

ADMINISTRATION OF AGING

HEARINGS

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH CONGRESS

FIRST SESSION

ON

H.R. 7957 and similar bills

TO PROVIDE ASSISTANCE IN THE DEVELOPMENT OF NEW OR IMPROVED PROGRAMS TO HELP OLDER PERSONS THROUGH GRANTS TO THE STATES FOR COMMUNITY PLANNING AND SERVICES AND FOR TRAINING, THROUGH RESEARCH, DEVELOPMENT, OR TRAINING PROJECT GRANTS, AND TO ESTABLISH WITHIN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE AN OPERATING AGENCY TO BE DESIGNATED AS THE "ADMINISTRATION OF AGING"

HEARINGS HELD IN WASHINGTON, D.C.

SEPTEMBER 17, 18, AND 19, 1963

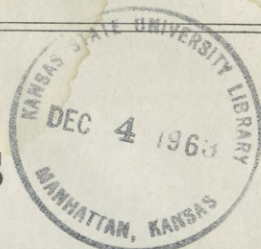
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ADMINISTRATION OF AGING

TUESDAY, SEPTEMBER 17, 1963

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION OF THE
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to notice, in room 429, Cannon Building, Hon. John H. Dent (chairman of the subcommittee) presiding.

Present: Representatives Dent, Daniels, Carey, Hawkins, Bruce, and Martin.

Also present: Dr. John C. Muntone, director, Select Subcommittee on Education.

Mr. DENT. The hearings of the Select Committee on Education will come to order.

The hearings this morning are on H.R. 7957, introduced by the gentleman from Rhode Island, Mr. Fogarty; a bill to provide assistance in the development of new or improved programs to help older persons, for grants to the States, for community planning and services through research and development or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency, et cetera.

In May of 1962, there was established, by Executive order, the President's Council on Aging. The Council was charged with the task of reporting annually to the President and of making available information of interest to private and public organizations which are concerned primarily with the problems of the aging.

In transmitting its first report in May of this year the Council called attention to the situation of some 18 million Americans who collectively share the problems of "the older American."

It would appear that the figure "18 million" is of special significance when one realizes that included in this group are—

Three ex-Presidents.

Nearly 10 percent of the Nation's population.

Over 2.3 million war veterans.

Nearly 1½ million people living on farms.

More than 3 million people who migrated from Europe to the United States.

Surely, there must be many among this vast segment of our citizens who have contributed significantly to the position we now enjoy in the family of nations.

And, yet, we learn from the work of private and public agencies that the older American, who has given so much of himself in the development of this great country, may not be sharing proportionately in the very greatness he has passed on to us.

It was the purpose of these hearings to gather all possible information relating to the problems of the aging so that we of the Select Subcommittee on Education, and subsequently, the Committee on Education and Labor, may present to the House such legislation as is necessary and appropriate to aiding this vast number of older Americans in their quest to lead a more active, functional, and independent life. At the same time, we hope to look closely at the needs for special assistance for those in this group who are dependent or otherwise at a disadvantage.

To aid us in our task we have called upon a number of highly qualified witnesses representing a variety of groups having particular interest in the issue before us.

This bill, H.R. 7957, is accompanied by 13 other bills on the same subject and almost identical in nature and content.
(The bill follows:)

[H.R. 7957, 88th Cong., 1st sess.]

A BILL To provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the "Administration of Aging"

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Older Americans Act of 1963".

TITLE I—DECLARATION OF OBJECTIVES: DEFINITIONS

DECLARATION OF OBJECTIVES FOR OLDER AMERICANS

SEC. 101. The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the Governments of the United States and of the several States and their political subdivisions to enable our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- (1) An adequate income in retirement in accordance with the American standard of living.
- (2) The best possible physical and mental health which medical science can make available and without regard to economic status.
- (3) Suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford.
- (4) Full restorative services for those who require institutional care.
- (5) Opportunity for employment with no discriminatory personnel practices because of age.
- (6) Retirement in health, honor, dignity—after years of contribution to the economy.
- (7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
- (8) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
- (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- (10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

DEFINITIONS

SEC. 102. For the purposes of this Act—

- (1) The term "Secretary" means the Secretary of Health, Education, and Welfare;
- (2) The term "Commissioner" means the Commissioner of the Administration of Aging.

(3) The term "State" includes the District of Columbia, the Virgin Islands, and Puerto Rico; and

(4) The term "nonprofit institution or organization" means an institution or organization which is owned and operated by one or more corporations or associations no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

TITLE II—ADMINISTRATION OF AGING

ESTABLISHMENT OF ADMINISTRATION

SEC. 201. (a) There is hereby established within the Department of Health, Education, and Welfare an Administration to be known as the Administration of Aging (hereinafter referred to as the "Administration").

(b) The Administration shall be under the direction of a Commissioner of Aging to be appointed by the President by and with the advice and consent of the Senate.

FUNCTIONS OF OFFICE

SEC. 202. It shall be the duty and function of the Administration to—

(1) serve as a clearinghouse for information related to problems of the aged and aging;

(2) assist the Secretary in all matters pertaining to problems of the aged and aging;

(3) administer the grants provided by this Act;

(4) develop plans, conduct and arrange for research and demonstration programs in the field of aging;

(5) provide technical assistance and consultation to States and political subdivisions thereof with respect to programs for the aged and aging;

(6) prepare, publish, and disseminate educational materials dealing with the welfare of older persons;

(7) gather statistics in the field of aging which other Federal agencies are not collecting; and

(8) stimulate more effective use of existing resources and available services.

TITLE III—GRANTS FOR COMMUNITY PLANNING, SERVICES, AND TRAINING

AUTHORIZATION OF APPROPRIATIONS

SEC. 301. There are authorized to be appropriated \$5,000,000 for the fiscal year ending June 30, 1964, \$8,000,000 for the fiscal year ending June 30, 1965, and \$12,500,000 for each of the next three fiscal years, for grants by the Secretary to States for projects for—

(1) community planning and coordination of programs for carrying out the purposes of this title;

(2) demonstrations of programs or activities which are particularly valuable in carrying out such purposes;

(3) training of special personnel needed to carry out such programs and activities; and

(4) establishment of new or expansion of existing programs to carry out such purposes, including establishment of new or expansion of existing centers providing recreational and other leisure time activities, and informational, health, welfare, counseling, and referral services for older persons and assisting such persons in providing volunteer community or civic services; except that no costs of construction, other than for minor alterations and repairs, shall be included in such establishment or expansion.

ALLOTMENTS

SEC. 302. (a) (1) From the sum appropriated for a fiscal year under section 301 (A) the Virgin Islands, Guam, and American Samoa shall be allotted an amount equal to one-half of 1 per centum of such sum and (B) each other State shall be allotted an amount equal to 1 per centum of such sum.

(2) From the remainder of the sum so appropriated for a fiscal year each State shall be allotted an additional amount which bears the same ratio to

such remainder as the population aged sixty-five or over in such State bears to the population aged sixty-five or over in all of the States, as determined by the Secretary on the basis of the most recent information available to him, including any relevant data furnished to him by the Department of Commerce.

(3) A State's allotment for a fiscal year under this part shall be equal to the sum of the amounts allotted to it under paragraphs (1) and (2).

(b) The amount of any allotment to a State under subsection (a) for any fiscal year which the State notifies the Secretary will not be required for carrying out the State plan (if any) approved under this part shall be available for reallocation from time to time, on such dates as the Secretary may fix, to other States which the Secretary determines (1) have need in carrying out their State plans so approved for sums in excess of those previously allotted to them under subsection (a), and (2) will be able to use such excess amounts for projects approved by the State during the period for which the original allotment was available. Such reallocations shall be made on the basis of the State plans so approved, after taking into consideration the population aged sixty-five or over. Any amount so reallocated to a State shall be deemed part of its allotment under subsection (a).

(c) The allotment of any State under subsection (a) for any fiscal year shall be available for grants to pay part of the cost of projects in such State described in section 1701 and approved by such State (in accordance with its State plan approved under section 303) prior to the end of such year or, in the case of allotments for the fiscal year ending June 30, 1964, prior to July 1, 1965. To the extent permitted by the State's allotment under this section such payments with respect to any project shall equal 75 per centum of the cost of such project for the first year of the duration of such project, 60 per centum of such cost for the second year of such project, and 50 per centum of such cost for the third year of such project; except that (1) at the request of the State, such payments shall be less (to the extent requested) than such percentage of the cost of such project, and (2) grants may not be made under this part for any such project for more than three years or for any period after June 30, 1970.

STATE PLANS

SEC. 303. (a) The Secretary shall approve a State plan for purposes of this part which—

(1) establishes or designates a single State agency as the sole agency for administering or supervising the administration of the plan, which agency shall be the agency primarily responsible for coordination of State programs and activities related to the purposes of this title;

(2) provides for such financial participation by the State or communities with respect to activities and projects under the plan as the Secretary may by regulation prescribe in order to assure continuation of desirable activities and projects after termination of Federal financial support under this part;

(3) provides for development of programs and activities for carrying out the purposes of this title, including the furnishing of consultative, technical, or information services to public or nonprofit private agencies and organizations engaged in activities relating to the special problems or welfare of older persons, and for coordinating the activities of such agencies and organizations to the extent feasible;

(4) provides for consultation with and utilization, pursuant to agreement with the head thereof, of the services and facilities of appropriate State or local public or nonprofit private agencies and organizations in the administration of the plan and in the development of such programs and activities;

(5) provides such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are necessary for the proper and efficient operation of the plan;

(6) sets forth principles for determining the priority of projects in the State, and provides for approval of such projects in the order determined by application of such principles;

(7) provides for approval of projects of only public or nonprofit private agencies or organizations and for an opportunity for a hearing before the State agency for any applicant whose application for approval of a project is denied; and

(8) provides that the State agency will make such reports to the Secretary, in such form and containing such information, as may reasonably be necessary to enable him to perform his functions under this part and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports. The Secretary shall not finally disapprove any State plan, or any modification thereof submitted under this section without first affording the State reasonable notice and opportunity for a hearing.

(b) Whenever the Secretary, after reasonable notice and opportunity for hearing to the State agency administering or supervising the administration of a State plan approved under subsection (a), finds that—

(1) the State plan has been so changed that it no longer complies with the provisions of subsection (a), or

(2) in the administration of the plan there is a failure to comply substantially with any such provision, the Secretary shall notify such State agency that no further payments will be made to the State under this part (or, in his discretion, that further payments to the State will be limited to projects under or portions of the State plan not affected by such failure), until he is satisfied that there will no longer be any failure to comply. Until he is so satisfied, no further payments shall be made to such State under this part (or payments shall be limited to projects under or portions of the State plan not affected by such failure).

(c) A State which is dissatisfied with a final action of the Secretary under subsection (a) or (b) may appeal to the United States court of appeals for the circuit in which the State is located, by filing a petition with such court within sixty days after such final action. A copy of the petition shall be forthwith transmitted by the clerk of the court to the Secretary, or any officer designated by him for that purpose. The Secretary thereupon shall file in the court the record of the proceedings on which he based his action, as provided in section 2112 of title 28, United States Code. Upon the filing of such petition, the court shall have jurisdiction to affirm the action of the Secretary or to set aside, in whole or in part, temporarily or permanently, but until the filing of the record, the Secretary may modify or set aside his order. The findings of the Secretary as to the facts, if supported by substantial evidence, shall be conclusive, but the court, for good cause shown, may remand the case to the Secretary to take further evidence, and the Secretary may thereupon make new or modified findings of fact and may modify his previous action, and shall file in the court the record of the further proceedings. Such new or modified findings of fact shall likewise be conclusive if supported by substantial evidence. The judgment of the court affirming or setting aside, in whole or in part, any action of the Secretary shall be final, subject to review by the Supreme Court of the United States upon certiorari or certification as provided in section 1254 of title 28, United States Code. The commencement of proceedings under this subsection shall not, unless so specifically ordered by the court, operate as a stay of the Secretary's action.

COST OF STATE PLAN ADMINISTRATION

Sec. 304. From a State's allotment under section 302 for a fiscal year, not more than 10 per centum or \$15,000, whichever is the larger, shall be available for paying one-half (or such smaller portion as the State may request) of the costs of the State agency (established or designated as provided in section 303(a)(1)) in administering the State plan approved under section 303, including the costs of carrying on the functions referred to in subsection (a)(3) thereof.

PAYMENTS

Sec. 305. Payments under this part may be made (after necessary adjustment on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments, as the Secretary may determine.

TITLE IV—RESEARCH AND DEVELOPMENT PROJECTS

PROJECT GRANTS

SEC. 401. The Secretary is authorized to carry out the purposes of this title through grants to any public or nonprofit private agency, organization, or institution and contracts with any such agency, organization, or institution or with any individual—

(a) to study current patterns and conditions of living of older persons and identify factors which are beneficial or detrimental to the wholesome and meaningful living of such persons;

(b) to develop or demonstrate new approaches, techniques, and methods (including multipurpose activity centers) which hold promise of substantial contribution toward wholesome and meaningful living for older persons;

(c) to develop or demonstrate approaches, methods, and techniques for achieving or improving coordination of community services for older persons; or

(d) to evaluate these approaches, techniques, and methods, as well as others which may assist older persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of our Nation.

PAYMENTS OF GRANTS

SEC. 402. (a) To the extent he deems it appropriate, the Secretary shall require the recipient of any grant or contract under this part to contribute money, facilities, or services for carrying out the project for which such grant or contract was made.

(b) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary may determine.

TITLE V—TRAINING PROJECTS

PROJECT GRANTS

SEC. 501. The Secretary is authorized to make grants to or contracts with any public or nonprofit private agency, organization, or institution for the specialized training of persons employed or preparing for employment in carrying out programs related to the purposes of this title.

PAYMENT OF GRANTS

carrying out programs related to the purposes of this title.

SEC. 502. (a) To the extent he deems it appropriate, the Secretary shall require the recipient of any grant or contract under this part to contribute money, facilities, or services for carrying out the project for which such grant or contract was made.

(b) Payments under this part pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions, as the Secretary may determine.

TITLE VI—GENERAL

ADVISORY COMMITTEES

SEC. 601. (a) (1) For the purpose of advising the Secretary of Health, Education, and Welfare on matters bearing on his responsibilities under this title and related activities of his Department, there is hereby established in the Department of Health, Education, and Welfare an Advisory Committee on Older Americans, consisting of the Secretary or his designee, who shall be Chairman, and fifteen persons not otherwise in the employ of the United States, appointed by the Secretary without regard to the civil service laws. Members shall be selected from among persons who are experienced in or have demonstrated particular interest in special problems of the aging.

(2) Each member of the Committee shall hold office for a term of three years, except that (A) any member appointed to fill a vacancy occurring

prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term, and (B) the terms of office of the members first taking office shall expire, as designated by the Secretary of Health, Education, and Welfare at the time of appointment, five at the end of the first year, five at the end of the second year, and five at the end of the third year after the date of appointment.

(b) The Secretary of Health, Education, and Welfare is authorized to appoint, without regard to the civil service laws, such technical advisory committees as he deems appropriate for advising him in carrying out his functions under this title.

(c) Members of the Advisory Committee or of any technical advisory committee appointed under this section, who are not regular full-time employees of the United States, shall, while attending meetings or conferences of such committee or otherwise engaged on business of such committee, be entitled to receive compensation at a rate fixed by the Secretary who appointed them, but not exceeding \$75 per diem, including travel time, and, while so serving away from their homes or regular places of business, they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by section 5 of the Administrative Expenses Act of 1946 (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

ADMINISTRATION

SEC. 602. (a) In carrying out the purposes of this title, the Secretary of Health, Education, and Welfare is authorized to provide consultative services and technical assistance to public or nonprofit private agencies, organizations, and institutions; to provide short-term training and technical instruction; to conduct research and demonstrations; and to collect, prepare, publish, and disseminate special educational or informational materials, including reports of the projects for which funds are provided under this title.

(b) In administering their respective functions under this title, the Secretary of Health, Education, and Welfare is authorized to utilize the services and facilities of any agency of the Federal Government and of any other public or nonprofit private agency or institution, in accordance with agreements between the Secretary concerned and the head thereof, and to pay therefor, in advance or by way of reimbursement, as may be provided in the agreement.

AUTHORIZATION OF APPROPRIATIONS

SEC. 603. There are authorized to be appropriated \$1,500,000 for the fiscal year ending June 30, 1964, \$3,000,000 for the fiscal year ending June 30, 1965, and \$5,000,000 for each of the next three fiscal years, for carrying out parts IV and V of this title.

For the purposes of this hearing, we will stress the contents of H.R. 7957. However, the speakers here may at any time digress and go into any particular sections of any other bill on the same subject before the committee.

At this time, the committee would be privileged to hear Mr. John Fogarty, a distinguished Member of the Congress of the United States with a long history in this area of activity. He is known not only to the Members but in every State of the Union.

We welcome you, John, today, and pray we will have a little better luck with this bill this year than in the past.

Mr. Fogarty.

STATEMENT OF HON. JOHN E. FOGARTY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF RHODE ISLAND

Mr. FOGARTY. Thank you very much, Mr. Chairman.

My name is John E. Fogarty. I represent the Second Congressional District in the State of Rhode Island.

I want to thank the committee for meeting this morning. If I had known a few weeks ago it was going to be a light week in Con-

gress I would have suggested another time to meet. However, I am very pleased to see the number of members who are here this morning and also want to thank the chairman for his interest in this area and for the cooperation that he has given me in setting up these hearings.

It is a privilege to appear here this morning to testify on behalf of H.R. 7957, "The Older Americans Act of 1963," which I introduced August 6, and the identical bills which have been introduced by our distinguished colleagues.

I believe deeply that the bills under consideration fall squarely into the category of urgent unfinished business and I would like to commend the committee for taking such prompt action in scheduling these hearings and for the high caliber of the witnesses representing the major areas of interest in aging who have been invited to testify.

No one could have worked as closely as I have on the Appropriations Subcommittee dealing with the basic programs and budgets affecting older persons without recognizing the growing dilemma facing America's spiraling population of older persons.

I have repeatedly challenged the responsible authorities to develop action programs to meet these needs and to accept leadership in stimulating and coordinating training, research, and demonstration projects that could result in utilizing the wisdom and the talents of our older Americans for the enrichment of retirement living with its ultimate benefits to the community, the State, and the Nation.

I shall not take the time of the committee to repeat what seems to me an endless record of my displeasure with existing programs, my dissatisfaction with the rate of progress, and my sincere desire to create within the framework of the Federal Government an organization properly staffed, financed, and administered at a level that would keep the operation above personal or partisan prejudice or control and give it the prestige necessary to compete with other important programs.

When I speak of my displeasure, I go back 17 years to the days when Oscar Ewing was head of the Federal Security Agency. One of the questions I asked 17 years ago was, "What are we doing about the problems of the aging?"

The answer then was "Practically nothing."

It will be helpful to highlight three major efforts on my part directed toward meeting these goals.

As a first order of business when Congress convened in January 1958, I introduced a bill known as the White House Conference on Aging Act which became law in August of that year. The purpose of the bill was to convene a national forum of the most knowledgeable people in the field of aging to distill their combined experience into a "blueprint for action in aging."

Funds were made available to every State for studies, surveys, and conferences. Never before in our history has a more complete evaluation been made of an age segment in our society than the action that preceded the White House Conference on Aging held January 9-12, 1961.

The findings of the States together with the recommendations of approximately 2,900 delegates resulted in a comprehensive report listing over 600 recommendations for action.

Fully aware of the implication of such a report and acting on the suggested recommendation for a Federal organization necessary to implement a program in aging, Senator McNamara and I introduced identical bills on January 31, 1962, for the establishment of an independent U.S. Commission on Aging.

The programs affecting older persons cut across the responsibilities of many departments and agencies. It was our recommendation that the independent Commission would recognize the importance of each of these many vital programs and give them a proper focus without the influence or control of any one department.

The testimony last year given in this room before the General Subcommittee on Education, chaired by Congressman Bailey, was practically unanimous in favor of an independent Commission on aging.

Opposition came only from those with vested interest in continuing the existing organization dominating the field and programs in aging. I am convinced the administration's best interests were not properly represented and the legislation thereafter has been stalemated ever since. I believe there are only about two witnesses that disagree with this approach.

One other unfortunate development that was consummated in January of this year was the reorganization within the Department of Health, Education, and Welfare that downgraded the program on aging by removing the special staff on aging from the Office of the Secretary and placing it under the jurisdiction of the Commissioner of Welfare as an Office of Aging.

Let me hasten to emphasize that this statement is not a reflection on the Commissioner of Welfare who is regarded as an outstanding administrator and is recognized as an authority in the field of public welfare and relief.

I object and indeed I believe every one of America's 18 million persons over age 65 has a right to resent this official action by the Federal Government announcing to the nation that—

the independence, dignity and usefulness of our older Americans will hereinafter be regarded as welfare problems.

This is contrary to everything that has been researched and recommended to change the image of aging from a sickly, indigent individual to a dignified, responsible person. The welfare setting has wiped out most of the social progress that was made over the last 15 years in the field of aging.

"Welfare" to Americans means public assistance or relief. It seems to me that the recent welfare publications of the Department of Health, Education, and Welfare have failed to convince or overcome this understanding.

I give you these details to document the background of H.R. 7957 and the identical bill S. 2000 which Senator McNamara has introduced. To keep faith with the thousands who have gone on record in favor of grants for training, research, and demonstration projects; to restore the Federal program in aging to a level where our Nation's older persons can look with pride; to provide the States with funds needed to salvage the programs initiated with White House Conference on Aging funds and to provide a climate for senior

citizen participation, the Older Americans Act of 1963 was introduced.

You are undoubtedly familiar with the bill, but I would like to highlight several of its features, which, to me, are so long overdue, and urgently needed, that we cannot afford further delay without risking another social revolution among a segment of our population that quite frankly has been assigned the status of another minority group. H.R. 7957 would restore this deserving group of our population to their rightful place as first-class citizens.

I might add in passing that this group represents a \$35 billion a year market in the United States and that 17 out of every 100 eligible voters in the United States are over 65.

It is because older Americans are responsible individuals, they look to the orderly congressional processes for providing the necessary funds and facilities by which they can exercise their full citizenship rights and offer their services.

The objectives of the Older Americans Act of 1963 are primarily these:

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

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

(3) Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restorative services for those who require institutional care.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity, after years of contribution to the economy.

(7) Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.

(8) Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

Within the Department of Health, Education, and Welfare an administration to be known as the Administration for Aging would be established. This would be under the direction of a Commissioner for Aging to be appointed by the President by and with the advice of the Senate.

It would be the duty and function of the Administration—

1. To serve as a clearinghouse for information related to the problems of the aged and aging.

2. Assist the Secretary in all matters pertaining to the problems of the aged and aging.

3. Administer the grants provided by the Act.

4. Develop plans, conduct and arrange for research and demonstration programs in the field of aging.

5. Provide technical assistance and consultation to States and political subdivisions with respect to programs for the aged and aging.

6. Prepare, publish, and disseminate educational materials dealing with the welfare of older persons.

7. Gather statistics in the field of aging which other Federal agencies are not collecting, and

8. Stimulate more effective use of existing resources and available services.

Funds would be appropriated for grants by the Secretary to States for projects for—

(1) Community planning and coordinating of programs to carry out the purposes of the bill.

(2) Demonstrations of programs or activities which are particularly valuable in carrying out such purposes.

(3) Training of special personnel needed to carry out such programs and activities.

(4) Establishment of new or expansion of existing programs to carry out such purposes, including establishments or expansion of existing centers providing recreational or other leisure time activities and informational, health, welfare, counseling and referral services for older persons and assisting such persons in providing voluntary community or civic services.

I think it should be noted that no cost of construction other than minor alterations and repairs would be included in such establishment or expansion.

Mr. Chairman, members of the committee, I think you will agree that this is basic legislation. There are no frills. Every part of it has been directed toward a demonstrated need. Its administration will be at a level equal to that of the Commissioner of Social Security and the Commissioner of Welfare. It will enjoy the prestige needed to get the job done.

The funds have been provided for a limited period to provide necessary safeguards, but for a period long enough to demonstrate the practical aspects of the proposed program.

I am convinced that the testimony which you will be hearing the next few days will further document the urgency for this legislation.

It almost seems unnecessary to encourage prompt action on the Older Americans Act of 1963. As the facts unfold in later testimony, I believe you will agree with me that the hour is late, action overdue, and that our role as responsible legislators is to do everything within reason to expedite the passage of H.R. 7957. This bill transcends personal or political self-interest and will be regarded as one of the most important contributions to the social legislation of our time.

That completes my statement, Mr. Chairman.

Mr. DENT. Thank you, Mr. Fogarty, in behalf of the committee.

I am particularly pleased that you have directed your statement to what I believe to be not only the main point of controversy but practically the only point of controversy, and that is the question of whether an independent agency should be set up. It appears to me from what I have already read and heard in past testimony that

almost everybody wants to do something for the aging; so concerning the goal you are striving for you have little or no opposition. The question of how to do it, the best method to apply to doing this good that we want to do for the aging is what this legislation concerns itself with.

In order to back your stand, as it were, in the matter, I have here a letter from U.S. Senator Pat McNamara, who is your cosponsor, having sponsored S. 2000, which is an identical bill, and I would like to read the letter for the record.

DEAR MR. CHAIRMAN: As your Select Subcommittee on Education opens public hearings on H.R. 7957, I respectfully submit the attached statement in support of this legislation and request that it be made a part of the record of the hearings.

As you may know, I have introduced a companion measure, S. 2000, in the Senate and my comments apply equally to both bills.

With all good wishes,
Sincerely,

PAT McNAMARA.

I want to read one or two short excerpts from his prepared statement in order to emphasize, as he would wish it, I am sure, the fact that he recognizes the heart of the legislation. I will quote from paragraph 4.

This legislation constitutes a double-barreled answer to meeting an urgent need of our 18 million older Americans. First, it would establish a high-level agency, an Administration of Aging, that would devote its full attention to the development of solutions to their social and economic problems. This agency would function not only as a sympathetic and respectful ear and voice for the elderly but would function positively in terms of: Serving as a clearinghouse of information on the problems of the aged and aging; assisting and advising the Secretary on the manifold matters affecting the elderly; administering the grants provided by the act; developing, conducting, and arranging for research and demonstration programs in the field of aging; providing technical assistance and consultation to State and local governments and private organizations; preparing and publishing educational materials dealing with the problems and potentials of older persons; gathering statistics in the field of aging; and stimulating more effective use of existing resources and available services.

On page 2 of the same statement, paragraph 4, he makes another plea for consideration of that same point:

Establishment of the Special Staff on Aging, responsible to the Secretary of Health, Education, and Welfare represented a very hesitant step toward providing some representation for the elderly. This tiny step forward all too quickly, however, was converted into a full retreat with the conversion of the Special Staff into the Office of Aging as a component of the Welfare Administration.

I think we have these two points and with the permission of the committee I would insert in the record at this time the full statement of Senator McNamara, since I believe it concurs in every point made by the distinguished Representative who has just addressed us.

(The statement referred to follows:)

STATEMENT BY HON. PAT McNAMARA, U.S. SENATOR FROM THE STATE OF MICHIGAN

Mr. Chairman, I welcome this opportunity to offer a statement in support of H.R. 7957. As you know, I have introduced a companion measure, S. 2000, in the Senate.

For my part, the bill which you are now considering is not the product of a brief surge of imagination. It is the careful result of my years of experience

as chairman of the Senate's Special Committee on Aging and its predecessor, the Subcommittee on Problems of the Aged and Aging of the Committee on Labor and Public Welfare. It is the result of years of studying the problems of older Americans at firsthand. It is the result of careful analysis of the findings of the two Senate committees—committees which, incidentally, have developed, assembled and published what is, undoubtedly, the largest and most authoritative body of information on the older citizens of this Nation.

And finally, it is the result of years of watching and waiting, in vain, for the emergence from the Department of Health, Education, and Welfare of a vigorous and vital program of action attuned to the needs of the elderly.

This legislation constitutes a double-barreled answer to meeting an urgent need of our 18 million older Americans. First, it would establish a high-level Agency—an Administration of Aging—that would devote its full attention to the development of solutions to their social and economic problems. This agency would function not only as a sympathetic and respectful ear and voice for the elderly but would function positively in terms of serving as a clearinghouse of information on the problems of the aged and aging; assisting and advising the Secretary on the manifold matters affecting the elderly; administering the grants provided by the act; developing, conducting, and arranging for research and demonstration programs in the field of aging; providing technical assistance and consultation to State and local governments and private organizations; preparing and publishing educational materials dealing with the problems and potentials of older persons; gathering statistics in the field of aging; and stimulating more effective use of existing resources and available services.

Secondly, the bill authorizes a total of \$70 million over a 5-year period for programs designed to promote the well-being of our older citizens. Of this amount, a total of \$50.5 million would be authorized for grants to the States for community planning, demonstration projects, training of personnel, and related programs. The balance \$19.5 million, would be used for grants to public or nonprofit private agencies, organizations or institutions for research, training, and demonstration projects in the field of aging.

The establishment of an Administration of Aging will not automatically solve the problems of our older people. But, establishment of such an organization, providing it with the personnel, funds, and the authority necessary to give full attention to those problems will be a major advance in devising the means of dealing with them.

At the present time, we are without a central core of direction and coordination in this field. The Administration of Aging would constitute that core.

The Administration of Aging, headed by a Commissioner appointed by the President, subject to confirmation by the Senate, would have coequal status with the Social Security and Welfare Administrations. Thus, the older population would be meaningfully represented in the upper echelons of the Federal Government.

The proposed Administration of Aging would establish a specific high-level Agency with power and responsibility to take action. It would have full-time responsibility, backed by professional knowledge and ability, and the strong desire to represent effectively in the Federal Government our 18 million older Americans.

Establishment of the Special Staff on Aging, responsible to the Secretary of Health, Education, and Welfare represented a very hesitant step toward providing some representation for the elderly. This tiny step forward all too quickly, however, was converted into a full retreat with the conversion of the Special Staff into the Office of Aging as a component of the Welfare Department. Welfare is, of course, but a small element in the total picture of the elderly. Welfare often represents and certainly symbolizes the "end of the road"—an acknowledgment of failure. Our goal, however, is to help older Americans succeed in dignity and independence.

I urge your favorable consideration of legislation designed to remove a good portion of the tarnish from what should be "golden years."

Mr. DENT. Any questions?

Mr. DANIELS. I would like to compliment my colleague from Rhode Island for his leadership in this field. The reputation you have earned is justly deserved as indicated by the fine statement you have delivered this morning on this bill.

There is no question about it that we should concern ourselves with the problems of our senior citizens. We are all well aware of the fact that at that age of life when their income is diminishing and their health failing or possibly failing that they deserve our consideration.

You all know that due to expert medical knowledge today that the life of our citizens is growing longer and longer and that they are now facing problems which they can least afford to meet. Therefore, our Government should concern itself about the housing and welfare of these people.

You made an excellent statement here this morning and I go along with you 100 percent on this legislation.

Thank you.

Mr. DENT. Thank you, Mr. Daniels.

Mr. Martin.

Mr. MARTIN. Thank you, Mr. Chairman.

There are perhaps laudable purposes in this bill but I have some questions, Mr. Fogarty, that we should clear up that I am not entirely sure about.

Under title I in your declaration of objectives you have 10 points here.

The first one provides and I quote:

An adequate income in retirement in accordance with the American standard of life.

How do you propose to provide an adequate income for these people with whom we are concerned?

Mr. FOGARTY. I don't have the answer and I don't know of anybody in the country that has the answer.

This legislation will give us leads in that direction, I would hope.

I have been asking these questions for 17 years on the Appropriations Committee and I have not had one person give us an answer to it as yet. I do not know but I would hope, under demonstration projects allowed under this bill and research projects, that some of these answers would be forthcoming.

I do not know of any person or group in this country that knows what to do about this increase in our aging population.

We are not prepared and that is the main reason I am concerned about no plans of any kind in these areas that are brought up in the bill.

Mr. MARTIN. Point 2 of your objectives is, and I quote it:

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

We have had a great deal of talk and legislation introduced with regard to medical assistance for our citizens.

What do you have in mind here on this second objective? What do you propose for the Government to do?

Mr. FOGARTY. That again would come out of a study such as we are proposing in this bill.

Many of these objectives come out of the White House Conference on Aging. I do not believe there has ever been a more successful conference called on the national level.

Every State in this Union took part in this White House Conference. They had 2 years of planning at the local level. They sent

delegates to Washington and out of this week's deliberations in 1961, over 600 recommendations came out of this Conference. They all dealt with these objectives I have just mentioned.

Mr. MARTIN. Your third objective is in regard to suitable housing. What do you propose there? I think we have a public housing program already for them, people of 65 and over.

Mr. FOGARTY. I think there are many areas where new designs can be made. I don't think we are up to date on housing for the aging at this time. I think new and better housing can be furnished for these people at a price or in a price range they can afford. But then again this has to be demonstrated by people in the housing area. I am not an architect. I don't propose to be an expert in this area either.

Mr. MARTIN. Then point 4 is similar to point 3. On point 5, which states:

Opportunity for employment with no discriminatory personnel practices because of age.

What do you propose here in this field?

Mr. FOGARTY. I am not proposing anything specific in this field. These are the objectives that this type of legislation would give the answers to. This has been a question over the years. I don't believe just because a person has reached the age of 65 he should not be employed or is unemployable. I don't believe we ought to allow employers to fill a \$5,000 job with a person 65 years of age and give him \$1,200, which he is allowed to do today, and pocket the other \$3,800, which is going on in some of these areas like St. Petersburg where the aging congregate.

I think these are problems that should be looked into and brought to the attention of the people. I have had many, many complaints in this area.

I know men 65 and over who are pretty good Congressmen, I think, and are doing a good job for their constituents and I know men and women over the age of 65 still working in offices and doing an excellent job. I do not think they ought to be fired just because they reached the age of 65 or be discriminated against because they are 65.

Our experience has been that discrimination exists from the age 45 on. It is almost impossible to get a job if you are over 45 years of age.

Mr. MARTIN. In your bill you are setting up a separate department in HEW; and on many of these points you are encompassing, there are already Government programs which are not administered under HEW at all.

For instance, on your retirement program, we have a social security program which has been in effect since 1936. Also we have a public housing program, and a program relative to discrimination in regard to labor under the Labor Department and so forth and so on.

It seems to me you have an all-inclusive bill with a great deal of overlapping with programs, in some instances, which we have at the present time and which are working more successfully.

Mr. FOGARTY. I have been asking the same question of the Labor Department: "What are we doing about the employment of older workers" and we have not done anything in this area to speak about.

We provide funds for research in these areas but the Labor Department has not come up with anything. The only thing I know that the Labor Department has accomplished in this area has been some contribution made by the employment services of this country where they have been able to place some of these older workers on jobs because of some more intensive placement activities carried out by the employment services.

So they are not doing the job that I think they should be doing.

Mr. MARTIN. Well, because you do not have any answer or solution as to how you are going to satisfactorily answer the problems, you raise on these 10 points, then these 10 paragraphs in your objectives are more or less platitudinous phrases, I assume?

Mr. FOGARTY. You may call them that, but I do not.

Mr. MARTIN. I mean here is the bill, and you have no solution.

Mr. FOGARTY. No, I do not have any solution and neither do you nor does any Member of Congress. That is the intent of the legislation, to try to, over a 3- or 5-year period, carry on demonstration projects and research projects at the State level trying to find out some of these answers that I do not know or do not pretend to know.

Mr. MARTIN. Let us go back to your first point, "an adequate income." We have a social security program. What do you propose to do? Do you propose for the Federal Government to pay out \$100 a month, \$200 a month, or \$500, whatever it might be, out of the Treasury of the United States to people 65 years of age, or what do you have in mind?

Mr. FOGARTY. No, I do not. I think it should be studied.

I think on the earnings limitation at age 65, something should be done about it; I do not know if it should be \$1,500 or \$1,800; that is something I do not know.

Mr. MARTIN. This social security program was enacted in 1936 and there has been continuous study in this field ever since that date, over 26 years ago.

Mr. FOGARTY. But many of us are not satisfied with the act as it is now operating and there are many, many bills introduced by Congressmen on both sides of the aisle to correct some of the limitations under social security. No one knows just what or where we should go in this area.

Mr. MARTIN. What is the advantage of setting up a separate department in HEW over another agency?

Mr. FOGARTY. There is not any. I am just giving in. The Department opposed the independent agency last year and due to their opposition, nothing has been done for a year now, so I am just giving in on that for the time being.

I just think the independent commission is the best thing but to get some action I am willing to cooperate with the Department and hope they will support this kind of legislation.

I do not know yet what action they are going to take, whether they are for or against this legislation. I have not been informed. But they did take a stand a year ago in this room against the independent commission on aged. I thought it was a good idea then,

I still think it is a good idea, but we have to get some action, and to do something in this area, this is our solution.

It is not as good as an independent agency as far as I am concerned but I think it will make some headway. I just don't like to see "aging" under "welfare," as it is at the present time.

Mr. MARTIN. Do you consider "social security" as "welfare"?

Mr. FOGARTY. No, I do not. Social security is not under welfare. Social security stands on its own.

There is a Commissioner of Social Security and there is a Commissioner of Welfare.

Mr. MARTIN. That is all, Mr. Chairman.

Mr. DENT. Mr. Carey.

Mr. CAREY. Thank you, Mr. Chairman.

Mr. Fogarty, I think a little story at the outset best illustrates the purpose of this legislation to identify the dignity of the aged individual of America.

This is detailed in a recent article in the Reader's Digest entitled "Life in the United States."

It refers to a geriatric expert's visit to a lady of the town who claimed to be 107 years old and the expert was somewhat skeptical of this lady because of her state of adequate preservation and he asked her several questions and found her to be both keen and perceptive and he said: "You are certain that you are 107 years old?"

She said: "I am as certain that I am 107 years old and as certain that I will be 108."

He said: "I hope I will be around to see you next year."

And she said: "You will be and I will be 108."

He said: "What makes you so certain?"

She said: "Look at the statistics. Very few people die between 107 and 108."

I think we are burdened with statistics in this field. I think your bill goes to the heart of this thing, because, as I understand it, you want to move for implementation and action in the many fields that are treated with in the statistics that we have before us.

Mr. FOGARTY. Yes, that is the main purpose of the bill, to make these studies and come up with an action program. All we have been hearing about in the last 15 or 17 years, to my knowledge, in both administrations, is just a lot of words and no action.

Mr. CAREY. Now, following on the line of questioning of my colleague from Nebraska, you correctly indicate that in many of these areas we want to know the answers so that we can adequately legislate.

For instance, on the key point of adequate income for the aged, you mention one abuse, the hiring of a man at the \$1,500 ceiling level for a job that properly would command a \$5,000 income.

Mr. FOGARTY. That is going on in St. Petersburg today, day in and day out.

Mr. CAREY. It is? Is there not a type of windfall also to the employer who can get, say, a very efficient, in fact an expert aged person to come into his organization for 3 months and do a skilled job and pay him only \$1,500 for a full \$5,000 worth of annual work, which ordinarily would be performed by a younger person, and in this case the employer picks up a \$3,500 windfall and the job disap-

appears for 9 months of the year? Is this not another type of abuse that stems from the lack of an adequate approach?

Mr. FOGARTY. That is one of the examples I tried to give a few minutes ago.

Mr. CAREY. When you say "adequate income," this might not be a greatly increased income but we could study the ways that the aged can best earn funds without burdening the surplus labor market and which would give us some answers in this field that would both create employment and reduce unemployment and at the same time bring them to a new status of dignity insofar as their supplementary income is concerned. This again would go to the dignity of the individual as an aged American.

Mr. FOGARTY. I think that is one of the purposes of the bill. I think that 99 percent of the older persons I know do not want to go on welfare or relief. They want to, in their own way, come up in this country and try to help themselves. If we do not do anything, we are just going to encourage more of them to be on welfare and relief. Something that the average American does not like to do, is to go to collect a relief check.

Mr. CAREY. Would you say—and again I think in recognition of what my colleague from Nebraska designated as the principle of self-reliance of the individual—would you say this bill does recognize the desire of the individual for self-reliance, the fact that he does not want to be classed, and I do not like the word "classed," rather grouped with the welfare citizens who have no other choice? He has another choice. You want to give him the choice of how he wants the Government to work with him, is that not right?

Mr. FOGARTY. I would hope this principle would go along in that direction. As far as I know from all of the organizations that represent the aging in this country, that is their main desire. They do not want to be classed as welfare recipients and to have the country pay all of their bills.

Mr. CAREY. Mr. Fogarty, in conjunction with the testimony this morning, we have before us numerous publications which have been prepared and which are being disseminated, I assume all in connection with the singular problems of the aging. Some of them refer to advances made in Sweden in housing such as this (indicating), and some to the fine work being done in Menlo Park, for instance. I suppose in this area there would be adequate recognition of what is being done in North Carolina, which I believe has made great advances in a measure due to the fine work of the Commissioner that is with us this morning, Mrs. Winston.

I would suppose in many of the States we can point to different but ongoing programs that other States might well want to advance and implement in their States. Is there any way today that the States with an interest, the States which participated in the conference, the States which desire to do something can do it with Federal cooperation on an action program? Is there any way today they can do that?

Mr. FOGARTY. If there is, I do not know of it. I would hate to see 2 or 3 years' work in this White House Conference go down the drain by inaction on this problem of the aging.

Mr. CAREY. Now, is it your considered judgment that at this point, despite all of these publications, despite the 12 regional studies con-

ducted on aging, despite the highly commendable principles demonstrated in the aging bulletins, that there is no prospect for action unless we undertake some commission of this kind, unless we set up some administration of this kind? There is at this point no prospect for action?

Mr. FOGARTY. That is one of the purposes of this bill.

Mr. CAREY. Now I would like to dwell a moment on the grouping of the aging American with those who are on public assistance, and I believe that is the only connotation which this presently has in the minds of the average American. It may be unfortunate but the term "welfare" as drawn by our Founding Fathers has a different connotation today.

Do you find this, in a sense, impedes the participation of the older Americans in the actual right to benefits which he has? He is unwilling to avail himself of certain benefits because he does not want to go to his local welfare office?

Mr. FOGARTY. This has been my experience, and with every group that I talked to on this problem. This is the main bone of contention among the aging groups of this country.

They resent the fact that they have been put on under a so-called welfare program.

Mr. CAREY. Would it be your judgment that they have earned their own status, that they are independent Americans that have lived through a major depression, several recessions, have acted on their own in order to bring about what security they have, and only want to gain that recognition which the Government owes them and which they are entitled to by reason of their own contribution to security without regard to being classed or grouped with public assistance cases?

Mr. FOGARTY. I said that in my statement.

Mr. CAREY. Would not this be true also, that in the administration of several other programs the tendency has been for the States now, in order to key in with the Federal office, to put their aging Americans and senior citizens into welfare classifications?

Mr. FOGARTY. Yes, this is a pattern that is being followed by the States because of this kind of leadership at the top level.

Mr. CAREY. In this herdbound adherence to the welfare principle on the State level, are we not, in a sense, consigning the 18 million aged persons in the country to a welfare classification whether they like it or not?

Mr. FOGARTY. I see no other way to express it. That is my interpretation and I think it is the interpretation of every aging group in the country.

Mr. CAREY. I think this example of my own State would bear this out; that is, that a person who came to my office on a Saturday morning because she was desirous of securing Kerr-Mills benefits, said to me she knew she was qualified and identified herself as within the income range proposed by our State for participation in Kerr-Mills but put it this way, "Though I am eligible, though I know I should be getting the money, and I know I am entitled to the money, I am not going to go to the welfare office to get the money I am entitled to."

That is exactly what I think many of the aged persons are saying and I think for this reason they are not receiving the benefits we desire they receive under the legislation of Kerr-Mills.

Mr. FOGARTY. I think that example could be multiplied thousands of times throughout the country.

Mr. CAREY. Now to conclude with another reference to the questioning of the gentleman from Nebraska, I think it should receive sympathetic support of the minority side because everything I see in the bill goes to the principle of self-reliance, divides the problem of the aging American from the manifest and challenging problems of the public assistance case. I would think the minority would join with us in looking for the answers we need so that we, in the Congress, can make the judgment, we in the Congress can decide what kind of program the aging should have, and I would hope they would be sympathetic to the legislation so the answers we have would be both unquestioned in terms of statistics, and would be action programs as differentiated from studies and dissemination programs. I think the action programs in the long run could well bring about economies in that we would find help from the aging American in helping himself. We would find ways to take him away from the welfare dependence which he seems destined to wind up with if he stays under the office in which he has now been grouped.

Mr. FOGARTY. I am just afraid if we do not do something in this area we will have a social revolution within 10 years that Congress may not be able to cope with. That is because of the estimated increase in the number of people over the age of 65 in the next 10 years.

Mr. CAREY. I would be sure in your experience you can give me a figure. We have 18 million now, what is it, from your experience on the Appropriations Committee on Health, Education, and Welfare, what is the figure we are going to be dealing with, say in the next 10 years?

Mr. FOGARTY. By 1970, oh, I think it is 22 million and it is going to keep going up and up, because life is being extended almost yearly, mainly because of many of the appropriations made by the Congress in research and lives are being saved today that could not have been 3, 4, or 5 or 10 years ago and we expect that to keep on.

