely tolerated in our society. Older people are people with common human needs. Mass treatment and mass generalizations do not meet their individual social and economic problems. They must have something useful to do. Older people need help in achieving their adjustment. They must be fitted for a second and perhaps a third work career between the age of 45 and the age of retirement. Mr. Levine stressed the fact that recreational programs which at present constitute so large a part of organized work with the aged meet part of their needs. Truly adequate work in this area should be much more comprehensive and include medical care, all the social services, vocational rehabilitation, etc.

5. MEDICAL CARE. (Dr. Cherkasky) The aged have great difficulty securing adequate medical care. Many doctors believe they are too busy to take care of the medical needs of the aged. Chronic illnesses are the major medical responsibility in work with older people, but the roots of these illnesses lie in the years long before 65. The solution must be one of a positive health approach throughout life. This positive health approach is particularly important with illnesses that seem to have a psychological as well as a physical origin. For the short-run illnesses of the aged, Dr. Cherkasky stressed the lack of adequate facilities for care in homes and hospitals. The development of the home care program of the Montefiore Hospital in New York provides as good or better care in the home than in the hospital at about one-fourth the cost of hospital care.

6. RECREATION FOR OLDER PEOPLE. (Mr. Levine) Adequate provisions for recreation for older people do not exist now either in institutions or nursing homes. We need long range planning and tremendous outlays for facilities and personnel that are not now available. A practical program can be started now based on boarding home care, home nursing and medical service, plus a recreation program on a day center basis.

Mr. Levine described the recreational programs in the six day centers operated by the New York City Welfare Department. They are designed to promote social and emotional development of older people, their individual efficiency, their community usefulness and their physical and mental health. Such programs need to be supplemented by vocational counseling, medical services, case work and group work services, to achieve their desired goals.

7. VOCATIONAL REHABILITATION. (Dr. Ferderber) There seems to be a vocational rehabilitation opportunity in small businesses of various types. Vocational counseling is needed for workers over 40 who are beginning to slip in their job performance. Employers should be encouraged to provide such services for their employees. Even in institutions for the aged much productive activity can be developed if institutional management uses some ingenuity in making it available and presents the program in such a way as not to destroy the feeling of security which institutional life may have to many of the occupants.

8. KEYNOTE OF ALL SPEAKERS; Although many of the problems of old age adjustment must be handled on a national or state level every community, no matter how small and lacking in resources, can do much for the aged and can start doing it now.

a. Every community can recognize and study the multifarious aspects of the needs and adjustments of the aging population.

b. Every community contains some resources in personnel and facilities which can be utilized in doing something about meeting these needs now.

c. Every community can start some program, no matter how small, utilizing the experience of other communities which are already doing a variety of things in this field.

d. Social workers who have some voice in community planning should recognize the need for a welfare agency specializing in work with the aged. The experience of the Benjamin Rose Institute in Cleveland and the Old Age Counselling Center in San Francisco points out sharply the invaluable leadership and demonstration roles which such agencies play in the entire area.