And we have the problem along with that of automation and discrimination against hiring of people over the age of 45 that is going to make this problem much worse; and before we know it, there will be a tremendous problem and we will have no plans to cope with it.

Mr. CAREY. I thank the gentleman from Rhode Island, and I do think Mr. Fogarty has given us a great many answers and I feel we will get more results if we effectively pass on this legislation.

Mr. DENT. Thank you. I want it clearly understood that all witnesses will be heard. If we have to have more days of hearings, we will have them. I believe this to be a very serious matter and one that needs a complete airing and therefore any questioning will follow the desire of the member asking the question in order that we may place in the record any thoughts that any member of the committee may have as well as those of the witnesses. Therefore, although it may appear to be a slow procedure, we expect to hear every witness on this legislation whether it takes 1 day, 2 days, or the rest of the year. We will be here anyway, I guess.

Mr. Bruce.

Mr. BRUCE. I have no questions, but just one observation where I find myself in an area of agreement with you and that would be in lifting the income ceiling on those who are receiving social security. To me this is outrageous.

Mr. FOGARTY. I do not know what the ceiling should be. That has to be studied. I do not have the answer to it. But I think this legislation will help find what that ceiling should be. I think if we should do that, many of these people who are on relief now and finding it almost impossible to eke out a living, they want to work and they want to live in their own homes if they possibly can, and they will if they can earn a few more dollars a year.

Mr. BRUCE. A lot of them want to.

Mr. FOGARTY. Yes. I think most or a vast majority do.

Mr. DENT. Thank you.

Mr. Hawkins.

Mr. HAWKINS. No questions.

Mr. DENT. Thank you, Mr. Hawkins, and thank you, Mr. Fogarty, for your very frank discussion of the matter before us. I am sure that your thoughts in this matter will be given serious consideration by this committee, for we know of your sincere and deep interest in the matter.

Thank you very much.

The next witness will be the Secretary of Health, Education, and Welfare, the Honorable Anthony J. Celebrezze.

Mr. Secretary, you can take the witness stand.

The statements are available for the members of the committee and the Secretary may proceed in any way he desires, that is, by submitting his statement for the record and discussing it, or in whatever manner he wants to proceed.

STATEMENT OF HON. ANTHONY J. CELEBREZZE, SECRETARY OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY DR. ELLEN WINSTON, COMMISSIONER OF WELFARE; DR. DONALD P. KENT, DIRECTOR, OFFICE OF AGING; AND WILBUR J. COHEN, ASSISTANT SECRETARY

Secretary CELEBREZZE. Mr. Chairman and distinguished members of the committee, I have with me Dr. Winston, Commissioner of Welfare, Dr. Kent, who is in charge of the aging program, and Mr. Wilbur Cohen, who is the Assistant Secretary in charge of legislative matters.

Mr. DENT. They are all welcome.

Secretary CELEBREZZE. Thank you.

I believe, Mr. Chairman, that I can save time if I read my statement because I think I cover a wide area. It will save time for the questioning, which I realized as I sat through the questioning of the last witness, the committee is vitally interested in.

Mr. Chairman and members of the committee, I appreciate this opportunity to come before the subcommittee to discuss with you the legislation pending before your committee relating to the aging and to tell you briefly what the Department of Health, Education, and Welfare and other departments and agencies of the Government are doing in relation to the problems of older people.

Lengthened life expectancy has brought large increases in both the numbers and proportion of older persons in our population and in the number of years they will spend in retirement. By 1970, more than 20 million persons or every 10th American will be 65 years of age or over.

Many of our older citizens face special problems resulting from their circumstances: A considerable reduction in income after retirement; rising health costs which accompany declining health; lack of opportunity to continue useful service to society and to enjoy productive and satisfying activity when ample time becomes available; unsuitable or inadequate housing; and many other special problems.

I do not need to develop these in detail, for this committee is familiar with the circumstances and special problems of the aged. Nor do I need to remind the members of this committee that this administration has already moved vigorously to strengthen essential services for our older citizens and is committed to a broad forward-looking program for our older citizens.

This administration has recognized that all levels of government have the responsibility, in cooperation with private organizations and individuals, to act to improve the lot of our aged. This administration has also recognized that public efforts will have to be undertaken primarily by the local communities and by the States and therefore has developed programs designed to stimulate community action. At the same time, we fully recognize that many of the problems are nationwide and call for Federal action as well.

While we have not yet reached our goal, we have taken major strides. Let me enumerate but a few.

1. In 1961, upon recommendation of the administration, the Congress amended the Social Security Act increasing benefits by \$900 million a year, substantially strengthening the social insurance provisions for retired and disabled workers and widows, and enabling men to retire on social security at age 62. Legislation enacted by the Congress in 1961 also increased Federal support for old-age assistance, including medical vendor payments.

2. This administration proposed, and Congress enacted in 1961, the Community Health Services and Facilities Act, which provides support for out-of-hospital community services for the chronically ill and the aged and increases Federal grants for nursing-home construction, health research facilities, and experimental hospitals and medical-care facilities. There are now projects underway in 48 States.

3. The Public Welfare Amendments of 1962 authorized a substantial increase in Federal funds for old-age assistance, reemphasized restorative services to return individuals to self-support and self-care, and provided encouragement for employment. Since the enactment of these amendments, the Welfare Administration has encouraged States to increase and improve the services offered to older people. This leadership has already resulted in more than 30 States developing plans for statewide special social and related services to older people with other states planning to do so as essential staff can be provided.

4. The Housing Act of 1961 included provisions for the rapid expansion of housing for the elderly through public housing, direct loans, and FHA mortgage insurance. Commitments in 1961, and

1962, were made for $1\frac{1}{2}$ times the number of housing units for older citizens aided in the preceding 5 years.

5. The Senior Citizens Housing Act of 1962 provided low-interest, long-term loans for rental housing for the elderly in both rural and urban areas and loan insurance for rental housing in rural areas. Grants were also authorized for repair of rural homes of the elderly.

6. During the past few years research efforts and support for research in gerontology have been increased. In fiscal year 1963, health research and training programs within the Department of Health, Education, and Welfare alone included expenditures exceeding \$15 million. Added to this are the research efforts of the Veterans' Administration and the National Science Foundation, and the research supported by other Government agencies and departments. The new Institute of Child Health and Human Development, which was authorized last year, is expanding programs of research on health problems of the aging.

7. Other new legislation added safeguards on the purchase of drugs which are so essential to older citizens, boosted railroad retirement and veterans benefits, and helped protect private pension funds against abuse.

8. By administrative action, we have increased the quantity and quality of food available to those on welfare and other low-income aged persons and established new organizational entities to meet the needs and coordinate the services affecting older people. In the Public Health Service, for the first time, there is a new operating program geared exclusively to meeting the health needs of the aging through a Gerontology Branch.

9. The President's Council on Aging was reorganized and given new direction and leadership. The Council has prepared and issued a summary report on national programs on aging. This report, entitled "The Older American," has been hailed both for its clear statement of the needs and circumstances of older persons and for its forward-looking program. Interdepartmental task forces have been working in the areas of housing, employment, research, health, and social services. A report of these activities is scheduled to be presented to the President in October.

On February 21, of this year, President Kennedy became the first President ever to send to the Congress a special message relating to our elderly citizens. In his message the President said:

The heart of our program for the elderly must be opportunity for and actual service to our older citizens in their home communities. The loneliness or apathy which exists among many of our aged is heightened by the wall of inertia which often exists between them and their community.

We must remove this wall by planned, comprehensive action to stimulate or provide not only opportunities for employment and community services by our older citizens but the full range of the various facilities and services which aged individuals need for comfortable and meaningful life * * *.

The Federal Government can assume a significant leadership role in stimulating such actions. To do this, I recommend a 5-year program of assistance to State and local voluntary organizations for planning and developing services: for research, demonstration, and training projects leading to new or improved programs to aid older people; and for construction, renovation, and equipment of public and nonprofit multipurpose activity and recreational centers for the elderly.

It is against this backdrop that I would like to discuss H.R. 7957. The broad objectives spelled out in this bill are ones which all of us

can heartily endorse. They are objectives that we have been effectively moving toward and used as a basis for planning future programs.

H.R. 7957 provides for grants for community planning, services, and training for research and development projects, and for training projects.

The grant provisions of H.R. 7957 are consistent with the President's recommendations, and I am pleased to endorse them wholeheartedly.

The President also pointed up the great need for multipurpose activity centers and for community and State action to assist in providing employment opportunities for older persons who are able and wish to continue to work.

On the subject of employment opportunities, the President said:

Our Nation must undertake an imaginative and far-reaching effort—in both the public and private sectors of our society—for the development of new approaches and new paths to the employment of older citizens. This will require a sharp new look at retirement and personnel patterns, part-time work opportunities, restrictive pension plans, possible incentives to employers, and a host of other traditional or future practices. To give impetus to this nationwide reappraisal, I propose two immediate actions.

First, I recommend legislation to establish a new 5-year program of grants for experimental and demonstration projects to stimulate needed employment opportunities for our aged. The Federal Government through the Department of Labor would provide up to \$10 million per year on a matching basis to State and local governments or approved nonprofit institutions for experiments in the use of elderly persons in providing needed services. They would be employed in such activities as school lunch hour relief, child care in centers for working mothers, home care for invalids, and assistance in schools, vocational training, and programs to prevent juvenile delinquency. Precautions would be taken to insure that no project would result in any displacement of present employees and that wages would be reasonably consistent with those for comparable work in the locality.

Second, I have directed the President's Council on Aging, in consultation with private organizations and citizens to undertake a searching reappraisal of problems of employment opportunities for the aged and to report to me by October 31, 1963—

As I mentioned earlier this report would be submitted—

on what action is desirable and necessary.

The President's Council has carefully studied these issues and is preparing to make its report to the President shortly. I would urge the subcommittee to consider the grant proposals recommended by this administration regarding employment.

The President also called attention to the need for providing opportunities for meaningful use of free time that comes with retirement. The administration has recommended support for constructing, equipping, and operating multipurpose recreational activities centers. I recommend to this subcommittee consideration of this aspect of the administration's program.

H.R. 7957 calls for the administration of the proposed grants by a new unit to be created within the Department of Health, Education, and Welfare—an Administration of Aging under the direction of a Commissioner of Aging. I would like to discuss the question of administration of aging programs with you in some detail.

Shortly after becoming Secretary in July of last year, I carefully reviewed the Department's program on aging, considered various types of administrative organization for the strengthening of these pro-

grams, and, after careful study, made a major reorganization creating a new administrative unit designated as the Welfare Administration.

In this Administration were grouped a number of related programs previously separate. To head this Administration we appointed Dr. Ellen Winston, who is here with me this morning, an administrator who is known both nationally and internationally as an outstanding leader and program expert in the fields of social welfare and aging. As part of the reorganization, the Office of Aging (formerly Special Staff on Aging) was transferred from the Office of the Secretary to this new Administration. The Office of Aging was thus placed in an operating agency whose head is able to give it greater leadership and personal attention than was possible in the Office of the Secretary.

I think this committee must appreciate that I have 138 separate programs going and everyone wants to be in the Office of the Secretary. Likewise, every agency which has any program at all wants a commissioner, a commissioner on water pollution, and so on. Every agency wants status. I think that our reorganization program did much to lift the Office of Aging from the stagnation it was in when I became Secretary.

As part of the Welfare Administration, the Office of Aging enjoys a closer relationship with other bureaus dealing with the problems of the aged and aging. We feel that this new organization will permit the Department to discharge most effectively its responsibilities in the field of aging, and we feel the Office of Aging should be given an opportunity to develop within the Welfare Administration.

This reorganization occurred only slightly more than 7 months ago. During this brief period, as those who would take time to examine the record would agree, the results have been very encouraging.

The relocation of the Office of Aging was brought about to strengthen the operating potential of the Office, to underpin its broad responsibility and concern with, and activity for, the well-being of the older men and women in the Nation. The director and his staff have available major resources in the Welfare Administration to draw upon to help promote an expanding and accelerated program and also the active support of the Commissioner of Welfare, who gives time that the Secretary could never make available to this major field of departmental activity.

The Office of Aging coordinates all programs in aging centered in the Department. These include special units in the Public Health Service, the Office of Education, the Vocational Rehabilitation Administration, the Food and Drug Administration, as well as other units in the Welfare Administration.

It seems well to restate briefly the duties and programs of the Office. The aged of America are a greatly varied group. There are men and women who are just reaching their 65th birthday and some 12,000 others who have passed their 100th birthday. Within these ages are included the well and the ill, the independent and the dependent, the poor and the well-to-do, the college graduate and the untaught, the highly skilled and the unskilled, as well as persons at all levels in between.

The Office of Aging is interested in all of them and in all their interests, their health, their housing, their incomes and employment opportunities, their education and recreational participation in com-

munity life, their roles and status. It seeks to strengthen and extend existing services, to develop new knowledge, to stimulate new programs, and to inform the general public of the needs of the elderly and the services available to them. How does it do these things?

More than half of all Federal programs for the aging are centered in agencies of the Department of Health, Education, and Welfare. The Office coordinates these and, at the same time, works with other Federal agencies having programs in aging. For example, the Office of Aging and the Public Housing Administration have a joint project on developing more social services for the elderly living in public housing. Another example is the current cooperation between the Office of Aging and the Department of Agriculture in developing new programs for the aged in rural areas.

The Office also maintains close working relations with many voluntary groups and assists them in developing improved programs. Work with religious groups, public welfare associations, fraternal organizations, and service clubs is included. It has special competency of its own in the areas of State and community organization, leisure-time activities, preretirement preparation, and in development of training in social gerontology.

The Office of Aging has a specialist in aging as a regional representative in each of the nine regional offices of the Department. Through these representatives and through its Washington staff, it provides consultant and technical assistance to States, communities, organizations, and individuals.

It is the Federal contact point for State commissions on aging, for national and local voluntary agencies, and for colleges and universities and other educational institutions with regard to programs in gerontology. It serves State and local health, education, and welfare agencies.

It provides background information on effective methods of community action and organization so that other communities may follow or adapt successful patterns. In this regard it publishes a series of case studies of successful ongoing programs known as "Patterns for Progress." Fifteen of these have appeared, and several more are in process.

It develops statistics of importance in aging, analyzes trends, prepares bibliographies and reference lists, contributes to the literature, and reviews current publications in the field.

It sponsors an annual National Conference on Aging. It co-sponsors other National, regional, and State meetings, seminars, institutes, and workshops, and provides speakers for national and international conferences. As requested, it serves the President, his Cabinet, and the Congress in work on legislation, staffing studies, and message content; serves the President's Council on Aging and the Secretary's Panel of Consultants on Aging; publishes a monthly news magazine and a number of series publications; and answers hundreds of queries each month.

The Director of the Office is Chairman of the Departmental Committee on Aging, and the Office provides staff services. This active Committee includes representatives from each constituent unit of the Department.

Its publications include "Facts on Aging," statistical leaflets on varied subjects; "Selected References on Aging," brief annotated

bibliographies; "Highlights of Legislation," reports on the introduction and progress of Federal and State legislation of importance to older people; and Aging, the Office monthly news magazine. The latter, incidentally, published its 100th issue in February of 1963.

In view of the gains that have been made in recent months, and again I want to emphasize to this committee that this reorganization took place just 7 months ago, under existing arrangements stemming from this reorganization that I effected last winter, it is my strong feeling that it would be unwise to alter the administrative structure at this time.

If the programs authorized under the several bills before Congress were enacted, the know-how acquired in large and varied grant-in-aid programs, now under the Welfare Administration, which have been operating since 1935, could be of great benefit in inaugurating these new grant programs on a sound basis.

H.R. 7957 vests responsibility for the administration of titles III through VI of the bill in the Secretary of Health, Education, and Welfare. To carry out this responsibility, the Secretary would have to take into consideration the relationship of the programs in the bill to several other aging activities in the Department. To carry out effectively the aging programs in the Department, the Secretary of Health, Education, and Welfare should have the administrative flexibility necessary for executive control of the Department's affairs and to make administrative changes from time to time as circumstances warrant. Establishment by statute of the internal organizational arrangement of the Department would deprive the Secretary of that control and flexibility, and, accordingly, I recommend that section 201 of H.R. 7957 be deleted and deferred for further consideration.

In concluding, we believe that the needs are so great for the type of grants authorized by H.R. 7957 that we strongly urge the committee to report a bill that contains these grant programs, with authority for administration vested in the Secretary of Health, Education, and Welfare as most similar authorities are. He can then delegate his authority to operating agencies of the Department according to the administrative arrangements that will best serve all the programs for which he is responsible. If it becomes advisable to create an Administration of Aging the Secretary already has the executive power to do so.

This administration is committed to an effective, vigorous program in aging. It is for this reason that we wholeheartedly support the grant provisions of the bills under consideration and give you unqualified assurance that we will take whatever steps we find to be desirable to promote more effective administration of our programs in aging.

Now, Mr. Chairman, I have emphasized, in my opening statement, my support of the basic provisions of the bill now under consideration, wholehearted administration support. As a matter of fact, the bill doesn't go as far as the President's recommendations.

The only part we take issue with is the part that would remove from the Secretary the ability to coordinate and run an efficient Department.

Now, in this whole area of aging, as I stated in my opening statement, we are involved with many agencies, both inside and outside the Department: The Housing and Home Finance Agency with perhaps

10 or 15 programs, the National Science Foundation, the Department of Agriculture, the Department of Labor, the Department of Commerce, and so forth. Inside the Department, we are involved with the Public Health Service, including its hospitals and medical facilities, the Social Security Administration, and so forth. I can furnish for the record all of the activities that these agencies have, and it is a rather long one.

In analyzing the total program, we studied the complete structure of the Department, which is essential for proper and efficient administration, and set up the necessary coordinating mechanisms. In the past 7 months there has been much activity through the interdepartmental committees under the President's Council on Aging. These were set up by the Council's Executive Committee, which is chaired by Dr. Winston, with each agency representative appearing as chairman or member of the coordinating committee for a specific subject. For example, the Housing Agency heads the committee dealing with housing for the aged. In each specific area they have that responsibility under the coordinated effort of Dr. Winston and Dr. Kent.

In my opinion, it would be practically impossible for a Commissioner of Aging or an Administration of Aging under a commissioner to coordinate and pull all of these departments together because they just cross every which way. You are only going to do it within this coordinating committee which we established.

What I am saying to the committee is this: In a few months we have made real progress. Give us an opportunity, as I said in my opening statement, to move ahead on this program of reorganization. After a time, after a fair trial, if we have not produced, then the committee can take whatever action it desires to take.

But the fact remains and the record proves, as I tried to show this committee, that more has been accomplished in the past 7 months under this new reorganization than was accomplished practically in the total, I don't know what Mr. Fogarty said, 10 or 12 years, in this area.

So to wrap it up, Mr. Chairman, I support the bill wholeheartedly with that one exception which we recommend be stricken.

Mr. DENT. Thank you, Mr. Secretary. I note again we all appear to be united in our objectives. The only question that the committee seems to have to resolve is the application of the right method to reach these objectives.

I note on page 8 that you put your finger on one of the reasons that there has been a demand by some for an independent agency under a commission.

You state, "The Office of Aging coordinates all programs in aging centered in the Department."

In your testimony you say that you have reached out through this coordinating agency into departments other than HEW by getting into Labor, by getting into Agriculture and into the various other governmental departments that have some phases of the problems affecting the aging entrusted to their administration.

Now, no matter how you sum it up, Mr. Secretary, we find ourselves up against this particular problem. Although you have very definitely made a great deal of improvement, and I think your program has advanced immeasurably, when you analyze it from a legislative viewpoint, you still have the responsibility, as it were, of taking on

the Office of Aging and trying to coordinate all of the departments of aging into that Office. You have assumed a responsibility without a legislative authority.

In other words, if the Department of Labor desires not to cooperate, then the Department of Labor would not have to cooperate.

If the Department of Agriculture desires not to cooperate, then that Department would not necessarily have to cooperate, inasmuch as you are administering an office which is a branch of your particular Department.

Now, the purpose behind the legislation, as I understand it, and the hearings will develop whether or not I am wrong, and certainly my mind is wide open on this subject, is to give the responsibility and the authority to a commissioner whose authority would not be questioned on overlapping or interdepartmental disagreements, on interdepartmental discussion and debate over authority on a particular program and its administration. It would have within it, when it is properly set up, the same authority we give to independent commissions which can move over and above a bureau in another department dealing with the same problem and come out with a clear-cut issue.

There is no question in my mind that any person who has made any study at all of government realizes that the problems affecting any sizable group are varied and many times they confound those who try to resolve them; however, unless they are all coordinated and all problems related are tied together under one agency, they will necessarily continue, as they have in the past, to fail of resolution.

We know that the very first point in the program envisioned by this particular legislation, No. 1 out of the declaration of objectives, is an adequate income. If you resolve that particular item, the other nine objectives fall into place automatically because in the main, most of them are related to the question of income adequate to meet the needs of the aging.

We have here, for instance, already set up in the city of Philadelphia, the so-called "Helpmate" voluntary program by the Council of Jewish Women, which has done a magnificent job, but in the main these people who can provide the services needed by community life have to have an adequate income in order to be able to participate in these programs.

I know that you are doing an excellent job and maybe the plea for more time has a great deal of merit behind it, but I think that this subject needs a great deal of airing and needs to have before the committee the diverse opinions of the many people who have devoted a great deal of time to this particular subject. I know I served for 20-odd years on the aging problems in Pennsylvania. Yet, I admit in many fields I am completely ignorant because not at any time did we have a responsibility tied to authority. That is the only objective.

As I see it, the Office of Aging could become the office of the Commissioner with all its background knowledge. There is no need to lose the services and the knowledge that this particular group of citizens has gained over the years, but it is a question of establishing within your secretariat that particular responsibility tied to authority.

That is the way I view the legislation. If I am in error, I would be corrected, of course, by the testimony.

Secretary CELEBREZZE. This legislation, if passed, would accomplish nothing toward improving administrative procedure but would merely

create a new administrative structure. What you would provide here is exactly what we are doing now because even if you appoint a Commissioner he has no authority under this to tell other departments what to do. He can only do it exactly the way we are doing it now. The President has to establish a Council on Aging with membership from the respective departments and instruct those departments to coordinate their efforts. This is what we now have with day-to-day operations through this working committee, of which Dr. Winston is the chairman.

The Commissioner under this arrangement would have no more power of pulling those people together than we have right now.

Mr. DENT. Mr. Secretary, I might note that the President himself, if my recollection is correct, in his message to the House, recommended an outright grant in a 5-year period to the Department of Labor to make certain studies. Yet under this legislation these grants would come under the Commissioner who would then resolve whether they would be given to the departments of Government or to private agencies and it is in that area that you have the authority, with the responsibility.

What I am driving at is, the Commissioner would establish the research programs, and if he decided it was to go into the Department of Labor, there is where it would go.

Secretary CELEBREZZE. That is the purpose of the President's Council on Aging at this time. We are following that pattern now through coordinated committees.

Mr. DENT. You are doing it under a departmental function designed and operated under your administration. However, Congresses pass on and Secretaries pass on sometime. Therefore, if tomorrow a new Secretary comes in or a new President comes in and he does not quite agree with the established procedure you are following, just a stroke of the pen completely changes the procedure and maybe negates everything you have accomplished in your efforts to resolve the problem.

That is why the legislative authority must be declared along with responsibility, and I am only giving you what I see to be the area of responsibility.

Secretary CELEBREZZE. I might agree with you except on this basis, that the responsibility, whether you appoint a Commissioner or call him a General or whatever, the responsibility eventually falls right into the lap of the Secretary. It falls into his lap because he is the head of the Department and is responsible for everything that goes on even though he might have no control over the Commissioner. If anything goes wrong, it is the Secretary who receives the complaints. It is the Secretary who has to acknowledge that the Department is not being administered so you must have a focal point of authority. Over the Secretary is the President and it is the function of the President to coordinate all the departments and that is what he has done by creating the Council on Aging.

Mr. DENT. I am through with the point and I took so much time because I think it is important that we have the sponsor and administrative spokesman at this time, early in the hearing, in order that the committee will have before it for its consideration the very strong viewpoints of both the administration and the sponsor of the legislation.

Mr. CAREY. Mr. Chairman, will you yield?

Mr. DENT. I would rather go in order and not yield because of the time, unless you want to ask me a question.

Mr. CAREY. No, Mr. Chairman. However, would you yield at this point because I might not have a chance later?

Mr. DENT. All right.

Mr. CAREY. On the point you raised I would like to clear up this point with the Secretary in the light of the possibility I may not get to question him. On this point we have adherence to departmental responsibility and interdepartmental involvement. You indicated in your statement that more than 50 percent of the problems of the aging are centered in the Department of Health, Education, and Welfare, then it follows that something less than 50 percent spreads to other departments. Did not we have the same thing when we had the problem of young people in the Youth Conservation Corps Act? In that case we had a very fine panel of Secretaries in discussing the Act. We looked at the joint involvement and the common involvement and looked at the crisscross of jurisdiction and after we evaluated the problem to the degree it deserved, did we not in that bill call for the appointment of a Director of the Youth Conservation Corps with the advice and consent of the Senate to be appointed by the President?

Secretary CELEBREZZE. Yes.

Mr. CAREY. To be consistent in what we thought there, how can the problem of 18 million Americans deserve less consideration and be treated with a lesser degree of administrative attention than the problem of the Youth Activities Act which only involved 40,000 young Americans?

Secretary CELEBREZZE. There is no comparison between the two programs numerically or in the kinds of problems of youth as against the problems of the aging. As I said, there are so many different categories in which aging is involved that the basic problem will remain. The appointment of a Commissioner of Aging cannot get around the fact that that Commissioner would have no more authority for pulling in these departments than I would have now without the President's orders for a Council.

Before I get off this point, the Chairman says "What about the Secretary of Labor, the Commissioner would have the right to do that." The Commissioner could not tell the Secretary of Labor what to do. So we see again how important it is to have the President's Council on Aging coordinating these things.

I cannot see where the problems in juvenile delinquency or in the Youth Employment Act are in any way comparable.

Mr. CAREY. I am pointing it out procedurally and not substantively. The 40,000 is not comparable to the 18 million Americans involved in the opportunities for the aging, but administratively we saw fit in our wisdom and on the recommendation of the executive branch to elevate that office to a directorship to be appointed by the President with the advice and consent of the Senate under the jurisdiction of the Department of Labor. If we saw fit to do that procedurally and objectively because we felt it would get the job done better, how can we justify it with 40,000 young people and say it is not justified with 18 million?

Secretary CELEBREZZE. The point I want to make is you do not have the crisscrossing that it involved in this particular area of aging. I direct your attention to the fact it touches every department; there are some 40 or 50 programs which crisscross in the departments.

Let us take my own department. We have the Vocational Rehabilitation Administration making grants and the Public Health Service making grants and regardless of what you set up as another grant program you are going to duplicate machinery now in existence for these grant programs.

Mr. DENT. Mr. Secretary, would you make available for us, and this will help a great deal in our deliberations, a list of all of the programs that are affected by this.

Secretary CELEBREZZE. Yes; I have a publication I will mail to you. (The above-mentioned publication follows:)

[OA No. 305, April 1963]

SELECTED REFERENCES ON AGING

OFFICE OF AGING—U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

("Selected References" are listings of materials on specific subjects that have recently been reported to this Office. Listing does not constitute endorsement of the ideas expressed. For more comprehensive reference guides, consult your local library)

FEDERAL FINANCIAL ASSISTANCE PROGRAMS

Congress has authorized many departments and agencies of the Federal Government to provide millions of dollars in grants, loans, and other financial assistance to State and local governments, nonprofit organizations, profitmaking enterprises, and individuals for activities that will help meet some of the Nation's most urgent social needs.

Although relatively few of these programs are exclusively for the benefit of senior citizens, most of them can be used for that as well as for other purposes. The very multiplicity of these opportunities, however, sometimes makes it difficult for potential candidates for Federal aid to know that it is available and how to get it.

To provide a few guideposts for those who serve senior citizens, the tables on pages 4 to 7 have been assembled with the assistance of the member agencies of the President's Council on Aging. (Note that programs which provide funds solely for State or local public agencies, such as old-age assistance, general health grants, or public housing subsidies, have not been included.)

On the theory that it would be more confusing than enlightening to publish full details, the tables are designed merely to convey the general nature of each type of aid so that the reader can determine what State or local agency or what field or regional office of a Federal agency to consult for further information.

The best general rule to follow is first to consult the agency in your own community that works in the field you are interested in. For example, your local health department would probably have information about the health grants listed; your local housing authority may have the information you want on urban planning assistance as well as on all housing programs; your county agent should know about the Department of Agriculture programs, etc.

If you have no local agency for the program you are interested in or if the local staff does not have all the information you need, turn next to your State agency; then to the field or regional offices listed below.

OTHER PROGRAMS

The reason it is a good idea to consult local and State agencies first about these Federal-aid programs is that, in addition to advising you about making an application, they can also tell you about other types of aid for which you might qualify.

For example, a number of Federal grants to State and municipal agencies are contingent upon the agency's putting up funds of its own. When this is done, the agency may pool the Federal funds with its own to set up a new grant program for organizations and individuals within its jurisdiction. If the State or local agency is not getting Federal aid because it has been unable to put up matching funds, your evidence of need may be influential in getting the matching funds appropriated.

The same agencies that have information on the programs cited in the tables can also help you find out about other types of Federal aid such as traineeships and scholarships for persons who want additional professional training; training grants to institutions that offer such training; and the medical research grants offered by the Heart, Cancer, and other Institutes that comprise the National Institutes of Health. Although the elderly will ultimately benefit from the additional knowledge and manpower such programs will produce, these are long-range values as distinguished from the immediate benefits that accrue to the aged from the construction of a new nursing home or housing project.

The programs selected for description in these tables are only the ones most likely to interest those who need funds for a project, facility, or service of direct and immediate benefit to older people.

HEW REGIONAL OFFICES

Each unit of the U.S. Department of Health, Education, and Welfare has representatives in the Department's regional offices to advise on the grant programs administered by that unit. In addition, the following specialists on aging are available for consultation and technical assistance:

- Region I: James C. Hunt, 120 Boylston Street, Boston 16, Mass. (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.)
- Region II: Louis L. Bennett, Room 1200, 42 Broadway, New York 4, N.Y. (Delaware, New Jersey, New York, Pennsylvania.)
- Region III: H. Burton Aycock, 700 East Jefferson Street, Charlottesville, Va. (District of Columbia, Kentucky, Maryland, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands.)
- Region IV: Mrs. Virginia M. Smyth, Room 404, 50 Seventh Street NE., Atlanta 23, Ga. (Alabama, Florida, Mississippi, South Carolina, Georgia, Tennessee.)
- Region V: Miss Verna Due, Room 717, New Post Office Building, Chicago 2, Ill. (Illinois, Indiana, Michigan, Ohio, Wisconsin.)
- Region VI: Miss Amelia Wahl, 560 Westport Road, Kansas City 11, Mo. (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota.)
- Region VII: Clarence M. Lambright, 1114 Commerce Street, Dallas 2, Tex. (Arkansas, Louisiana, New Mexico, Oklahoma, Texas.)
- Region VIII: Sterling K. Peterson, Room 551, 621 17th Street, Denver 2, Colo. (Colorado, Idaho, Montana, Utah, Wyoming.)
- Region IX: George S. Reed, 447 Federal Office Building, Civic Center, San Francisco 2, Calif. (California, Nevada, Oregon, Arizona, Washington, Alaska, Hawaii.)

FHA ZONE OFFICES¹

- Zone I: 19th Floor, 2 Park Avenue, New York 16, N.Y. (Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, New York.)
- Zone II: Room 608, Widener Building, Chestnut and Juniper Streets, Philadelphia 7, Pa. (Pennsylvania, New Jersey, Maryland, Delaware, District of Columbia, West Virginia, Virginia.)
- Zone III: Peachtree—Seventh Building, Atlanta 23, Ga. (Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Florida, Puerto Rico.)
- Zone IV: 360 North Michigan Avenue, Chicago 1, Ill. (Michigan, Ohio, Indiana, Illinois, Wisconsin, Iowa, Minnesota, North Dakota, South Dakota, Nebraska.)
- Zone V: 300 West Vickery Boulevard, Fort Worth 4, Tex. (Kansas, Missouri, Arkansas, Louisiana, Oklahoma, Texas, Colorado, New Mexico.)
- Zone VI: 25 Taylor Street, San Francisco 3, Calif. (Washington, Oregon, California, Idaho, Nevada, Arizona, Utah, Montana, Wyoming, Alaska.)

¹ Does not include 74 local FHA insuring offices, 17 FHA service offices, and a number of valuation stations.

TABLE 1.—Federal grant programs which may provide resources for projects in aging

Agency and program	Purpose of grants	Eligible applicants	Application forms
HOUSING AND HOME FINANCE AGENCY Office of Program Policy: Low-income housing demonstration grant program.	To develop and demonstrate new or improved means of providing housing for low-income persons and families.	Public or nonprofit private bodies or agencies.	Office of Program Policy, Housing and Home Finance Agency, Washington 25. Submit a brief résumé of the purpose and scope of a proposal. Formal applications should not be submitted until requested.
NATIONAL SCIENCE FOUNDATION Basic research program.....	To initiate and support basic scientific research and programs to strengthen scientific research potential.	Nonprofit and, in some cases, profit-motivated organizations and institutions, and individual investigators not affiliated with institutions.	National Science Foundation, Washington 25.
U.S. DEPARTMENT OF AGRICULTURE Farmers Home Administration: Grants to owner-occupants of rural housing.	To make home improvements necessary to insure health and safety of occupants and of the community.	Rural low-income families, including the elderly, who cannot qualify for loans from any other source.	County offices of Farmers Home Administration, located in county seat.
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Office of Education: Cooperative research program.	To develop new knowledge about major problems in education or to devise new applications of existing knowledge in solving such problems, through research, surveys, and demonstrations.	Universities, colleges, and State education agencies.	Cooperative research program, Division of Research and Statistics, Office of Education, U.S. Department of Health, Education, and Welfare, Washington 25.
Public Health Service: Community health services grants program.	To develop new and improved methods of providing out-of-hospital community health services, particularly for the chronically ill and aged, through studies, experiments, and demonstrations.	State and local public agencies, nonprofit private agencies and organizations.	Office of Grants Management, Bureau of State Services, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25.
Hospital and medical facilities construction program (Hill-Burton).	To assist in the construction of nonprofit hospitals and public health centers, diagnostic or treatment centers, chronic disease hospitals, rehabilitation facilities, and nursing homes. (Includes option to take a loan in lieu of a grant.)	Public and other nonprofit organizations whose applications are approved by the State administering the "Hill-Burton" program (in most States, this is the State health department).	State agency for Hill-Burton program. For information on Federal aspects: Division of Hospital and Medical Facilities, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25.
Hospital and medical facilities research and demonstration program (Hill-Burton).	To construct experimental and demonstration projects of hospitals and other medical facilities and to acquire experimental and demonstration equipment in connection with hospitals and other medical facilities. Funds also available for evaluation of these projects.	Public and other nonprofit agencies or corporations.	Research Grants Branch, Division of Hospital and Medical Facilities, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25.

TABLE 2.—Federal loan and mortgage insurance programs which may provide resources for projects in aging

Agency and program	Purpose of loans	Eligible applicants	Application forms
HOUSING AND HOME FINANCE AGENCY			
Community Facilities Administration: Sec. 202. Senior citizens housing loan program (direct loans).	For construction of rental housing and related facilities for lower middle-income persons 62 years of age or older. Nursing homes and similar medical establishments not eligible.	Nonprofit groups, consumer cooperatives, and public agencies (except housing authorities receiving Federal funds exclusively for public housing). Church, fraternal, civic, labor union groups, etc., are among eligible sponsors.	Regional director of community facilities. Further information may be obtained from Office of Housing for Senior Citizens, HHFA, Washington 25.
Federal Housing Administration: Sec. 231. Mortgage insurance program for housing for the elderly.	For new construction or for rehabilitation of rental housing and related facilities for persons 62 years of age or older. Units must be designed for, and occupancy priority given to, the elderly. Commercial and related facilities serving the project occupants may be covered by FHA insurance.	Nonprofit or profit-motivated groups, or public agencies. Nonprofit sponsors may be fraternal, religious, charitable, or other philanthropic organizations, labor unions, etc., with a recognized interest in housing for the elderly and with financial capacity to develop and operate projects. Profit-motivated sponsors must demonstrate that they have the capital to invest in the projects and can provide capable, experienced project management.	Local FHA field insuring offices or FHA multi-family housing zone offices (see p. 3). Further information may be obtained from Office of Housing for Senior Citizens, HHFA, Washington 25.
Sec. 213. Mortgage insurance program for cooperative housing.	For cooperative housing, which may be used for senior citizens projects.	Cooperatives.	Do.
Sec. 221(d)(3). Mortgage insurance program for rental and cooperative housing.	For rental and cooperative housing for displaced families and other low- and moderate-income families, including older families. Single persons not eligible. Income limits for occupancy have been established.	Nonprofit corporations, limited dividend corporations, cooperatives, and public agencies not receiving Federal funds exclusively for public housing.	Do.
Sec. 203(b). Home mortgage insurance program.	For home buyers, including older persons, who want and are able to own their own homes.	Persons 62 years of age or over may borrow down payment and may have cosigners.	Local FHA field insuring offices. Further information may be obtained from Office of Housing for Senior Citizens, HHFA, Washington 25.
Sec. 221(d)(2). Mortgage insurance program for low-cost homes.	For sales housing for displaced and moderate-income families including the elderly.	Moderate-income families, including older families able to own their own homes. May provide more liberal mortgage terms than available for higher priced homes.	Do.
Sec. 232. Nursing home mortgage insurance program.	For construction or rehabilitation of proprietary nursing homes. Need must be certified by appropriate State agency. Minimum standards for licensing and operating must be certified and enforced.	Profit-motivated groups.	Local FHA field insuring offices or FHA multi-family housing zone offices (see p. 3). Further information may be obtained from Office of Housing for Senior Citizens, HHFA, Washington 25.
Sec. 233. Experimental housing program.	For projects providing 1-family or multifamily sales housing designed for experimentation in lowering construction costs, improving housing quality or neighborhood design through advanced housing technology or experimental property standards.	Nonprofit or profit-motivated sponsors or public agencies planning experimental housing projects, including housing for senior citizens.	Local FHA field insuring offices or the Assistant Administrator for Technical Standards, Federal Housing Administration, Washington 25. Further information may be obtained from Office of Housing for Senior Citizens, HHFA, Washington 25.

TABLE 2.—Federal loan and mortgage insurance programs which may provide resources for projects in aging—Continued

Agency and program	Purpose of loans	Eligible applicants	Application forms
SMALL BUSINESS ADMINISTRATION Financial Assistance Division: Loan programs. U.S. DEPARTMENT OF AGRICULTURE Farmers Home Administration:	For construction of privately owned nursing homes; for expansion or improvement of existing facilities; or for working capital. To construct or improve a home, buy a building site or to buy an older home in a rural area. For construction or improvement of rental housing and related facilities in rural areas for elderly persons.	Profit-motivated owner, who must be trained in nursing or have some person with this training available as part of his staff. Persons in rural areas who are at least 62 years old and who do not have other means available to finance housing for themselves. Individuals, associations, trusts, partnerships, and corporations.	Local field offices of the Small Business Administration. County office of Farmers Home Administration, usually located in county seat. Do.
Senior citizens insured loan program (also under title V, Housing Act of 1949). U.S. DEPARTMENT OF COMMERCE Area Redevelopment Administration: Area redevelopment loan program.	For construction of proprietary nursing homes, and for purchases of equipment in cases of demonstrated need, provided new employment is created and other financing is not available.	Commercial or industrial concerns or individuals, and nonprofit organizations if necessary to industrial or commercial expansion.	Regional office of ARA or Area Redevelopment Administration, Department of Commerce, Washington 25.

[OA No. 306, August 1963]

SELECTED REFERENCES ON AGING

OFFICE OF AGING, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

(Selected references are listings of materials on specific subjects that have recently been reported to this Office. Listing does not constitute endorsement of the ideas expressed. For more comprehensive reference guides, consult your local library)

BASIC REFERENCE BOOKS AND JOURNALS IN GERONTOLOGY

The books and journals listed herein have been selected by teachers and researchers in gerontology to guide university libraries in assembling a collection of basic reference works for students of gerontology. The list covers the major aspects of the field: biology, economics, health and clinical medicine, politics, psychology, psychosocial adjustment, social gerontology, and applied social gerontology.

Included in the list are the individual volumes of two sets of books which are essential for any reference library. The first set consists of the three handbooks developed by the Inter-University Council on Social Gerontology and published by the University of Chicago Press: "Handbook of the Aging and the Individual," "Handbook of Social Gerontology," and "Aging in Western Societies." These handbooks present the only comprehensive systematic compilation of research in existence on the psychological and socioeconomic aspects of aging. The second set, published under the overall title "Aging Around the World," is a four-volume compilation of papers presented at the Fifth International Congress of Gerontology. The volumes are: "Social and Psychological Aspects of Aging," "Social Welfare of the Aging," "Biological Aspects of Aging," and "Medical and Clinical Aspects of Aging." These books, from Columbia University Press, report most of the significant studies undertaken since 1959 when the handbooks were compiled, hence are essential supplements to the handbooks.

Some of the books on the list are classics in the field; others represent exhaustive and recent studies of special areas of gerontology. These books, along with Shock's "A Classified Bibliography of Gerontology and Geriatrics" and the six journals and periodicals listed, will give the student of gerontology access to the most important research and to the various philosophic approaches and policies that have been emerging over the last two decades.

Classification of titles in gerontology is difficult because many of the treatises and studies deal with more than one aspect of any set of categories that may be developed. This is particularly true of the sections on psychology, psychosocial adjustment, and social gerontology. The user is urged, therefore, to examine all relevant categories for references dealing with any particular topic.

GENERAL

Sheldon, H. D., "The Older Population of the United States." New York: John Wiley and Sons, 1958. Analyzes trends in the growth of the older population; geographical distribution; the problems of employment, occupation, and income as related to age; and the family structure and housing arrangements of older people.

Shock, N. W., "Trends in Gerontology." (2 ed.) Stanford, Calif.: Stanford University Press, 1957. Surveys the current status of activities in the field of aging and considers trends in population, employment, retirement, income maintenance, health maintenance, living arrangements, education, community programs, and research. Suggests a university organization for research in gerontology.

BIOLOGY

Comfort, A., "The Biology of Senescence." New York: Rinehart and Co., 1956. Deals with the nature, criteria, and distribution of senescence; the influence of genetic constitution on senescence and longevity; growth and senescence; and the mechanisms of senescence.

Dublin, L. E., et al., "Length of Life." New York: Ronald Press, 1949. A study of longevity, including extensive life table information.

Shock, N. W. (ed.), "Aging: Some Social and Biological Aspects." Washington: American Association for the Advancement of Science, 1960. Papers by some of the leading researchers on biological, behavioral, and sociological aspects

of aging of the individual; presented in a symposium of the American Association for the Advancement of Science.

Shock, N.W. (ed.), "Biological Aspects of Aging." Vol. III of "Aging Around the World," proceedings of the Fifth International Congress of Gerontology. New York: Columbia University Press, 1962. Presents a cross section of current thought, theories, and research pertaining to the basic mechanisms of aging. Discussed are changes in cellular structure and functions; cellular physiology and biochemistry; effects of environmental factors—i.e., temperature, altitude, and radiation—on longevity; neurophysiology and sleep; aging of connective tissue; genetics and comparative physiology of aging.

Veterans' Administration, "VA Prospectus: Research in Aging." Washington: U.S. Government Printing Office, 1959. Five papers on biological aging, from the molecule to the human organism, followed by Dr. Jack Weinberg's discussion of the aging person within the American cultural system.

ECONOMICS

Corson, J. J., and McConnell, J. W., "Economic Needs of Older People." New York: Twentieth Century Fund, 1956. Surveys the status of older people and of public and private income maintenance programs for them.

Morgan, J. N., David, M. H., Cohen, W. J., and Brazer, H. E., "Income and Welfare in the United States." New York: McGraw-Hill Book Company, Inc., 1962. An intensive examination of the economic status and causes of dependency among all elements in the population, with detailed information about older people. Based on a nationwide sample taken by the University of Michigan's Survey Research Center.

Orbach, H. L., and Tibbitts, C. (eds.), "Aging and the Economy." Ann Arbor: The University of Michigan Press, 1963. An appraisal of the employment and financial needs and status of older people in relation to change and capacity of the Nation's economy. Examines issues and trends in income maintenance systems.

Steiner, P. O., and Dorfman, R., "The Economic Status of the Aged." Berkeley: University of California Press, 1957. A thorough analysis of the budgetary needs, financial resources, employment, and living arrangements of older people based on a nationwide sample.

HEALTH AND CLINICAL MEDICINE

Blumenthal, H. (ed.), "Medical and Clinical Aspects of Aging," Vol. IV of "Aging Around the World, proceedings of the Fifth International Congress of Gerontology. New York: Columbia University Press, 1962. A collection of reports on international clinical research in aging. It describes results of clinical and laboratory observations and gives a discourse on the physician's role in an aging society. This is a reference work for clinicians whose practices involve patients with age-related diseases, clinical researchers, and practitioners of clinical medicine.

Hoch, P. H., and Zubin, J., "Psychopathology of Aging." New York: Grune and Stratton, 1961. Proceedings of the fiftieth annual meeting of the American Psychopathological Association held in New York City, February 1960. Papers cover four aspects of behavior disorders in the old: (1) epidemiology, (2) psychology and sociology, (3) physiology and genetics, and (4) clinical practice and management.

Kaplan, O. J. (ed.), "Mental Disorders in Later Life" (2 ed.). Stanford, Calif.: Stanford University Press, 1956. Includes papers on the genetic, physiological, psychological, and sociological aspects of mental disorders in later life; mental hygiene in later maturity; psychotherapy for the older individual; food for the later years; psychosomatic medicine and the older patient; and older mental patients after long hospitalization.

Lansing, A. L. (ed.), "Cowdry's Problems of Aging." (3d ed.) Baltimore, Md.: Williams and Wilkins, 1952. A source book, with extensive bibliographies and with articles by recognized authorities, covering physiological and pathological changes in detail. From a symposium on the process of aging, sponsored by the Josiah Macy, Jr., Foundation.

Shanas, Ethel, "The Health of Older People: A Social Survey." Cambridge, Mass.: Harvard University Press, 1962. A monograph on the health status, medical care, and family relationships of a national sample of older people interviewed by the National Opinion Research Center.

Stieglitz, E. J., "Geriatric Care: Medical Care of Later Maturity," (3d. ed.), Philadelphia: J. & P. Lippincott Co., 1954. A comprehensive treatise on the clinical application of scientific knowledge to the medical needs of the aging and aged.

POLITICS

Donahue, Wilma, and Tibbitts, C. (eds.), "Politics of Age." Ann Arbor: Division of Gerontology, The University of Michigan, 1962. Comprehensive examination of the political implications of the increasing number of older people in the population of the United States. The subject is discussed by political and other social scientists, by practicing politicians, and by older people themselves.

Pinner, F. A., Jacobs, P., and Selznick, P., "Old Age and Political Behavior: A Case Study." Berkeley: University of California Press, 1959. An interdisciplinary study of the California Institute of Social Welfare (The McLain organization) as an element of the old-age movement in that state.

PSYCHOLOGY

Anderson, John E. (ed.), "Psychological Aspects of Aging." Washington: American Psychological Association, 1955. Papers on and discussions of personal and social adjustment; learning, motivation, and education; perceptive and intellectual abilities; the assessment of aging; and functional efficiency, skills, and employment.

Birren, J. E. (ed.), "Handbook of Aging and the Individual." Chicago: The University of Chicago Press, 1959. A basic conceptualization and summarization of research in the field of biological and psychological aging by 30 specialists. Compiled for students, teachers, and research workers, under the aegis of the Inter-University Council on Social Gerontology.

Lehman, H. C., "Age and Achievement." Princeton: Princeton University Press, 1953. A survey indicating at which age achievement in various occupations occurs. Achievement is evaluated in terms of quality and quantity. Covers achievement of earlier centuries as well as the present. Hypotheses to explain results given.

Pressey, S. L., and Kuhlen, R. G., "Psychological Development Through the Life Span." New York: Harper and Brothers, 1957. Deals with psychological development and change throughout the lifespan, with emphasis on the adult years. Seeks to show development in its social, economic, and cultural environment and in relation to social change.

Welford, A. T., "Age and Human Skill." London: Oxford University Press, 1958. Report from Nuffield Foundation covering age changes in the translation process, perception, problem solving, learning and memory, adaptability which cause the individual to become slower or to lose accuracy and their implications for the older worker.

SOCIAL AND PERSONAL ADJUSTMENT

Birren, J. E., Butler, R. N., Greenhouse, S. W., Sokoloff, L., and Yarrow, Marian (eds.), "Human Aging: A Biological and Behavioral Study." Washington: U.S. Government Printing Office, 1963. A National Institute of Mental Health monograph reporting detailed biological, psychological, and psychiatric observations on 47 well and near-well older men. Undertakes to integrate the findings in order to show the interrelationships among the several processes of individual aging.

Cavan, Ruth S., Burgess, E. W., Havighurst, R. J., and Goldhamer, H., "Personal Adjustment in Old Age." Chicago: Science Research Associates, 1949. Analyzes the nature, patterns, and problems of personal adjustment to aging. Presents scales for measuring adjustment, attitudes, and participation.

Cumming, Elaine, and Henry, W. E. (eds.), "Growing Old: The Process of Growing Old." New York: Basic Books, 1961. Offers a theoretical interpretation of the social and psychological nature of the aging process. Based on the Kansas City study of middle life, it advances the theory of disengagement.

Streib, G. F., and Thompson, W. E. (eds.), "Adjustment in Retirement." Entire issue of *The Journal of Social Issues*, Vol. 14, No. 2, 1958. Reports from the Cornell Study of Occupational Retirement: health, financial deprivation, and anticipation as factors in retirement adjustment and family patterns in retirement.

- Tuckmann, J. and Lorge, I., "Retirement and the Industrial Worker." New York: Columbia University Press, 1953. A study of retirement attitudes among members of a union in New York City.
- Williams, R. H., Tibbitts, C., and Donahue, Wilma (eds.), "Processes of Aging." Vol. I, "Psychological and Psychosocial Processes: Normal and Pathological." Vol. II, "Social and Economic Processes: Sources of Strength and Sources of Problems." New York: Atherton Press, 1963. Report of an international seminar in which more than 60 scholars reported research and discussed methodological problems on psychological, personality, mental health, roles and adjustments, and economic aspects of aging.

SOCIAL GERONTOLOGY

- Albrecht, Ruth (ed.), "Aging in a Changing Society." A report of the Eleventh Annual Southern Conference on Gerontology. Gainesville: University of Florida Institute of Gerontology, 1962. A review of current knowledge in research and social action with special reference to income, employment, migration, rehabilitation. Nine preceding volumes from the University of Florida's Institute of Gerontology contain many useful papers.
- Burgess, E. W. (ed.), "Aging and Retirement." Entire issue of the American Journal of Sociology, Vol. 59, No. 4, January 1954. Papers on theoretical communities.
- Burgess, E. W. (ed.), "Aging in Western Societies." Chicago: The University of Chicago Press, 1960. A comparative survey of aging trends, and of distinctive and pioneering welfare programs in various European countries representative of Western society. Emphasis is placed upon the significance of these developments for American policies and programs for the aged. This is the third volume in the trilogy developed by the Inter-University Council on Social Gerontology.
- Friedmann, E. A., and Havighurst, R. J., "The Meaning of Work and Retirement." Chicago: The University of Chicago Press, 1954. Studies of the significance of work in the lives of people in several different occupations, and of the relationship between the meaning of work and attitudes toward retirement.
- Havighurst, R. J., and Albrecht, Ruth, "Older People." New York: Longmans Green, 1953. An analysis of personal and social attitudes toward aging and of the activities and interests of older people in a midwestern town, with some data from other studies.
- Kleemeier, R. W. (ed.), "Aging and Leisure." New York: Oxford University Press, 1961. A compilation of essays by sociologists, psychologists, economists, and psychiatrists on the significance of leisure to the older individual and to society. Produced under the auspices of the Gerontological Society to conceptualize the field for research workers and students.
- Kutner, B., Fanshel, D., Togo, Alice M., and Lancer, T. S., "Five Hundred Over Sixty: A Community Survey of Aging." New York: Russell Sage Foundation, 1956. A study of the needs of the aged, based on personal interviews in New York City. Considers the patterns of adjustment in old age, factors affecting and affected by health, the use of community health resources, and attitudes toward health and social centers. Introduces a scale for measuring morale in old age. Examines the programs and trends in services for the aged in New York City.
- Simmons, Leo, "The Role of the Aged in Primitive Society." New Haven, Conn.: Yale University Press, 1945. A study of social practices with reference to older people and of the position and roles of older people in 71 preliterate societies.
- Tibbitts, C. (ed.), "Handbook of Social Gerontology." Chicago: The University of Chicago Press, 1960. An attempt to systematize the field of social gerontology with reference to the aging individual as a member of society and to the interrelationships of older people and the social, economic, and political aspects of aging. Produced under the auspices of the Inter-University Council on Social Gerontology as a basic handbook for students, teachers, and research workers.
- Tibbitts, C., and Donahue, Wilma (eds.), "Social and Psychological Aspects of Aging." Vol. I of "Aging Around the World," proceedings of the Fifth International Congress of Gerontology. New York: Columbia University Press, 1962. One of the reports on the Fifth International Congress of Gerontology.

The contents range from psychological studies of the aging individual to broad matters of group behavior and societal action. The book embraces seven areas: population and social organization; economics and employment; family relationships and environmental aspects of living; personal and social attitudes and adjustment; personality changes and mental health; changes in psychological capacities and performance; and meaningful uses of free time. Townsend, Peter, "Family Life of Old People: An Inquiry in East London," Glencoe, Ill.: Free Press, 1957. An intensive survey of older persons and their family relationships in a workingman's borough of London. Has special significance for its development of the concepts of isolation and desolation.

APPLICATIONS OF SOCIAL GERONTOLOGY

- Cohen, W. J., "Retirement Policies Under Social Security." California: The University of California Press, 1957. A review of the development of policy and program in the Social Security System by one of its principal and sustaining architects.
- Donahue, Wilma, "Education for Later Maturity." New York: Whiteside, 1955. A collection of papers dealing with the interests and capacities of older adults for learning, educational programing and training for work with older people.
- Kaplan, J., and Aldridge, G. (eds.), "Social Welfare of the Aging." Vol. II of "Aging Around the World," proceedings of the Fifth International Congress of Gerontology. New York: Columbia University Press, 1962. Devoted to social welfare gerontology and concerned with the application of social welfare art and science to gerontology. The book covers institutional care and planning; income maintenance and public assistance; leisure time activities; community organization; social aspects of medicine; counseling, case-work, and social services.
- Musson, N., and Heusinkveld, Helen, "Buildings for the Elderly." New York: Reinhold Publishing Corporation, 1963. An intensive treatment of housing with chapters on planning for various types of people, sponsorship and steps in planning, characteristics of buildings, and problems of administration and budgeting. More than 100 pages of photographs and floor plans.
- Schorr, A. L., "Filial Responsibility in the Modern American Family." U.S. Department of Health, Education, and Welfare, Social Security Administration. Washington: U.S. Government Printing Office, 1960. A historical discussion of filial responsibility toward older parents, evaluation of current practices in the United States, and their relationship to social security programs.
- Shenfield, Barbara E., "Social Policies for Old Age: A Review of Social Provision for Old Age in Great Britain." London: Routledge and Kegan Paul, Ltd., 1957. Considers the employment of the older worker, reasons for retiring or continuing to work, pensions, housing, residential and welfare services, and medical care.

BIBLIOGRAPHIES

- Shock, N. W., "A Classified Bibliography of Gerontology and Geriatrics." Vol. I: 1900-48. Vol. II, Supplement 1: 1949-55. (Vol. III, Supplement 2: 1956-61. Stanford, Calif.: Stanford University Press, 1951, 1957, and 1963, respectively. A comprehensive bibliography of scientific, professional, and lay literature in the field. Kept current in the "Index of Current Periodical Literature," published in each issue of the *Journal of Gerontology*.
- Special Staff on Aging, U.S. Department of Health, Education, and Welfare, "Selected References on Aging." Washington: Superintendent of Documents, U.S. Government Printing Office, 1959. An annotated bibliography compiled from books and articles to reflect basic thinking and research conclusions in all of the major aspects of aging. Contains materials to 1958.
- Office of Aging, U.S. Department of Health, Education, and Welfare, "Aging in the Modern World." Washington: Superintendent of Documents, U.S. Government Printing Office, 19—. (In press; not yet available.) An annotated bibliography, complementary to the earlier "Selected References on Aging," issued in 1959. The new volume will include books published between 1900 and 1963, and articles from 1958 to 1962.

JOURNALS

"Aging." Office of Aging, Welfare Administration, U.S. Department of Health, Education, and Welfare. Order from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20401. \$1 per year. A monthly news magazine reporting on action, research, training programs, news of Federal and State agencies, and current literature.

"Geriatrics." Lancet Publications, Inc., 84 South Tenth Street, Minneapolis, Minn. \$6 per year (\$1 per issue). A monthly periodical devoted to research and program development mainly in clinical medicine and social gerontology.

"The Gerontologist." The Gerontological Society, 660 South Kingshighway Blvd., St. Louis, Mo. \$5 per year (\$1.25 per issue). A quarterly journal reporting research, opinion, action, and news in the field of aging. An official publication of the Gerontological Society.

"Journal of the American Geriatrics Society." Williams and Wilkins Co., 428 East Preston St., Baltimore, Md. \$10 per year (\$1.50 per issue). Monthly official publication of the American Geriatrics Society reporting clinical studies and research in gerontology.

"Journal of Gerontology." The Gerontological Society, 660 South Kingshighway Blvd., St. Louis, Mo. \$15 per year (\$3.75 per issue). A quarterly scientific journal reporting current research findings over the entire field of gerontology. An official publication of the Gerontological Society.

Mr. DENT. Mr. Secretary, another question before we proceed further, Will it be possible for you, or someone in authority in your office, to come back to a later meeting in case we need you?

Secretary CELEBREZZE. Yes; Dr. Winston or Dr. Kent. Whatever the committee wishes, we will cooperate.

Mr. DENT. Thank you.

Mr. Daniels.

Mr. DANIELS. Mr. Secretary, you made mention of the fact that more than half of all the Federal programs concerning the aged are in your Department.

May we have a list from you of all the other agencies involved in problems concerning the aged which are separate and apart from your Department and also the authority under which they are operated and whether or not they have any connection or association or responsibility or report to your Department?

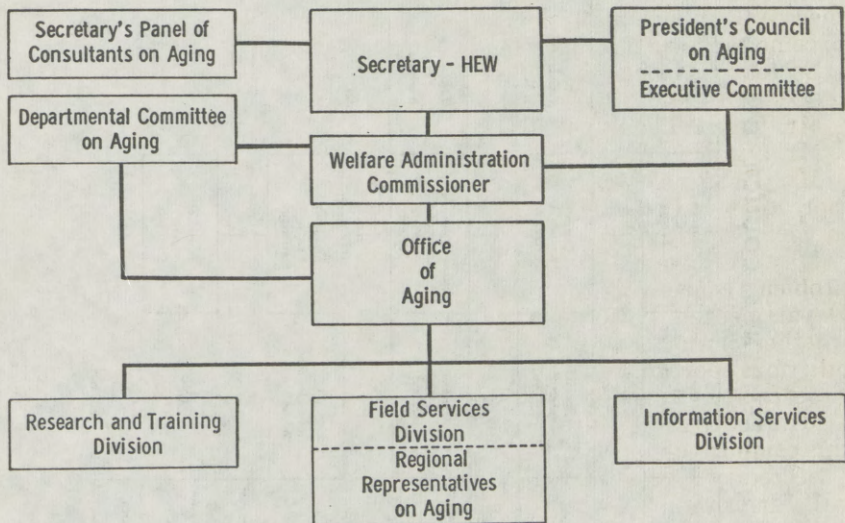
Secretary CELEBREZZE. Yes.

Mr. DANIELS. I think that information would be very helpful to this committee in its studies.

Secretary CELEBREZZE. The programs are included in here and we will furnish it.

(The material mentioned above follows:)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WELFARE ADMINISTRATION
OFFICE OF AGING



Mr. DANIELS. Now, as I understand your testimony you are in full accord with the objectives and purposes of this legislation including the grants program but you object to the administrative procedure; is that correct?

Secretary CELEBREZZE. Yes.

Mr. DANIELS. Is that summarizing you correctly?

Secretary CELEBREZZE. Yes, it is my basic belief.

Mr. DANIELS. You feel inasmuch as your Department is handling over 50 percent of all of the problems of the aged and your Department has reorganized its activities in this area, that you should be given a further opportunity of working along these lines separate and apart from a new bureau which this legislation would establish; is that correct?

Secretary CELEBREZZE. Yes, we are taking this position seriously. As I said; in almost every bill that is introduced the sponsor wants a new bureau established.

Mr. DANIELS. I will ask one further question. What is your opinion about setting up one agency in the Government which would handle all of the problems of the aging?

Secretary CELEBREZZE. It is physically impossible from an administrative point of view. You could not do it and I have analyzed it.

Mr. DANIELS. Why?

Secretary CELEBREZZE. Because you have the Veterans' Administration, you have the Department of Commerce involved, you have the Public Health Service involved, you have the Office of Education involved. Speaking as an administrator, you could not possibly do it, if you want an effective administration.

Mr. DANIELS. If these problems were left in their own separate Departments with the duty and responsibility in behalf of these different agencies of the Government of reporting to one administrator, do you believe that could be worked out?

Secretary CELEBREZZE. That is accomplished through the President's Council on Aging. That is how we tie everything together. There is a central responsibility and organization in the Department of Health, Education, and Welfare, under the control of the Commissioner and Dr. Kent. Under the previous organization, he was directly under the Secretary but handling it with no office status whatsoever. Now the responsibility for seeing that these programs are coordinated is their job.

There is another point. Most of the programs have to be accomplished through State organizations. We have the contact with the State organizations in this particular area, more than any other Department. Most States have some type of agency on aging, some within their public welfare department. Now, as to the question of whether this is a welfare program or whether it is not, I am not in a position to say. You can call it whatever you want to call it. Certain parts of it may be welfare and certain parts of it are not welfare.

I made that clear to the people who objected at the time I took the administrative action. I was not trying to put it under a welfare program, but merely trying to get the program off dead center and moving, to get for it a more efficient administration than we had in the past, with greater results.

You could appoint a Commissioner of Aging, or call it anything else you want to, but the true test is "What does it accomplish?"

You can call a rose by any other name, but I am interested primarily in doing the things that must be done for the aging. We are in agreement on that. But I know, from an administrative point of view, from my basic experience, and from people much smarter than I am that a separate commissioner won't solve the problem. I know this as an administrator running as many agencies as we have here in my department, as many as I had as mayor of the city of Cleveland. And as far as aging is concerned, Cleveland will take no back seat in this program and in housing for the aged, because we really worked at it. In order to run a department, you must have authority and flexibility to make administrative changes within the department within the total structure of the authority given by Congress.

As I said, I could create a Commission tomorrow through Executive order and call its head, "Commissioner of Aging," but it would not change the machinery one bit.

Mr. DENT. Is it not true, when you are talking about flexibility of administration, that you really have flexibility only of those phases of the problem that come within that department that has control of the situation?

Secretary CELEBREZZE. This would not change it one bit, Congressman. Did you ever see a commissioner try to tell a Secretary what to do?

Mr. DENT. Yes, we have a difficult time in Congress trying to find out what to do. So it is very difficult to say what a commissioner would do. That is a problem that has many facets to it and your logic is based upon your experience. Of course I know it is taken very seriously by the members of the committee and I think it is very seriously taken by you knowing your record in administrative work, but we still must pursue, if we can, a course on the suggestions made in a matter of this serious nature. By your own knowledge the action you have taken is indicative of the knowledge you have in the field and there was a great period of void here where practically nothing was done to coordinate all of these problems. You are doing it now under an Office of Aging, or it could very well be the Commissioner of Aging, as you say, but the question of how much direct responsibility to put in that office is a decision of the Congress and in the final analysis we will have to dictate and we will do as we have done in the past in all departmental and agency setups.

Secretary CELEBREZZE. I recognize that and am merely trying to present my honest view on administrative procedure. Of course, whatever Congress directs, we will do.

Mr. DENT. I am sure your views were very helpful because they opened up thinking that I myself have not directed my line of questioning to before.

Mr. Martin.

Mr. MARTIN. Mr. Secretary, you mentioned that the President's Council on Aging would make its report in October.

These people on this Council I know have done a great deal of work, have devoted themselves wholeheartedly to the problems involved here. Do you not think it is a bit premature until that report is made public and available to this committee and to the Congress that legis-

lation be considered before we have the benefit of their knowledge and study of this subject?

Secretary CELEBREZZE. I think, on the grant programs, these are the recommendations already made in the President's message. These are merely implementations. The only part I asked be deferred in my opening statement was a creation of a new Administration of Aging.

Mr. MARTIN. But a complete report is to be issued in October, is that not correct, according to your statement?

Secretary CELEBREZZE. No, the report to be issued in October is a special one. I will refer that, if I may, to Dr. Winston. She will give you the details.

Dr. WINSTON. Mr. Chairman, the President's Council on Aging was established by Executive order and consists of the heads of seven Federal departments with interest and concern in the aging. Secretary Celebrezze is the chairman.

Shortly after I came to the Department, the Secretary requested that I serve as his deputy and chair what is known as the Executive Committee of the President's Council on Aging.

The Executive Committee meets monthly and consists of high-level representatives from each of the agencies.

Now, this Committee is working through a number of special committees to carry out very specific recommendations contained in the President's message on aging and such other matters that concern the welfare of our aged citizenry which these agencies together consider to be pertinent and subject to immediate attention.

The Council on Aging itself has had three meetings under the chairmanship of the Secretary during the current calendar year and will have a fourth meeting during the month of October.

Meanwhile, the Executive Committee has been moving along with its various charges. It did develop the report "The Older American," which has previously been referred to and which was made available in more than 100,000 copies on the first anniversary of the official establishment of the President's Council on Aging.

It is continuing a number of studies; it is getting out publications, including the one on housing which has been previously referred to. There is one coming out very shortly which will clarify the four different types of authorities with regard to nursing home construction.

There is one now in preparation that will promote the establishment of homemaker services and we have a number of other projects well underway.

Now, in this report, which is due the end of October, there will be a comprehensive report carrying out the request of the President in his message to go deeply into the subject of the employment of older workers. This has been carried out in various ways—by important studies, large-scale studies carried out by the Department of Labor which has had the full support of the Secretary and other staff in that department.

There was a major seminar and workshop, held under the auspices of the Brookings Institution, which brought in the outstanding authorities in the country to consider this. All of this fits into this overall report which is now in really final process of drafting, dealing with this major problem and one to which the committee has given substantial attention this morning, as you should.

Again, in this report which we are preparing for the October report to the President, there will be substantial sections devoted to the charges which were given to several agencies of the Government in the President's message with regard to housing.

How we can take the necessary steps to see that older people have the kinds of housing that are most suitable and effective for them. How we can protect their equity in homes for which they themselves have struggled.

How we can develop new types of resources such as one we are calling now "group residential facilities." For this, the Housing Administration is developing the plans that have to do with the type of facility and the construction. We in the Welfare Administration are working closely with them to bring to bear on these new housing units all of the services in the community that may be appropriate and needed by the people who live in these homes.

Then we have, in addition, and will include in the report, a progress report on a study now underway through the Public Health Service with regard to costs of nursing home care. This is a tremendously important subject that has not been properly studied up to the present time but which we have been able to get underway through the leadership of the Surgeon General in recent months.

We have a number of other studies that are being carried out under my own personal direction.

MR. MARTIN. May I interrupt you, Doctor? We have only a few minutes left and I have two or three questions I would like to ask the Secretary.

DR. WINSTON. Yes. Now, these things will all be wrapped up in this report being prepared now on schedule, because all of our reports have been made on schedule. It will include, in addition, various other recommendations to the President which have been carefully studied by the total membership of the President's Council on Aging for his consideration as he looks ahead toward the strengthening of overall services for the older American.

MR. MARTIN. I am sure you have a most comprehensive report which you state will be available in the latter part of October, therefore, it seems to me we are getting the cart before the horse is this proceeding.

MR. SECRETARY, I would like to ask you this question:

What are your feelings in regard to this philosophy of the Federal Government taking care of its citizens from the cradle to the grave? Do you believe in that kind of philosophy?

SECRETARY CELEBREZZE. I do believe in this fact—

MR. MARTIN. Give it in a sort of brief way.

SECRETARY CELEBREZZE. No, I am going to give the answer in the way I have to express myself.

I believe that the Government has an obligation to its citizens. When conditions exist which are detrimental to the health of the people of this great Nation, it is the proper function of Government to enter that field.

I also believe, that in entering that field, the Government must be careful, ever mindful, that it does not create greater abuses than the ones it is trying to eliminate.

I think it is a proper function of government to serve its citizens in any area where conditions exist which are beyond the control of the individual, where the individual cannot do much about it as an individual, I think then it is the proper function of the Government to enter that area and do something about it.

Now, I certainly do not believe, in answer to your specific question, "from the cradle to the grave"—there is a great span in between which I would have to know more about before I could give you a categorical answer—my basic philosophy is no, we don't have to take care of the people from the cradle to the grave but in between there are a great many areas.

Mr. MARTIN. If this is a step in the direction of this philosophy, I am curious, if you are concerned whether the Government is going to take care of the taxpayers, who is going to take care of the Government? Where is the money going to come from?

Secretary CELEBREZZE. Well, that question is asked of me repeatedly and I give the same answer. Money for that purpose comes from the same place that money for other purposes comes from, taxing powers.

Mr. MARTIN. In other words, people here in Washington can use the taxpayers' money more efficiently for a better purpose for themselves?

Secretary CELEBREZZE. No, we don't say that, but we do say this: This is a Nation of 50 States and because of geographic location, because of economic means, certain segments of the population need assistance. I think it is proper that the Federal Government, which serves as the top Government take tax money from wherever it comes to assist that particular area. This is one Nation. I think that is a perfectly legitimate function of government.

Mr. MARTIN. Just one more question, Mr. Chairman. Mr. Mills, chairman of the Ways and Means Committee, introduced H.R. 5840 on last April 24 to amend the Social Security Act. This does not set up a separate office in your Department as is done in Mr. Fogarty's bill, otherwise a great deal of the bill is very similar. There are a few additions. Could you give me your position or the position of your Department in regard to Mr. Mills' bill?

Secretary CELEBREZZE. We support Mr. Mills' bill because it is the administration bill.

Mr. MARTIN. In other words, since it passed the Social Security Act, it would go before the Ways and Means Committee instead of this committee?

Secretary CELEBREZZE. No. We go two steps further in our bill, the administration bill, than the bill you are now considering.

Mr. MARTIN. That is all.

Mr. DENT. Mr. Carey, hold in mind we may get called to the floor and I do want an opportunity to have the distinguished gentleman from Florida make his presentation unless he wants to come back and make an oral presentation to the committee at another time.

Mr. PEPPER. How long will you be in session? Tomorrow is the last day?

Mr. DENT. These are the first 2 days set up for this week. All of the testimony shows we are living longer and so is the Congress so we will have a lot more days to hear.

Mr. PEPPER. Will it be all right next week?

Mr. DENT. Yes; there will be one tomorrow.

Mr. PEPPER. I will not be able to be here tomorrow but next week or the week thereafter.

Mr. DENT. If the tax bill does not interfere we expect one or two next week.

Mr. PEPPER. If you do that, I prefer to come next week before your committee.

Mr. DENT. We will do whatever you desire in that regard. I assure you there will be an opportunity for you to be here.

Mr. PEPPER. May I say one thing while the Secretary is here and I will not say anything further.

Mr. DENT. Permission is granted.

Mr. PEPPER. Thank you very much.

I have two bills aiming generally at the same objective that the able Mr. Fogarty has expressed in his, H.R. 4188 and the other one is 4055.

In my bill, 4188, I do provide for an interdepartmental committee, the purpose of which is to coordinate the action of the various departments, a cause which the member of the committee has been talking about and it also does give administrative discretion in the handling of the matter by the Secretary of Health, Education, and Welfare. In my 4055, I do provide a section authorizing grants for the construction of new centers or the enlargement of existing centers.

That is not, I believe, carried in the other bill. If I may, when you have another meeting I would like to be heard.

Thank you very much.

Mr. DENT. We will certainly look forward to having you as a witness because of your many, many years in this area, both as a Member of the House and as a private citizen and Member of the U.S. Senate.

Mr. PEPPER. Thank you very much.

Mr. DENT. If the Secretary wishes we can continue until somebody pulls a gong on us, so Mr. Carey, proceed.

Mr. CAREY. I have just this to say. I did want to disassociate myself from your express reference to those bills coming before the House which would seek to set up new bureaus. This is a common tendency. I disassociate myself, and I think we can distinguish this bill on this ground: That we are not seeking to set up any new bureau. We are not seeking to extend bureaucracy, but what we seek is to get crystal clear in the eyes of Congress and in the eyes of the Nation exactly what is being done for the aged in terms of an action program.

There has to come a time, whether matters be in government or out when they must move from the study phase to the action phase, otherwise there is no excuse for continued research and study.

I think that time has come now.

In connection with this as to whether we desire to set up a new bureau or simply to set up a new administrative machinery to do what we are doing already, I do not think it is the thrust of the bill. From the able testimony of the Director of the Office of Aging I would gather this will be a most effective report. I can see, and I do not mean to be cynical, that at least the older Americans are going to have a good deal of reading to do when the October report comes out. If nothing else, they will be able to read a great deal about themselves but I want to move from the reading and research phases to the action phases which the States have been expecting for many years.

I do not mean to be critical of your administration of the aging program, but what was the size of the Office when it was in the Secretary's Office? How many persons were in it and what is the size of the Office today? How many persons were in it in your Office and how many persons are in it now in the Welfare Department or Welfare Agency?

Secretary CELEBREZZE. We have now 17 professionals in the Washington office, we have the 9 regional representatives which I referred to and we have 22 clerical.

In addition to this, we have staffs from each agency, for example, Public Health Service and the Office of Education which work in ageing but stay under the control of the Office of Education and the Public Health Service and coordinate the program.

Mr. CAREY. Then there are 48 persons directly engaged in activities in the Office of Aging as it is now constituted?

Secretary CELEBREZZE. Right.

Mr. CAREY. How many are engaged in the program in the Secretary's Office?

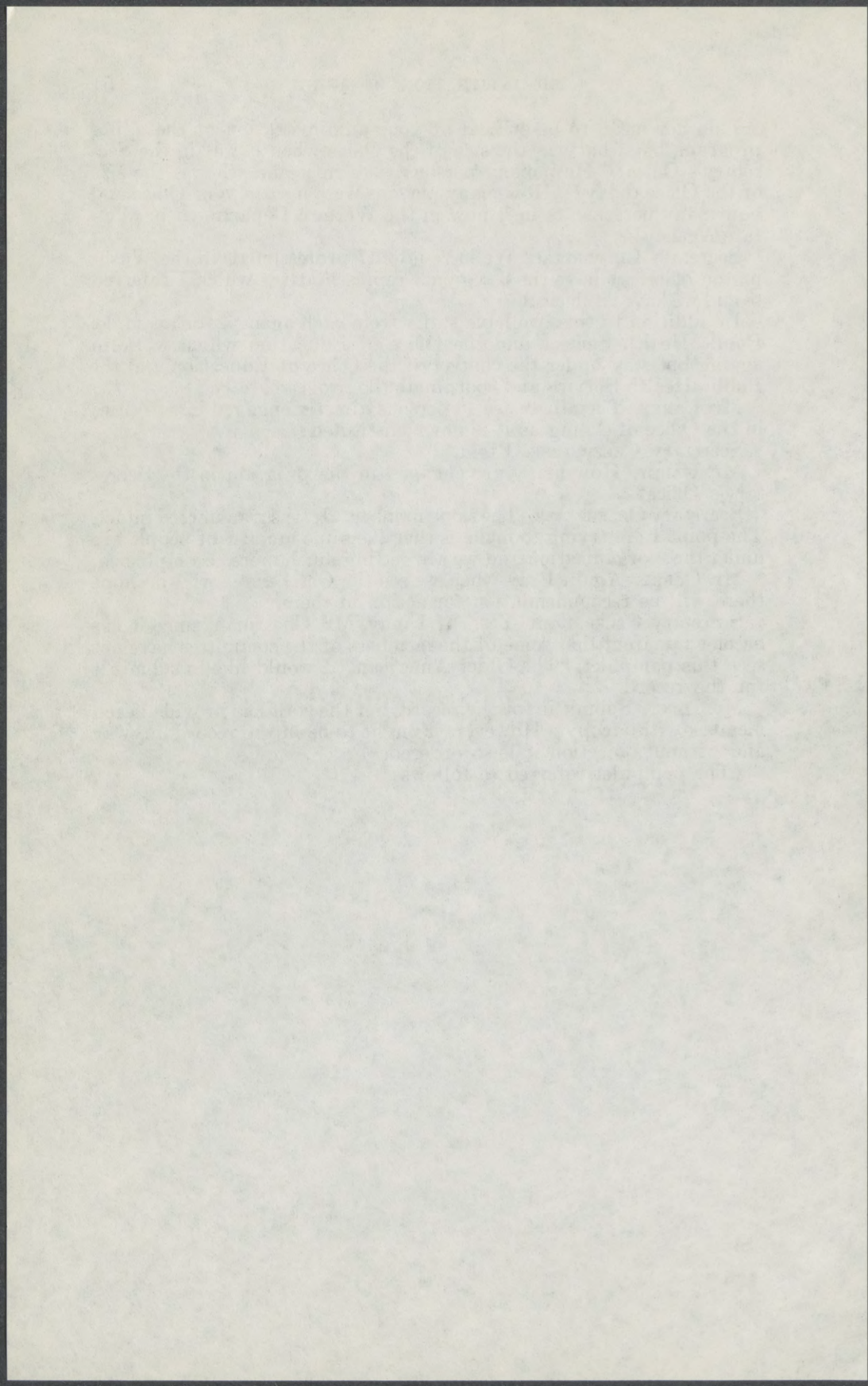
Secretary CELEBREZZE. The same number. It was transferred intact. The point I am trying to make is that the same number of people are under the reorganization and we are getting much more accomplished.

Mr. CAREY. Again I say when we see the October report I do hope there will be recommendation for action in there.

Secretary CELEBREZZE. Yes. If I may, Mr. Chairman, since it has become apparent that some of the members of the committee have not seen this pamphlet, "The Older American," I would like to submit it for the record.

Mr. DENT. Submit it for the record, but the staff has provided each member with a copy. However, it ought to be in the record anyway and without objection it is so ordered.

(The pamphlet referred to follows:)



THE OLDER AMERICAN

PRESIDENT'S COUNCIL ON AGING

1963

PRESIDENT'S COUNCIL ON AGING

ANTHONY J. CELEBREZZE, Chairman
Secretary of Health, Education, and Welfare

C. DOUGLAS DILLON
Secretary of the Treasury

ORVILLE L. FREEMAN
Secretary of Agriculture

LUTHER H. HODGES
Secretary of Commerce

W. WILLARD WIRTZ
Secretary of Labor

JOHN W. MACY, JR.
Chairman, Civil Service Commission

J. S. GLEASON, JR.
Administrator of Veterans Affairs

ROBERT C. WEAVER
Administrator of Housing and Home Finance Agency

PRESIDENT'S COUNCIL ON AGING
WASHINGTON 25, D.C.

SECRETARY OF HEALTH, EDUCATION, AND WELFARE, CHAIRMAN
SECRETARY OF THE TREASURY
SECRETARY OF AGRICULTURE
SECRETARY OF COMMERCE
SECRETARY OF LABOR
CHAIRMAN, U.S. CIVIL SERVICE COMMISSION
ADMINISTRATOR, HOUSING AND HOME FINANCE AGENCY
ADMINISTRATOR OF VETERANS AFFAIRS

May 14, 1963

Dear Mr. President:

One year ago today, you issued Executive Order 11022 establishing the President's Council on Aging. The order directed the Council to make annual reports and to disseminate information to public and private agencies and organizations having functions or interests in fields relating to the problems of the aging.

I have the honor to transmit, on this anniversary date, the Council's first annual report.

"The Older American" is a brief portrayal of the situation of nearly 18 million people over 65. We have underscored--

- . The individuality of each older American--his hopes, aspirations, and capacities.
- . The importance of enabling older Americans to live in maximum independence.
- . The importance--to them and to society--of their social and community participation rather than rejection and isolation because of age.
- . The need for special assistance for older Americans who are dependent or otherwise at a disadvantage.

At a meeting of the Council at the White House on March 14, 1963, you expressed the conviction that there is need to increase public concern with the special needs of the aging in this Nation, to recognize the challenges these needs present to public and private organizations, and to understand the largely untapped resource that our older citizens represent for the improvement of our society. The Council is in complete agreement with these views. It seems appropriate that our first report should present a broad picture of aging in America as a means of enlisting the interest and concern of Americans generally.

In the first year of its work, the Council has undertaken to carry out the charges placed on it in those areas of concern deemed to require priority attention. Our recommendations for immediate Federal action were previously submitted and were reflected in your special message to Congress, "Elderly Citizens of Our Nation," February 21, 1963. A summary of the recommendations in your message and an analysis of the current status of action on them is included in the Appendix.

The specific assignments made to the Council in your message are being acted on, appropriate legislative proposals have been drafted and submitted to Congress, and the studies and Executive action called for have been undertaken. Reports on these latter activities will be submitted to you at a later date.

Specifically, the Council is carrying out its responsibilities through the following committee structure: An Executive Committee which meets at least monthly to guide the total Council program; a Committee on Housing the Elderly, headed by the Honorable Robert C. Weaver, Administrator, Housing and Home Finance Agency; a Committee on Employment of the Older Worker, headed by the Honorable W. Willard Wirtz, Secretary of Labor; a Committee on Nursing Homes, headed by Dr. Luther Terry, Surgeon General, Public Health Service, Department of Health, Education, and Welfare; and a Committee on Welfare Services, headed by Dr. Ellen Winston, Commissioner of Welfare, Department of Health, Education, and Welfare.

The Committee on Housing will submit recommendations for appropriate Federal action to assist older citizens with modernization, rehabilitation, or sale of their homes, as directed in your message. A legislative proposal for rental housing standards for persons receiving old-age assistance has been introduced in Congress. The Committee is also working on the development of programs of services for persons in group residential facilities, particularly in public housing programs, and for the expansion of the number of such facilities.

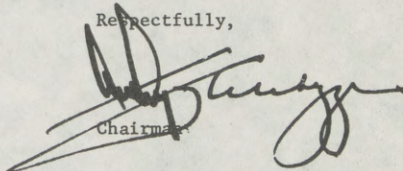
The Committee on Employment of Older Workers is focusing its efforts on the problem of discrimination in employment of older workers and the problem of increasing opportunities for gainful employment, including employment for those persons past normal retirement age. With respect to discrimination, recommendations will be made to you by October 31, 1963, for appropriate Federal action. With respect to increasing employment opportunities for elderly workers, specific legislative authorization for a demonstration program has been requested from Congress.

The Committee on Nursing Homes is concerned with the broad range of long-term care, medically oriented facilities. Areas of study that may lead to action proposals include: The need for better standards and licensure programs; the need for more and better restorative, rehabilitative, and social services in the majority of nursing homes; and the need for further analysis of the costs of providing various levels of services.

The Committee on Welfare Services has a wide range of opportunities for action. Among the areas in which studies are being carried on and action proposals are being developed are: Improvement and extension of homemaker services, protective services, consumer education, and adult education. In addition, the Bureau of Labor Statistics of the Department of Labor is cooperating with this Committee in the development of basic budget standards for older people

The members of the Council appreciate the opportunity provided by the Council mechanism to achieve maximum coordination and effectiveness for their respective programs in the field of aging. We share the conviction of millions of citizens that the independence, the opportunities for usefulness, and the well-being of older Americans are of paramount importance not only to them but to our whole society.

Respectfully,



Chairman

The President,
The White House,
Washington 25, D.C.

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Who Is the Older American?

The Older American has nearly 18 million individual faces.

And, on each, the 20th century has drawn the lines of its progress and its troubles, its achievements and its failures; lines of worry over two world wars, a massive depression, a cold war; lines from work on brilliant medical and scientific successes, bountiful agricultural production, and amazing technical progress.

The faces are those of:

- . . . Three ex-Presidents.
- . . . Nearly 10 percent of the entire United States population.
- . . . Nearly 1½ million people living on farms.
- . . . More than one out of four United States Senators.
- . . . Almost 2 million people working full time.
- . . . Two of the nine United States Supreme Court justices.
- . . . More than 10,000 people over 100 years old.
- . . . Over 12½ million people getting social security benefits.
- . . . Over 2.3 million war veterans.
- . . . More than 3 million people who migrated from Europe to the United States.

These are some of the faces of the Older American. Behind them are the brains, the strengths, and the weaknesses of the men and women who have had a major part in bringing America into the jet and missile age.

There can be no composite picture drawn of the Older American, but we know these facts about him:

He may be between 65 and 70 but he is probably older. He may have an adequate income but probably not. He may be working but it is unlikely. He may have a high school education but probably doesn't.

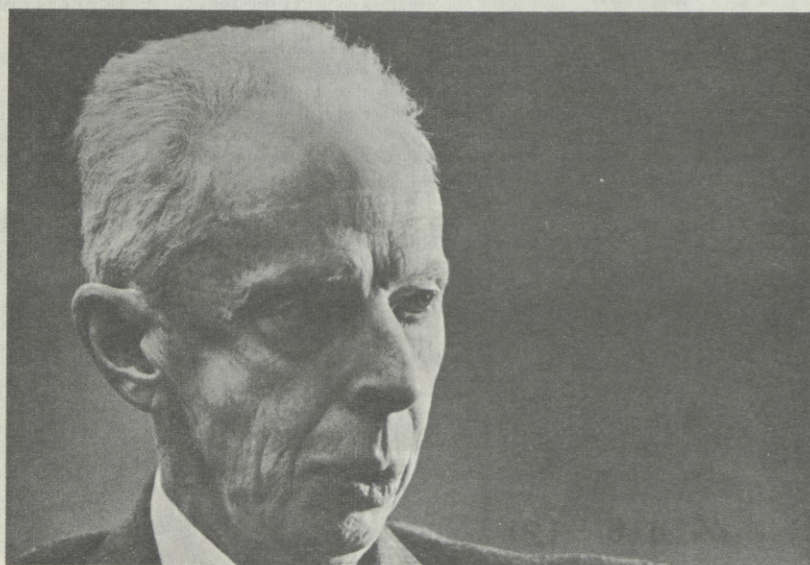
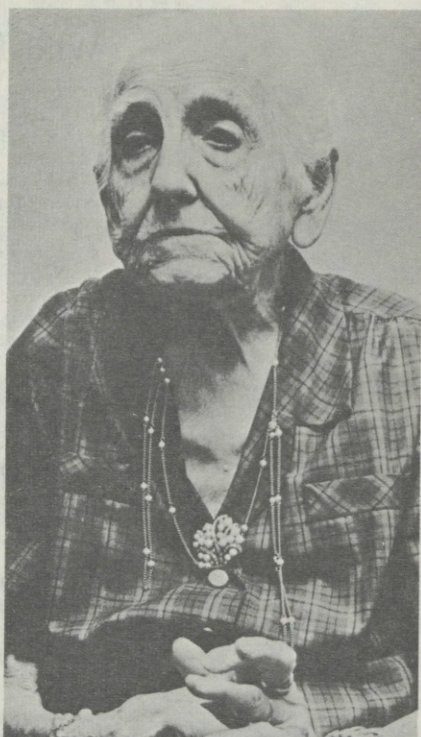
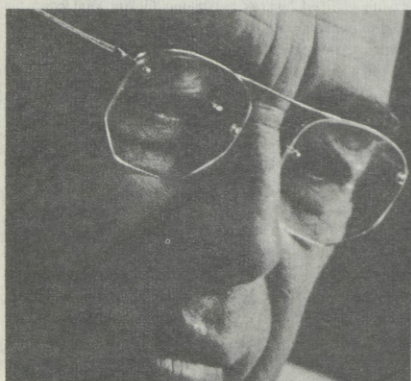
He may be in good health but probably isn't. He may not receive social security but probably does. He would like to have more to do but the opportunities do not exist. He may collect a private pension but probably doesn't.

He may have adequate health insurance but probably doesn't. He may live alone but probably not.

How do we know these things about the Older American?

Probably no other group in America has been more thoroughly studied in the past 15 years than the aging. His health. His housing. His employment. His happiness. His habits. Nearly everything about him. And more research is constantly being started, and still more will follow.

This study has not been prompted by idle curiosity. It grew mainly out of a recognition, shortly after World War II, that this country was developing a sizable population of older people, that they had unique problems and interests, and that very little was really known about them as a group.

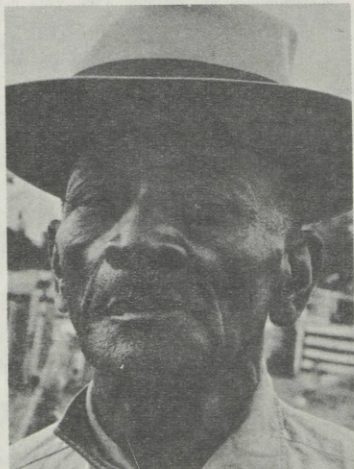


. . . 18 million faces

Listen to the Older American, and he will tell you who he is. In 18 million ways he will tell you, for each Older American has a distinctly personal story to tell.

Their stories are also the story of our Nation's history, for that is no more and no less than the history of our people as they went about their business.

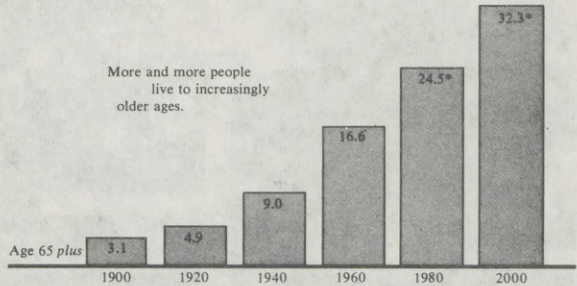
The faces of older Americans represent democracy and freedom ripened into the golden fruit of wisdom and knowledge. The lines in their faces were formed by frowns and smiles, triumph and defeat, by progress as well as problems. This is the Older American.



And it was recognized by economists, social scientists, physicians, Government officials, and others that America was going to have a serious crisis on its hands if this growing group did not receive special attention.

Their number, for example, had increased in the first half of the 20th century from approximately 3 million, representing 4 percent of the population, to 12.3 million, representing more than 8 percent of the population. Thus, their number was not only zooming up, but so was their proportion to the rest of the population.

20th CENTURY INCREASE IN POPULATION OF OLDER AMERICANS
[In millions]



*Projected

Source: 1900 through 1960, census of population; 1980, U.S. Bureau of the Census, "Current Population Reports: Estimates," Series P-25, No. 251. For population 2000, Division of the Actuary, Social Security Administration.

Chart 1

As a result, Government agencies, universities and colleges, community and national organizations, employers, and private foundations began to probe and study. Considering the short time they have been at it, the results have been monumental. Rarely, if ever, have so many spotlights been trained so steadily on a social development.

Study of the characteristics of our older people began to uncover the dimensions of some of their interests, problems, needs—and potential opportunities.

The first thing that stood out was the woefully inadequate income most aged people had to live on. Fortunately, a big step had been taken in 1935 when the social security system was established to deal—at least, in a small way—with the loss of income in retirement.

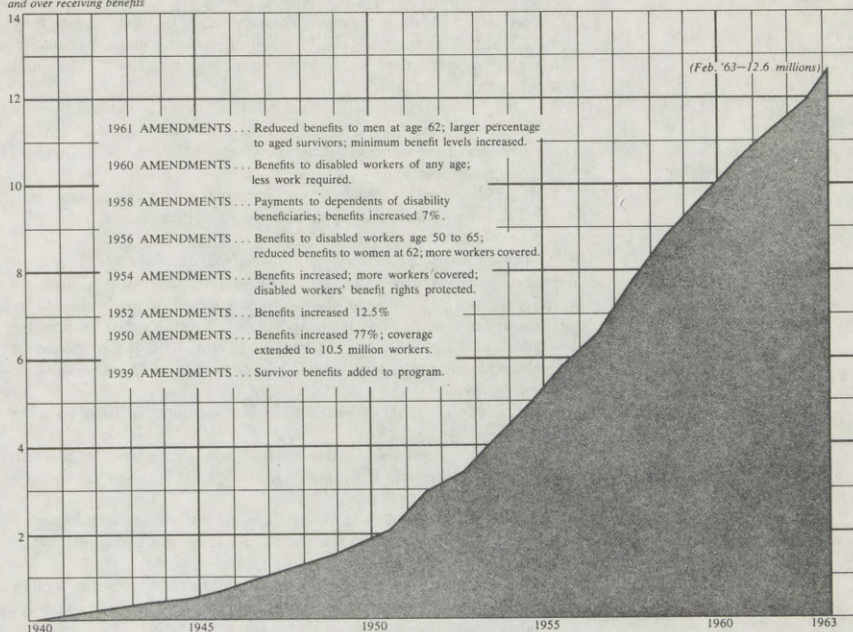
When President Franklin D. Roosevelt signed the Social Security Act on August 14, 1935, he described it as "The cornerstone in a structure which is being built, but is by no means complete. . . ."

Since 1940 when the first payments were made under social security, the system has been improved and expanded seven times—all since 1949. In 1950, very substantial changes were made to improve and extend the system.

The social security system has become, as was its purpose, a founda-

HISTORY OF SOCIAL SECURITY

Millions of people 65
and over receiving benefits



Source: Department of Health, Education, and Welfare, Social Security Administration.

Chart 2

tion of financial security on which the individual older person could build greater security through his own devices.

At the same time the social security program was evolving, private employers and unions were working together to develop private pension plans for workers when they retired. In 1935, only about 1,100 employers had pension plans and only about 2.2 million employees were covered. Today, there are more than 25,000 plans covering 23 million workers.

However, despite the relatively early discovery of the need for the establishment of public and private systems of providing income in retirement, adequate income among the aged is still the exception rather than the rule.

In fact, for all the interest and activity which has surrounded the Older American in the past 15 years, this one conclusion stands out: He has gained longer life—as a result of scientific, economic, and social advances in this century—but is left without the financial means to solve satisfactorily many economic, social, and medical problems.

This conclusion is one that we, as a nation, have not fully faced.

But it is one that millions of our older people have to face—day in, day out. Many are poorly housed, poorly fed. Many are forced to turn to their children or to public charity for the medical care they need. Many have been shoved into a dull, meaningless existence because the opportunities to remain active—to use their skills and talents—are not available.

The responsibility to help them rests on us as a nation, because many of them cannot solve their greatest problems alone and because their problems have not been of their own choosing but forced on them by a changing society.

It is a responsibility which, if not met now, will grow greater each day. The nearly 18 million older Americans will be 20 million by 1970 and over 32 million by the year 2000.

Assigning the responsibility is not easy. This is always true when a task—by its nature—must be shared. This task clearly must be widely shared. It must be shared by all levels of government, by private organizations, and by individuals. It is no more the sole responsibility of the Federal Government to deal with the problems of our older people than it is the sole responsibility of the communities where they live.

Only through a partnership can the Nation hope, in time, to solve the problems.

Some of them can best be dealt with through Federal legislation, and President Kennedy has already in his special message to the Congress made a series of proposals.

Others can be solved only by changes in individual attitudes and through more vigorous application of the laws and programs available.

What we need to keep constantly in mind is that the same society which has given Americans longer life has not developed enough ways for making the additional years useful and meaningful.

Somehow, through leadership and education, it must be recognized that a citizen's desire to live a purposeful life does not end with his retirement. It must also be made clear that skills and talents do not suddenly end with retirement.

We should seek out new means to use these talents, which all too often go unused. It is an incredible waste not to find some way to put this vast reservoir of ability into action.

None of what has been said before should obscure the substantial progress toward assuring greater dignity and security for the Nation's older citizens made in the past 15 years.

But—so much still has to be done.

As President Kennedy stated in his message to the Congress:

Our national record in providing for our aged is a proud and hopeful one. But it can and must improve. We can continue to move forward by building needed Federal programs, by developing means for comprehensive action in our communities, and by doing all we can, as a Nation and as individuals, to enable our senior citizens to achieve both a better standard of life and a more active, useful and meaningful role in a society that owes them much and can still learn much from them.

Ever Independent

To most older Americans, a high degree of independence is almost as valuable as life itself. It is their touchstone for self-respect and dignity. It is the measure they use to decide their importance to others. And, it is their source of strength for helping those around them.

Whether they enjoy the degree of independence they desire depends partly on the role they play in the community, partly on the condition of their health, and partly on the adequacy of their incomes, housing, medical care, and other essentials.

No order of importance can be given to these ingredients of independence. Their importance to older Americans will vary, not only from person to person but—the chances are—from time to time in their lives.

INCOME

What is an adequate income for a person or a couple, 65 or older?

Is it a major portion—say 75 percent—of the income that was available during the working years? Is it enough income to cover the “modest but adequate” budget developed by the Bureau of Labor Statistics? Is it an income related to the average income of the working population?

No matter what standard might be used to judge the adequacy of the incomes of today's older people, one point is clear: Their incomes are usually inadequate for even a modest level of living.

This is true even though some of their expenses may be lower than those of younger people and even though they may no longer have the various costs connected with work or the expense of educating their children. It is true even though they get tax relief not available to younger people and even though many of them own their homes free and clear and no longer have to pay rent or make mortgage payments.

Despite the obvious inadequacy of their incomes generally, today's older people have much more income than aged people had a dozen years ago. In 1950, there were 12.3 million Americans 65 and over with a total income of about \$15 billion, while the 17 million 65 and over in 1961 had a total income of \$35 billion.

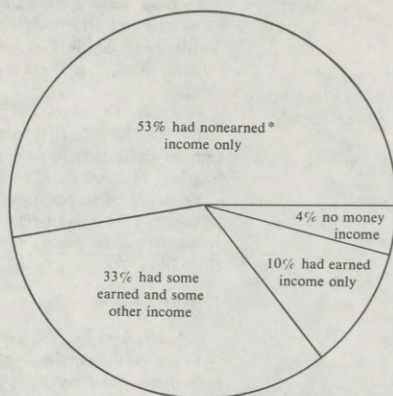
Thus, while the number of older people increased about 40 percent in the past decade, their total income rose by more than 130 percent. This compares, for the same period, with an increase of 80 percent in the total personal income for the entire population of the country.

This is not entirely a plus, however. For one thing, the purchasing power of the dollar in 1961 was 20 percent less than in 1950. For another, more of the Nation's older people now live in urban areas where costs are high.

Then, too, a substantial part of this total goes to a relatively small group. Over 200,000 older Americans—1 out of 85—had incomes of \$20,000 or more, and over 50,000 had incomes of \$50,000 or more in 1961.

The overriding fact, however, is that far more older people today are dependent on sources other than current earnings for their liveli-

MEN AGED 65 AND OVER
ACCORDING TO THEIR SOURCES OF INCOME, 1960



*Nonearned income is income from all sources other than that from current work.

Source: U.S. Bureau of the Census, "Current Population Reports: Consumer Income," Series P-60, No. 37.

Chart 3

hood. In 1950, about half of all income of older people was from earnings. In 1961 less than one-third of the total came from earnings. Thus, in 1950, for the 12.3 million older people earnings totaled \$7.5 billion and income from other sources was \$7.5 billion. By 1961, with an aged population of 17 million, earnings had increased to only about \$10 billion, whereas income from other sources had shot up to about \$25 billion.

Where did the additional \$17.5 billion not directly derived from earnings come from, and what do these figures signify with respect to the general economic well-being of the older Americans?

Almost one-third of the \$17.5 billion came from private pensions, income from savings and investments, life insurance, and other private sources.

More than two-thirds—or some \$12 billion—of the increased income from sources other than paychecks came from Government programs. And of this \$12 billion almost \$9 billion came solely from old-age, survivors, and disability insurance—what we call, and with good reason, social security. The remaining \$3 billion from Government programs consisted principally of railroad retirement, Government employee retirement programs, veterans' payments, and public assistance.

Public assistance payments to older Americans, taken alone, went up only \$400 million—from \$1.5 billion to \$1.9 billion. Interestingly, public assistance in 1950 was about half of all the money paid to the aged under Government programs, while in 1961 it represented only about one-eighth.

These figures show that older Americans, as a whole, have more income today than they did a dozen years ago.

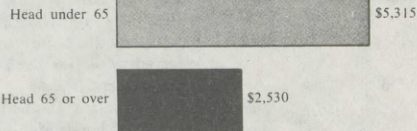
And they are better off individually. In 1961, of the persons 65 and older who were not in institutions, 50 percent had less than \$1,000 for the year, while in 1950, 74 percent had less than \$1,000. Also, in 1961, about 14 percent had incomes of more than \$3,000, compared with 7 percent in 1950.

This is encouraging progress. But, most of the aged are still living on considerably less than an adequate income.

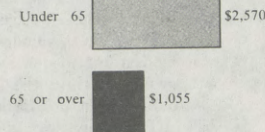
This can best be seen by comparing the findings of two relatively recent Government studies dealing with incomes of older people and their budget requirements. Overall, the figures used would be a little higher if the studies were made today, but their relationship would be about the same.

MEDIAN MONEY INCOME IN 1960 OF
2-PERSON FAMILIES AND PERSONS LIVING ALONE

2-Person Families:



Persons Living Alone:



Source: U.S. Bureau of the Census, "Current Population Reports: Consumer Income," Series P-60, No. 37.

Chart 4

A Typical Elderly Couple

For the comparison, let us assume Jim and Dorothy Elder are a couple which the Bureau of the Census formally calls a two-person family headed by someone over 65. They are just an average couple living in Average City, a moderately large city, with a population representative of a cross section of all the citizens of the United States, including the people 65 and over.

Thus, the Elders have a yearly income of \$2,530 or slightly more than \$210 a month. Half the other older couples in the United States have an income of less than \$2,530 a year, and half of them have more.

Compared to younger couples—that is, two-person families with the breadwinner under 65—the Elders are not very well off. In fact, their yearly income is only slightly more than half that of the average younger couple living in Average City—even when allowance is made for the Federal tax breaks the Elders receive.

But, they are considerably better off than most of the older people in Average City who are living alone—the widows, the widowers, the single persons, and the separated. The average older resident living alone has an income of only \$1,055 a year. Again, this means that half of them have less than \$1,055, and half of them have more. The older male residents—on an average—have a yearly income of \$1,315, if they are living alone, while the average older woman has only \$960.

And, the Elders have much more income than the older people in Average City who are living with their relatives. The average older person living with a relative had an income of only \$463 in 1961—the older male had \$895 and the older female \$350.

Summed up, those are the cold income statistics for Jim and Dorothy Elder's friends and neighbors.

But—for the Elders and the other people in Average City—these income figures are only important in relation to what is needed to live, at least modestly. It means little, for example, to have an income of \$4,000 a year if it takes \$5,000 to buy the necessities and to live even modestly.

"Modest but Adequate"
Budget

To help make such a judgment about the adequacy of the \$2,530 a year income of the Elders, the Bureau of Labor Statistics (BLS) has provided a handy tool. It is the "modest but adequate" budget referred to earlier for a couple 65 and older who rent a small house or apartment.

In computing the budget, the BLS carefully listed the kinds and amounts of goods and services necessary for an older couple to maintain an adequate level of living and then priced these items in 20 cities—most of them large—throughout the United States. The budget we will use for Average City is the average cost of the budget items in the 20 cities.

Based on this budget, Mr. and Mrs. Elder need \$3,010 a year for a modest but adequate level of living in Average City. If the couple owned outright the home they live in, as nearly two-thirds of all older couples do, the budget would be two or three hundred dollars less.

The amount would provide them with the goods and services necessary for a healthful, self-respecting living and allow normal participation in community life. Thus, with their \$2,530 a year, they do not have what they need for this modest budget.

Remember: Half of the older couples in Average City have incomes of less than that enjoyed by the Elders. The gap between the budget requirements and the incomes of these other older couples is even greater.

Remember also: The average older citizen living alone in Average City has an income of only \$1,055 a year. If there were a budget for this older citizen to judge by, how inadequate would his income be?

Since the Elders' income is less than they need, they have to skimp somewhere. Where do they do it? Do they buy less food? Do they go without needed medical care? This budget makes no allowance for the large medical bills that accompany a hospital stay.

The Elders have little savings on which to call to make up the difference. In fact, they probably have only about \$1,000 in liquid assets

such as savings bonds or money in the bank. They probably have life insurance with a total face value of about \$1,850. Chances are they own a home with an equity of less than \$10,000.

On the average, their neighbors who are 65 or over and live alone in Average City have less liquid assets, less life insurance, and less equity in a home.

The dilemma posed by this situation for Mr. and Mrs. Elder is faced by millions of older Americans today. It is not one which will be solved easily. But, it is one this Nation must deal with at all levels of Government and through concerted action by private industry and organized labor.

Action is necessary not only for the benefit of today's older people but to assure that tomorrow's aged are not confronted with the same income gap.

It is likely, however, that the lot of tomorrow's Older American will be somewhat better than today's. This is true because some of the improvements made in retirement security programs in recent years have not yet been fully realized.

Let us look at the picture of retirement, as clearly as it is possible to draw it, for the people who will be retiring in the next 10 years or so.

Almost all of them and their dependents will qualify for social security retirement payments—eventually, 95 percent of the population. Today, one in four older Americans is not eligible for social security. But these payments are not enough to live on, and half have no other significant income.

In addition, the people who retire during the next 10 years will receive higher payments—on the average—than the benefits being paid today. This is because the payments will be based on higher average earnings than people earned in the past.

Private pensions will also play a bigger role in providing economic security for the people retiring in the next 10 years.

We know that about 23 million Americans, or about 45 percent of all private wage and salary workers, are covered by private pension plans. For long-service employees, the typical pension plan today provides benefits between 20 to 40 percent of their average preretirement earnings. Workers with shorter periods of service will receive benefits that replace a much smaller fraction of their wages, and those who change jobs frequently probably will not qualify at all.

The Older American who retires in the next 10 years is also likely to have greater personal assets and savings and equity in property than today. All signs point to such an improvement. At the same time, accustomed to a rising standard of living during much of his working career, he may find that his expectations and real needs for goods and services—including health care—cannot be met within today's "modest but adequate" budget.

Thus, while the economic outlook for tomorrow's Older American steadily improves, a gap between income and needs will remain unless additional efforts are made to close it.

HEALTH

Millions of older Americans enjoy relatively good health and many of them can be almost as active as they were when they were years younger. Many of those with disabilities have learned to live with them and accept their limitations.

But, most have become the prey of at least one disease that will stick with them as long as they live. It is part of the toll the years have taken. It is grim evidence that the causes and cures are still to be found for the diseases that come with age.

And it is dramatic proof of the health-care problem faced by older Americans who are caught between rising medical and hospital costs and their low, relatively fixed incomes.

Statistically, here is the health report of today's older Americans:

- More than 12 million have at least one chronic condition such as high blood pressure, arthritis, diabetes, heart disease, or mental disorder.
- More than half of those with a chronic ailment have some limitation on their activities.
- More than 800,000 older people are in institutions.
- About 1,250,000 elderly people are invalids who, though not in institutions, are unable to get along without help from others.

Tragically, many of those with serious conditions would be in better health if known preventive and restorative services had been promptly used. Until more is known about the causes and cures of chronic diseases, the most potent weapon against them is early detection and prompt treatment.

Part of the problem lies with the older people themselves. They delay going to a physician until it is too late. This is obvious from one of the studies of the National Health Survey which showed one out of four people 65 or over had not been to a physician for 2 years or more.

Sole responsibility, however, cannot be placed on the older people for this. They have not been made fully aware of the need for regular medical checkups, the dangers of self-doctoring, or the methods of accident prevention.

Many older Americans do not get the care they need because they are too proud to accept charity or other outside financial help. And they do not want to be a burden on their families.

Many make the mistake of treating themselves when they really need to see a doctor. Others use medications which have worked on similar symptoms in neighbors or friends. They want to avoid the cost, or they may be afraid of treatment and hospitals.

Others are the victims of poor nutrition because they are caught by food fads, poor food habits, or lack of interest in eating, primarily because they have to eat alone.

Accidents—many of them preventable—also take a high toll among older people. They have nearly twice as many home accidents as the average adult and three times as many fatal accidents.

Part of the fault for the poor health of many of the aged also must be borne by physicians, communities, States, and the Federal Government, which have been slow in starting health programs for them.

A positive recent step was the passage of the Community Health Services and Facilities Act of 1961, designed to help States and communities start or expand comprehensive care services outside hospitals for the chronically ill.

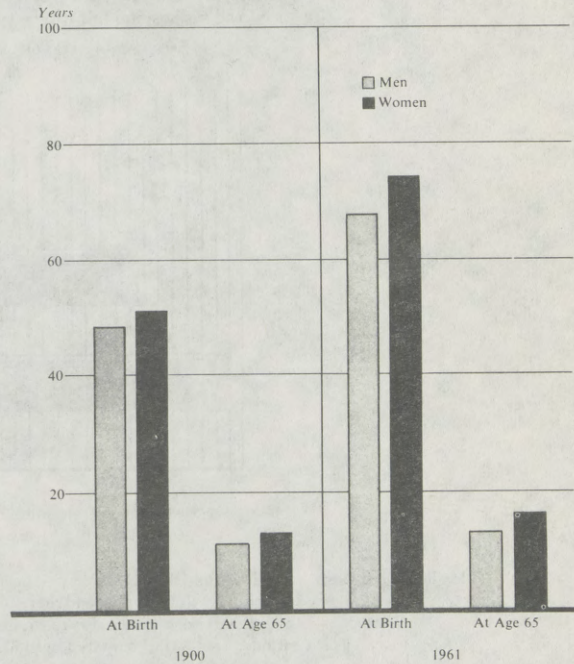
But for this generation as well as future generations of older Americans much remains to be done both in detecting chronic diseases early and in finding their causes and cures.

A great deal of research is already underway. With the brilliant success of science during the 20th century in controlling infectious disease and in improving nutrition and sanitation, the main spotlight of research has now been trained on the diseases of the later years.

In the past 10 years, hundreds of millions have been spent by Federal, State, and local governments and by scores of voluntary agencies for research on diseases affecting older people.

Surgery, medicines, and medical care never dreamed of in 1900 are now in use. They have done much to ease the pain and sufferings of

LIFE EXPECTATION IN THE UNITED STATES



Source: Department of Health, Education, and Welfare, "Trends," 1962.

Chart 5

illness. And, they have helped to add 21 years to the average life expectancy at birth since 1900. But these marvels of science have also made the treatment of illness—both for the old and for the young—increasingly complex and costly.

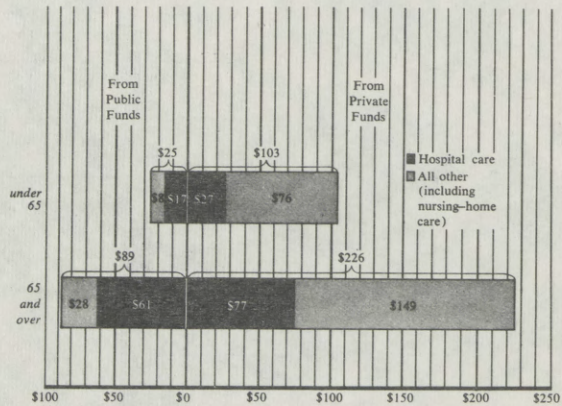
Most of the young can afford the medical care they need. They are working and covered by adequate health insurance. Further, their illnesses are usually far apart and of short duration.

But, many of the nearly 18 million older Americans find it difficult, if not impossible, to pay the price for the care that is available. As shown by the picture drawn earlier of the income status of the aged, they cannot afford to be ill for very long.

Added to this, they are much more likely to need care than the younger generations:

- The average older person is incapacitated 5 weeks of the year by illness or injury, with 2 of these weeks spent in bed.
- One out of every 6 older Americans will go into a hospital during a year.
- The average hospital stay for an older person is 2 weeks, twice as long as for the average younger person.
- And his hospital bill will be twice as large.

PER CAPITA EXPENDITURES FOR MEDICAL CARE, 1961



Source: Department of Health, Education, and Welfare, Social Security Administration.

Chart 6

Medical-Care Costs

Thus, the Older American—because he is more likely to need medical care—will have to spend more to stay healthy. In 1961, for example, the average medical care expenses, paid from public and private funds, were \$315, compared with \$128 for a younger person.

The older person is thus the victim of the skyrocketing cost of medical care, which in recent years has gone up far faster than the cost of living.

For example, the Department of Labor's Consumer Price Index since 1950 has gone up 26 percent, but medical charges have jumped 56 percent.

One reason for the increased medical charges is that the fees of doctors have gone up 47 percent. But, even more important, is an increase of 125 percent in hospital daily charges.

For the Older American, his major concern over medical care is the possibility of going into a hospital. This is true because the hospital bills are usually large, they can come without warning, and they usually must be paid all at once.

Hospital Costs

Of the one in six aged persons who is hospitalized in a year, the hospital bill—not including doctor's and other expenses—averages about \$525.

How do older Americans now pay their medical bills when they are ill?

Many are able to manage on their own, especially if they have insurance against some costs. Some seek help from others—relatives if there are any and public assistance if relatives cannot help. Some get free care under other public programs and through private charity. Some borrow money.

And there are many who do not get the care they need. The extent to which they go without care is unknown. But a strong hint of it is found in these facts: Nearly half the older Americans with arthritis, rheumatism, hernias, or who have trouble seeing or hearing are not now under care. And one out of seven with a heart condition is going without medical attention.

Most of the aged when they do go into hospitals pay at least some of their bills out of income or savings. But a high percentage are unable to pay them all either with their own resources or through health insurance.

For example: A 1957 survey of aged people drawing social security showed that, of those who went into a general hospital during that year, two out of five of the couples and three out of five of the non-married people did not meet all their medical bills from their own income, assets, and health insurance.

Thus, we have a serious gap between the care most older people need and their ability to pay for the care—either through health insurance or from income or savings.

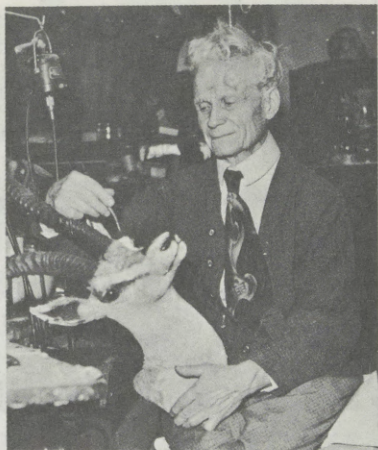
One deceptive feature of the health-care picture is the degree to which private health plans cover costs. While more than half of the aged have such coverage, much of this insurance is very limited.

A study of the health problems of the Older American made recently estimated their health insurance does not meet more than one-sixth of total medical costs of the insured or one-fourteenth of the total for all the aged.

Another study of older people discharged after a short stay in hospitals from July 1958 through June 1960 showed that health insurance covered:

- No part of the bill in over half the cases.
- Seventy-five percent or more of the bill in only 3 out of 10 cases.





Ever independent

Independence should not be thought of as a gift. The Older American asks not for the gift of independence but the right—the right to an independent income, the right to maintain his health without the help of charity, the right to live with as much independence as his strength permits. The Older American asks, in short, for the right to opportunity—the opportunity to be independent, to provide for himself, to work if he wants, to stand on his own merit and ability.

The Older American cherishes independence as he cherishes life. Let the opportunity for independence forever be preserved.



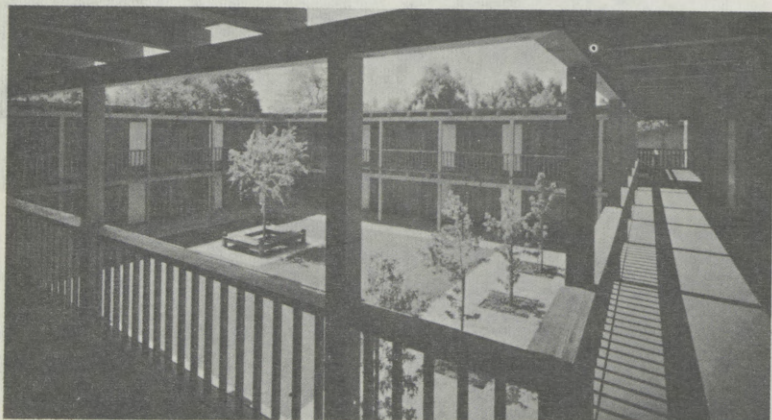


VICTORIA PLAZA, SAN ANTONIO, TEXAS
(above)

Constructed by the San Antonio Housing Authority, federally assisted by the Public Housing Administration, Victoria Plaza is a low-rent housing project specially designed for senior citizens. An outstanding example of newest design concepts, incorporating low-cost construction methods with beauty of atmosphere.

RETIREMENT APARTMENTS, MENLO PARK,
CALIFORNIA (below)

Sponsored by the Peninsula Volunteers of Menlo Park, this housing project for senior citizens is the first constructed and completed under Housing and Home Finance Agency's direct loan program. Composed of a small number of units in an established residential area, the project is adjacent to Little House, a pilot senior center also sponsored by the Peninsula Volunteers.



The main reason coverage is not more complete relates directly to the income of most older Americans. The plain fact is they cannot afford the premiums for comprehensive private health plans.

For broad health insurance coverage for a couple, the premiums even on a nonprofit basis are about \$400 a year—one-sixth of the total income of an average couple.

Two other main sources of help in paying the medical bills of the Older American are: Help from relatives and public or private assistance of one kind or another.

An indication of the amount of such help is found in the study of social security beneficiaries who were hospitalized in 1957. About one in seven of the couples and about one in three of the unmarried patients relied at least in part for their medical care on private or public welfare. The number receiving help from relatives in one form or another was at least as large.

Of the various types of help given, public programs are responsible for more than \$1 in every \$4 spent for medical care for the Older American.

Medical Assistance for
the Aged

The most important single public program—considering the dollars spent—is the public assistance aid given through the Federal-State programs of old-age assistance (OAA) and medical assistance for the aged (MAA).

In 1962, for example, about \$635 million was spent by the States and Federal Government, on a matching formula, to provide public assistance medical care under OAA and MAA.

About \$390 million of the total was spent for medical care for people receiving old-age assistance. They received the help because they had little or no other income than their old-age assistance, which averaged about \$60 a month.

Approximately \$245 million was paid out under medical assistance for the aged—the program commonly referred to as the Kerr-Mills program. The aged who received help under MAA are the “medically indigent”—by definition, those who are not so needy that they are eligible for cash payments through old-age assistance but who do not have money to pay medical bills.

The MAA program in 1962 helped to pay medical bills each month for about 1 in every 200 older Americans, and the average monthly payments were just over \$200. The program now operates in half the States.

Further, of the \$245 million spent under the program last year, 88 percent of it was spent in five States—New York, California, Massachusetts, Michigan, and Pennsylvania. Of the aged receiving help during a month, 73 percent were concentrated in the same five States, although less than one-third of the Nation’s aged live there.

EMPLOYMENT

Employment plays varying roles in the lives of older Americans. For many, it is a principal source of income to provide the necessities of life. For others, it provides the therapy of usefulness, belonging, and well-being. To many older people, employment is the badge of status in the family and the community and the center from which

Limitations on Employment
of Older People

social contacts radiate. To some, it is one of these things and to others it may be all of them.

Employment, thus, has different meanings for different older Americans, depending upon their individual needs and wants. It means full-time remunerative work for one; for another, a part-time job to supplement a pension income; for still another, voluntary work in his home community or even abroad in the Peace Corps. To others, employment means a place to go every day—and the paycheck is a minor consideration.

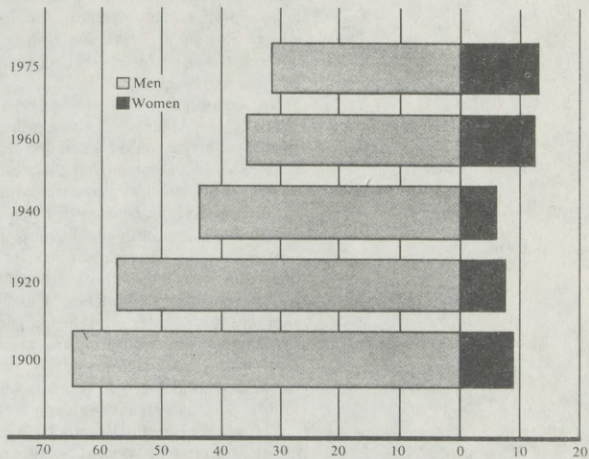
As the needs and wants relating to employment differ among older Americans, so do the opportunities for satisfying those needs and desires. For the opportunities of obtaining or retaining employment are subject to many severe restrictions. A major restriction lies in the practices in our society. Many older persons are barred from work by age discrimination in hiring or in selection for retraining. Others are forced to quit work because of compulsory retirement policies.

A sample survey in 1956 of job orders placed in State employment service offices showed that 58 percent had an upper-age restriction. A new survey is now being conducted and hopefully will show some improvement. According to recent surveys of firms with pension plans, 9 out of 10 companies employing 1,000 or more workers have mandatory retirement policies, and there appears to be little or no inclination on the part of employers to discontinue these policies. In fact, available evidence points to an increasing number of employers who are establishing compulsory retirement at a fixed age—this in an era when the span of life is growing.

Opportunities for employment are limited also by the climate of the labor market. There is the increasing competition from mounting numbers of young jobseekers for whom new jobs cannot be created fast enough in an economy which has experienced an average annual unemployment rate of 5.5 percent for the past 5 years. Complicating the situation are new job requirements created by new technology, geographical movements of industry and the accompanying movement of jobs, and plant mergers.

Limitations in job opportunities arise also from the qualifications of the elderly person himself. They may include such factors as declining health and physical ability on the part of some, limited skills or skills no longer in demand in the fast-changing labor market, lack of sufficient education for many of the new jobs, and waning ability to move about to seek work where it may be. Many an individual creates his own restriction by the limitation he puts on wages, hours, working conditions, and the location of work.

If the problem of employment of older Americans is to be dealt with adequately, we must understand not only their varying needs for employment but also the many obstacles and difficulties standing in their way. To make opportunities in employment available for elderly persons, we need to do two things. First, we need to identify those elderly persons who want to earn money and concentrate our job-development efforts for this group. Second, we need to provide opportunities for other elderly Americans to satisfy their needs for useful activity through community, public service, and other kinds of noncompensatory activities.

PERCENTAGE OF AGED 65 AND OVER IN THE LABOR FORCE,
MALE AND FEMALE, 1900-75

Source: Bureau of the Census, "Current Population Reports," Labor Force, Series P-50, No. 40, and (for 1975 projection) Bureau of Labor Statistics Special Labor Force Report No. 24, "Interim revised projections of the U.S. Labor Force, 1965-1975."

Chart 7

To Enlarge Opportunities

Enlarging work opportunities for older people will require action on a number of fronts. It will involve:

- gaining acceptance of the principle of employment on the basis of ability rather than age;
- gaining an understanding on the part of employers of the qualifications of many older persons for available employment;
- providing opportunities for retraining older workers and upgrading their skills and providing more opportunities for vocational rehabilitation;
- encouraging the adoption of flexible retirement policies based on an individual's capabilities, needs, and desires, rather than his age;
- developing part-time employment opportunities for those who need or desire work but who cannot or do not wish to work full time.

Steps also need to be taken to provide more adequate counseling, placement, job development, physical restoration, and other services to assist older people in choosing and retaining or reentering employment. Too often such services are denied the older worker on the erroneous premise that age alone makes such help fruitless. A more positive outlook is needed on the part of those serving older persons and on the part of the older persons themselves.

Greater effort also is needed to help those older people who simply want "something to do." They should be provided with more opportunities for voluntary work in their home communities, in sheltered noncompetitive employment, and in other appropriate activities in which they may obtain the feeling of usefulness and participation without the need for combating the many problems involved in competitive employment.

Recognition also needs to be given to the problems confronting the future older Americans who are now in their middle years. Many future problems could be avoided if people could enjoy full and continuous employment during their middle age. Income in later years depends on continued and successful employment during middle age to build up savings, pension rights, and social security credit.

It is for this middle-aged group that the denial of appropriate opportunities for employment has its greatest ultimate impact, for it denies them the opportunity for earning an income at a time when they have reached the peak of family and financial responsibility and when they are not usually eligible for pension benefits.

A number of action programs are now being carried out by Federal and State governments and by private organizations at national, State, and local levels to promote opportunity in employment for the middle-aged as well as the elderly worker.

State Action

Fifteen States and Puerto Rico have passed laws prohibiting discrimination in employment because of age. A number of other States are considering such laws. The Congress has forbidden such discrimination throughout the Federal competitive service. A message from the President dated March 14, 1963, addressed to the heads of executive departments and agencies in the Federal service directs Federal agencies to evaluate each job applicant on the basis of ability, not age.

The State employment service offices, affiliated with the United States Department of Labor, provide specialized job counseling placement, and job development assistance to middle-aged and older workers in finding suitable employment. These offices are providing annually counseling service to about 150,000 jobseekers 45 or over and have been making 1,250,000 placements of workers this age. Increased funds for the Federal-State Employment Service for fiscal year 1964 have been requested in order to strengthen the counseling and placement services for older workers, as well as other jobseekers.

Two major pieces of legislation have been passed by the Congress within the past 2 years which are expected to assist significantly in preparing older workers and other jobseekers for reemployment. Under both the Area Redevelopment Act of 1961 and the Manpower Development and Training Act of 1962, counseling and vocational training is available for workers to provide them with skills in demand in the labor market. Under the Manpower Development and Training Act, special attention is given to older workers whose earlier skills may no longer be useful and who can profit from acquiring a new skill that is needed.

Help for the Older Worker

Federal agencies, particularly the Department of Labor, have been conducting research studies aimed at determining the extent and nature of discrimination in the employment of older workers and the facts about the capabilities and characteristics of older workers.

In many instances, private organizations and groups have been cooperating with public agencies in helping older workers solve their employment problems. For example, in California, a private group whose organization was stimulated by the State employment service staff, provides an opportunity for executive and managerial personnel to find satisfactory employment.

Similarly, self-help clubs have been assisting middle-aged and older workers in finding appropriate jobs. The National Council on Aging has been conducting studies and holding conferences aimed at better identifying the abilities of older workers in order to reduce hiring prejudices.

A number of universities are engaged in a variety of research projects covering problems of employment and retirement of older workers, the results of which should have a major impact on policies and programs designed to assist in overcoming employment problems confronting older workers.

Associations of employers and a number of trade unions have been conducting active educational campaigns to encourage hiring on the basis of ability without regard to age.

Other examples: Older women from business, teaching, and social-work fields are being trained in homemaking and home management in order to assist the elderly housebound.

A group of retired professional men have organized a program to make their services available on a consultant basis to small businesses and individuals who otherwise could not afford such services.

Another group of men 65 or over do home repair work on a part-time basis to supplement their social security.

Proposed Legislation

Legislation has been recommended and Senate and House bills have been introduced to establish a new 5-year program of grants, on a matching basis, to State and local governments and nonprofit private organizations for experiments in the use of elderly persons in providing needed community services. Under this proposed program, elderly persons would be employed in such facilities as schools, recreational facilities, childcare centers for working mothers, homes of homebound individuals, and agencies concerned with preventing juvenile delinquency. It is hoped that this program will not only provide employment opportunities for elderly citizens but also stimulate State and community efforts in developing additional job opportunities for the aged. Precautions will be taken to insure that no project will result in any displacement of present employees and that wages are reasonably consistent with those for comparable work in the locality.

Despite these many efforts of public and private organizations to deal adequately with the employment problems of older Americans, these problems have persisted and grown worse with the passing years. This situation will continue unless urgent recognition is given to the vital importance of employment in the lives of older as well as younger people and of the great contribution these people can make to individual employers and to the economy as a whole.

HOUSING

A suitable place to live—a house, an apartment, whatever it may be—is a necessity for the Older American who wants to live a useful and independent life, just as it is for a younger person.

Housing for older people today is for active, self-reliant persons who are living longer, healthier, and more meaningful lives. It is designed for efficient, dignified living and avoids the needless struggle to maintain large homes.

But, an adequate home for an older person is often quite different from what would be adequate for a younger person. Older people have smaller incomes, their health is usually poorer, and, of today's nearly 18 million people 65 or over, nearly one out of four lives alone.

It is important, therefore, that older people have access to housing which is adequate but low cost, is modest in size and efficient to maintain, and is so designed that it will help them avoid accidents.

It is also particularly important that their homes be close to public transportation, since many of them do not have cars; that it be close to adequate shopping facilities, so that normal activity is sustained; and that it be near recreational, church, cultural, and other community centers, so that they can be active in community life.

By these basic standards, much of today's housing for older people is far from adequate.

Inadequacy of Housing
for Older People

Of the people 65 or older who head households, about one-third live in dilapidated housing, deteriorated housing which may or may not have all plumbing facilities, or in housing that, though sound, lacks some or all plumbing facilities.

In addition, many older Americans live in housing units which are too large, too costly, or too inefficient or unsafe for the special needs which come with age.

A recent foundation-financed study of quality of housing of persons receiving social security payments showed that:

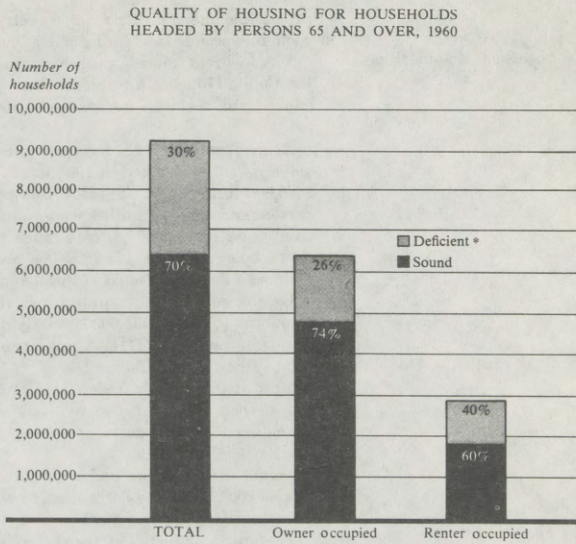
- Forty-five percent of all aged living in households were classified as being in need of better accommodations, based on the quality of the housing or the living arrangements with relatives.
- Eighty percent were living in houses at least 30 years old, and 40 percent living in houses at least 51 years old.
- The aged in poorest health, by and large, occupied the poorest housing.

Despite the unpleasant view these facts conjure, the outlook for improvement is bright. For in no area of Federal housing programs has progress during the past two years been more dramatic than in housing for the elderly. The progress has been based on cooperation between private groups and governmental agencies with emphasis on local initiative and local action.

The Housing and Home Finance Agency (HHFA) now has these major programs for housing older Americans, 62 and over:

Mortgage Insurance Program

- A special mortgage insurance program, administered by the Federal Housing Administration, aids in building or rehabilitating both profit-motivated and nonprofit rental housing for senior citizens. Federal Housing Administration also provides mortgage insurance to those elderly persons who can and want to buy their own homes, and for privately owned and operated nursing homes.



* Deficient units include those which are classified by the U.S. Bureau of the Census as dilapidated, deteriorated, or sound but lacking some or all plumbing facilities.

Source: United States Census of Housing, 1960, "Housing of Senior Citizens," Volume 7, Table A-5, Page 10.

Chart 8

One FHA-insured rental housing project completed in 1962 is a good example of housing for somewhat higher income elderly who can afford private market costs. Located in the Northwest, it is a 12-story building, with 342 units. Residents may cook meals in their units or eat in a central dining room. The project provides recreation and commercial facilities, lounges on each floor, parking spaces, a barber shop, a beauty parlor, a 300-seat auditorium, hobby and craft shops, maid service, a library, a laundry room, and a 10-bed infirmary.

- Direct long-term, low-interest loans are made by the Community Facilities Administration to local private nonprofit groups, consumer cooperatives, and qualified public agencies to assist them in financing rental housing for moderate-income older families and individuals.

An example of new nonprofit housing projects specially designed for elderly persons of moderate income was built in Louisiana, financed by a Community Facilities Administration direct loan.

The buildings are so arranged that the 62 dwelling units open onto two separate courts on either side of a landscaped 60-car central parking area, with special croquet courts, a small putting green, and other nearby recreational facilities. Located on 2½ acres across from a beautiful municipal park, the project includes a lounge, a library, two

Direct Long-Term,
Low-Interest Loans

Low-Rent Housing Program

private parlors, a crafts room, a central office, a kitchen and a dining room for special entertaining, and a laundry.

- A low-rent housing program for older persons is administered by the Public Housing Administration. PHA also provides Federal financial and technical assistance to local housing authorities in this field.

A good example of a new public housing project entirely for the elderly was constructed in 1961 in the Midwest at a cost of less than \$600,000 for 50 units. This low-rent project serves both single elderly persons and elderly families whose admission annual income limits are fixed at \$2,100-\$2,900. Rents range from \$30 to \$45 a month. The average age of tenants is 78. The project is part of a complex that includes a denominational hospital and a county nursing home.

By the end of 1962, applications received and units programmed amounted to almost 133,000 specially designed housing units for older people in these three HHFA programs. They had a potential investment value of \$1.6 billion.

Most of the activity under these programs has occurred since 1960. Since then, applications received and units programmed have amounted to 88,000 units, compared with 44,000 for the previous 5 years.

Actual commitments under all three programs at the end of 1962 totaled 76,000, worth \$950 million, of which 48,000, worth \$620 million, were commitments since 1960.

The units completed at the end of 1962 totaled 18,000, worth \$227 million. Up to 1961, only 4,300 units with a dollar investment value of \$53 million had been completed.

In addition, each of the programs had a backlog of applications and reservations in process at the end of 1962 totaling almost 33,000 units.

The mortgage-insurance program for nursing homes has made rapid progress since getting underway in 1960. By the end of 1962, the program had commitments to insure mortgages for new or rehabilitated nursing homes providing 13,000 beds.

Besides the HHFA housing programs, the Congress set up in 1962 housing programs administered by the Farmers Home Administration for older people living in rural areas. The programs provide low-interest, long-term loans and loan insurance to help rural residents 62 or over, on farms or in small towns, to build or rent new homes or modernize old ones.

Housing Projects Other Than Federal

In addition to the Federal programs, a number of State housing agencies—notably in Connecticut, Massachusetts, and New York—have assisted communities with the building and operation of public housing units for older people at low rents.

Private developers and religious and labor groups have built retirement villages, mainly with housing purchased by the occupants and mainly in warmer parts of the country. Religious groups have stepped up the building of residential facilities for the aged and have introduced the residence club or large apartment-type building.

In some areas, retirement hotels have been established by private owners. These have usually been older hotels taken over for the purpose of providing housing for the elderly at a flat monthly fee for room and board.

The amount of private housing which has been made available to older people without the aid of Federal funds is unknown, but the number of units is small in relation to the need.

While the progress has been rapid—for housing built with the aid of both the Federal Government and the States—the actual number of units built is only a small contribution to the need.

But, the basic effort toward improving the housing of older people is underway. Expansion of the efforts will require continued thought, energy, and capital by all levels of government and by private industry. For only when both private and public interest have been focused on the problem will real progress be made toward satisfying the need for adequate housing for older Americans.

RETIREMENT PLANNING AND COUNSELING

The adjustments many older Americans face when they retire are as drastic as any they have ever faced in their lives.

Consider, for a moment, the adjustments an older person would need to make if:

- His income was cut at least in half.
- Leisure time replaced the hours he worked.
- The regularity of his work no longer existed.
- His association with coworkers ended.
- He no longer had his work to occupy his mind.

Many of today's older people have successfully made the adjustments associated with retirement. Many others have not.

Recognizing the difficulties in getting used to retirement, some of the Nation's employers, unions, and civic and government leaders have set up retirement planning and counseling programs in recent years.

The programs have generally had two purposes:

- To tell the people nearing retirement about the adjustments they will have to make and to help change their attitudes about retirement; and
- To give them factual information about social security, health, housing, social welfare, investments, recreation, civic activities, legal matters, community resources, and other matters with which they may have had no previous experience.

How extensive retirement planning and counseling are among employers and unions is difficult to measure. But it has been estimated that about one-third of the large employers have some type of program. Two of the Nation's biggest unions have a full-time staff working on such programs. Local school systems, recreation departments, and libraries have offered assistance.

Several of the Federal Government's agencies have retirement preparation programs and others are considering them.

The development of retirement preparation has been led by a dozen or so universities, which have been influential in getting employers and unions interested.

The results are hard to measure because the programs have been in operation only a short time and because they vary considerably in quality. But there is no doubt these efforts have been helpful in many cases and should be expanded.

In addition to these efforts to help older Americans with their retirement adjustments, more and more communities are providing counseling services for them when they have retired.

Many older people need personalized counseling when they are confronted with such decisions as: what to do next; how to change their living arrangements; how to deal with upset family relationships. Some encounter deep emotional problems. Many need help in determining what to do about serious health problems. How to manage on shrunken income is a major problem in itself.

If such counseling is available, it is usually part of a general community service for persons of all ages. But in a few large cities special agencies have been set up for older people.

Unfortunately, this useful service often is not available. All too frequently, the money, personnel, and inspiration to establish it in communities, either within existing agencies or as a separate function, do not exist.

Employers, unions, community leaders, and others have an important role in helping people with their retirement adjustments and difficulties. A tiny beachhead has been won, but it needs to be greatly enlarged.

Most of all, those nearing retirement should be encouraged to look ahead and plan for the adjustments they will need to make.

A Place in the Community

For many retired people, nothing is quite so difficult—or quite so important—as maintaining a useful and congenial place in the community around them.

As noted earlier, the Older American retires from his job to face reduced income, loss of regular contact with his work companions, rupture of a pattern of life built up over decades—and free time. Perhaps for the first time since childhood, there are extra hours—hours with no demands, perhaps hours in which he can find nothing to do.

This is retirement. This is a sudden new way of life for the Older American. He has a different role in society and in his family relations. His self-image is bound to change in some fashion. At the worst, it erodes to a state that has been called “retirement shock.” For some, on the other hand, retirement may prove to be the most fruitful period of their lives.

Persons retiring 5, 10, or more years from now will be accustomed to more free time in their active, earning years than are most older Americans today. Shorter hours of work per day, shorter workweeks, longer yearly vacations, earlier retirement for all will help prepare tomorrow's Older American for active later years. Retirement will more often be anticipated as an opportunity to embark on a second career, a chance to grow in new interests, find new avenues of creativity, continue to live fully, adventurously, and generously, with the knowledge that activity itself is an essential ingredient of successful living in the later years.

But today's picture, all too frequently, is one of disillusioned persons suddenly being forced into a completely strange period of inactivity, with no place to go, nothing to do, no purpose. It is not surprising that many normal men and women react badly to these circumstances. Inertia, boredom, and tentative withdrawal can quickly lead to isolation. And isolation deprives human beings emotionally, spiritually, and socially. Isolation leads to disillusionment and bitterness. It should not—must not—be tolerated in a country that places as high a value as our country does on the worth of each man.

Our communities have the primary responsibility. The small villages are no less responsible for the well-being of all their citizens than are the metropolitan areas. Wherever there are people who have retired, who are older, whose lives are no longer full or meaningful or satisfying, there is need for some kind of community action that will give them opportunities for useful, rewarding participation.

In 838 communities today there are organized councils on the aging. This is a healthy beginning—but only a beginning. Many more organized programs are needed, and many of those that have been started need to be expanded.

Where there are organized councils—or service clubs, church groups, or other public and private organizations—constant reappraisal is still needed to determine the overall dimensions and scope of the job to be done. Surveys of need are not enough. Research projects alone are not enough. New and expanded programs—going programs—

concerned with health, social services, housing, recreation, education, and community services are needed in every corner of this country.

The nearly 18 million older Americans include many of the potential leaders for these new or expanded programs. Hand-in-hand with community leaders, senior citizens can be instrumental in opening opportunities for community activity to their peers.

No community today offers all services needed by its citizens. The greatest single lack is manpower. Conversely, one of the Older American's most poignant needs is an opportunity for purposeful activity. It is vitally important that communities organize programs through which these two needs can serve each other.

VOLUNTEER SERVICES

The gift of time—enough time to do something for someone else, something for which no payment is expected—is precious indeed. A significant number of older Americans appreciate this, for they are well known in the volunteer offices of many institutions and organizations throughout the country.

Seven million service hours were given by volunteers last year in the Veterans Administration's 170 hospitals, and a significant number of these volunteers were over 65 years of age. Another army of volunteers serves the American Red Cross, as motor-corps aides, Gray Ladies, Gray Men, case aides, and in disaster services. They do everything from rolling bandages to teaching arts and crafts to the disabled and those suffering from long-term illnesses. Again, many are gray-haired volunteers.

The health and welfare councils throughout this land could not carry on their important community leadership activities without the large number of older members serving on boards and committees. One of the more successful and growing volunteer programs in many communities is a friendly visiting program. Understanding older people, the volunteer visitors have been especially good at bringing friendship and stimulation to lonely people in their homes and in hospitals.

But everywhere the cry is heard, "We need more volunteers." Those who volunteer know that the vacancies are there only because enough people have not yet experienced the real satisfaction of doing a job just because they know it needs to be done and think they can do it. Yet many have had this experience, and it has given new meaning to life for many of the retired men and women in our communities.

Volunteer opportunities exist in every community. For those with unusual stamina, a sense of adventure, and good health, there are also opportunities overseas. The Peace Corps provided the chance for a man-and-wife team of teachers, 66 and 65 years of age, now busily engaged in Ethiopia. There is a 69-year-old mechanic in Tunisia serving as a Peace Corpsman, and a 76-year-old water-supply engineer in Pakistan.

The success of the Peace Corps overseas and the great need for an expansion of voluntary services at home have led to the proposal for a similar program in this country. President Kennedy has asked the Congress to authorize the National Service Corps to promote better

care for migrants, increase opportunities for mentally retarded youngsters, improve services for patients in mental hospitals, and provide other important services. Not the least of the benefits would be increased opportunities for the Older American to serve his less-fortunate fellows.

EDUCATION

Education offers many opportunities for an adult to continue as part of the community. One of the less obvious but important values of preretirement education is the reminder to persons approaching full retirement that education for education's sake can be stimulating and enjoyable. Some older people welcome the chance to learn a new language, to be guided into greater appreciation of music or art, or to experience for the first time the joy of painting, modeling, orchestration, or discussion. Basic elementary education, when classes are offered in convenient neighborhood locations, is eagerly accepted by older adults who lacked educational opportunities when they were growing up.

Colleges and universities, community colleges, and public school adult education agencies in several States are offering courses especially designed to meet these increased needs. Many libraries have developed special services and programs for their older patrons.

For the majority of older Americans, the financial barriers to continuing education must be removed—or drastically lowered—if all who want to follow this road to a place in the community are to have the opportunity to do so.

CITIZENSHIP

Citizenship activities offer other ways for retired persons to remain in the stream of their community life. Citizens' committees, commissions, and boards usually are represented by senior citizens, who serve as conscientious, thoughtful, and wise members. But here again, more retired people are needed, more should make known their eagerness to serve in these ways.

Political activities also suffer from too little participation by senior citizens. People who lacked full opportunity to identify themselves actively with the party of their choice during their earlier years can, in retirement, promote better government, work for greater representation, and make the vote really count in their communities by active participation in their precincts.

Jobs to be done vary from stuffing and addressing envelopes to speech making. Skills vary from the most simple to the most sophisticated. No greater opportunity for participation in community affairs exists than active participation in its political affairs.

CREATIVE ACTIVITY AND RECREATION

Retirement offers unlimited opportunities to enjoy old hobbies or to develop new ones. Retirement also means that people have time to learn and practice new skills in a wide range of arts and crafts, home repair, maintenance, and beautification—things that many peo-

A place in the community





Communities are not made just of brick and mortar, of concrete and sand, of board and nail. Communities are made of people needing each other.

The Older American knows this better than most—he made your community. He asks only that he may continue to be part of it—not just a cipher among the brick and the concrete and the board but a person among the people. His voice is needed in community affairs, and he wants to speak. There are jobs to be done in the community, and he is ready to volunteer his services. There are schools in the community, and he wants to learn.

The Older American wants to be an active part of his community, a contributing, participating, sharing partner. He will willingly accept no less. He will ask no more.



ple have wanted to do before but never had the time to do until they retired.

Travel, participation in organizations, and recreation also open up ways for older people to make new friends and meet new people. One of the demonstrated values of senior citizen centers is the chance they offer many older persons to find new interests after retirement. Many persons no longer feel at loose ends after being welcomed into an activity center. The companionship, acceptance, and interest of his peers are often all that an older person needs to renew his interest in life and the world around him.

For some, the extent of their participation is limited by fear of involvements that will make too many personal demands on their time or energies. They may go no further than thumbing through the available reading material or listening to a discussion or watching a movie. But gradually, the warmth of others' interests brings more response. A card game may be tried—or a simple responsibility accepted. Soon, a satisfying activity is found, and some degree of community participation follows. For many, the centers become the doorways to an active, outgoing role in their community, as a volunteer there or elsewhere, as a participant in political activity, as a student, or as an active church member.

There are now over 700 senior activity centers in the country offering opportunities in arts and crafts, education, and recreation. Similar opportunities are offered by approximately 3,000 clubs sponsored by welfare and recreation departments, local chapters of national voluntary organizations, religious groups, and labor organizations. While there has been a phenomenal increase in the number of such centers since the White House Conference on Aging in January 1961, many more are needed to provide bridges to community participation for the older Americans who have not yet discovered a way to adjust to their new-found leisure.

Someone to Care

One fact stands out as we grow older: The years force our body to pay a toll. We may be rich. We may be poor. We may have the best medical care. We may have none. We may carefully choose our diet. We may not.

But, the toll for each added year is inevitable, and the effect is at least a gradual decline in our ability to be active.

Medical science and the other sciences each year are discovering new ways to slow down the decline and new ways to rehabilitate us if we are incapacitated by sickness or injury. But scientific inquiry is a slow and painstaking process, and many of the secrets of life and health are still locked in the vault of time.

Thus, we see among our older Americans several million—mostly in their 70's, 80's, and 90's—whom the toll of the years has made frail and disabled. They need special care and attention to be active at all or to regain lost strength and abilities. They need someone to care.

Out of their needs and the needs of other older people in the past, special kinds of health services and living arrangements have grown—nursing homes, homes for the aged, home health care, homemaker services, foster homes.

Unfortunately, the need for such services and home arrangements far exceeds the supply, and those available are often very inadequate or too expensive.

The result: Many disabled older Americans are in their own homes when they should be in homes for the aged, or in nursing homes, getting more care and medical attention. At the same time, some are in nursing homes or other institutions when they could be at home if help were available there. Others live with their families because help in their own homes is lacking.

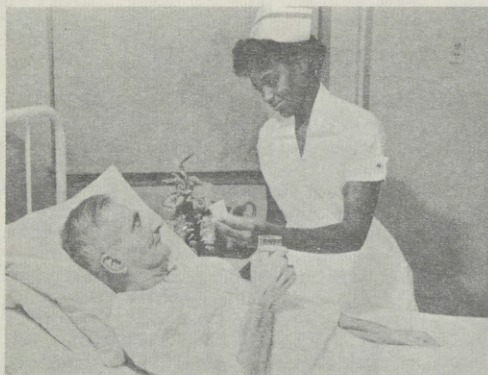
But, with the growth in the number of older people and the realization that they have special needs, the situation is gradually improving.

This is mainly due to an increased interest in disabled older people on the part of States, communities, and private organizations. The Federal Government has played some part and, if several recommendations made recently by President Kennedy are approved by the Congress, will play a bigger part. The President has proposed a 5-year, \$144 million program of Federal project, demonstration, and training grants to support pilot projects aimed at developing new and better ways for communities to meet the special needs of their older residents.

The kinds of services and living arrangements for the dependent older person vary widely.

In some cities, a wide variety of service is available to the older person who is well enough to stay at home but too disabled to do such chores as cook, clean, or shop.

Examples of good services, excellent care, effective rehabilitation, coordination of programs and facilities could be cited. But for the



Someone to care



The Older American is different in one respect from all other Americans. He is older. He has more years behind him. He may have special needs because of these years. So may we all when the years of our life accumulate.

Thus, when age makes its unavoidable demands on our bodies, we may need help from our neighbors. If we can no longer live alone, we may want a specialized home but one that is a home, not just an institution. Or we may want to stay in our own house and hope that others will continue to make our house a home. Again, the Older American, despite his age, wants to live like the rest of us—in a home—his own home if possible, if not, a place that he can call home. Is this asking too much? To live at *home*?



most part, such services are spotty, fragmentary, not nearly adequate to the need.

Two general categories of services and living arrangements are needed: Services in the home and services in nursing homes and homes for the aged or foster homes.

SERVICES IN THE HOME

Services in the home should include such aids as homemaker services, meals on wheels, shopping aid, visiting-nurse services, and counseling and other social services.

Homemaker Services

Homemaker services usually consist of sending a trained woman into private homes to help with shopping, cooking, and cleaning, perhaps to help the older person dress and get about the house, and to provide a friendly link with the outside world. The homemaker may be needed only a few hours several times a week, or she may come more regularly.

It is a flexible service and a beacon of hope to many aged people.

But there are homemaker services for the aged in only 40 States and in only 134 communities. Even where the service exists, the number of homemakers actually available is often very small.

The prospects of expanding these services appear encouraging, through both voluntary organizations and public agencies. Starting on July 1, 1963, 75 percent of the costs of such programs can be provided by Federal funds in local public assistance programs. Also, funds for research and demonstration projects in this field are available to health and welfare agencies.

A homemaker program for older people in every community is now a reasonable goal, a justifiable hope.

Meals on Wheels

Meals on Wheels is the usual term given a variety of portable meal services by which warm meals are made available to older people in their own homes, usually once a day. But at the last count, only 25 of these programs were in effect.

This service is sometimes combined with shopping aid and homemaker service. The combination makes it possible to help both those who like to prepare their own meals and those who need to have them prepared.

Visiting-Nurse Services

Visiting-nurse services have been provided in most urban communities since 1900, but many more visiting nurses are needed. Their job is to check on the physical condition of the older person, to be sure his medicine prescription has not run out, or to provide any other care that might be needed and that they can professionally give.

Other Home-Care Services

In a few communities, coordinated home-care programs are offered in order to extend many hospital services directly into the home. Under such programs, the older person's needs are met primarily by his family, with the help of a team of professionals—nurse, doctor, social worker, nutritionist, and physical or occupational therapist. In 1960, however, only 33 such programs had been established in the United States.

Even broad home-care services do not assure everything a disabled older person may need. He may require a friendly visitor, or legal protection of one kind or another. If he is receiving public assistance

or other financial aid, such help may be readily available, but, otherwise, he or his family may have difficulty in finding it.

Information and referral services are of great assistance to older persons and their families, but again complete services of this kind are offered by only a few communities. For the older person, more is frequently needed than the information and advice. He may also need help in getting to the agency which can assist him, or he may need guidance in order to avail himself of the services set up for him.

Casework services, while a part of the total welfare program, are only beginning in many places to be extended to persons who are not currently receiving public assistance.

Recent changes in the social security law have broadened the possibility of these services reaching people whose needs are not complicated by lack of money for the basic necessities. But in far too many places today no casework or counseling services exist for other older people or those concerned with their care.

Even if adequate community services were available—which would permit many older Americans to remain in their homes long after their physical abilities had diminished—some would eventually need more supervision or more intensive care than can be brought into their homes.

The next step for some would be a special type of home, such as a boarding home, group-care residence, foster home, or home for the aged—or in many cases a nursing home.

HOMES FOR THE ILL OR DEPENDENT

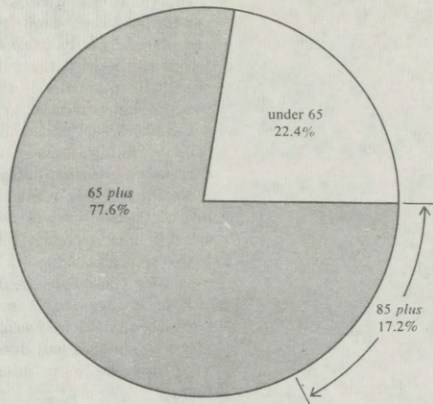
Homes for the aged, foster homes, and other group residences today give hope that a much better situation will exist in the future than we have seen formerly—when all too often the home was institutional in character and provided little more than basic shelter and food to the residents. We see, today, experimental designs and imaginative architecture, and the development of programs of services that show much more regard to the very real needs of older people—to enable them to live with dignity and in comfort.

Church groups and fraternal orders have been leaders in pioneering new concepts and designs in varied types of housing for the elderly. The Federal Government has played an important role in the program of mortgage insurance for residential facilities, in working with local housing authorities to build public housing especially designed for the elderly, and in the direct loan program of the Community Facilities Administration to assist in construction for low-income residents.

In 1961, more than half a million older Americans lived in 23,000 nursing or other types of homes providing nursing or supportive services.

Many of these nursing homes, unfortunately, are unsatisfactory by any modern standard. Many are converted residences. Many are deteriorated and actually unsafe. The number of "acceptable" nursing-home beds is far short of the need.

AGE OF NURSING-HOME PATIENTS
(Pennsylvania, 1959)



Source: Adapted from 1959 survey of 8,977 patients, Pennsylvania Department of Public Welfare, "Costs of Providing Care in Pennsylvania Nursing Homes and Related Facilities," November 1961.

Chart 9

All States have licensure programs for nursing homes. Because of the shortage of well-designed, well-equipped, and well-staffed homes, however, the licensing standards often represent scarcely minimal requirements.

The Public Health Service defines the various kinds of homes serving the aging according to type of care provided:

- Skilled-nursing homes which provide skilled nursing care as their primary and predominant function. In 1961, there were 9,700 of this type with 338,700 patients.
- Personal-care homes which primarily provide domiciliary or personal-care functions but may also provide some skilled nursing care. In 1961, there were 11,100 with 207,100 residents.
- Residential-care homes which have primarily residential or sheltered-care functions but which also provide some skilled nursing care. In 1961, there were 2,200 with 47,000 residents.

Very few of even the best skilled-nursing homes provide restorative and rehabilitative services.

Yet, there is evidence that physical rehabilitation for chronically ill bed patients over 65 could restore many within a year to ambulation and partial self-care and that many so restored would not require continued institutional care.

Some of the inadequate medical-care and restorative services in nursing homes are due to the traditional attitude toward them as the last stopping place, the point of no return.

Against this rather grim picture of the nursing-home situation in the United States, there are these facts: More skilled nursing homes are becoming available, and Government help is increasing.

Nursing-home care is one of the medical services for which the Federal Government shares expenses with States under the public assistance programs—medical assistance for the aged and old-age assistance.

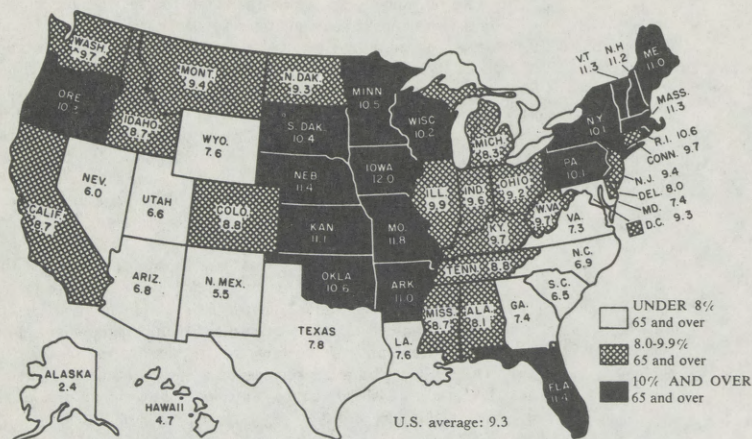
In 1962, State public assistance agencies paid \$117 million to nursing homes for the care of MAA recipients. Under OAA, one-third of the \$383 million paid for medical care was paid to nursing homes.

In addition, Federal assistance in building nursing homes is available through four separate Federal agencies. Through the Department of Health, Education, and Welfare, grants are available to public and nonprofit organizations. Mortgage insurance for construction or rehabilitation of proprietary nursing homes is provided by the Federal Housing Administration. The Small Business Administration makes commercial loans for building or expanding homes. And the Area Redevelopment Agency also can make loans for privately operated nursing homes in redevelopment areas.

But, summed up, the services and home arrangements for disabled older Americans are too few and, in many cases, too poor in quality. This will be changing because of a new awareness of their needs by leaders in Federal, State, and local governments and in private organizations.

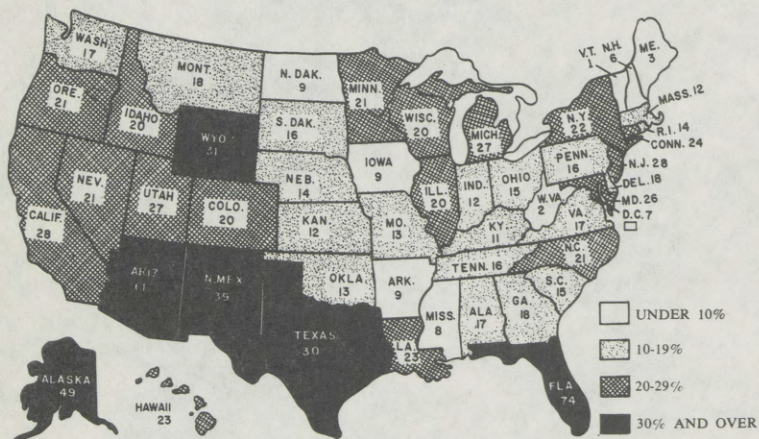
Chart 10

PERCENT OF POPULATION AGED 65 AND OVER IN THE UNITED STATES, 1961



Source: U.S. Bureau of the Census.

ESTIMATED PERCENT INCREASE IN NUMBER OF PERSONS AGED 65 AND OVER IN U.S., 1960-70



Data for 1960 from the regular decennial census.
Projections for 1970, adapted from "Financing
Education in the 1960's," Special Project on
School Finance, Research Division, National
Education Association.

Chart 11

A Short Look Back, A Long Look Ahead

The simple recognition that a problem exists is the first step toward its solution.

The problems of the Older American—documented in the preceding pages—have come dangerously close to making him a second-class citizen. But recognition of the problems and their danger has prompted substantial action to solve them.

For in the past few years, the gap between how the Older American lives and the democratic goal of an independent life has been closed somewhat. Although all levels of government, private and public organizations, employers, unions, and many individuals have made their contributions, the role of the Federal Government has been particularly significant.

Some of the dimensions of this have been cited earlier, and others can be found in the appendix. But several major strides should be spotlighted.

During the 1963 fiscal year, the Federal Government will spend or administer \$17 billion for the nearly 18 million older Americans over 65 and will also provide special tax savings of \$775 million.

Much of the money—more than \$13 billion—will come from Federal trust funds in payments for social security, railroad retirement, and civil service retirement.

General tax money will supplement these social insurance payments. It will be used to provide public assistance payments to the very needy; it will provide money for medical care for many with very low incomes; it will assist in making adequate housing possible; it will support needed social services for the aged and will make possible special programs for education, rehabilitation, and increasing employment opportunities.

These figures represent astonishing improvements for older people in the past 10 years. A fine example is the great rise in the number receiving social security checks, largely because of the expansion of the program.

Ten years ago only 3.5 million older Americans and their dependents were collecting monthly payments. Today, 12.7 million collect such payments—almost 4 times the total in January 1953.

Part of this growth results from the changes made in the past 2 years. One change, for example, lowered from 65 to 62 the age of eligibility for men to collect payment. Already more than 700,000 men have received payments as a result of this change, and eventually, about 30 percent of all men between 62 and 65 are expected to take advantage of it.

Another development is the increase in the amount the Public Health Service is spending on research on what happens to people as they grow older.

Just 10 years ago, only \$100,000 was spent for such research. In 1963, the amount earmarked for such research is \$15 million, and much

larger sums are being invested in research on chronic diseases—particularly heart disease and cancer—that particularly afflict the aging.

Or consider the Government's effort to increase housing specifically built for older people. Ten years ago, no program existed. During 1962, more than \$550 million was committed for Federal "Housing for the elderly" programs, in the form of loans, mortgage guarantees, and long-term public housing contributions contracts.

White House Conference
on Aging

A good benchmark for measuring what has been done recently is the progress made toward easing the difficulties of older people since the White House Conference on Aging in January 1961.

From this Conference came a detailed report charting national goals and efforts to be undertaken if, in fact, our Nation is to make possible for its older people a high degree of independence.

The progress has been impressive. Eighty percent of the Conference recommendations for specific Federal action have been carried out—either wholly or to a substantial degree.

Here are some of the major improvements made since the Conference by the Federal Government in benefits and services for older Americans:

Legislation

- The social security law was revised in June 1961. As a result, benefits were raised \$900 million a year and more than 3.3 million people received increased payments or started collecting payments for the first time. The changes made it possible for men to draw retirement payments at 62; raised the payments of widows, widowers, and dependent parents by 10 percent; increased from \$33 to \$40 the minimum payments a retired worker, an aged widow, or a disabled worker could receive each month; made it easier for some older people to qualify for payments; and permitted those drawing payments to earn more without seriously affecting their social security.
- The Community Health Services and Facilities Act was passed in October 1961. It authorized new programs for out-of-hospital community services for the chronically ill and aged and increased Federal grants for nursing-home construction, health-research facilities, and experimental hospital and medical-care facilities. All but two States have such programs underway.
- Changes in public assistance programs in 1962 substantially increased the Federal funds for old-age assistance, reemphasized restorative services to return individuals to self-support and self-care, and provided encouragement for employment by permitting States to allow an old-age assistance recipient to keep up to \$30 of his first \$50 of monthly earnings without corresponding reductions in his public assistance payments.
- The Housing Act of 1961 provided for the rapid expansion of housing for the elderly through public housing, direct loans, and FHA mortgage insurance. Commitments for housing units for older people in 1961 and 1962 were more than 1½ times the number in the preceding 5 years.
- The Senior Citizen Housing Act of 1962 set up low-interest, long-term loans and loan insurance to enable rural residents

- over 62 on farms and in small towns to obtain or rent new homes or modernize old ones.
- The programs of medical research on aging are expanding at the new Institute of Child Health and Human Development, which was set up last year in the National Institutes of Health.
 - Other new legislation added safeguards on the buying of drugs, boosted railroad retirement and veterans' benefits, helped protect private pension funds against abuse, and increased recreational opportunities for all.
 - Free food available to those on welfare and to other low-income people has been increased in both quantity and quality.
- Gerontology Branch, PHS
- A new Gerontology Branch in the Chronic Disease Division of the Public Health Service has been set up. It is the first operating program dealing exclusively with health needs of the older citizen and giving emphasis to rehabilitation programs that reduce or eliminate the disabling effects of chronic diseases, such as stroke, arthritis, cancer, and heart diseases, which cannot yet be prevented.
- Office of Aging
- A new Office of Aging has been established in the Department of Health, Education, and Welfare, to assist in coordinating the many and diverse program in aging that are administered in various parts of the Department. It is anticipated that this Office will also play a major role in the administration of the proposed Senior Citizens Community Planning and Services Act of 1962.

In spite of these investments to correct the inequities faced by our older people, much more remains to be done. Their numbers are large, and their needs are great.

Hospital Insurance

As the facts surrounding their health problems show, the primary need of older Americans is a basic plan of hospital insurance. President Kennedy explained the need this way in his special message to the Congress:

A proud and resourceful Nation can no longer ask its older people to live in constant fear of a serious illness for which adequate funds are not available. We owe them the right of dignity in sickness as well as in health. We can achieve this by adding health insurance—primarily hospitalization insurance—to our successful social security system.

The President's plan would extend the social security system to include hospital insurance which would cover almost everyone 65 or older and which would pay, for each spell of illness:

1. The costs of up to 90 days of inpatient hospital services, with the patient paying \$10 a day for the first 9 days or at least \$20; or for those people who so choose the costs of up to 180 days with the patient paying the first 2½ days of average costs; or all costs for up to 45 days of hospital care.
2. All costs of up to 180 days of care in skilled nursing-home facilities affiliated with hospitals after transfer of the patient from a hospital.
3. All costs above the first \$20 for hospital outpatient diagnostic service.

4. All costs of up to 240 home health-care visits in any 1 calendar year by community visiting nurses, physical therapists, or other health specialists.

These benefits would be available to everyone 65 or over receiving social security or railroad retirement. The costs of providing these benefits would be covered by increasing the social security tax by one-quarter of 1 percent for both employees and employers and by raising the amount of earnings taxed from \$4,800 to \$5,200. The average cost for a worker would be about \$13 a year.

The program would also cover everyone now 65 or over—who reaches that age in the next few years—who has not had a chance to be covered by social security. The money to pay for these benefits would come from general tax revenues.

In describing this proposed legislation to the Congress, President Kennedy said:

Health insurance for our senior citizens is the most important health proposal pending before the Congress. We urgently need this legislation—and we need it now. This is our No. 1 objective for our senior citizens.

The President's plan would not only ease the health problems of the Nation's older people but, in effect, give many of them additional income. The money they now use for needed hospitalization would be available for other essentials, such as better food, better housing, and better living generally.

But the incomes of many would remain inadequate. It is vital—as President Kennedy has directed—that the Advisory Council on Social Security Financing consider extensions of protection and coverage, the adequacy of benefits, and other possible improvements.

Passage of the hospital insurance program would automatically improve social security payments for millions of people in the future. By raising the amount on which employers and employees pay social security taxes from \$4,800 to \$5,200 a year, the maximum monthly payments in the future would be increased for a worker from \$127 to \$134 and for a family from \$254 to \$268.

Other proposals of President Kennedy for meeting pressing needs of older people include:

Tax Reduction

Under a proposed program of Federal tax reforms and reduction, the taxes for 3.4 million people 65 or older would be lowered by 1965 by nearly \$800 million a year. These changes would be of particular benefit to older Americans in the low- and middle-income brackets.

For example: Now, a person 65 or older can be taxed if his income exceeds \$1,333, not including such payments as social security, railroad retirement, and veterans' pensions, which are tax free. The tax proposals would raise this level so that no single older person would pay the tax until his income exceeded \$2,900. The monthly payments, such as social security, would remain tax free.

Old-Age Assistance Improvements

Under present law, a State may require an older person to live in the State for 5 years before he is eligible for monthly OAA payments. Twenty States now require a 5-year residence, three require fewer than 5 but more than 1 year, and the rest require 1 year or less.

President Kennedy has asked that the residence requirement be

- lowered to no more than 1 year by 1970. This change would merely create equity for those needy older people who now lose financial support when they move.
- Additional Community Services** President Kennedy has asked the Congress to provide money in the form of cash grants to stimulate States and local communities to step up their activities and services for older people.
- As he said in his message to the Congress on the subject:
- The heart of our program for the elderly must be opportunity for and actual service to our older citizens in their home communities. The loneliness or apathy which exists among many of our aged is heightened by the wall of inertia which often exists between them and their community.*
- We must remove this wall by planned comprehensive action . . .*
- Senior Citizen Housing** To increase the work already underway he has submitted to Congress a proposed Senior Citizens Community Planning and Services Act of 1963. It would include grants for planning and developing services for older people and for research, demonstration, and training projects leading to new or improved programs to aid them.
- For the fiscal year 1964, President Kennedy has asked the Congress to take three basic steps to improve housing for older people.
- He has asked for an increase of \$125 million in the direct loan program operated by the Housing and Home Finance Agency, an appropriation of funds for the Farmers Home Administration to provide direct loans for senior housing in rural areas, and a change in the present law to make single persons eligible for moderate-income rental housing which is now available only to couples.
- National Service Corps** This program, recommended by President Kennedy as a voluntary service corps for people of all ages, would give retired older people an ideal outlet for their energies and skills.
- Their services, as volunteers, would be useful to local communities in many capacities. Retired teachers, for example, have the freedom which would enable them to travel with migrant workers who are not in a community long enough to enter their children in school. Many other volunteer activities would be available.
- Employment of Older Workers** The Manpower Development and Training Act and the Area Re-development Act—both enacted within the past 2 years—would be expanded to launch a series of experimental and demonstration programs to help older workers make the best possible use of training opportunities in their communities.
- Under pending legislation for the Department of Labor, a new 5-year program would be established to provide grants for experimental and demonstration projects to stimulate needed employment opportunities for older people. The grants would total \$10 million a year and would go to States and local governments or approved non-profit institutions for experiments in the use of elderly persons in providing needed services.
- They would be employed in such activities as school lunch-hour relief, child care in centers for working mothers, home care for invalids, and assistance in schools and vocational training.

Nursing-Home Construction

Since the need for facilities which provide long-term care for older people is rapidly growing, President Kennedy has recommended that nursing-home construction funds under the Hill-Burton Act be increased from \$20 million to \$50 million.

Recreational Activity
Centers

The Senior Citizens Community Planning and Services Act of 1963 recommended by President Kennedy will also authorize a 5-year program of grants totaling \$29 million for multipurpose activity centers for the aged. These will assist public and nonprofit agencies to construct, renovate, and equip buildings which can serve as focal centers for community activities of older Americans.

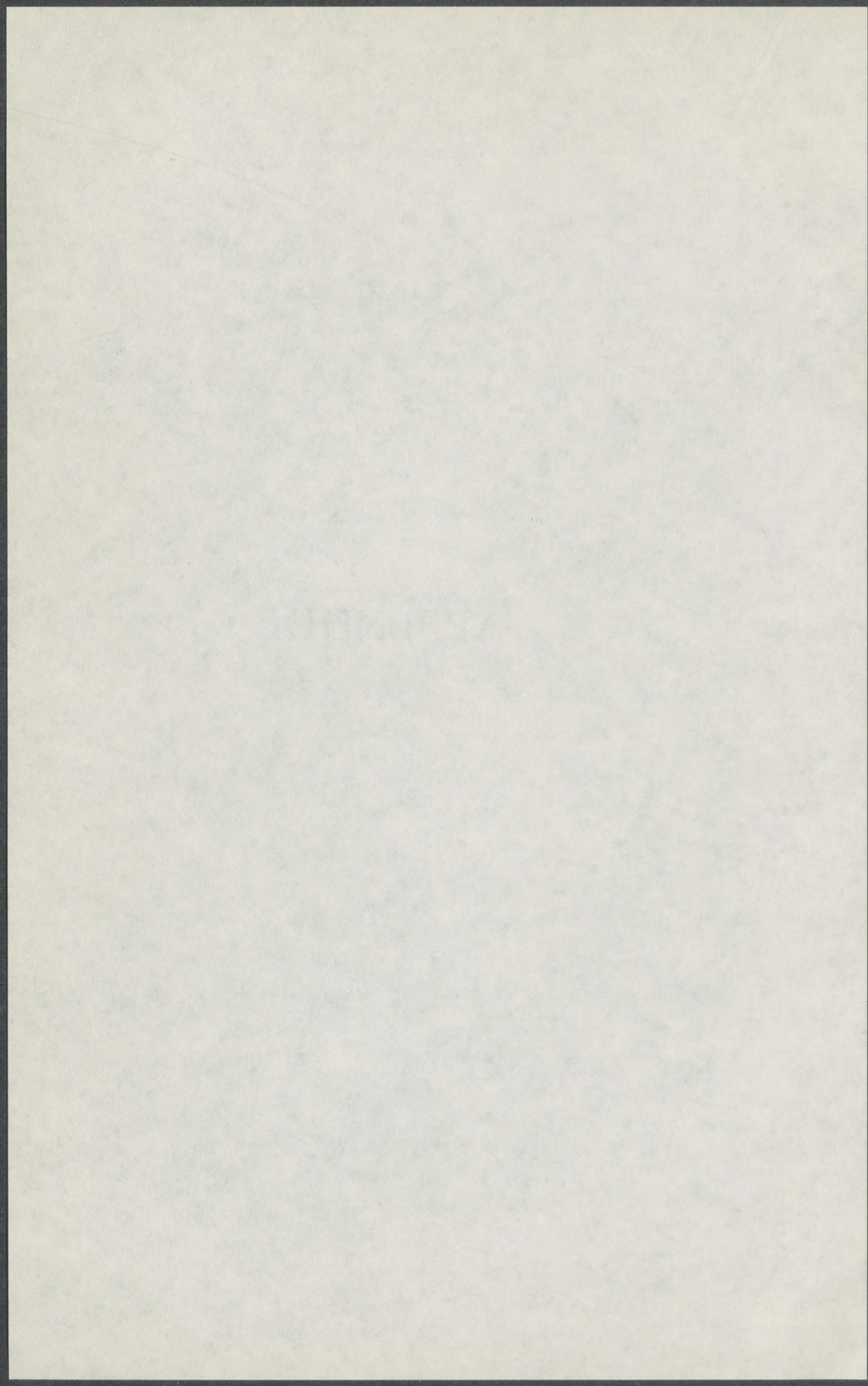
These recommendations, if approved, and others included in President Kennedy's special message to the Congress (see Appendix) will add a new dimension to the dignity and self-respect of millions of the Nation's older citizens. They are essential if we are to continue the progress toward the goal of a truly independent life for the Older American.

In addition to the adoption of these recommendations, we hope that more States will put medical assistance for the aged programs into effect. Currently, only half the States and three territories have done so. These programs will be a necessary supplement—for the needy older people—to the President's hospital insurance program under social security. It is also hoped that the States which have very limited MAA programs will expand them.

The Welfare Administration is actively cooperating with the States and providing them technical assistance to establish or expand medical assistance for the aged under the Kerr-Mills Act.

But the work ahead cannot all be assigned to the Federal Government. This is neither desirable nor possible. The effort must be a partnership in which all levels of government—Federal, State, and local—join with private and public organizations, community groups, employers, and unions to pool their strength. From such effort must inevitably come the opportunity for the Older American fully to participate in the Nation's affairs and fully to share in the fruits of its labor.

APPENDIX



Summary and Analysis of Action on

MESSAGE FROM PRESIDENT KENNEDY TO THE CONGRESS RELATIVE TO THE ELDERLY CITIZENS
OF OUR NATION, FEBRUARY 21, 1963

On February 21, 1963, President Kennedy sent to Congress the first Message on Aging ever delivered. It included 36 recommendations for action to help meet the needs of older people. As of early May, this was the status of those recommendations:

RECOMMENDATION

STATUS

1. Hospital insurance for aged.

1. Bills introduced by Senator Anderson (S. 880) and Congressman King (H.R. 3920).

Improvements in Old-Age Assistance

2. Make available under old-age assistance medical care which is at least equal to that available under medical assistance to the aged (Kerr-Mills program).

2. Bills introduced by Senator Smathers (S. 1358) and Congressman Mills (H.R. 5839).

3. Eliminate 42-day limitation on care for mental illness and tuberculosis given to recipients of old-age assistance and medical assistance to the aged in general hospitals.

3. Same as above.

4. Reduce maximum residence requirement to one year by 1970.

4. Same as above.

5. Permit third-party payments to recipients of old-age assistance too incapacitated to handle their own money.

5. Same as above.

6. Require States to establish and maintain minimum standards of health and safety for rental housing occupied by old-age assistance recipients.

6. Same as above; HEW-HHFA task force preparing report on suggested standards.

Community Planning for Services for Aged

7. Provide Federal grants to States to establish and expand services for the elderly.

7. Bills introduced by Senator Smathers (S. 1357) and Congressman Mills (H.R. 5840).

8. Provide Federal grants to public and private non-profit organizations for research and demonstration projects leading to new programs for the elderly.

8. Bills introduced by Senator Smathers (S. 1357) and Congressman Mills (H.R. 5840).

9. Provide Federal grants to public and private non-profit organizations for construction, renovation, and equipment of multipurpose activity centers for the elderly.

9. Same as above.

10. Provide Federal assistance to assure that communities provide health and social services needed by residents of group residential facilities (see housing recommendations).

10. Same as above.

Housing for Senior Citizens

11. Increase funds available for direct loan program for senior citizens housing.

11. Legislative proposal submitted to Congress to increase authorization for direct loan program to \$300 million; request for \$125 million appropriation included in HHFA 1964 budget.

12. Appropriate funds for direct loans for senior citizens housing in rural areas.

12. Request included in 1964 budget of Department of Agriculture.

RECOMMENDATION

STATUS

Housing for Senior Citizens—Continued

13. Construct group residential facilities for elderly.
14. Make single persons eligible to participate in moderate-income housing programs.
15. Direct the President's Council on Aging to develop programs to help senior citizens rehabilitate or refinance their homes.

Tax Benefits Program

16. Provide tax benefits of almost \$800 million for older people.

Employment

17. Direct Federal agencies to make employment opportunities available on the basis of ability, not age.
18. Increase funds for Federal-State employment service to strengthen its counseling and placement services for older workers.
19. Increase funds for training programs under Manpower Development and Training Act and Area Redevelopment Act.
20. Provide Federal grants to public and nonprofit private organizations for demonstration projects to stimulate expanded employment opportunities for older people.
21. Direct the President's Council on Aging to reappraise problems of employment opportunities for the elderly.

Nursing Homes and other Medical Facilities

22. Increase Hill-Burton authorization for nursing home construction from \$20 million to \$50 million.
23. Amend Hill-Burton Act to make possible hospital modernization and rehabilitation.
24. Provide Federal aid for construction and equipment of group practice medical and dental facilities.

Consumer Protection and Information

25. Extend Food, Drug and Cosmetics Act to include testing of safety and effectiveness of therapeutic devices.
26. Extend Food, Drug and Cosmetics Act to enlarge factory inspection program for food, over-the-counter drugs, devices, and cosmetics.
27. Extend Food, Drug and Cosmetics Act to provide for label warnings on household articles which are subject to the act.
28. Expand information services to consumers regarding food and drugs.

13. HHFA-HEW task force is developing coordinated program for construction of such facilities and for health and social services required.

14. Legislative proposal submitted to Congress.

15. Task force of the Council has a study under way for a report and recommendation.

16. Presidential tax message submitted to Congress.

17. Presidential memorandum on utilizing older workers in the Federal service issued to heads of all executive departments and agencies.

18. Increased funds for Bureau of Employment Services included in Department of Labor 1964 budget request.

19. Increased funds for training under MDTA included in Department of Labor 1964 budget request.

20. Included in S. 1357 (Senator Smathers) and H.R. 5840 (Congressman Mills).

21. Task force of the Council working on this assignment; report due October 31, 1963.

22. Legislation being prepared for introduction.

23. Same as above.

24. Included in H.R. 4534 introduced by Congressman Harris.

25. Legislation being prepared for introduction.

26. Legislation being prepared for introduction.

27. Same as above.

28. Specialist in Consumer Protection for Older Persons has been hired by the Food and Drug Administration.

RECOMMENDATION

STATUS

Education

29. Encourage Federal-State programs of general university extension for older people seeking advanced education.

30. Enable States to establish programs of basic education for older adults.

31. Increase library services program.

Other

32. Advisory Council on Social Security Financing to examine status of trust fund, coverage, and adequacy of benefits.

33. Extend food stamp program so that more elderly people may buy more food.

34. Establish National Service Corps.

35. Provide Federal aid for students of medicine, dentistry, and osteopathy.

36. District of Columbia should take full advantage of programs for the elderly.

29. Included in comprehensive education bills—H.R. 3000 sponsored by Congressman Powell and S. 580 by Senator Morse; House and Senate hearings under way.

30. Same as above.

31. Same as above.

32. Appointment of Council about to be announced.

33. Included in S. 1387 sponsored by Senator Ellender and H.R. 5733 by Mrs. Sullivan.

34. Bills introduced by Congressman Thompson (H.R. 5625) and Senator Williams (S. 1321).

35. H.R. 12 sponsored by Congressman Harris has passed House of Representatives.

36. Office of Aging has offered D.C. Commissioners assistance in carrying out this recommendation.

Table 1

DOLLAR DIMENSIONS OF FEDERAL PROGRAMS IN FISCAL YEAR 1963

Over \$13 billion is being spent from Federal trust funds and about \$3¼ billion from Federal general revenues this fiscal year to finance income maintenance payments, and medical care services for persons aged 65 and over. In addition, special tax savings provided for persons 65 and over amount to \$775 million, making a total Federal contribution on their behalf in these fields of \$17¼ billion.

(In millions of dollars)

Item	Total Amount	Expenditures From	
		Trust Funds	General Revenues
Total	\$17,755	\$13,191	\$3,789
Income maintenance payments	16,505	13,191	3,314
Retirement income	11,160	11,043	117
Disability payments	1,377	172	1,205
Survivor payments	2,428	1,924	504
Public assistance	1,460	-----	1,460
Other	80	52	28
Health and medical care expenditures	475	-----	475
Tax benefits	775	-----	-----

In addition to the programs included above, older persons receive benefits and services from the Federal Government through loan commitments for housing for the elderly, farm loans, employment and related vocational services, and other programs. Loan commitments for housing for persons aged 62 and over are \$423 million. For persons aged 45 and over, farm loans are \$155 million, employment and related services cost \$46 million, and other Federal programs cost \$2 million.

For persons aged 45 through 64, Federal income maintenance payments are \$4.9 billion.

FEDERAL PROGRAMS OF BENEFITS AND SERVICES FOR THE AGING, FISCAL YEAR 1963 (Estimated)

(In millions of dollars. Trust fund disbursements indicated by italics)

	Income Maintenance Payments	Age 65 & Over	Age 45-64
Total		\$16,505	\$4,901
General Appropriations		3,314	1,950
Trust Funds		<i>13,191</i>	<i>2,951</i>
Retirement Income (non-disability)		11,160	1,354
Old-Age Insurance, HEW		<i>9,862</i>	<i>716</i>
Railroad Retirement System, RRB		<i>622</i>	<i>26</i>
Military Retired Pay, DOD		117	449
Civil Service Retirement System, CSC		<i>559</i>	<i>163</i>

(Continued)

FEDERAL PROGRAMS OF BENEFITS AND SERVICES FOR THE AGING, FISCAL YEAR 1963 (Estimated)
(In millions of dollars. Trust fund disbursements indicated by italics)

	<i>Income Maintenance Payments</i>	<i>Age 65 & Over</i>	<i>Age 45-64</i>
Disability Payments		\$1,377	\$1,932
Disability Insurance, HEW		-----	957
Railroad Retirement System, RRB		85	73
Railroad Sickness Benefit Program, RRB		7	33
Military Retired Pay, DOD		51	125
Civil Service Retirement System, CSC		88	118
Veterans Compensation and Pension Payments, VA		1,154	626
Survivor Payments		2,428	1,219
Survivor Insurance, HEW		1,450	287
Railroad Retirement System, RRB		167	53
Civil Service Retirement System, CSC		58	69
Federal Employees Group Life Insurance, OSC		26	67
Veterans Compensation, Pensions, and Burial Allowances, VA		504	518
Veterans Life Insurance Benefits, VA		212	236
Public Assistance: Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled, HEW (including medical care) and Medical Assistance for the Aged		1,460	170
Other		80	226
Railroad Unemployment Benefits		3	49
Surplus Commodities Donations, Agriculture		26	58
Food Stamp Payment Program, Agriculture		2	4
Federal Employees Health Benefits Payments, CSC		49	115

FEDERAL PROGRAMS OF BENEFITS AND SERVICES FOR THE AGING, FISCAL YEAR 1963 (Estimated)
(In millions of dollars)

	<i>Health and Medical Care Programs</i>	<i>Age 65 & Over</i>
Total		\$475
Direct Services		352
Veterans Medical Services, VA		344
Hospital, Outpatient and Nursing Services, HEW		8
Indirect Services		21
Consultative, Cooperative, and Training Programs, HEW		18
Food and Drug Program, HEW		3
Construction of Facilities		57
Construction of Veterans Medical Care Facilities, VA		26
Hill-Burton Construction Programs, HEW		31
		55

Table 1

FEDERAL PROGRAMS OF BENEFITS AND SERVICES FOR THE AGING, FISCAL YEAR 1963 (Estimated)
(In millions of dollars)

	<i>Health and Medical Care Programs</i>	<i>Age 65 & Over</i>
Research		\$45
Medical Research, VA (total)		29
Medical Research and Training, HEW		15
Food and Drug Research Program, HEW		1
	<i>Tax Benefits (Revenue Foregone)</i>	<i>Age 65 & Over</i>
Total		775
Double Exemption		490
Retirement Income Credit		135
Medical Expense Deduction		150
	<i>Housing Programs</i>	<i>Age 62 & Over</i>
Total		578
Housing and Home Finance Agency Programs		
FHA Section 231 Commitments for Mortgage Insurance for the Elderly		115
FHA Section 232 Commitments for Mortgage Insurance for Nursing Homes		55
CFA Section 202 Net Fund Reservations for Housing for Senior Citizens		80
PHA Annual Contributions Contracts (calendar year 1962)		169
PHA Additional Subsidies for Senior Citizen Tenants		4
Department of Agriculture		
Farm Loans (Age 45 and Over)		155
	<i>Employment and Related Programs</i>	<i>Age 45 & Over</i>
Total		46
Federal-State Employment Services, Labor		21
Vocational Education, HEW		3
Vocational Rehabilitation, HEW		22
	<i>Other Programs</i>	<i>Age 45 & Over</i>
Total		2
Adult Education and Library Services, HEW		1
Cooperative Extension Work, Agriculture (total)		1

Explanatory Notes

Estimates shown in the preceding tables for fiscal year 1963 were obtained for the several age groups on an approximate basis, generally using the best distribution available for the recipient population in the case of programs affecting all age groups. Specific notes which may be of interest follow.

INCOME MAINTENANCE PROGRAMS

Retirement Income (non-disability). Payments are for non-disability retirement according to age of retired individual, and include payments to dependents.

Disability Payments. Payments are according to age of retired individual, and include payments to dependents.

Survivor Payments. Survivors insurance excludes mother's benefits to women aged 45-62. Lump-sum payments are estimated according to age of deceased worker for survivors insurance and railroad retirements. Civil service retirement payments exclude refunds. Benefits to surviving children are excluded. Veterans life insurance includes some endowment payments to policy holders.

Other. Agriculture data represents surplus commodities to institutional recipients; surplus commodities and value of food stamp coupons distributed to needy families. Federal employees health program represents estimated benefit payments.

HEALTH AND MEDICAL CARE PROGRAMS

Indirect Services. Food and drug program represents cost of inspection and enforcement activities.

Research. VA includes cost of all research. HEW includes \$11 million representing research on process of aging. NIH; excludes disease-oriented research applicable to life span, although cancer, cardiovascular and other studies have special significance for aged (fiscal year 1963 NIH appropriations are \$930 million).

HOUSING

HHFA Senior Citizen Housing programs are for families and persons 62 years of age and over.

The Federal National Mortgage Association assists in the financing of FHA Section 231 nonprofit projects through purchases of mortgages with Special Assistance Funds.

The FHA Section 232 nursing home program is not limited to older persons, but the elderly are by far the greatest proportion of patients in nursing homes.

PHA Annual Contributions Contracts are for dwelling units specially designed for the elderly and do not include contracts for units which may be occupied by families of any age group including the elderly.

PHA Additional Subsidies for Senior Citizens are paid in amounts up to \$120 a year for each dwelling unit occupied by an elderly family if necessary to enable the local housing authority to lease the unit to the elderly family at a rent it can afford and still operate on a solvent basis.

The Department of Agriculture makes farm ownership loans, operating loans, and housing loans.

EMPLOYMENT AND RELATED PROGRAMS

Labor services are special counseling, testing, and placement work.

THE PRESIDENT'S
COUNCIL ON AGING

- 1 Department of Health,
Education, and Welfare
- 2 Department of the Treasury
- 3 Department of Agriculture
- 4 Department of Commerce
- 5 Department of Labor
- 6 Civil Service Commission
- 7 Housing and Home
Finance Agency
- 8 Veterans Administration

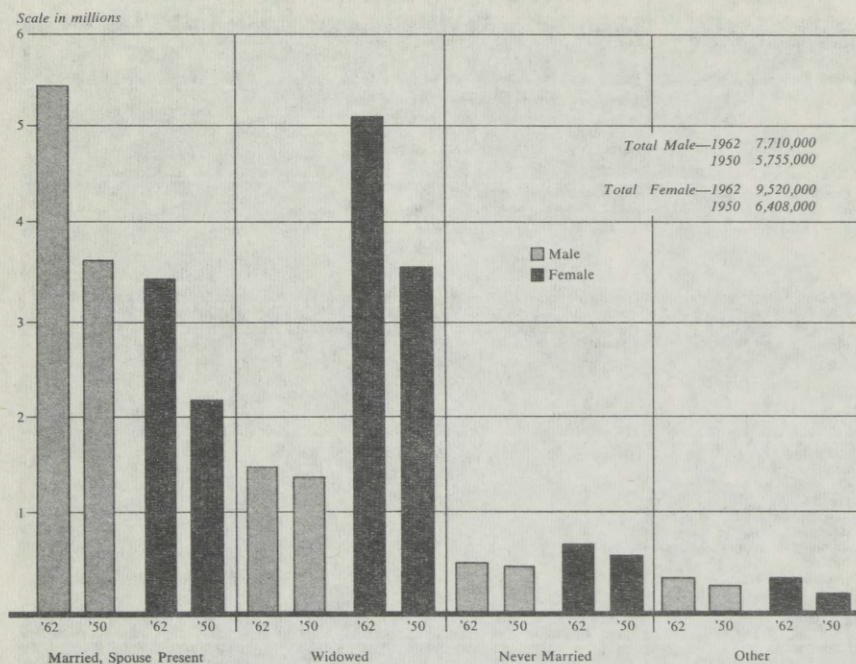
★ HOW THESE AGENCIES SERVE THE OLDER AMERICAN ★

	Income	Health, Medical Care, and Rehabilitation
AGRICULTURE	Benefits: surplus commodity donations, food stamps. Research.	Research on nutrition.
CIVIL SERVICE COMMISSION	Benefits: civil service retirements, survivors annuities, payments to life insurance beneficiaries, health benefits payments.	Administers Federal Employees Health Benefits Act.
COMMERCE	Census and other surveys and statistical services.	
DEPARTMENT OF DEFENSE	Benefits: military retirement, military disability retirement.	Hospital and medical care for retired military personnel and dependents.
HEALTH, EDUCATION, AND WELFARE	Benefits: old-age insurance, survivors insurance, disability insurance, old-age assistance, aid to the blind, aid to the permanently and totally disabled, medical assistance to the aged. Research.	Research. Construction of health facilities. Grants. Training. Direct services. Technical assistance and consultation. Food and drug protection. Vocational rehabilitation.
HOUSING AND HOME FINANCE AGENCY		Mortgage insurance for proprietary nursing homes.
LABOR	Benefits: unemployment compensation. Training Allowances. Research.	
RAILROAD RETIREMENT BOARD	Benefits: railroad retirement, railroad disability retirement, survivor annuities, railroad unemployment and sickness insurance.	
SMALL BUSINESS ADMINISTRATION		Loans to privately owned health facilities (hospitals, convalescent and nursing homes; medical and dental laboratories).
TREASURY	(Tax benefits: age 65 double exemption, retirement income credit, medical expense deduction)	
VETERANS ADMINISTRATION	Benefits: disability and survivor benefits to veterans and certain dependents; life insurance proceeds to beneficiaries.	Direct services: in- and out-patient care, medical and vocational rehabilitation for service-connected disability; hospitalization for certain war veterans. Medical research.

Chart 12

<i>Housing</i>	<i>Employment</i>	<i>Education and Training</i>	<i>Social Services</i>
Direct loans. Loan guarantees. Grants. Research.	Research on farm labor working force.	Programs conducted by Extension Service.	Consultation and technical assistance.
	Administers Federal Competitive Civil Service system (no age restrictions). Serves as central personnel agency.	Inservice training of Federal employees. Promotion of preretirement planning programs.	
Census and other surveys and statistical services.	Census and other surveys and statistical services.		
Consultation and technical assistance. Standards. Research.	Consultation and technical assistance. Grants for vocational education. Vocational rehabilitation.	Consultation and technical assistance. Grants for vocational education. Adult education and library services. Grants for training and research. Pre retirement preparation education.	Consultation and technical assistance. Grants. Direct services. Research. Demonstrations. Referral services.
Mortgage insurance. Rental contributions.* Construction subsidies.* Direct loans. Research in housing for the elderly. Experimental housing mortgage insurance. Demonstration grants. Consultation and technical assistance. * Public Housing Admin.		Consultation and technical assistance. Inservice training.	Consultation and technical assistance.
	Employment Counseling. Testing. Placement. Occupational and Labor Market information. Training. Research. Technical assistance. Labor standards.	Manpower development and training.	
	Consultation and technical assistance to small businesses.		
	Employment counseling (limited eligibility).		Direct services (limited eligibility).

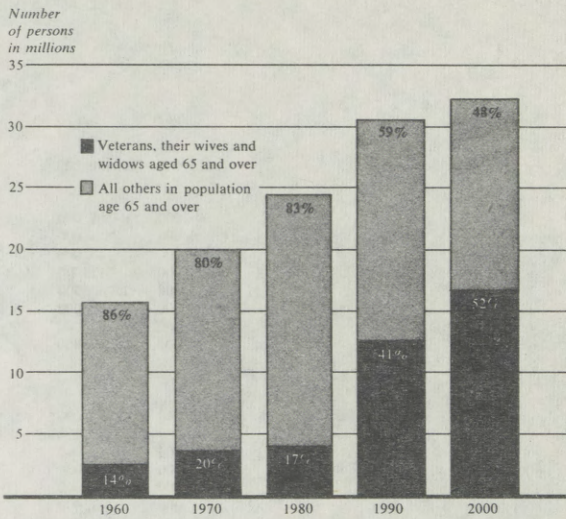
MARITAL STATUS OF THE OLDER AMERICAN, 1950 AND 1962



Source: U.S. Bureau of the Census.

Chart 13

ESTIMATED PROPORTION OF VETERANS
IN POPULATION AGED 65 AND OVER, 1960-2000



Source: For Veterans, Research Statistics Service, Veterans Administration; for population, 1960-80, U.S. Bureau of the Census; for population 1990-2000, Division of the Actuary, Social Security Administration.

Chart 14

Table 2

THE AGING POPULATION: STATE TRENDS, 1961 AND PROJECTIONS FOR 1970¹
AGED 65 AND OVER

State	Number		Percent of total population of all ages	
	1961	1970	1961	² 1970
TOTAL	17, 013, 000	20, 040, 000	9. 3	9. 4
Alabama	268, 000	305, 000	8. 1	8. 9
Alaska	6, 000	8, 000	2. 4	2. 4
Arizona	97, 000	145, 000	6. 8	7. 2
Arkansas	198, 000	211, 000	11. 0	13. 2
California	1, 431, 000	1, 755, 000	8. 7	8. 0
Colorado	162, 000	189, 000	8. 8	8. 3
Connecticut	249, 000	301, 000	9. 7	9. 3
Delaware	37, 000	42, 000	8. 0	7. 0
District of Columbia	72, 000	74, 000	9. 3	9. 2
Florida	597, 000	963, 000	11. 4	12. 8
Georgia	299, 000	342, 000	7. 4	7. 7
Hawaii	31, 000	36, 000	4. 7	4. 7
Idaho	60, 000	70, 000	8. 7	9. 3
Illinois	995, 000	1, 166, 000	9. 9	9. 7
Indiana	452, 000	498, 000	9. 6	8. 9
Iowa	331, 000	357, 000	12. 0	12. 3
Kansas	243, 000	269, 000	11. 1	10. 8
Kentucky	297, 000	323, 000	9. 7	10. 4
Louisiana	248, 000	297, 000	7. 6	7. 5
Maine	108, 000	110, 000	11. 0	10. 5
Maryland	234, 000	285, 000	7. 4	7. 0
Massachusetts	579, 000	639, 000	11. 3	11. 0
Michigan	657, 000	809, 000	8. 3	8. 4
Minnesota	363, 000	428, 000	10. 5	10. 8
Mississippi	193, 000	206, 000	8. 7	9. 7
Missouri	509, 000	569, 000	11. 8	11. 8
Montana	66, 000	77, 000	9. 4	9. 9
Nebraska	167, 000	187, 000	11. 4	12. 5
Nevada	19, 000	22, 000	6. 0	5. 0
New Hampshire	69, 000	72, 000	11. 2	10. 3
New Jersey	581, 000	718, 000	9. 4	9. 4
New Mexico	54, 000	71, 000	5. 5	5. 5
New York	1, 737, 000	2, 052, 000	10. 1	10. 6
North Carolina	324, 000	378, 000	6. 9	7. 6
North Dakota	59, 000	64, 000	9. 3	10. 1
Ohio	913, 000	1, 027, 000	9. 2	8. 6
Oklahoma	255, 000	281, 000	10. 6	11. 8
Oregon	190, 000	223, 000	10. 3	11. 0
Pennsylvania	1, 149, 000	1, 310, 000	10. 1	10. 6
Rhode Island	91, 000	102, 000	10. 6	10. 8

Table 2

THE AGING POPULATION: STATE TRENDS, 1961 AND PROJECTIONS FOR 1970¹—Continued
AGED 65 AND OVER

State	Number		Percent of total population of all ages	
	1961	1970	1961	² 1970
South Carolina	156,000	173,000	6.5	6.6
South Dakota	73,000	83,000	10.4	11.9
Tennessee	316,000	359,000	8.8	9.4
Texas	773,000	968,000	7.8	8.2
Utah	62,000	76,000	6.6	6.7
Vermont	44,000	44,000	11.3	10.8
Virginia	298,000	339,000	7.3	7.3
Washington	285,000	327,000	9.7	9.6
West Virginia	175,000	176,000	9.7	10.7
Wisconsin	412,000	482,000	10.2	10.4
Wyoming	27,000	34,000	7.6	8.8

¹ Data for 1961, U.S. Bureau of the Census, "Current Population Reports," Series P-25. Projections for 1970, adapted from "Financing Education in the 1960's," Special Project on School Finance, Research Division, National Education Association, are based on certain assumptions as to national level of death rates and immigration, relation of State birth and death rates and percentage age distribution to national levels, and continuation of previous fertility and net migration levels.

² Computed on the basis of the rounded projections.

Table 3

OLD-AGE ASSISTANCE, 1962

[Preliminary data: Includes vendor payments for medical care and cases receiving only such payments]

State	Payments in calendar year 1962	DECEMBER 1962	
		Number of recipients	Average pay- ment per recipient
TOTAL	\$1,961,293,083	2,226,194	\$75.36
Alabama	78,318,531	103,789	68.98
Alaska	1,187,428	1,401	81.68
Arizona	9,880,858	13,523	61.37
Arkansas	37,704,778	55,842	62.67
California	317,162,762	261,508	107.21
Colorado	59,300,766	49,319	99.72
Connecticut	12,959,568	9,642	75.15
Delaware	680,250	1,101	56.34
District of Columbia	3,075,000	2,829	93.70
Florida	51,270,437	70,423	60.78
Georgia	55,211,934	92,931	52.60
Guam	43,919	136	25.82
Hawaii	971,179	1,192	69.37
Idaho	4,931,946	5,548	71.34
Illinois	65,616,686	64,483	82.48
Indiana	20,767,471	24,761	72.88
Iowa	31,680,213	31,051	90.72
Kansas	26,926,186	25,248	88.39
Kentucky	35,925,788	54,197	56.87
Louisiana	119,137,014	126,621	79.92
Maine	9,669,754	11,206	76.75
Maryland	7,890,933	9,489	71.26
Massachusetts	60,433,877	58,467	89.67
Michigan	50,587,901	51,864	77.95
Minnesota	53,184,419	43,921	102.27
Mississippi	33,173,824	77,872	34.63
Missouri	80,365,419	107,707	62.10
Montana	4,891,513	6,000	69.02
Nebraska	12,677,480	13,209	79.54
Nevada	2,569,266	2,527	89.98
New Hampshire	5,304,227	4,618	99.60
New Jersey	21,286,592	18,634	94.90
New Mexico	9,607,927	10,882	80.52
New York	57,097,554	57,498	82.55
North Carolina	28,239,727	45,254	53.82
North Dakota	6,243,837	5,939	85.03
Ohio	85,316,536	86,639	83.50
Oklahoma	89,834,858	84,487	89.42
Oregon	15,975,059	15,182	84.64
Pennsylvania	42,370,598	48,529	73.34

Table 3

OLD-AGE ASSISTANCE, 1962—Continued

State	Payments in calendar year 1962	DECEMBER 1962	
		Number of recipients	Average pay- ment per recipient
Puerto Rico	3,889,119	35,262	9.02
Rhode Island	6,184,002	6,163	83.28
South Carolina	15,095,919	28,120	46.76
South Dakota	7,647,771	8,010	80.36
Tennessee	27,649,848	49,710	46.15
Texas	173,939,527	223,092	69.28
Utah	5,827,342	5,731	64.57
Vermont	5,023,916	5,525	80.80
Virgin Islands	225,974	519	36.22
Virginia	9,406,992	13,993	55.60
Washington	49,201,682	43,849	86.67
West Virginia	9,180,039	16,411	46.74
Wisconsin	35,897,262	31,622	106.25
Wyoming	2,640,675	2,718	82.42

Source: U.S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services, April 1963.

Table 4

MEDICAL ASSISTANCE FOR THE AGED (MAA), CALENDAR YEAR 1962

[Preliminary data]

Of the estimated \$245.9 million spent in 1962 for the medical care of MAA recipients, \$216.3 million, or 88 percent, were spent in 5 States: New York, California, Massachusetts, Michigan, and Pennsylvania.

For the remaining 23 jurisdictions, the estimated annual expenditure was only \$29.6 million, or 12 percent of the national total.

Recipients, like payments, were rather heavily concentrated in New York, California, Massachusetts, Michigan, and Pennsylvania; 72,800, or 73 percent, of the average monthly number of recipients were in these 5 States.

The average monthly number of recipients for the other 23 jurisdictions was 27,500, or 27 percent of the national total.

STATE	PAYMENTS		RECIPIENTS	
	Amount	Percent of national total	Average monthly number	Percent of national total
TOTAL	\$245, 876, 000	100. 0	100, 328	100. 0
New York	97, 806, 173	39. 8	30, 365	30. 3
California	45, 763, 786	18. 6	13, 539	13. 5
Massachusetts	43, 402, 001	17. 7	20, 353	20. 3
Michigan	18, 725, 960	7. 6	4, 850	4. 8
Pennsylvania ¹	10, 614, 718	4. 3	3, 673	3. 7
Connecticut ¹	6, 787, 951	2. 8	4, 300	4. 3
West Virginia	2, 609, 409	1. 1	5, 972	6. 0
Maryland	2, 536, 204	1. 0	4, 962	4. 9
Illinois	2, 414, 320	1. 0	483	. 5
Idaho	2, 096, 971	. 9	1, 196	1. 2
North Dakota	1, 966, 988	. 8	795	. 8
Washington	1, 638, 958	. 7	783	. 8
Utah	1, 265, 072	. 5	696	. 7
Hawaii	1, 188, 518	. 5	417	. 4
Oklahoma	1, 119, 508	. 5	397	. 4
South Carolina	1, 057, 278	. 4	550	. 5
Arkansas	810, 475	. 3	1, 037	1. 3
Louisiana	793, 504	. 3	307	. 3
Maine	763, 942	. 3	248	. 2
Kentucky	536, 363	. 2	2, 281	2. 3
Oregon	517, 844	. 2	275	. 3
Puerto Rico	510, 883	. 2	1, 478	1. 5
Tennessee	414, 506	. 2	597	. 6
Alabama ¹	393, 142	. 2	160	. 2
Vermont ¹	63, 369	(²)	63	. 1
New Hampshire	40, 546	(²)	37	(²)
Virgin Islands	30, 368	(²)	204	. 2
Guam ¹	7, 243	(²)	40	(²)

¹ States making payments less than 12 months in 1962 were Alabama and Pennsylvania, 11 months; Connecticut, 8 months; Guam, 7 months; and Vermont, 3 months.

² Less than 0.05 percent.

Source: U.S. Department of Health, Education, and Welfare, Welfare Administration, Bureau of Family Services, April 1963.

LIST OF SELECTED GOVERNMENT PUBLICATIONS ON AGING

Listed below are the most recent Government publications relating to the Older American. Many libraries have collections of Government publications.

A free copy of any publication on the list will be supplied by the information office of the agency responsible for the publication as long as limited stocks are available. When a single copy is requested, the title and the agency identification number, if known, should be given. Government publications are also for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D.C. The title and catalog number should be given, and check, money order, or Government Printing Office coupon sent with the order. Field offices of Government agencies are usually located in the county seat and, in addition, sometimes in other cities. The Department of Agriculture provides information, educational leadership, and program help to individuals and groups through its more than 3,000 county extension offices. The Social Security Administration provides assistance and guidance through its more than 600 district offices. State and county health department offices frequently have copies of Public Health Service pamphlets. State and county welfare offices often have copies of welfare publications released by the Department of Health, Education, and Welfare. The specific address of the field, district, or county office can usually be found in the local telephone directory.

*Where to order Government Publications**Government Printing Office*

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
<i>Ever Independent</i>				
Income	Essentials of Social Security in the United States	Your local social security office	FS 3. 35:872	\$0. 15
	If You Become Disabled	Same as above	FS 3. 35:29/10	. 10
	If You Work While You Get Social Security Payments	Same as above	FS 3. 35:23/11	. 05
	Medical Aid for Older Persons Through Public Assistance	Same as above	(*)	
	Medical Care for the Aged Under Public Assistance	Department of Health, Education, and Welfare	(*)	
	Old-Age Assistance	Same as above	(*)	
	Old-Age Assistance: The People It Helps and How They Live	Same as above	(*)	
	Public Assistance Under the Social Security Act	Same as above	(*)	
	Your Social Security Check	Your local social security office	FS 3. 35:860	. 05
	Your Social Security, Old-Age, Survivors, and Disability Insurance Benefits Under the Social Security Law	Same as above	FS 3. 35:35/20	. 10
Health	Arthritis and Rheumatism	Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2. 50:9/6	. 05
	Cataract and Glaucoma, Hope Through Research	Same as above	FS 2. 50:99	. 15

*Where to order Government Publications**Government Printing Office*

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
Cerebral Vascular Disease and Strokes		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2. 22: C33/2	\$0. 10
Coronary Artery Disease		Same as above	FS 2. 50:68/3	. 05
Food Guide for Older Folks		Department of Agriculture	A 1. 77:17/4	. 10
Glaucoma		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	(*)	
Heart Disease		Same as above	FS 2. 50:63/3	. 05
Homemaker Service in Public Welfare		Department of Health, Education, and Welfare	(*)	
Little Strokes, Hope Through Research		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2. 22: St 8/962	. 10
A List of Health Information Leaflets and Pamphlets of the Public Health Service		Same as above	(*)	
Medical Aid for Older Persons Through Public Assistance		Department of Health, Education, and Welfare	(*)	
Medical Care for the Aged Under Public Assistance		Same as above	(*)	
Mental Illness Among Older Amer- icans (Committee Print, 87th Congress, 1st Session)		U.S. Senate Special Committee on Aging	Y 4. Ag 4: M 52	. 15
Neuralgia and Neuritis		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2. 50:62	. 05
Nursing Homes, Their Patients and Their Care		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2.62:46	. 40
Nutrition Up to Date, Up to You		Department of Agriculture	A 1.77/a:1/3	. 15
Patterns for Progress in Aging: A Community Nursing Home, No. 1		Department of Health, Education, and Welfare	FS 1.13/3:1	. 15
A County Health Department Geriatric Program, No. 8			FS 1.13/3:8	. 15
Project Grants, PHS Publication No. 881		Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	(*)	
SBA Loans to Privately Owned Health Facilities		Small Business Administration	(*)	

Where to order Government Publications

Government Printing Office

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
	Strike Back at Arthritis	Public Inquiries Branch Public Health Service Department of Health, Education, and Welfare	FS 2.6/2:Ar 7	\$0.40
	Strike Back at Stroke	Same as above	FS 2.6:St 8	.40
	Varicose Veins	Same as above	FS 2.50:50/3	.05
Housing	The Beltsville Kitchen-Workroom With Energy Saving Features	Department of Agriculture	A 1.77:60	.10
	Fact Sheet: Federal Programs for Senior Citizen Housing	Housing and Home Finance Agency	(*)	
	FHA Mortgage Insurance on Housing for the Elderly			
	The Public Housing Program for Senior Citizens			
	HHFA Programs for Senior Citizen Housing	Same as above	(*)	
	Housing for Senior Citizens	Department of Agri- culture	(*)	
	Patterns for Progress in Aging: A Low Rent Public Housing Project for the Elderly, No. 12	Department of Health, Education, and Welfare	FS 1.13/3:12	.15
	Senior Housing Golden Age Cen- ter Program, No. 14		FS 1.13/3:14	.15
	Rural Housing Loans, PA-476	Department of Agricul- ture	(*)	
	Senior Citizens Housing Loan Pro- gram, Information for Applicants	Housing and Home Finance Agency	(*)	
Continuing Employment	Ability Is Ageless—A Guide to Action	Department of Labor	L 1.7/2:Ab 5	.15
	For Sale Booklets, SBA No. 115B (Issued Monthly)	Small Business Admin- istration	(*)	
	Free Publications Currently Avail- able, SBA No. 115A (Issued Monthly)	Same as above	(*)	
	1962 Handbook on Women Workers, Bulletin 285 (See sections 21, 23, 26)	Department of Labor	L 13.3:285	.55
	Handicrafts and Home Products for Profits, SBA Bulletin No. 1	Small Business Admin- istration	(*)	
	Meet the Over-Forty Worker	Department of Labor	L 1.2:W 89/5	.25
	Meeting the Manpower Challenge of the Sixties With 40-Plus Workers	Same as above	L 7.61:E-189	1.00
	Memo on Job-Finding for the Mature Woman	Same as above	L 13.11:13/4	.05
	Mr. Businessman! Are You Cutting Yourself Off From One-third of Your Labor Supply?	Same as above	L 7.2:B 96	.10
	Mr. Employer, Here's How You Can Get Better Results With Older Workers	Same as above	L 7.2:01 1/4	.10

*Where to order Government Publications**Government Printing Office*

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
	Employing the Older Worker—A Record of Employers Experience, 1959	Department of Labor		
	Patterns for Progress in Aging: A Vocational Training and Placement Program for Older Workers, No. 2	Department of Health, Education, and Welfare	FS 1.13/3:2	\$0. 15
	Pension Costs in Relation to the Hiring of Older Workers	Department of Labor	L 7.61:E-150	. 25
	What Your Employment Service Is Doing About Older Workers	Same as above	L 7.2:01 1/3	. 05
	What's New About Women Workers? A Few Facts	Same as above	L 13.11:18/8	. 05
	You Can Get That Job! Maturity Is an An Asset	Same as above	L 7.2:J 57/14	. 10
Preretirement Planning	Begin Today To Enjoy Tomorrow Gift and Art Shops, SBA Bulletin No. 26	Department of Interior Small Business Administration	I 1.2:B39 (*)	. 15
	Hobby Shop, SBA Bulletin No. 53	Same as above	(*)	
	Now That You Are Retiring	Department of Health, Education, and Welfare	FS 3.35 853/2	. 15
	Patterns for Progress in Aging: Retirement Preparation: Chicago Plan, No. 5	Same as above	FS 1.13/3:5	. 15
	A Vocational Counseling Program for Older Workers, No. 7		FS 1.13/3:7	
	The TVA Preretirement Program, No. 9		FS 1.13/3:9	. 15
	Woodworking Shops, SBA Bulletin No. 46	Small Business Administration	(*)	
A Place in the Community	Enriching the Added Years	Department of Health, Education, and Welfare	FS 1.2:En 7/961	. 10
	Patterns for Progress in Aging: An Activity Center for Senior Citizens, No. 3	Same as above	FS 1.13/3:3	. 15
	A Community Craft Program, No. 4		FS 1.13/3:4	. 15
	A Senior Citizens Association, No. 6		FS 1.13/3:6	. 15
	Senior City at the New York State Fair, No. 11		FS 1.13/3:11	. 15
	Hodson Day Center, No. 15		FS 1.13/3:15	. 15
	The VAVS Story	Veterans Administration	(*)	
	You As a Volunteer—A Handbook for Volunteer Hospital Workers, VA Publication No. 10-46	Same as above	(*)	
Someone To Care	Action for the Aged and the Aging (Senate Report 128, 87th Congress, 1st Session)	U.S. Senate, Committee on Labor and Public Welfare	87-1:S. Rp. 128	. 75

*Where to order Government Publications**Government Printing Office*

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
	Casework Services in Public Assistance; Medical Care Caseworker; The Role of	Department of Health, Education, and Welfare	FS 3.2.M46/5	\$0.50
	Developments in Aging, 1959 to 1963 (Senate Report No. 8, 88th Congress, 1st Session)	Same as above	FS 3.13:30	.20
	More Than Bread—Social Services in Public Assistance, a Community Resource	U.S. Senate, Special Committee on Aging	88-1:S. Rept. 8	.60
	The Nation and Its Older People	Department of Health, Education, and Welfare	FS 3.2:P 96/19	.15
	Patterns for Progress in Aging:	Same as above	FS 1.2:01 1/3	1.25
	An Activity Center for Senior Citizens, No. 3	Same as above	FS 1.13/3:3	.15
	A Community Craft Program, No. 4		FS 1.13/3:4	.15
	Read the Label on Foods, Drugs, Devices, Cosmetics	Same as above	FS 13.111:3/4	.20
<i>Periodicals and Related Releases</i>	In addition to the above, there are several Government periodicals that relate either directly or closely to the older American:			
	<i>Aging</i> . Issued monthly by the U.S. Department of Health, Education, and Welfare. Reports current activities, programs, and publications in the field of aging.	Department of Health, Education, and Welfare	FS 1.13	\$1.00 a yr. \$1.50 foreign. Single copy 10¢
	<i>Employment Security Review</i> . Issued monthly by the U.S. Department of Labor. Often contains articles on public employment service activities in behalf of middle-aged and older jobseekers.	Department of Labor	L 7.18	\$2.00 a yr. \$2.75 foreign. Single copy 20¢
	<i>Monthly Labor Review</i> . Issued monthly by the U.S. Department of Labor. Often contains articles dealing with economic factors affecting middle-aged and older workers.	Department of Labor	L 2.6	\$6.25 a yr. \$7.75 foreign. Single copy 55¢
	<i>Public Health Reports</i> . Issued monthly by the U.S. Department of Health, Education, and Welfare. Often contains articles with medical care and costs for the aged and the aging.	Department of Health, Education, and Welfare	FS 2.7	\$4.25 a yr. \$6.00 foreign. Single copy 55¢

*Where to order Government Publications**Government Printing Office*

<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
	<i>The Rehabilitation Record.</i> Issued bimonthly by the U.S. Department of Health, Education, and Welfare. Often contains articles dealing with the chronically ill and aged and the aging.	Department of Health, Education, and Welfare	FS 13.216	\$1.75 a yr. \$2.25 foreign. Single copy 30¢
	<i>Social Security Bulletin.</i> Issued monthly by the U.S. Department of Health, Education, and Welfare. Devotes many of its articles to information on the aging.	Department of Health, Education, and Welfare.	FS 3.3	\$2.25 a yr. \$3.50 foreign. Single copy 25¢
	The Office of Aging, Welfare Administration, Department of Health, Education, and Welfare, releases at intervals several reference sheets which contain material helpful to persons concerned with the elderly. Single copies may be obtained by writing the Office of Aging.			
	<i>Facts on Aging:</i>	Department of Health, Education, and Welfare.	(*)	
	No. 1—Population Trends, National, 1790-1960. January 1963.			
	No. 2—Trends in Number of Marriages of Older Persons, 1949-59 and Characteristics of Older Brides and Grooms, 1959. January 1963.			
	No. 3—Population Trends, National and State, 1950-1970. February 1963.			
	No. 4—Living Arrangements of Older Persons 1950-1961. February 1963.			
	No. 5—Centenarians, by Sex and State, 1960. February 1963.			
	No. 6—Estimated Expenditures for Health Care, 1960 and 1961. May 1963.			

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<i>Subject</i>	<i>Title</i>	<i>Agency distributing</i>	<i>Catalog number</i>	<i>Price</i>
	<i>Highlights of Legislation on Aging:</i>			
	SSOA No. 504—Federal Legislation Affecting Older Persons, 87th Congress, 2nd Session. January 1963.	Department of Health, Education, and Welfare.	(*)	
	OA 505—Bills Affecting Older Persons, Introduced in January 1963, 88th Congress, 2nd Session. January 1963.			
	OA 506—Bills Affecting Older Persons, Introduced in February 1963, 88th Congress, 1st Session. March 1963.			
	<i>Selected References on Aging:</i>			
	No. 1—Volunteer Services for Older People. September 1962.	Department of Health, Education, and Welfare.	(*)	
	No. 2—Homemaker Services for Older People. / September 1962.			
	No. 3—Films and Filmstrips. October 1962.			
	No. 4—Housing Senior Citizens, November 1962.			
	OA No. 305—Federal Financial Assistance Programs, April 1963.			

*Copies available only through distributing agency.

Mr. DENT. Mr. Bruce, do you have anything to add?

Mr. BRUCE. Mr. Secretary, in your opinion what relationship does the continuing increase in the cost of living have to the difficult plight of many of our aged?

Secretary CELEBREZZE. Tremendous. I would say that any rise in the cost of living without the actual income going up with it is a problem; that and the medical expenses for the aging. If there was any one program that we should devote our attention to, which in my belief would do most for the aging, it is hospital insurance for the aged, because that is the thing which drains the lifeblood out of these folks, when they have to go to the hospital and pay their medical bill.

Of course it affects them, the cost of living affects them just as badly as it affects you and me.

Mr. BRUCE. What is the purchasing power of the dollar today?

Secretary CELEBREZZE. I do not know. I would have to check.

Mr. BRUCE. Close to 50 percent?

Secretary CELEBREZZE. I imagine in that area.

Mr. BRUCE. As Secretary of HEW, I would like to have your reasoning as to what it is that continually pushes up the cost of living? What is the primary factor?

Secretary CELEBREZZE. There are many factors which affect the cost of living. The question of supply and demand, the question of shortages, many economic things. What it costs you to produce the initial thing, the labor cost will affect it, and the cost of raw material—there are so many things affecting it.

Mr. BRUCE. Do you believe that Government deficit financing has any relationship to the increased cost of living, inflation?

Secretary CELEBREZZE. I think that the report of the committee shows that we have prevented inflation by our present financial means rather than causing inflation.

Mr. BRUCE. What has the cost of living increased in the last 2½ years?

Mr. DENT. Well, Mr. Secretary, and the good members of the committee, this is a very illuminating question and one we would all like the answer to but I feel if the Secretary is going to be asked that question in depth that he ought to consider whether he wishes to answer it or not off the cuff.

Off the record.

(Discussion off the record.)

Mr. BRUCE. The only reason I am asking these questions is because I think, from my own thinking, the Congress, as well as the executive branch of the Government is consistently trying to treat symptoms and not getting at causes.

By expanding into new programs we are not getting down to the cause at all. We are expanding new programs all over the place and are going into greater deficit financing and we are squeezing the ones that we want to help, we are putting the squeeze on the lower income people.

Mr. DENT. That is your opinion, of course.

Mr. BRUCE. Yes, it is my opinion.

Secretary CELEBREZZE. I do not agree with that total statement.

This is under constant study in many areas—let me take one example, the expenditure of the taxpayers' money in our rehabilitation program.

Last year we hit the all-time record of 110,000 people being rehabilitated. In 2 or 3 years we will get more money in return on our tax dollar expended than we had spent to rehabilitate these people because we have put them back into the productive market. So you have to spend at times in order to rehabilitate and get your people producing, which helps your total economy.

Mr. BRUCE. Other things being equal which would provide the jobs for which they would need the rehabilitation?

Secretary CELEBREZZE. Yes.

Mr. BRUCE. I have nothing further.

Mr. DENT. Thank you.

Thank you, Mr. Secretary. I am sure you appreciate the enormity of the problem that is before this committee.

Mr. CAREY. Mr. Chairman, before we close the record on this matter of inflation, I would like to refer to my distinguished colleague of Indiana the present statement before the committee for tax reduction of the businessmen of the Nation only last week which, in his own committee, and this by the way is a nonpartisan committee, indicated at this juncture, since the coming of the Kennedy administration there has been no threat of inflation and as far as essential items, such as food, clothing, and shelter, there have been no significant increases in the stabilization indexes or inflation indexes, and at this juncture I think we can point with pride to the stabilizing in the past 3 years of the indicators as far as inflation is concerned.

I would have to correct the record on the basis of the present statement and this is backed up by this committee of business advisers drawn from all segments of industry, commercial banking, and finance, that we do not have, at this juncture, a problem of inflation, but a problem of excess capacity not being used.

Secretary CELEBREZZE. I want to keep the record straight. My reply was that the administration's programs prevented inflation.

Mr. BRUCE. I would like to close with the observation that time will tell.

Mr. DENT. Now that we have this on the record we can use it for whatever purposes it suits us best.

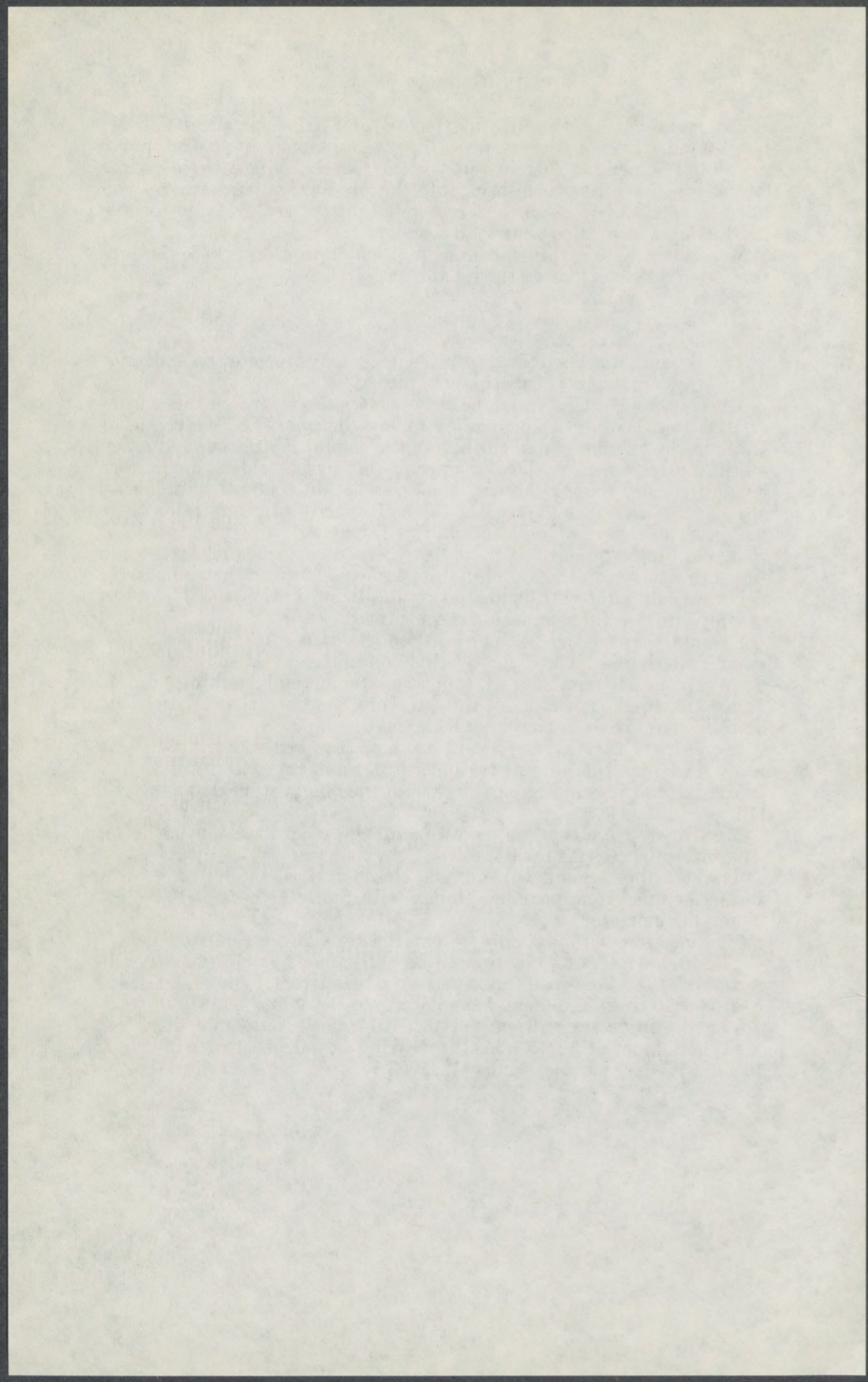
The morning session will now be closed and all the witnesses who were scheduled to appear here today will kindly be here at 10 o'clock tomorrow morning.

The meeting will probably be chaired by Congressman Daniels.

The first witness tomorrow will be William C. Fitch, executive director of the American Association of Retired Persons and the National Retired Teachers Association.

The meeting stands adjourned until 10 o'clock in the morning.

(Whereupon, at 12:15 p.m. the hearing adjourned to reconvene at 10 a.m., Wednesday, September 18, 1963.)



ADMINISTRATION OF AGING

WEDNESDAY, SEPTEMBER 18, 1963

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION OF THE
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to notice, in room 429, Cannon Building, Hon. Dominick V. Daniels presiding.

Present: Representatives Daniels, Carey, Hawkins, Brown, Bruce, and Findley.

Also present: Dr. John C. Muntone, Director, Select Subcommittee on Education, and Dr. Deborah P. Wolfe, education chief of the Committee on Education and Labor.

Mr. DANIELS. The committee will come to order.

The Select Subcommittee on Education continues with hearings on H.R. 7957 and similar bills relating to the aged and aging.

Yesterday the committee heard testimony from the sponsor of H.R. 7957, the Honorable John F. Fogarty, Representative from Rhode Island.

Representative Fogarty made an excellent statement which when coupled with his lucid and forthright answers to questions from members of the committee served to focus attention on the problems confronting some 18 million Americans who make up the group referred to as older or senior citizens.

Subsequent testimony presented by the Secretary of Health, Education, and Welfare, Mr. Anthony Celebrezze, emphasized the need to enact legislation which would preserve the dignity and independence of this group which by 1970 will number 1 out of every 10 Americans.

At this point in these proceedings it would appear that there is a clear recognition of the problems of the aged and that the Congress enact legislation which would resolve these problems.

What we have not agreed upon fully is the manner in which the Congress can best contribute to resolving these problems.

However, if we do not have a ready solution on which we can all agree, we, nevertheless, can take comfort in the knowledge that there are many interested groups, organizations, governmental agencies, and individuals qualified and willing to provide us with the benefits of their experiences and counsel as we strive to report to the House a proposal which will reflect at least consensus if not unanimous judgment.

We shall hear from a number of witnesses who represent a variety of organizations which are vitally concerned with the proposals before us.

Because we were unable to hear from all the witnesses scheduled to appear yesterday we ask the indulgence of the witnesses scheduled to

appear today and I wish to extend assurance to all witnesses that every effort will be made to hear all witnesses who have asked to appear.

The chairman of this subcommittee, Congressman Dent, is not present because of his interest in a bill which came up before another committee this morning. The meeting of that committee conflicted with the meeting of this committee. Therefore I am presiding in his absence.

The first witness to be called among those who were not heard yesterday is Mr. William C. Fitch, executive director of the American Association of Retired Persons and the National Retired Teachers Association.

Mr. Fitch, will you step forward?

STATEMENT OF WILLIAM C. FITCH, EXECUTIVE DIRECTOR, AMERICAN ASSOCIATION OF RETIRED PERSONS AND NATIONAL RETIRED TEACHERS ASSOCIATION

Mr. FITCH. Mr. Chairman, members of the committee, my name is William C. Fitch. I am the executive director of three associations of retired persons, the National Retired Teachers Association, American Association of Retired Persons, and the Association of Retired Persons, International.

I am here today representing our combined paid membership of more than 700,000 individuals. Our associations are nonprofit, nonpolitical and are dedicated to helping older persons help themselves and each other toward independence, dignity, and purpose in their later years.

I appreciate this opportunity to testify in favor of H.R. 7957, the Older Americans Act of 1963.

My testimony is based on 25 years of experience with older persons. I was with the Social Security Administration for 18 years, during which time I served as a social insurance advisor to the State of Israel, in Jerusalem for 1 year.

I was the first director of the Special Staff on Aging in the Office of the Secretary of the Department of Health, Education, and Welfare, and was the staff director for the White House Conference on Aging until accepting my present position 4 years ago.

The concern of our associations in supporting H.R. 7957 is entirely in the interest of encouraging constructive legislation to implement the recommendations of the White House Conference on Aging and to do everything possible to restore equal citizenship opportunities to older Americans who lost them when they passed beyond the chronological age barrier of 65.

We have taken exception in our publications to the relocation of the staff on aging to its present placement under the Welfare Commissioner. As a former Director of the Staff on Aging, I feel very strongly that those responsible for this organizational change were ill-advised. Also, this action does not follow the White House Conference recommendation—

that the Federal coordinating agency in the field of aging should be given (a) a statutory basis and more independent leadership.

Few articles appearing in our magazine have resulted in more articulate responses from our members. The consensus was that after a life-

time devoted to maintaining their independence and self-respect, they resented the welfare label on the program that was to represent their best interests. Others said:

just as we were beginning to emerge from the image of the aged as a disabled disgruntled, dependent group, we are now downgraded again as the wards of a welfare program.

Our associations have great respect and have worked closely with public welfare departments and agencies in their struggle to raise the standard of assistance in the broad area of family service programs.

We have only admiration for the ability and experience of the Commissioner. She is known and accepted as an outstanding person and an authority in the field of public welfare. The program under her leadership was recognized by our associations by the presentation of a citation for service to the North Carolina Board of Public Welfare at our conference in Durham, N.C., last year.

I make this point to correct or prevent any impression that our recommendations are predicated on the basis of personalities or individuals. We are concerned only with the fundamental philosophy and principles which we believe can be positively demonstrated, and encouraged through the Older Americans Act of 1963.

At the time of the reorganization of the Department of Health, Education, and Welfare, there were before Congress identical bills in the House and Senate recommending an independent U.S. Commission on Aging.

The hearings before the House Committee on Education and Labor indicated widespread interest and support for such an organization. The testimony documented the need for an independent unit with funds and authority to administer a dynamic program in aging that would recognize the contributions to be made by all Government departments and agencies, but free from the control or domination of any one of them.

Many of those working in the field of aging would still prefer an independent agency. We are, however, anxious to get on with the work that needs to be done and assist those programs that have survived the "drought of neglect" since the White House Conference. The Older Americans Act of 1963 is basic legislation that advances a positive program and provides the necessary foundation to determine the direction of future programs.

I would like to react to specific sections of the bill:

(1) The objectives outlined in title I of the bill, except for minor improvements are those defined many times at conferences and by the delegates to the White House Conference on Aging. I believe that no informed person in the field would deny their worth. Others might be added but these are regarded as primary goals.

(2) The establishment of an Administration for Aging within the Department of Health, Education, and Welfare, would provide the statutory authority for an administration and the appointment of a Commissioner of Aging by the President by and with the advice and consent of the Senate, would create a position with prestige to deal at a level required to coordinate and originate policy and program activities. This would establish the "independent leadership" recommended by the White House Conference on Aging.

Admittedly there are those who question the creation of separate commissions whenever a new program emerges. But realistically, the decision should be based on the size, complexity, and significance of the problem—not by title alone.

The need to establish an "Administration for Aging" would correct the injustice that was done when the office in aging was placed under the Welfare Commissioner. It is difficult to explain this location for activities affecting older persons in the light of experience with other programs administered by the Department.

From the earliest days of the social security program every effort was made to emphasize that old age and survivors insurance benefits came as a matter of right. Public assistance payments were based on need. The distinction between the basic philosophy of the two programs was clearly defined in press releases and educational material.

I would like to digress for a minute to take the entire philosophy behind the social security program, which was that as more older persons received benefits, that the welfare benefits on the older persons aged benefits there would taper off.

After more than 25 years of effective publicity and hundreds of conferences recording the need to keep older persons independent, and self-respecting, we cannot expect that the general public will reverse its understanding and support the concept that programs in aging should now be welfare centered or directed.

It would have been far more logical to have placed the Office of Aging under the Commissioner of Social Security. This is a basic program for most older Americans and by planning and direction has done more to provide independence and dignity in the later years than any other Federal program.

(3) The grants for commission planning, services, and training are so urgently needed, that any further delay can only result in the collapse or termination of activities, and programs that can make the difference between healthy, meaningful years for deserving older Americans, or substandard living for them as second-rate citizens in the wealthiest, most resourceful nation in the world.

In retrospect, those of us working with the White House Conference on Aging and the legislation that created it, would have added another title to the act. This would have provided grants to the States to follow through on the Conference recommendations.

One has only to review the fine reports prepared by every State in preparation for the Conference to be reminded of the unrealized potential that grants for planning, services, and training would have made possible.

The suggested appropriation in H.R. 7957 will enable the States to resume their programs and expand their services to match the need and to reclaim the experience and wisdom of the older American as State and local assets as well as undergirding for our national goals.

(4) With members of the medical profession issuing "Blueprints for 100 Healthy Years," it is evident that medical research is making unbelievable strides. Yet everywhere we are reminded of disability, and killing diseases that require all of the available knowledge and skill that can be assembled for research and demonstration.

The greatest criticism that has been leveled against medical and social research in aging is the failure to communicate findings and the

delay in implementing them. Title IV, with funds for projects grants, could overcome this dilemma.

Each of the other titles is equally important and for the most part are self-explanatory. I would like to comment only on one other feature of the bill which established an Advisory Committee on Older Americans.

Such a committee would make it possible for citizen interest to be reflected in the programs of the Administration for Aging and to serve as spokesman in interpreting the program through their organizations and communities. This is the kind of partnership which is the ideal of democracy in government.

Rarely has there been legislation before the Congress that has the potential for practical action or that can positively influence the lives of so many.

An Administration for Aging and adequate funds to implement the titles of the bill will distinguish the Older Americans Act of 1963 as the legislation that marked the social maturity of our Nation.

Eighteen million individuals may once again feel pride in being old and judged by their achievements. They are not welfare problems. They represent independence, dignity, and justice for all—including older Americans.

Thank you very much.

Mr. DANIELS. Mr. Fitch, in view of your endorsement of Dr. Winston, who was here yesterday, how do you reconcile your recommendations with those of the Secretary of Health, Education, and Welfare, Mr. Celebrezze?

Mr. FITCH. I think the endorsement of Dr. Winston is based on the work she has done mostly with the work of public welfare, in the area of assistance, and I think she is an able administrator, but in terms of the total problems that concern older persons, they do not regard themselves as welfare clients.

So our feeling is really resentment on behalf of these older persons who all of their lives have tried to remain independent and as Mr. Carey said yesterday, some of the people will not come and will not accept payments they are entitled to simply because they are administered by Welfare.

So our concern primarily is with the location of the Office of Aging in the Welfare or under the Welfare Commissioner, believing this is a wrong placement and also believing that the problem of aging, anything that affects 18 million people, we believe, would deserve some independent consideration such as the Commissioner of Aging that we recommend with statutory authority.

Mr. DANIELS. Do you see any psychological barriers to the success of the program by virtue of the fact it is labeled "Welfare" or is under the Department bearing the name "Welfare"?

Mr. FITCH. I am convinced the title "Welfare" is downgrading in the eyes of all people and all of us in spite of knowing how the broad definition goes beyond indigency. We think "welfare" still means, as Congressman Fogarty says, "relief." It is public assistance, so for 18 million people who are not in this category I think they have reasons to resent it.

Mr. DANIELS. Mr. Carey, do you have questions to ask the witness?

Mr. CAREY. Mr. Fitch, I am especially intrigued by your opening indication of your long experience in Government in the social secu-

rity office. Could you recount the history of the development of the social security program in light of freeing people from the old theory of dependence, the theory of going over the hill to the poorhouse when they reach a certain age and are no longer a part of the stream of commerce, part of the activity of employment in the United States?

We meant to phase out the county poorhouse through the social security device.

Could you give us the breakdown, say, from 1955 on, of those who were dependent in the mature bracket, in the senior citizens groups, as it was then, what it is today, what has transpired in the history of the program?

Mr. FITCH. That is a wonderful assignment, really. I would like to, from the standpoint of indicating almost the background of social security, at the time it was created. This is when there really was no program at the Federal level and very few at the State and even private pensions were just beginning that most of these older individuals who had their lifesavings wiped out, and most of them through no fault of their own had to rely and look forward to a social security benefit that could at least give them some basic level for living, some subsistence level at least, something they get as a matter of right.

There would not be any "means" test before they could get it because it was wage related.

In the early days I think the biggest problem was trying to get responsible people entitled to even get social security because they thought it was some type of charity or welfare. So the Social Security Administration did a fine job in letting the people know this is something they earned and it came to them as a matter of right.

As I mentioned earlier the philosophy was as the social security program matured and developed through the years fewer people would be receiving old-age assistance, so at this point when almost 13 million individuals are receiving old-age benefits and only about 2 million maybe receiving old-age assistance, it seems inconceivable at this point that the programs for older persons would be put under welfare, not under social security.

As a matter of fact, there are so many more going to receive it in addition to the 13 or 18 million who have it.

Mr. CAREY. It would seem to be reversing the tenor of history in that we brought the program into being to take away the dependency concept. I would assume there must have been transposition of numbers here. It started with the greater number being dependent on public assistance in some form, 10, 12, or 13 million.

We recognized this and made self-sustaining through the social security mechanism. By putting them now under the Office of Welfare again we are putting them right back in the county poorhouse concept as far as administration is concerned; is that not so?

Mr. FITCH. That is right; that is the impression we get from our people who we think are a fairly good cross section, that they have not been receiving welfare and cannot see why it should be administered under a welfare system.

Mr. CAREY. On the picture of medicare, and I am sure all of us heard the well-developed arguments advanced for medicare, the principal one I hear frequently on behalf of administration spokesmen

and one I used myself, is that we seek medicare in order to give persons in the advancing years a sense of dignity in caring for themselves through the social security mechanism in the sense that they are not dependent.

Mr. FITCH. That is right.

Mr. CAREY. Do you find a conflict here or a paradox, in that this office which would administer Medicare, if we had Medicare on the books, puts a social security program which is on a parallel as far as financing and administration is concerned, under Welfare. Would not that seem to defeat this idea of the inherent dignity of the individual which is our selling point on Medicare?

Mr. FITCH. I think this is a point that has not really come out and should be emphasized. It seems we should be encouraging more older persons to accept responsibility. We are trying to find meaningful opportunities and job opportunities and trying to put a new focus and trying to create a positive image of old age and it seems to me at the point where the programs within the Department were making headway doing this, and we had conferences around the country dedicated to changing the image and at a point when they were feeling they were self-respecting and being accepted in the community, then for no obvious reason to anyone as far as we know then the whole administration of this program was shifted to Welfare.

It seems to me this has really pulled the rug out from under the development that was taking place in the field.

Mr. CAREY. I do not want to seem to refute now the witnesses who were here yesterday, Secretary Celebrezze and his panel, Mr. Cohen and Commissioner Winston. However, it was indicated there that this Office has been in existence something like 7 months and a plea was made that we watch it and observe it and let it activate and then judge it on the basis of its accomplishments in the 7-month period.

Frankly, if I had more time I would like to have seen the Secretary and his panel develop exactly what has been done in that 7-month period.

I would gather you have been observing this activity closely as a matter of interest on behalf of your group. Could you say, looking at things prismatically, since you are on the outside looking into this Office and judging its accomplishments, can you tell me what you think has been done in the last 7 months?

Mr. FITCH. After yesterday's testimony I went back and reviewed some of the hearings that were held back in the early part of the year and at that time the indication was that the 6 months prior to that was the most productive period that had ever taken place in the history of the aging program in the Department and the Secretary yesterday said the last 7 months had been the most productive.

Actually, I think that there has been some progress. I would have to, quite honestly, say I think most of it has been a paper program. I think it has been the sort of thing where we have been assembling documents and materials and updating case studies.

It has been important information that has gotten out but in terms of a broad, practical program I think that the States and organizations like our own would like very much to see something that would be a little bit more specific, something more practical, and as a matter of fact we would like to see the blueprint for action that had been promised as a result of the White House Conference on Aging.

This is really one of the basic purposes of the program, so that I think there has been an accelerated program of information but I think sometimes we have mistaken activity for action and many of the documents we have here are materials that were started a long time ago.

As a matter of fact, as I look at some of those, these were documents that were initiated through the funds made available through the White House Conference on Aging.

Some of them are more recent happenings along the way, but much was started sometime back and I might say at a time when they didn't have 48 members on the staff.

The impression yesterday might well have been there had always been 48 members on the staff on aging. Congressman Fogarty knows all too well for many years they had three. At the time I was there in 1956 and 1957 we struggled along with 10 and 12 hoping we might get more, but even at that time some of these things were begun.

So I think, without discrediting anything that has been done, there has been some activity but it has not been as practical and far reaching as many of us working on the outside would like to have it be.

Mr. CAREY. On that point I am somewhat skeptical, not in the sense that I doubt the testimony given, but I think it was given without adequate preparation yesterday. In answer to my question as to the size of the Office of Welfare as it is now and as it was when it was in the Secretary's Office, and I believe Dr. Kent is in the room today. I am going to ask him, if he will, to check those figures, because I would like for the record to see exactly what has happened to this Office in terms of numbers since it moved from the Office of the Secretary into the Office of Welfare.

I am led to believe actually there was an increase in size, and I don't quarrel with the increase in size providing there is an increase in activity.

Now, on the question of publications that are being updated or reviewed or produced in the Office, reference was made yesterday to this one, "The Older American."

Was this produced, to your knowledge, in the last 7 months, or was it in the work prior to the creation of the Office of Welfare or prior to the present program?

Mr. FITCH. Actually, that is a fairly recent document, but I think you will notice on there this was actually prepared by the President's Council on Aging and not the Office of Aging.

The individuals responsible for it, actually those mainly responsible, were brought in from the outside as not actually being members of either the President's Council on Aging or the staff on aging, so this was something that had been recommended under the responsibility of the President's Council but actually done through individuals who were not part of the permanent staff.

Mr. CAREY. This was not produced by the staff in the Office of Welfare, then?

Mr. FITCH. No; this was the President's Council on Aging, which is the responsible group for having published that.

Mr. CAREY. I want to end my questioning here, because I am most anxious to allow Mr. Hawkins, my colleague on the committee, to take some time on this subject, because it is a very illuminating statement you have given us.

This would seem like the situation of the man who calls his attorney or doctor and keeps getting the answer back that he cannot talk to him today, because every time he calls the man is in conference.

It would seem to me what we have here is a continuing conference, and we will probably convene another conference or another council on this matter, and I wonder when we are going to move into an action program.

I would assume what you are doing here today is telling us that your group, all 700,000 of them, are looking for an action program and that no action program is now in sight unless we pass this bill; is that so?

Mr. FITCH. I think that is true and I would like to make one point in passing in terms of our own organization and even some of the members of the committee who I think are reluctant to see what might be another grant-type program.

I don't know of a group in the country that is more independent than ours. We have never asked for money from any organization or foundation and our is a group that wants to see the older person remain independent and our group would like to cooperate with Government and organizations at every level and it seems to me when they resent being considered welfare clients, that this is a pretty good voice of the older American across the country.

I think there is a very special message in that. It seems to me at a time like this when trying to have the 18 million people stand up and accept responsibility when you are telling them actually you are standing in line for public assistance or welfare, I think we have reversed our goal.

Mr. CARY. I am in hearty agreement with you. I think this concept of welfare has to be removed from the scene as soon as we can get a bill of this kind enacted and I would hope that the committee in its wisdom and the Congress in its wisdom will see fit to so write this bill so that we are going to remove the whole idea of welfare from the matter of aging and I think there is no connection between the two and your statement ably demonstrates that.

Mr. DANIELS. Mr. Hawkins.

Mr. HAWKINS. Mr. Fitch, if we change the name to "Commissioner" or some other name, say "Commissioner on Security" or whatever name that might be thought of that might be more acceptable, would you still oppose the prearrangement in the Department as being undesirable?

Mr. FITCH. I am glad you asked the question because I was about to add it to my answer to Mr. Carey.

I think that change of name is very important from the standpoint of not having the welfare concept, but I don't think we have emphasized the importance of the independence of this group actually having a program that would represent the broad interests of the older person on a statutory basis.

My experience with the Department has shown how very difficult it is to try to coordinate all the programs within the Department and then try to have a relationship with those outside.

It does require the full-time concern of persons interested only in the broad field of aging who do not have to have all of these other concerns as part of this program. So that name is important, but it seems to me as we were saying yesterday I think an independent commission would still be the answer but trying to get along, compromise, if you will, with the Department in terms of having the money available, in having a separate commission under a statutory basis would give this independence and separateness and I think we would see the kind of action that has been delayed.

Mr. HAWKINS. Would you care to comment then on the statements made by the Secretary of Health, Education, and Welfare yesterday when he alluded to the administrative problems in changing the present setup to the type that is proposed in this bill?

Mr. FITCH. Well, part of it was inconsistent from the standpoint of our interpretation, that if this were such a problem in terms of 125 programs, I am not sure what prompted the separation back in January when this separate Commission on Welfare was established. I don't know why at that point it was necessary to set up a second Commissioner there.

I think it was perhaps a good move but I think, as was pointed out yesterday, when there have been separate commissions set up for programs of youth, which represent some 40,000, that when you have a program representing 18 million just over 65, and probably another 20 or 25 million in the ages 50 or plus, there where they have some problems of aging, this certainly demands all of the consideration and attention and I think the separateness that a commission would give it.

Mr. HAWKINS. By the action program you have referred to, I assume you referred to phases of the bill other than the organization phase.

Mr. FITCH. Very much so.

Mr. HAWKINS. That seems to be the general agreement on this.

Now, if the reorganization phase of the bill were to be removed from the bill, would you still support the bill?

Mr. FITCH. I think we would have some hesitation. It is important for the money to get out of the States to reclaim the possibilities that were in the pre-White House Conference planning. I can't have any feeling that the program would go forward in the way, or at least as fast as most of us would like to see it.

I would almost prefer to see a request for a separate U.S. Commission on Aging than to see the program in aging get bogged down within the framework of welfare within the Department.

Mr. HAWKINS. Thank you.

Mr. DANIELS. Mr. Brown.

Mr. BROWN. No questions.

Mr. DANIELS. Thank you very much, Mr. Fitch.

Mr. FITCH. Thank you, Mr. Chairman.

Mr. DANIELS. Our next witness will be a representative of the United Steel Workers of America.

Will the representatives of that organization step forward, Mr. O'Brien and Mr. McDonald.

Are you going to testify in behalf of the organization?

STATEMENT OF JAMES C. O'BRIEN, EXECUTIVE DIRECTOR, COMMITTEE ON OLDER AND RETIRED WORKERS, UNITED STEELWORKERS OF AMERICA; ACCOMPANIED BY JOSEPH McDONALD, LEGISLATIVE REPRESENTATIVE OF THE UNITED STEELWORKERS OF AMERICA

Mr. McDONALD. Mr. Chairman and members of the committee, my name is Joseph J. McDonald, legislative representative of the United Steelworkers of America.

With the permission of the chairman and the members of the committee, at this time I would like to present to you the gentleman who will testify on behalf of the United Steelworkers of America in favor of H.R. 7957.

Is permission granted?

Mr. DANIELS. That permission is granted, sir.

Will you introduce your witness?

Mr. McDONALD. I would now like to present Mr. James C. O'Brien, who is the executive director of the committee on the retired and aging steelworkers who are members of the United Steelworkers of America, Mr. O'Brien.

Mr. O'BRIEN. Thank you, Mr. McDonald.

Mr. Chairman and Congressmen, I am happy to be here this morning.

Since I find myself to be in conflict in testifying on this legislation with my very dear friends in the Department of Health, Education, and Welfare, I am reminded of the story of the three retired steelworkers down at the beach in St. Petersburg. One of the gentlemen turned to the other two and said, "If you were going to pass out of life at this time, how would you prefer to leave God's good earth?"

The first gentleman said, "I would like to be like Major Glenn or Colonel Cooper and I would like to be in orbit and to be going around in a celestial sphere and never come down."

The second one said, "I would like to pass under the beautiful blue waters of the Gulf of Mexico."

Both then turned to the third chap and asked, "What about you?"

He said, "Frankly, I am over 70 but I would like to be shot by a jealous husband."

Now, my own feeling on this is that the legislation which we are considering and supporting is the kind that people feel quite strongly about, and I hope that I make friends, because of the success of Congressman Fogarty's bill, indignant enough at least not to want to buy me a drink for a month or so.

Now, I am, as Mr. McDonald said, the executive director of the Committee on Older and Retired Workers of the United Steelworkers of America and I consider it a privilege to appear before this committee and I want to emphasize the position of the United Steelworkers of America in favor of legislation which treats aging and the aged as a major problem of the Nation rather than as a welfare problem concerning only indigent and near-indigent elderly people.

I also welcome this opportunity to share with you some of our experiences and attitudes which we would hope may be of some assistance to you in making your decision on the proposed legislation now before us.

When President McDonald created our committee in 1957 it was because, though we had excellent research, pension, and insurance and education departments in our organization, all of these of necessity had to subordinate the problems of older and retired workers to other considerations, and could not give them the concentrated attention they deserved.

This is not unrelated to our deliberations here today. We are concerned with focusing attention on the need for a Federal role so demonstratively vested with the necessary stature and authority to be effective that there will be little doubt that its place and priority of influence will enable it to efficiently discharge its responsibilities.

May I digress a moment to say that relative to the testimony offered by the Secretary in behalf of HEW yesterday, I would agree with Mr. Fitch that if there were such concern about increasing and duplicating efforts in terms of the number of responsible executives who would report to the Secretary, it is difficult to fathom why an analysis of the situation in HEW causes them to set up a separate Welfare Administration with Mrs. Winston, talented as she is, as the Commissioner. We do concur in that decision and feel that it is wise, but we also feel it inadequate to argue that the creation of a Commissioner to serve the 18 million citizens would result in obstruction of the Secretary's free flow of authority in terms of the subordinate groups within the Department.

I would also like to say on that score it is interesting that while they see nothing damaging, at least as they appear before the committee, in terms of the use of the term "welfare" as regards the location or the operation of the Office of Aging, that in the same evaluation and analysis made in the Department's efforts and setup that they were contemplating, the Secretary deems it necessary in terms of the advice he was getting to change the Bureau of Public Welfare to the Bureau of Public Assistance.

This is just a question of terminology, but they considered it important enough, in terms of the public image, to warrant this sort of change.

Now, to begin with, may I say, in terms of the Senior Citizens Act of 1963, we, in the United Steelworkers of America, have had considerable experience in terms of the various problems of the 118,000 retired steelworkers as well as their elderly neighbors.

Our experience has not been solely with the problems of the indigent and/or the sick or disabled steelworker. We have attempted to cope with the problem of poor housing, the lack of retirement preparation, the need for constructive use of leisure time, the need for comprehensive medical care based on the particular and special needs of older people, all of it revealing the need for coordinated, well-defined high-level action and research in these and many other problem areas.

Our union is not new to these problem areas. In 1949 we were one of the first unions to negotiate a pension program for retired workers. As the years passed we continued to improve upon that program. Now, today, we can boast of one of the most substantial, comprehensive, and flexible pension programs in industry.

Besides providing income at normal retirement age, our programs are designed to provide for the permanently disabled worker, the worker desiring to retire early, the worker who is laid off as the result

of a permanent shutdown of a plant, and the retired worker who wishes to provide for the continuation of his pension for the benefit of his widow.

The pension program also provides for certain vested rights and is supplemented by special vacation allowances, and most recently by a new extended vacation benefit which provides a continuous 3-month paid vacation for senior steelworkers.

In 1953, we, in cooperation with the Graduate School of Public Health of the University of Pittsburgh, conducted a survey of some 500 regular and disability retired steelworkers from the Homestead plant of United States Steel. This was to be a health study, but we learned much more than the nature of the health problems of that retired group.

We became well aware of those problems we all recognize today—the financial, the social, the recreational, the educational, and the medical.

The findings of this survey made it quite clear that retired steelworkers generally made no long-range plans to retire, were not generally prepared to retire, were not generally aware of the problems they would meet following retirement. At the time of our survey, the retired, as well as those still on the job did not look upon retirement as a new phase in living but as a last act before death. With this latter attitude, few made significant preparation for a long period of retirement, and we know now that a man having reached the age of 65, he has a life expectancy of $4\frac{1}{2}$ years. So few made preparations for this long retirement and it was thought that for the most part their leaving us entirely would quickly solve the problem.

This attitude we realize may well have been in part due to the fact that the Steelworkers Union has opposed compulsory retirement and thus steelworkers show more of a tendency to retire at a later age—an age closer to their final years.

May I say on this point even to this day there is not a contract in the basic steel industry that permits an arbitrary decision on retirement and there is no compulsory retirement permitted on the part of management, or control over the work force except in so far as a man's health would endanger others, because of the mental or physical incapacity, endanger the safety of his fellow workers.

Many did not retire until poor health forced their decision.

This survey along with comments from retired workers and information received from field representatives clearly indicated to us that we had more to do than just provide an adequate and flexible pension program.

At our Eighth International Convention in 1956, we adopted a resolution in which we stated:

We recognize that the provision of a pension for our members who retire still leaves unanswered many problems. We recommend that the officers of the union seek to develop programs to make comfortable, enjoyable and fruitful the lives of our pensioners.

Let me emphasize what Mr. Fitch so ably emphasized in behalf of the Association for Retired Persons. That resolution did not say that we will return to the Government and we will ask at that time President Eisenhower or we will ask particularly friendly Senators or we will ask interested Congressmen to do the job.

We said in the resolution that the officers be directed, within the framework of the United Steelworkers of America, to develop a program which we would utilize in terms of our responsibility to meet his challenge insofar as we can do so.

We also recognize, of course, in doing that there were areas in which it has to be a partnership operation and in which we need the cooperation of all levels of the Government and we need the kind of legislation that enables us to do a better job in filling that role of a cooperator with the Government having all of the voluntary organizations in the country in a position where they can extend this help and assistance to the Government.

I might say, since there was much made by the Secretary, in testifying yesterday, about the role of organizations on an advisory committee, of the role of consultation with the people in the senior citizens field, that when this decision was made to put the aging operation, to put the special staff on aging into the Department of Welfare, to my knowledge, and I have a fairly fine acquaintance after 7 years in this role with the leaders of the senior citizens membership movements in this country, to my knowledge I know of no consultation or checking out or trying to get reaction on the part of the Department with the people who head or who are close to or who have approximate knowledge of what the senior citizens are thinking.

I would be interested in having a comment back from the Department on that.

At the time when the resolution was acted upon, the Department of Older and Retired Workers was set up in the United Steelworkers of America with the appointment of a chairman, Nathan Cowan. I am sure many of you are aware of the activities of this committee since its inception.

We now have 118,000 living retirees, retired workers of this union drawing their pensions from the various companies that they have worked with in the steel industry.

I present this historic background to point out what we have done in attempting to meet a growing problem to steelworkers. We felt a need for direct, concerted and coordinated action by a specialized committee within the framework of our organizational structure.

Our union has made considerable progress in meeting some basic needs of its older and retired members through negotiated contracts. We, however, are aware of the many problems of the elderly that cannot be solved by the labor management contract. We are aware of the many problems that cannot be solved solely by private and local community action. We know that the job before us will require the combined efforts of public and private bodies on all levels—local, State, and Federal.

We know that much yet needs to be learned about the problems of aging and the aged. We know too that much yet needs to be learned about how we might go about solving them.

We have particular interest in the provisions of H.R. 7957 which will provide grants to public and nonprofit agencies, organizations or institutions for study, development, demonstration, and evaluation projects relating to the needs of older persons and for the specialized training of individuals in carrying out such projects.

We would also like to add that we would hope Mr. Fogarty, Mr. McNamara, or some other interested Congressmen might see fit to consider then the restoration to the bill as it stands before you have the principle that would provide grants for multiple activities centers such as considered in the legislation sponsored by Congressman Pepper or in the Mills bill supported by the Secretary of the Department of Health, Education, and Welfare.

We have seen the need for more and better trained managers for elderly housing projects, social workers, and health care professionals to deal more directly with the aged person, for more rehabilitation services, for a clearinghouse of information in the problem area of the aging and aged, and for further studies of approaches to solving the problems.

We look upon our recently negotiated 3-month paid vacation benefit for senior steelworkers as affording steelworkers an experience in retirement without the shock of actual and full retirement.

How will steelworkers use this time? Will they become bored? Will they seek other employment? Will they plan ahead for the use of the free time? Will this experience in retirement be sufficient to induce them into making earlier and more substantial preparation for their ultimate and full retirement from the industry?

Certainly we are here provided with an area for valuable research demonstration, and evaluation as this benefit may relate to or be made to assist in obtaining more secure and stable retirements.

Certainly there is still a need for such research and demonstration projects for who among us can say we have the answers to preretirement preparation, to the constructive use of leisure time or who can say we have the answer to the open conflict between older active workers and younger unemployed workers.

The provisions for grants for research and demonstration projects is welcomed as a possible means to assist us in the evaluation of this newly gained benefit.

We would at this time like to reassert our position in favor of a Federal organizational structure in the field of the aging with significant prestige and executive backing to accomplish its function and to assist in securing for our older people those objectives in life to which they are all entitled.

I think a very good summing up of the objectives is the introductory phase of the legislation as being proposed by Congressman Fogarty and Senator McNamara.

We believe that the provision in H.R. 7957 establishing the Administration of Aging in the Department of Health, Education, and Welfare will go a long way in avoiding further duplication of efforts in this problem area, will avoid further fragmentation of the problem, will spotlight and dramatize the problems of the elderly as they must be not only in order to assist the present older people but also to assisting the younger persons to prepare for this ultimate status.

We had regretted the decision to place the special staff on aging in the Welfare Department. Though to a large extent undeserved the word "welfare" has come to have a negative connotation with large segments of the public. The structuring of the key Federal effort in this field in the welfare administration tends to badly damage the evolution of the goal of a self-sufficient, independent, engaged senior citizenry that we are anxious to establish.

May I finish on this note; that summing up our belief, one, we are for the grants across the board and hopefully with the addition of the grant of multiple activity centers and as regards the affairs of the aging establishment we would hope and would like to see it and we will support it with great enthusiasm—Congressman Fogarty's original proposal for an independent commission—but we look upon this as a most satisfactory substitute—the notion of the commission within the framework of HEW—and we think the welfare situation simply does not provide the answer. And this is mindful again of another of our retired steelworkers in Cleveland, Ohio, who had gone back after a number of church socials, to see the minister. He said, "Can I have a bit of your time?"

The reverend said, "Fine."

So this person, who was a member of the social club of the First Presbyterian Church, said, "I have a problem."

The reverend said, "What can I do?"

John said, "You know, Reverend, I am 73 but I want to get married."

The reverend said, "This is fine and I am not surprised, many of our widowers do, but you have been a lifelong bachelor and have never had the courage to take the step when you were working as a steelworker. Why are you doing it now?"

He said, "My forefathers came over on the *Mayflower* and fought with distinction in the Revolutionary War to the Korean war and I am the last one in line and I want to have an heir."

The minister said, "That is ambitious, but not impossible. What about the lovely lady you met at the social?"

Now, Mary had been a teacher-spinster in the Cleveland school system and wanted to have an heir.

The reverend looked Mary over carefully with her beautiful gray hair and said, "Mary, you may be heir minded, but certainly not heir conditioned."

It is our final conviction that the placing of this operation in the welfare department makes it completely unconditioned to do the job.

Thank you very much.

Mr. DANIELS. Mr. O'Brien of the United Steelworkers is certainly to be complimented for the excellent work he is doing on behalf of the retirees.

I was interested in your comment about older persons working in the steel industry not being compelled to retire but voluntarily retired.

What has been the experience of the United Steelworkers with respect to the age at which they retire?

Mr. O'BRIEN. The average retirement takes place at age 67½. They remained on two and a half years on the average on their eligibility date for retirement, which originally required age 65 but has now been reduced to age 62.

They can take an option to retire now at 62. That is the 1961 contract. But traditionally they tended to stay on. Even those retiring at 65 or 67½ did so because of pressure of young workers, the social ostracism in times of unemployment when the young workers were saying, "Gee, look at the guys that are out of the plant now, can't you take your pension?" At least you have that and many of your children

have grown up and have gone off and you should give a young man a chance to take a job. For the most part, they like to stay on the job as long as they could.

Mr. DANIELS. Your contract does provide it is up to the employee to retire?

Mr. O'BRIEN. That is correct, sir.

Mr. DANIELS. At his own option?

Mr. O'BRIEN. Yes.

Mr. DANIELS. There is no compulsion?

Mr. O'BRIEN. No; except in one area of management; say a crane operator whose vision was going on him, certainly management could raise the question of fitness for the job.

Mr. DANIELS. Even though your contract provides they may now retire at the age of 62, your experience is they continue on for an average of about five and a half years beyond that date?

Mr. O'BRIEN. That is correct.

Mr. DANIELS. If funds were made available under the provisions of the Fogarty bill which is before us, how would you organize your programs and work with other public agencies?

Mr. O'BRIEN. The United Steelworkers is much more inclined to be giving money for research than to be seeking money for projects of its own. We are in the fortunate position of having funds available to do most of our internal work and housekeeping. I can see a situation in which a health and welfare group in Chicago or health and welfare group in San Francisco or a university department might want to study the results of the 3 months' vacation upon the older worker and see just how he utilized that 3 months' vacation for the purpose of preparing for his retirement or they might conduct it in a town like Gary, Ind., or Youngstown, Ohio, or McKeesport, Pa., an experimental project with a cross section of 500 or 1,000 retirees. In case they decided to do that, we would cooperate with them. If they obtained a grant under the Fogarty proposal for a study of 500 retirees and housed those of them who perhaps had not been actively participating in the community and what is more be able to play a useful role we would provide them with a list of retirees and cooperate with the utilization of one of our offices being made available and in every way they want to further their research and study.

Our organization would enter into a partnership role with them, whether government research or conducted through a university or another nonprofit group.

Mr. DANIELS. Thank you.

I shall call now upon my colleague from New York.

Mr. CAREY. Thank you, Mr. Chairman.

Just briefly, I want to compliment not only the witness but the cogency of his presentation, and I do not want to delay because we have other witnesses, but could you enlighten us on the 3 months' continuous vacation?

When does it take place? Is it a voluntary program? How is it negotiated in the contract?

Mr. O'BRIEN. It is a contractual agreement, a 3 months' vacation plan with the full weekly rate of pay for each week of that 3 months and it involves all of those workers. We would have to use a cutoff date, Congressman, so while it varies slightly from contract to con-

tract, depending upon the longevity in the particular company; essentially let us use the 15-year figure, that each steelworker with 15 years of service is entitled to 3 months' vacation every fifth year.

This will have to be staggered so that one portion of the work force will be off while the other is continuing the operation of the plant but starting with the contract just consummated by Mr. McDonald and signed with a great deal of satisfaction by the steel industry and the union, all of the workers in basic steel with 15 years of service or more are entitled to 3 months of vacation every 5 years.

Mr. CAREY. Every 5 years?

Mr. O'BRIEN. Yes.

Mr. CAREY. That is, of course, to keep up the productivity level?

Mr. O'BRIEN. Yes, going as it should.

Mr. CAREY. I would certainly agree, as far as the longevity of the worker is concerned, you cannot or no one should dare to tell the American worker what age he should retire at if he has his health and so forth. However, I think you pointed up a definite problem we should attempt to resolve and which the Fogarty bill would well assist us in doing. I point to the evident conflict to which you referred between the older active worker and the younger unemployed worker. There must be an answer there somewhere that will allow us to bring into the labor force of the steelworkers the young and active worker when he is eligible for employment and at the same time make it more attractive to him on the prospect of retirement at an advancing age.

I would think that particular challenge would be well worth the enactment of legislation if nothing else were done because it would go to the heart, or close to the heart, of the unemployment problem. I think your fair and very full statement here today is most helpful to the committee.

Mr. O'BRIEN. Thank you.

Mr. DANIELS. I will call upon the gentleman from Indiana, Mr. Bruce.

Mr. BRUCE. No questions.

Mr. DANIELS. The gentleman from California, Mr. Brown.

Mr. BROWN. No.

Mr. DANIELS. The gentleman from Illinois, Mr. Findley.

Mr. FINDLEY. I just want to ask one question, Mr. Chairman. What is your union's long-range goal as to retirement age? Do you have an age in mind that your union considers the desirable age at which retirement should occur?

Mr. O'BRIEN. Certainly, sir, this is a very interesting thing. Some people ought to retire at 30 and some men are very fine in making a real contribution at 80 but we have only the goal in mind of the maximum satisfaction of the membership.

Now, we have fought against—companies wanted and took a strike in 1949 on the principle of "no compulsory retirement."

It was interesting to me when there was a great deal of talk with the importance of the voluntary principle and the choice of the individual, and often it was not that the unions were alined against it and management for it—it was the unions in 1949 that took a 3 month's strike in order to preserve the right of the retiree to stay on the job as

long as he wanted, against the management's demand that a compulsory retirement be included in every contract regardless of whether the man is fit or desires to continue. And the lowering of the age, the option of the retiring at 62 with a somewhat reduced benefit than at 65, probably is an advantage to those chaps who have on-going hobbies and interests that make retiring a valuable experience, but most of the people have no specific notion of what would be the best retirement age and their own indication of what is the best retirement age is to stay on the job as long as they can.

Mr. FINDLEY. Did you, as a union, take a position on the optional retirement at 62?

Mr. O'BRIEN. I need your help on that.

Mr. FINDLEY. As a union, did you take a position when this legislation was before the Congress providing the optional retirement at age 62?

Mr. O'BRIEN. Yes, indeed, we recommended that they have this option.

Mr. FINDLEY. But you do have a firm policy against mandatory retirement?

Mr. O'BRIEN. A very firm policy, sir.

Mr. DANIELS. Mr. O'Brien, I want to thank you for a very, very fine statement.

Mr. McDONALD. Before we leave, Mr. Chairman, I would like to thank you and the members of your committee on behalf of the United Steelworkers of America for receiving us.

Mr. CAREY. Off the record.

(Discussion off the record.)

STATEMENT OF DR. WILMA DONAHUE, CHAIRMAN OF THE DIVISION OF GERONTOLOGY, INSTITUTE FOR HUMAN ADJUSTMENT, THE UNIVERSITY OF MICHIGAN, MEMBER OF MICHIGAN COMMISSION ON AGING

Mr. DANIELS. Our next witness is Dr. Wilma Donahue, Division of Gerontology of the University of Michigan.

Doctor, before you start your testimony, I note that you have an unusually long statement which is about 18 pages long. In addition to yourself, we have four other witnesses, some of whom have traveled a considerable distance to be here and if we do not get through today, these witnesses who went to great trouble and expense would be obliged to come back at some future hearing.

I am hoping that we might be able to accommodate all of the witnesses and hear all of their testimony. Therefore I would like to suggest that you might submit your statement for the record and summarize your testimony, however, if you insist upon reading your statement that would be your pleasure.

Dr. DONAHUE. Mr. Chairman, I am prepared with a very much marked up statement to stay within the limitations of my time and submit my full statement for the record.

Mr. DANIELS. Thank you very much.

(The statement referred to follows:)

PREPARED STATEMENT OF DR. WILMA DONAHUE, CHAIRMAN OF THE DIVISION OF GERONTOLOGY, INSTITUTE FOR HUMAN ADJUSTMENT, THE UNIVERSITY OF MICHIGAN, MEMBER OF MICHIGAN COMMISSION ON AGING

Mr. Chairman, my name is Wilma Donahue, I am chairman of the Division of Gerontology, Institute for Human Adjustment, the University of Michigan, and a member of the Michigan Commission on Aging.

I want, first, to commend Congressman Fogarty for his persistent endeavor to bring about action at the Federal level which will help build an American society in which older people, like younger ones, will have opportunity for constructive and happy living. Without his efforts, the older people of this country would find their plight far worse than it is today. It is, therefore, a special privilege to present a statement to this committee in its consideration of the Older American Act of 1963 (H.R. 7957) introduced by Congressman Fogarty and obviously designed to consolidate past gains and to develop immediately a far-reaching action program at every level—community, State, and National.

Strong evidence in support of the proposals contained in this bill is on every hand. If the bill is subject to criticism, it is only that it does not go far enough in some areas and it neglects some important needs. I plan, therefore, to speak in support of the proposed action programs and to suggest two amendments. Passage of the Older American Act of 1963 will, I believe, be one of the most significant actions ever taken by the Federal Government on behalf of older people, ranking in importance with social security, housing, and the health facilities construction grant programs.

GRANTS FOR COMMUNITY PLANNING AND TRAINING

Title III (H.R. 7957) providing grants for community planning, services, and training finds one of its major supports in an object lesson gained from the 1961 White House Conference on Aging. As a part of Public Law 85-908 authorizing this Conference, grants up to \$15,000 were made available, upon application, to States for use in stimulating local community interest in and preparation for the National Conference, holding of State conferences on aging to develop State plans, and preparing recommendations for the national meeting, and surveying and reporting State needs and programs in aging.

With the exception of one State, which used its own funds, every State took advantage of the grant program and the impact of even these relatively small sums was tremendous. Those States without commissions on aging were stimulated to establish committees or commissions charged with responsibility for State planning, preparation, and participation in the White House Conference on Aging. Local communities, counties, and regions within States likewise set up committees and studied the needs of older people and made plans reaching far beyond the White House Conference. All States, as shown by their State reports, came to recognize that aging constitutes a new frontier requiring the best possible governmental and private programs, as well as local community action. They also saw the need for permanent State agencies representing the older citizens and promoting the well-being of the older age group. Not only was the White House Conference itself an immediate goal but, also, the Conference recommendations, when reported to State and local groups, served as mandates for further action.

Unfortunately, the object lesson does not end with this positive note for the sequel shows that grants to States were too small and far too limited in time to make possible the consolidation of temporary gains. The White House Conference on Aging Act did not provide funds to insure postconference continuity and followup on recommendations. The original grants were exhausted, and, while there was an inspired group in every State, this inspiration now had somehow to be transmitted to State legislators and to the State's agencies and organizations if State and local support was to be forthcoming and the White House Conference recommendations put into effect. But, without funds, these inspired groups found it difficult and often impossible to carry out these educational tasks or to institute the newly recommended programs of action and services for older people. Most State and local committees on aging tried valiantly, but when failure to gain legislative or other support was repeated year after year, discouragement and frustration naturally led to loss of interest on the part of many of these struggling groups. In consequence, not only is there now an obvi-

ous diminution in vigor in organized interest and effort on behalf of older people, but actual losses in programs are taking place. Let me illustrate these points with a few examples from my own State of Michigan.

One city with a population of 180,000, of which 12 percent is aged 65 and over, had, until recently, one of the State's best and most comprehensive programs for older people. Under the aegis of the Junior League, a scientifically based survey of the needs of the city's older residents was made, a comprehensive plan of action was drawn up on the basis of the data obtained, a council on aging was established and a full-time paid executive was employed, and financial support for a 3-year demonstration program was secured from private sources. During the 3-year demonstration, with the cooperation of many community agencies, a variety of needed services including low-cost housing which won national acclaim, friendly visiting, an information, referral, and counseling service, a home aid program, a health screening program for new old-age assistance clients, a senior skill show, and others were established and hundreds of older people were served. Yet this year, when community support was sought for continuing and making permanent these services to older people, it was refused. And now, having abandoned the former efforts, the community is beginning the cycle all over. They have regressed to the point where they are again making a survey to determine the needs of the city's older residents. The proposed provisions of the Older American Act of 1963 would help prevent this type of senseless regression and repetition of effort.

Other problems confront other Michigan cities in their attempt to serve their older citizens. Most report lack of funds for employing trained personnel and the extension of programs. In many instances the staff persons assigned responsibility for aging have multiple functions within the United Community Services structure and aging gets only a scant share of attention. Under the stimulation of the Michigan Commission on Aging, 30 county councils on aging have been established in rural sections of the State, but very few have any financial support, and all are without paid professional help. The senior service corps and senior information centers, sponsored in local communities by the State commission, are seriously handicapped by lack of seed money to help them get established and develop community interest and support. The Michigan Commission on Aging is unable to extend the assistance many of the communities and programs need because it too is hampered by inadequate financing. It is operating on less than one-fourth of the staff necessary to do an effective and comprehensive job and to meet the demands for assistance made by communities throughout the State. Although Michigan is more fortunate than many States because the legislature is providing funds for a permanent statutory commission, the agency is, nevertheless, so limited in staff time that it cannot even meet requests for assistance from communities in severe crises. To illustrate, there is one county in Michigan where 20 percent of the population is over age 65, where the State's second highest proportional public assistance caseload exists, where many families (especially older ones) live in poverty without even minimal subsistence, occupying shacks (some with only grass roofs), often sick and malnourished, and chronically unemployed. A recent multiple health screening clinic, sponsored by the commission, revealed that out of the 1,085 who were screened, almost 400 were suspect cases for such chronic illnesses as diabetes, tuberculosis, venereal disease, and circulatory disorders. The entire county, with a population of approximately 6,000 people, has only 1 medical doctor who serves as a mobile country doctor and as a surgeon in a hospital 20 miles away. There is no closer hospital or medical care facility. This county has asked the commission for help. But the Michigan commission has only 2 full-time staff persons, and there are over 600,000 older people to be served in the State. The distressed community needs the help of full-time skilled personnel not one six-hundred-thousandth of two persons' time.

Michigan, as do most other States, needs evidence that this and other similar problems can be solved—evidence which is so convincing that State and legislative bodies, local governments, and voluntary agencies will provide funds and cooperate in carrying out the necessary social reforms, and will initiate necessary programs and services to afford older people opportunity to resolve their own problems and meet their own needs.

The proposed grants to States for use in planning, for demonstrations, and for establishing new or for expanding old programs and services is admirably suited to this purpose. The requirement that State and local groups must provide some financial support of these activities will insure the sincerity of their purposes and the continuity of the programs. There is practically no area

of services needed by older persons which is adequately developed today. Much experimentation and evaluation is still needed before the best patterns and programs will be determined. Education of local groups will necessarily be a part of this effort. Federal leadership and Federal financial support, in place of taking away State and local initiative, have stimulated it and given striking results such as those obtained in the State-Federal share programs in vocational rehabilitation, agriculture, roadbuilding, and construction of health facilities. The shared program envisaged in the Older American Act of 1963 promises equally outstanding achievements.

There is one respect, however, in which I find the provisions of title III inadequate and disappointing. That is, not only have funds for the construction of senior centers been omitted, but use of funds for construction of centers is specifically prohibited.

The most important single agency for older people emerging during the last decade or so has been the senior center, heralding as it does the development of a subculture of aging in which per group association is sought and enjoyed. Senior centers, if fully developed, are places where older people find needed positive roles, offer themselves in service to the community, develop new patterns and purposes in living, and where they find a spectrum of services available without an exhausting and expensive search for them through the complexities of community structure. Most centers haven't, but they can go far beyond these levels of function and help solve the difficult problem of employment of older persons needing work but unable to secure jobs in the competitive labor market. We now know that older people must take third position behind the middle aged and youth in preference for jobs. With high unemployment, unprecedented numbers of youth streaming into the labor market, and automation, we must expect that people 60 and over will participate less and less in the regular labor force. Census data show a continuing proportional decline of older persons in the work force participation. It is now evident that new solutions, pure inventions of the imaginative quality embodied in social security, must be sought. Occupations that have never existed and which are peculiarly suited to the talents, strength, and interests of older people must be created. The multipurpose senior center, if appropriately housed, can include space and programs for the paid employment of older workers needing to earn and can help create the new types of occupations suited to older people.

Today there are more than 700 senior centers in the United States and H.R. 7957, section 4, recognizes their value and wisely makes provision for expanding existing ones and for establishing more of them. But to exclude construction funds for these senior centers means that they will continue to be housed in inadequate and often substandard structures no longer wanted for other purposes, or continue to share space limiting their function to one or two periods a week when the space is not used for other affairs. Such practices reflect and continue to foster the negative image of older people held generally. Further, they make it impossible to provide the on-going, comprehensive program which meets the daily needs of many lonely old people for social contacts, and for the useful and/or gainful employment of their time.

Because every community and area where there is a concentration of older persons should have a senior center housed in an adequate and a specially designed building where a comprehensive program of services and opportunities can be provided, I propose that H.R. 7957, title III, be amended to include a section authorizing construction grants for multipurpose senior centers.

I suggest the following wording for such an amendment :

"SEC. —. There are authorized to be appropriated \$2,500,000 for the fiscal year ending June 30, 1964, \$4,000,000 for the fiscal year ending June 30, 1965, and \$7,500,000 for each of the next three fiscal years, for grants one-half of the costs of projects for the construction of public or nonprofit private centers providing informational counseling, and referral services; educational programs for maintenance of health and development of avocational interests and skills; focal points for enlisting and training aging and older people for voluntary and civic service; and opportunities for development of other constructive uses of retirement time (hereinafter in this part referred to as "centers for older Americans"). Such grants may be made only for projects for which applications are approved by the Secretary."

The "applications" as contained in the Senior Citizens Community Planning and Services Act of 1963, H.R. 5840, are appropriate and should be included as part of this amendment.

RESEARCH AND DEVELOPMENT PROJECTS

I propose now to turn to Title IV: Research and Development Projects. There are already a number of statutes permitting the appropriation of Federal funds for research and development of programs in aging. Title IV of H.R. 7957 is, however, unique in that it emphasizes and provides for comprehensive studies of broad societal organization to determine the characteristics of present community programs and patterns which are beneficial or detrimental to older people, and, on the basis of such information, to experiment with new organizational patterns and to evaluate their success in making possible a satisfying life for older people. No more important goal exists today in aging than that of learning how to shape society so that old people will find roles utilizing their talents and permitting their continuing engagement with the on-going stream of community life. It is for this purpose that preventive health measures are promoted, that mental health clinics have been established, that good housing is being provided, that complex patterns of community and home services are being developed. Yet with all these, older people are still asking what the purpose of life is after the productive work period is over. Positive answers to this question must be forthcoming.

We know that in a culture as affluent and as rich in opportunity as ours there are many things that can be done and many roles that can be taken by older people to improve community life for all and thus afford meaning to later life. Many older people can serve in hospitals, museums, libraries, schools, and churches. They can teach in senior centers and adult education centers, or organize beautification and cleanup corps in local communities, or assist teachers in public schools, or give leadership to youth groups, or promote good political action and government, or man senior information centers such as we have established in 14 Michigan cities, promote the preservation of the culture of the past toward the end of developing an Americana with tradition and style. In all these and in many other capacities, older people can serve, can find the meaning in later life which they are seeking.

But such opportunities and programs will develop only very slowly and sporadically unless assistance and leadership is provided by the Federal Government. Title IV proposes to offer this assistance through development grants and, also, to afford funds for research into social policy and organization to determine the means for making a broad frontal attack on the creation of new roles for older people and the development of positive attitudes toward them and toward aging.

TRAINING PROJECTS

All these plans and programs—local demonstrations, expansion of States services, research and demonstration projects, accelerated Federal Government activity—presuppose that a cadre of adequately trained personnel is available to fill the positions that will be created. That this is not true leads naturally to a consideration of the importance of Title V: Training Grants.

No national study of manpower needs in aging has been conducted, although such a survey was called for in 1961 by the White House Conference on Aging. We know from other studies that there already exists a critical shortage of personnel in practically all the professional fields whose services are needed by older persons. Recently, however, some pertinent data were reported from a pilot survey made by the Office of Aging on personnel needs in aging in six Southeastern States. Although by no means exhaustive, this study shows that a total of 1,275 persons in 34 agencies have service to older people as their primary responsibility, while another 3,878 persons in 67 agencies give at least part time to the older age group. Even more impressive with reference to training needs are the estimates based on returns from 55 agencies which show a current need for 500 additional workers trained in aging, and a future need over the next 5 years for 900 more. If these figures are expanded to include all States, and no more than the normal expansion of services takes place than is dictated by the increasing size of the population, a conservative estimate would be an immediate market for 2,500 and a future market for 5,000 more persons trained in aging. Unfortunately educational institutions are not keeping pace with the developing need for persons to give direct services to older persons or to coordinate the total mosaic of programs and services at State and local levels. In connection with the Interuniversity Council of Social Gerontology I have made 3 surveys at 2-year intervals to determine

the rate and direction of instruction in aging at higher educational institutions with an enrollment of over 1,000 students. Results show that, while some progress is being made, it is disappointingly slow and limited and wholly lagging behind the demand. For example, so scarce are trained personnel that one student, upon receiving her Ph. D. with training in gerontology, was inundated with job offers with salaries that ranged up to \$15,000.

With the assistance of funds from the National Institutes of Health, six universities have established centers for research in aging. None of these, however, offer instructional programs. Moreover, all are committed to research on health or on health-related problems, thus even though the social aspects of aging are not disregarded, they must always be studied with reference to their health implications. Ten universities have institutes or divisions of gerontology which have interests in the social aspects of aging, but a number of these are only paper organizations because they have been unable to secure funds needed to undertake programs of research and instruction in the nonhealth aspects of aging. Most university instruction being offered now is located within regular teaching departments where the goal is specialized training for research and/or teaching careers in gerontology rather than for employment in the direct service fields. Only three universities, however, have well-developed instructional programs permitting specialization in aging while obtaining a Ph. D. degree. These are in psychology at Washington University (St. Louis), in sociology at Purdue University and in human development at the University of Chicago. Beyond these three more or less organized programs, a number of academic departments at various universities offer one or two isolated courses, but even these meager offerings are not expanding rapidly in number. For example in 1957, 16 departments of psychology and 18 departments of sociology listed at least 1 course in aging; taking attrition into account, the net gain in departments over the ensuing 5 years has been only 2 for psychology, and 22 for sociology. Professional school instruction is likewise lagging. No medical schools provide instruction in geriatrics *per se*; only about 14 schools of social work offer any special preparation for students who wish to work in agencies serving older people; a few schools of public health, including the University of Michigan, are providing some specialization in gerontology at the master's level.

Among the major reasons given by institutions for their failure to develop instruction in this new field of study is that they lack teachers prepared to offer courses and to direct research in gerontology and are, thus, unable to take advantage of existing funds for student traineeships, instructors' salaries, and research. The newness of the field is, of course, largely responsible for this problem. The Interuniversity Council in Social Gerontology endeavored to relieve the situation by offering two summer institutes in social gerontology for college faculty, and by seeking funds to continue the program for another 4 years, during which time approximately 200 college faculty members could have been prepared to offer special instruction in aging. That this request, directed to the National Institutes of Health, did not win support, has left the area of gerontology seriously handicapped for lack of teaching staff. The Office of Aging of the Welfare Administration is trying to improve the situation by encouraging university action across the country. It has prepared two curriculums, (1) social gerontology and (2) management of senior citizen housing, which are available to teachers wishing to develop instruction in these areas. The Office has, also, sponsored a traveling seminar in gerontology which held day-long meetings with the instructional and administrative staffs of 15 colleges and universities in 7 States. Also, in cooperation with the Office of Aging, the Southern Regional Educational Board is exploring the means for establishing institutes of gerontology at one or more southern States. Financial assistance is, of course, one of the major needs to bring this endeavor to fruition. In the Midwest, the Office of Aging has brought about the formation of two multi-university councils, one of which is concerned with social research in aging and the other with psychological research in adult life. These efforts to stimulate university action have recently been augmented by the work of the new Gerontology Branch of the Public Health Service which is encouraging and offering financial support to universities for the expansion of existing offerings or for the initiation of new curriculums in gerontology. Both these units are concerned about the critical need for trained specialists in aging and about the paucity of current training programs.

All of these efforts on the part of universities and the Federal Government are, of course, desirable, and over a long period of time will begin to fill the gap

between instructional needs and educational offerings. But the filling in will be slow indeed, and may be a losing race with developing needs for trained personnel unless some vigorous and highly imaginative steps are taken immediately.

The tide of an aging population has already forced the development of a gamut of services and programs and to the credit of many dedicated persons who have taken on the task of self-instruction, these endeavors have been kept afloat and most have prospered. Lessons have been learned on the job and often at the expense of older persons who might have been spared this cost if there had been already a trained group of professional workers. Even a brief overview of the progress made and what seems to be ahead underscores and emphasizes the urgency of trained persons to fill new positions, and expand the programs and improve the services of old ones. Today, we have 11,600 nursing homes with a total of 369,300 beds. Tomorrow, if recommendations are fulfilled, there will be more nursing homes and many more beds. Today we have more than 3,000 old-age homes, housing projects, and other types of living accommodations for older people. Tomorrow it can be predicted there will be twice as many. Counseling centers are multiplying, home help and other service programs to assist old people to remain in their own homes are burgeoning. Thirty-six States have permanent commissions on aging and all the rest of them have aspirations. Over 800 communities in the country have community committees on aging and more are in the planning stage.

All these developments require trained manpower, yet there is only one university in America (George Washington) training nursing home administrators, one university giving attention—not training for—to the management of senior citizen housing, and no university is providing general training in gerontology to prepare persons for positions requiring coordination of community and State efforts to benefit older people.

The provisions of H.R. 7957, title V, will make possible the rapid expansion of educational programs for professional personnel and for the short-term training of persons currently employed in direct services to older persons. But there remains a serious problem, that is, where will the teachers come from who are prepared to offer this professional education in gerontology? Obviously there can be only one answer to such a question. There must be created a means by which relatively large numbers of already established teaching personnel can add to their knowledge the needed information about aging, and, thus, be enabled to offer the needed course work.

To accomplish this end, I propose that title V be amended to include a section creating a National Teachers Training Laboratory in Gerontology. Such a laboratory should be funded for a 5-year period after which, if the crisis is passed, it should be abandoned or converted to some other purposes. It should provide intensive classroom instruction and field experience in the various aspects of aging for college and other faculty preparing to offer instruction in gerontology, for those workers who have supervisory and training responsibilities in agencies serving older persons, and for research, governmental, and other personnel who need knowledge and orientation in gerontology as part of their work. Appropriations should not only include administrative costs and salaries for the instructional staff but should, also, provide trainee stipends and fees for those to be trained so that it becomes feasible for them to take the time needed for such training. The National Teacher Training Laboratory in Gerontology should be located in an urban area where an ample number of field placements are available. At the discretion of the Secretary it may be operated as an independent agency or under contract with an established educational institution. Cost of this project would be \$9 million, an investment amounting to an expenditure of less than 50 cents for each older person in the country. Since each trained teacher can be expected to teach groups of other persons, the return will be in geometric ratio, and the instructional resources needed to create enough trained personnel to meet expanding needs will be realized.

Following is a suggested wording for the proposed amendment:
“There are authorized to be appropriated \$1,000,000 for the fiscal year ending June 30, 1964 and \$2,000,000 for each of the four succeeding fiscal years, to establish a National Teachers Training Institute in Gerontology and provide for its operation, for cost of instruction and supervised field experience, and for traineeships and fees for the training of teachers or others who need to acquire specialized knowledge about aging for the purpose of providing instruction in gerontology to persons who will be employed in senior centers, senior housing projects, counseling agencies, nursing and old age homes, and in programs providing health services, pre-retirement education, vocational and personal rehabilitation, and

sheltered workshops or other industrial settings employing old people. The National Teachers Training Institute in Gerontology shall, at the discretion of the Secretary, be a separate agency responsible to the Secretary or shall be established by grant or contract as a part of an existing educational institution."

ADMINISTRATION OF AGING

I have dealt first with the operational programs proposed in the Older American Act of 1963 because it is natural that my interest would be greater in these than in the Federal organization for the bill's administration. Title V proposes a separate operating unit within the Department of Health, Education, and Welfare to be known as the Administration of Aging which shall be under the direction of a Commissioner of Aging.

In April 1962, I made a statement before the General Subcommittee on Education of the House Committee on Education relative to H.R. 10014 introduced by Congressman Fogarty, which called for the creation of a permanent U.S. Commission on Aging appointed by and responsible to the President. Although approving the grant provisions of the bill, I did not favor a permanent U.S. Commission on Aging.

Technical advice, obtained from professional public administration experts, led me to believe that such a Commission would, at best, be only a makeshift solution to the problem Congressman Fogarty sought to solve. The usual and theoretically proper role of a Federal Commission is that of planning, advising, and regulation and not that of administering an operating program. Further, a small agency with a relatively small operational program charged with responsibility for coordination of all governmental programs for older people would, I believe, have put the Commission in the position of competing with the larger agencies that already have well-established and successful programs in aging, while at the same time trying to coordinate their efforts. Finally, a review of the accomplishments of the Special Staff on Aging, accomplishments made at great odds and without the benefit of an operating program, indicated that this staff, if given proper financing and authority, could carry on the kind of functions envisaged for the U.S. Commission on Aging. And it would have the advantage of remaining within the Department of Health, Education, and Welfare, where most of the agencies with major programs affecting older persons are already concentrated, thus affording easy coordination and cooperation between these units. I felt that the older people of this country deserved the advantage of representation at Cabinet-level, thus insuring that their interests would have the broadest possible consideration. I therefore spoke in favor of continuing the Office of Aging as a part of the Department of Health, Education, and Welfare, but assigning to it the grant provisions for States, and for research, training, and demonstration projects proposed in the bill.

H.R. 7957 virtually follows this recommendation and, in my opinion, it will accomplish the desired goals far better than would have the U.S. Commission on Aging. The question now is one of whether the new status quo instituted by Secretary Celebrezze which placed the Special Staff on Aging (now the Office of Aging) in the Welfare Administration should be disturbed. Commissioner Ellen Winston is giving brilliant leadership to the Welfare Administration. She is broadening the concept of welfare far beyond the limits of financial assistance and is seeking legislation which will reflect this more comprehensive aspect of the field. It is, for example, under her guidance that the Senior Citizens Community Planning and Services Act of 1963 was conceived and later introduced by Congressman Mills. This act is even more far reaching than the Older American Act because it not only provides for grants to States for training and research but also proposes construction grants for senior centers and for the development of new employment opportunities for older persons. Further, it is evident to many of us throughout the country that Commissioner Winston is bringing about far greater coordination than ever existed before among governmental agencies, not only with the Department of Health, Education, and Welfare but also among the several departments represented on the President's Council for which she serves as executive. Under her guidance and with the continued dedicated and effective leadership of Dr. Kent and the work of his staff, the Office of Aging has been able to improve its programs and expand its efforts in all functions that are now its prerogatives. It has continued to demonstrate its competency to administer effectively an operating program should be assigned this responsibility.

The arguments for a separate Administration of Aging, and there are many, must be envisaged against this record. They must also be considered in a perspective that extends far beyond the current administration and personalities. The achievement of the Vocational Rehabilitation Administration in focusing attention on the plight of the disabled and, in cooperation with States, developing a complex system of special services for them is a case in point. Without such specialized attention it is doubtful that there would now be thousands and thousands of physically handicapped persons living comfortably, gainfully employed, and enjoying the fruits of our affluent society.

It therefore seems probable that similar gains would accrue to older persons if similar attention were focused entirely on their problems by a special unit responsible to the Secretary and around which all services to older persons could be developed and coordinated. It is not implied that older people would receive better quality professional skill or leadership than is now available to them, but they would surely receive more of it than is possible when they must share the services of an agency having multiple responsibilities. From a theoretical position, then, I believe that an Administration of Aging within the Department of Health, Education, and Welfare and having responsibility for an operating program will afford the Nation's older citizens more services and greater benefits than will otherwise be available to them.

Dr. DONAHUE. As you know, my name is Wilma Donahue, and I am chairman of the Division of Gerontology of the University of Michigan, and a member of the Michigan Commission of Aged; and I want first to commend Congressman Fogarty for his persistent endeavor on behalf of older people. Without his efforts the older people of this country would find their plight far worse than it is today and, therefore, it is a very special privilege to present a statement to this committee in its consideration of the Older American Act of 1963 introduced by Congressman Fogarty.

If this bill is subject to criticism it is only that it does not go far enough in some areas and neglects some important needs.

I plan therefore to speak in support of the proposed action programs and to suggest two amendments. I believe that past deeds of the Older American Act of 1963 mean this will be one of the most significant actions ever taken by the Federal Government on behalf of older people, ranking in importance with social security, housing, and health facilities construction grants.

I point out, in the early pages of this statement, that Michigan, as do most other States, needs evidence that problems of older people can be solved, evidence which is so convincing that state and legislative bodies, local, government and voluntary agencies will provide funds and cooperate out the necessary social reforms and will initiate necessary programs and services to afford older people opportunity to resolve their own problems and to meet their own needs.

And I think the proposed grants to States for use in planning, for demonstrations, and for establishing new or for expanding old programs and services are admirably suited to this purpose.

And I would like to point out also the Federal leadership and Federal financial support in place of taking away State and local initiative have, in the past, as evidenced by the White House Conference Act, stimulated it and have been giving striking results.

As other evidence of that attained in the State-Federal share programs in vocational rehabilitation, agriculture, roadbuilding, and construction of health facilities and the shared program envisaged in the Older American Act of 1963 promise equally outstanding achievements.

There is one respect, however, in which I find the provisions of title III inadequate and disappointing. That is that funds for the construction of senior centers have not been included.

I believe the most important single agency for older people emerging during the last decade or so has been the senior center, heralding as it does the development of a subculture of aging in which pure group association is sought and enjoyed.

Today there are 700 senior centers in the United States and proposed bill section 4 recognizes their value and wisely makes provision for expanding existing ones and for establishing more of them but to exclude construction funds for these senior centers means that they will continue to be housed in inadequate and often substandard structures no longer wanted for other purposes or continuing to share space limiting their function to one or two periods a week when the space is not used for other affairs.

Such practices reflect and continue to foster the negative image of older people held generally.

Further, they make it impossible to provide the ongoing comprehensive program which meets the daily needs of many lonely old people for social contacts and for the useful and/or gainful employment of their time. Because every community and area where there is a concentration of older persons could have a senior center housed in an adequate and especially designed building where a comprehensive program of services and opportunities can be provided, I propose that H.R. 7957, title III, be amended to include a section authorizing construction grants for multipurpose senior centers.

And in my statement on page 8, I have suggested a wording for this amendment and suggested also that the application as contained in the Senior Citizens Community Planning and Service Act of 1963, H.R. 5840, are appropriate and should be included as part of this amendment.

I feel that the title IV on research and development projects seems extremely important and has some unique features but I wish to save my time to speak about other matters so I omit it here only for that reason and I turn to the title providing training projects.

All the plans and programs envisaged in the bill presupposed that a cadre of adequately trained personnel is available to fill the positions that will be created, that this is not true leads naturally to a consideration of the importance of Title V; Training Grants.

No national study of manpower needs in aging has been conducted, however, recently some pertinent data were reported from a pilot survey made in six Southeastern States.

Estimates based on returns from only 55 agencies show a current need by them for 500 additional workers trained in aging and a future need over the next 5 years for 900 more.

If we expand these figures to include all States, a very conservative estimate would be an immediate market for 2,500 persons and a future market of 5,000 more persons trained in aging.

Unfortunately, educational institutions are not keeping pace with the developing need for persons to give direct service to older persons or to coordinate the total mosaic programs and services at State and local levels.

Among the major reasons given by institutions for their failure to develop instruction in this new field of study is that they lack teachers prepared to offer courses and to direct research in gerontology and are thus unable to take advantage of existing funds for student traineeships, instructors' salaries and research.

The newness of the field is, of course, largely responsible for this problem. The Inter-University Council on Social Gerontology endeavored to relieve the situation by offering two summer institutes in social gerontology and college faculty and by seeking funds to continue the program for another 4 years during which time approximately 200 faculty members could have been prepared to offer special instruction on aging. That this request directed to the National Institutes of Health did not win support has left the area of gerontology seriously handicapped for lack of teaching staff.

The Office of Aging and the Welfare Administration and the new Gerontology Branch of the Public Health Service are trying to improve the situation by encouraging and assisting in many ways university action across the country.

The efforts on the part of universities and the Federal Government are, of course, desirable and over a long period of time will begin to fill the gap between instructional needs and educational offerings but the filling in will be slow indeed and may be a losing race with developing needs unless some vigorous and highly imaginative steps are taken immediately.

The provisions of H.R. 7597, title V, will make possible the rapid expansion of educational programs for professional personnel and for the short-term training of persons currently employed in direct services to older persons but there remains a serious problem and that is "Where will the teachers come from who are prepared to offer this professional education in gerontology?"

Obviously there can only be one answer to such a question. There must be created a means by which relatively large numbers of already established teaching personnel in our universities can add to their knowledge the needed information about aging and thus be enabled to offer the needed course work.

To accomplish this end, then, I propose that title V be amended to include a section creating a national teachers training laboratory in gerontology. Such a laboratory should be funded for a 5-year period, after which, if the crisis is passed, it should be abandoned or converted to some other purpose and I propose a wording for such an amendment and point out that the cost would be \$9 million, an investment amounting to an expenditure of less than 50 cents for each older person in the country.

Since each trained teacher can be expected to teach groups of other persons, the return will be in geometric ratio and the instructional source needed to create enough trained personnel to meet expanding needs will be realized.

Finally, I would like to say that I have dealt first with the operational programs proposed in the Older American Act of 1963 because it is natural that my interests would be greater in these than in the Federal organization for the bill's administration.

The question now is one of whether the new status quo instituted by Secretary Celebrezze which would place the special staff on aging, now

the Office of Aging, in the Welfare Administration, should be disturbed.

Commissioner Winston has given brilliant leadership to the Welfare Administration. Further, she is broadening the concept of welfare far beyond the limit of financial existence and in seeking legislation which will reflect this more comprehensive aspect of the field.

I might digress to say we have changed the image of many other words in the course of the affairs of this country. It is not impossible to do it with the word "welfare."

Under Dr. Winston's guidance and with the continued dedicated and effective leadership of Dr. Kent and the work of his staff, the Office of Aging has been able to improve its programs and expand its efforts in all functions that are now its prerogatives. It has continued to demonstrate its competency to administer effectively an operating program should it be assigned this responsibility.

The arguments for a separate administration of aging, however, and there are many, must be envisaged against this record. They must also be considered in a prospective that extends far beyond the current administration and personalities.

From a theoretical position, then, I believe that an administration of aging within the Department of Health, Education, and Welfare, and having responsibility for an operating program, will afford the Nation's older citizens more services and greater benefits than will otherwise be available to them.

I would like to add that I believe the most important thing is not the administrative organization within HEW, but that we get some programs into operation so that the States and the communities can get something done in this country and if there is a question of whether or not we get the latter, and it is dependent upon this matter of organization, I would far prefer the passage of the bill, leaving the administration of it within the Welfare Administration of HEW, because obviously if it is not properly administered it can be amended and still made a separate administration in the future.

Thank you.

MR. DANIELS. On behalf of the committee and myself personally, I wish to first compliment you for cooperating with the committee in summarizing your statement. I believe you did a wonderful job.

Secondly, I desire to compliment you for your long sincere work in this area of the aged. You have an excellent reputation which goes far ahead of you.

Now, I note that you make two recommendations with respect to the amendment of the bill and I would desire to ask one question with respect to the first recommendation and that is the construction of community centers.

Inasmuch as we have 18 million aged throughout the country and they are located in most of our cities, both urban and suburbs, would this not involve the expenditure of tremendous sums of money?

DR. DONAHUE. I believe in the proposal that I submit that it amounts to about \$29 million on the part of the Federal Government and an equal amount on the part of the communities over a 5-year period.

My point on this would be that we may choose to spend this money on providing such positive programs as adequate centers for older

people where not only do they find an answer to the question they ask "What is the purpose of living," but that it also contributes to their maintenance of their health and therefore we may choose whether we spend the money to pay doctor bills for people who are discouraged and unhappy and become sick or whether we use this money for a positive program.

Mr. DANIELS. I don't think anyone would question your motive in establishing such community centers, but the point that I desire to raise is the amount of money that would be required to establish these community centers throughout the land.

It would seem to me that every community would want one.

Dr. DONAHUE. My point would be, Mr. Daniels, that we are going to spend the money but we are going to spend it on doctor bills and probably a great deal more and therefore why be so concerned about spending the money on something that is going to keep us from spending it on the doctor bills?

Mr. DANIELS. But your proposal for the Federal Government to spend \$29 million to be matched by an equal sum of local or State governments would appear to be nothing more than a drop in the bucket with respect to the overall cost of establishing these centers in all of the communities throughout the country.

Dr. DONAHUE. I would like to point out that the chances are exceedingly good that many communities would not need so much even as a half, even as much as a half of the cost of these centers.

Seed money, is, as you know, a marvelous thing in any community. I speak of my own community of Ann Arbor, Mich. Had we had at our command \$20,000 or \$30,000 we could multiply that easily within our community by a great many more times and not on a 50-50 matching basis necessarily. And I believe that many communities with the little efforts that now exist in them have convinced themselves of the importance of this and can be depended upon to put forth real effort to underwrite these costs.

In the meantime we are spending money on meager programs in rather large sums and if we could house these units more appropriately, I am sure we could do more.

In my statement I point out that we have not exploited these centers by any manner or means to the fullest extent and there is no reason why we could not include, if we had the appropriate quarters and staff, opportunities for people to earn money who now are dependent upon other charity sources.

Mr. DANIELS. Thank you, Doctor.

Mr. Carey.

Mr. CAREY. Thank you, Mr. Chairman. I want to add to the chairman's commendation, Mrs. Donahue, my own statement that your assistance has been most helpful to us, your reputation is acknowledged and your assistance is most welcome to us in approaching this very challenging problem. One specific question on the training of teachers or persons who would be experts in the administration of this program.

I am interested in the matter of recruiting personnel for this type of center and recruiting students and persons who would be eligible for this type of training.

Would you foresee any problem in getting persons who would have the requisite preparation to accept or to qualify for this advanced training in gerontology? I would assume, in order to qualify and to be eligible for such program, it would require a long and varied and extensive record in disciplines that would be preparatory to the advanced and graduate work that would be made available in this center. Do you foresee any problem of recruitment of the necessary people?

Dr. DONAHUE. Fortunately, I have had one experience upon which I can base my answer.

The Inter-University Training Council on Social Gerontology, which I had the privilege to direct, obtained funds to offer 2-month-long summer institutes in social gerontology for established university and college faculty people.

These are people trained in their disciplines but who have not because of the newness of the field had the opportunity to acquire the specialized knowledge in aging.

In this endeavor we had only 70 places available. We had nearly 500 applications from university faculties. We were unable to continue this offering but although it is now 3 or 4 years we are still getting letters from university people saying, "Is not there going to be another training institute and we would like to get prepared to offer courses in our universities."

Therefore, I do not believe we will have trouble in recruiting faculty people provided we can give them the necessary financial aid.

The other question you asked is with regard to whether or not we could staff such a training laboratory adequately. Aging has been now long enough in the minds of a number of scientists that they have done sufficient study and experimental work so there is in the country a cadre of very well prepared people.

In setting up our summer training institutes we were able to persuade these people to give some part of their time to offering the instruction and we have a very notable faculty and a very outstanding result of their work with the fellows who were able to study under them.

I believe a similar kind of recruitment of faculty could take place.

Mr. CAREY. Assuming you were successful in recruiting this cadre of qualified faculty, do you think it would be as easily possible to get a prepared student body or one sufficiently advanced in the same disciplines by way of preparation that they would be eligible for this advanced training and at what level? Would they be at the doctorate level on entering?

Dr. DONAHUE. I believe the extreme need now is to prepare people who are already established teachers, which means that they are at the doctorate level, have had teaching experience, and are experts in their specific disciplines already. So that if the bill provides for traineeships for fees and reimbursement of the amount of salary which these people would have to give up in order to take this training, I feel entirely confident that we would have no problem in recruitment. That is based on our past experience.

Mr. CAREY. I do think we will have to study this carefully, I do not want to be skeptical but the question remains unanswered as to whether we would get persons who would come in at the doctorate level, now en-

gaged in other teaching fields, and be willing to commit themselves to teaching in gerontology after reaching the doctorate level in another field.

Dr. DONAHUE. I could only add that our experience seems to indicate this is true and that of the 70 people that we had the opportunity to give an extensive training to, the majority of them have been able to go back to their institutions and institute course work and offer some training already, so there is commitment on the part of these people and I could submit, for the committee's consideration, the letters from the fellows who have participated in this and could give you illustrations of men long established in their field and which, say, "This experience completely changed the course of my life and career."

Mr. DANIELS. Mr. Bruce.

Mr. BRUCE. Dr. Donahue, do I interpret your testimony that you are in favor of the Mills bill before the Ways and Means rather than the Fogarty bill we are dealing with here?

Dr. DONAHUE. I have committed myself to being in favor of this bill in my last statement. However, I wanted to point out if there is any question of the passage of the bill, depending upon whether or not it is put under the Welfare Administration or an Administration of Aging, that I would prefer that the bill be passed and with whatever decision is made with reference to its administration.

I think it is the purpose of the provisions of the bill to get aid to the States regardless of whether it is in the Welfare Administration or the Administration of Aging, although theoretically I would prefer an Administration of Aging.

Mr. BRUCE. A moment ago in the colloquy, you mentioned the importance that you placed on the seed money and you cited Ann Arbor for an example.

As I recall your statement, you said if you had \$20,000?

Dr. DONAHUE. \$20,000 or \$30,000.

Mr. BRUCE. That you could go on from there. Now Ann Arbor is quite an affluent society. What is the difficulty in Ann Arbor of raising \$20,000 or \$30,000 for getting it off the ground?

Dr. DONAHUE. One of the immediate difficulties is we just happen to be building a senior citizens housing project at the moment and we have an ongoing center which is meeting some needs. We would like to get out of an aging house that is already located in the gray area of the community which we hope some day to be able to eliminate.

Mr. BRUCE. Are not there funds that can be tapped in Ann Arbor to do this if the will is there?

Dr. DONAHUE. That is what I just pointed out. That is what I pointed out. There are funds. I would just like seed money to start with.

Mr. BRUCE. I do not follow that. You say the funds are there and the will of the people is there. It seems to me this is what is essential.

Dr. DONAHUE. I will admit that most years we go over the top on our Community Chest and the Community Chest is currently supporting our senior citizens center but it does not, however, feel it has sufficient funds available to go into construction, granting the fact that we need it very, very much. Now our point is we have to go outside the regular community organization in the raising of money and that

this would be infinitely easier to get started and off the ground, provided we had a start on it.

Mr. BRUCE. What you are saying is, the money is there, but you need a little stimulus to help it?

Dr. DONAHUE. That is right.

Mr. BRUCE. That is an interesting viewpoint.

Thank you.

I have no further questions.

Mr. DANIELS. Mr. Findley.

Mr. FINDLEY. Doctor, why not get the seed money direct from the capital of Michigan? Some of us are concerned about the new responsibilities that seem to be heaped upon our Central Government and we believe this has many dangers in it to our Federal structure, so why not leave this problem to the States, in other words?

Dr. DONAHUE. I will speak for Michigan, because Michigan has been one of the States and was practically one of the first States that set up a statutory legislative commission on aging and has been continuing to provide increasing amounts of money for the operation of this unit.

I might also say that Michigan has not been in the most affluent financial position during the period that we have even been able to make this amount of gain and that I think we have secured all each year that it is possible to do.

We are in the process of proposing, however, to the State legislature that it should set up a grant-in-aid fund to local communities to help them undertake these projects.

I do not have any notion whether there will be favorable attention by the legislature, but in any event the people in the State of Michigan interested in aging and older people are trying to take steps to bring to bear pressure which will get the States to take this kind of action.

But I also point out that again many, many programs need not only State action but they need the assistance of the guidance and the moral support which Federal participation offers and I think the shared programs which have been supported by the Federal Government and the States offers very good testimony that this is an excellent way to bring about State action, that help from the Federal Government stimulates the local and State government to take action, just as when we get funds from the State government, if we get funds from the State government we will be able to get more assistance and help from our local communities by making matching grants.

Mr. FINDLEY. One of the problems here in Washington is that the Federal Government is not exactly affluent either, and we keep running in the red almost every year. I would like to mention an experience in my home community, Pittsfield, Ill., a rural community of 4,000 people.

In my 15 years there I saw that community through public subscription raise \$15,000 for a community center, and over \$200,000 for an addition to the hospital. The hospital even passed up a Hill-Burton grant which was available on a silver pattern. The townspeople preferred to do it themselves. So substantial projects can be handled by relatively small communities where there is a will.

Dr. DONAHUE. I would grant this is true and one can find illustrations on either side.

Mr. BRUCE. Will you yield?

Mr. FINDLEY. Yes.

Mr. BRUCE. I can cite my community where by public subscription they raised more than \$12 million because the will was there to do it.

Mr. DONAHUE. I don't think it is a lack of willingness. You have to remember, I think, that hospitals are something that have been built for almost the length of time of our society and people are already educated to the notion if they don't have a hospital they are not going to get very good care. We are now dealing in a new area and this extends back only 10 or 12 years that we have been given any thought to this. The notion or value of seeing advances, for example, has only been demonstrated within the last 10 years and the rate of growth indicates it is a valuable adjunct to the society but when you compare raising money to build a hospital with raising money to build a senior center you have entirely two different dimensions you are working with, two different perspectives.

Mr. BRUCE. I really throw out we had such a wonderful cooperation within the labor organization, the business community, where they sat down and analyzed together the needs of the program and went out and did it and did a beautiful job of community cooperation and I just wonder if, in many of the other fields, even though they are not as conditioned to it as a hospital, and I agree with you there, if wonderful things cannot get done if we just get them together to sit down and do it?

Dr. DONAHUE. I think you are absolutely right and a person who has spent as many years on the road trying to go to communities and tell them this can only say that I would like greater help in doing this for more and more people and that literally this bill before you envisages this kind of help so that we can go into communities and point out and get them to demonstrate in this new field that this can achieve it in exactly the same way that they have in other areas and we do have the local interests, the local organizations behind these things, but we also have very, very strong and entrenched interests for every dollar that we raise in these places and in these communities so in part we organize one group of citizens to be interested in aging because they immediately meet an entrenched group that says, "You want to spend our dollars and we cannot share them, so you must get more money," then it becomes some matter of "Where do we get the start to help the group that has organized to achieve these goals?"

This I think the bill is trying to envisage, trying to help the communities not only to plan but to do the necessary demonstrations. I have one or two or three vivid examples in my testimony that I hope you will read.

Mr. BRUCE. Thank you.

Mr. DANIELS. Again, Dr. Donahue, I want to thank you for coming here and giving us the benefit of your views and experience.

Dr. DONAHUE. Thank you very much.

Mr. DANIELS. I might announce the committee proposes to sit beyond 12 o'clock when the House will meet in order to accommodate as many as possible.

We will try to expedite matters.

STATEMENT OF JOHN W. EDELMAN, ACTING PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. EDELMAN. Mr. Chairman, I just call attention of the reporter to the fact that yesterday's testimony, the testimony that would have been submitted yesterday had some typographical errors and we corrected these and I just simply want to give the reporter the corrected copy.

Mr. DANIELS. Thank you.

Mr. EDELMAN. Mr. Chairman, I am accompanied by Dr. Carsten-son, who is an executive of the National Council of Senior Citizens and who will assist me in answering questions thrown at us.

We wish to submit our statement for the record and I will extemporize just very briefly here. But I make a personal reference to say that apparently I am the most senior citizen that has yet testified, and I think that this is probably the case, but I just point out the reason that I happen to be here is that ex-Congressman Forand, who is the real spiritual father of the National Council of Senior Citizens recently became so ill that he was obliged to drop all active work in the organization. He remains emeritus with us and he simply called me on the telephone one day and appointed me acting president of this organization, and I am attempting to carry on in this way.

Could I just throw out a little historical parallel here which might interest perhaps some of you gentlemen?

Most of you men here know, Members of the Congress certainly, that I am a very senior labor representative or I have been, until recently, a very senior labor representative around here in Washington and probably I was the first, I was literally the first man representing labor organizations to testify on housing legislation in the early thirties and a strange paradox was that the first time we came to bat, as it were, to offer testimony on the question of housing we came to testify on a bill presented by Senator Robert F. Wagner.

Now, I think that certainly some of you will recall that, to us in the labor movement, this was regarded, to testify differently or at loggerheads, to criticize a bill offered by Senator Wagner was almost like questioning, you know, a secret document, nevertheless, we felt it absolutely essential to point out to him that his bill had gotten what we are now describing, his original housing bill, Mr. Chairman, had gotten to what we are describing here today as having a "welfare" connotation, and the Senator encouraged us to make our criticisms, and as a matter of fact, he amended his bill in line with our criticism.

I simply offer this little historical reminiscence to point out the fact that it is embarrassing for us, who are working so closely with the administration in support of legislation to provide hospital care for the aged and social security and other problems and in relieving the problems of the aging, to find ourselves at cross purposes with the Department of Health, Education, and Welfare on this essential point.

Nevertheless, we feel it essential that we have to make the criticism.

Now, I am not going to elaborate greatly on this point except to say that I would feel that, as much as I admire and am deeply in the debt of Dr. Donahue for so much of the indoctrination which has gone into the building up of this moment, that I would have to differ with her on one point, that I would say that if it was necessary to accept legisla-

tion continuing with the present setup and a grant program, that I would say I would postpone the grant program until such time as the setup within the Department should be changed.

I think this would be definitely the position of our organization. It is perfectly clear, Mr. Chairman, anybody that has been around government as long as I have been, must realize that the fragmentation of operational authority is always fatal to the effective operation of any program whatsoever and the diffusion of responsibility always leads to complete lack of direction and in fact always ends up in complete frustration and if some of you gentlemen would care to ask me for details, I would be happy to indulge in further reminiscences to point out where some of this is happening and, indeed, some of these things are happening at the present time.

Mr. DANIELS. What is the position of your association with respect to the Fogarty bill?

Mr. EDELMAN. Our testimony here is strongly in support of this legislation.

Mr. DANIELS. Thank you.

Mr. EDELMAN. We point out, of course, Mr. Chairman, as Mr. Fitch has pointed out originally, too, that our position—our formal position—has been in favor of an independent commission and this is what we still strongly would believe in and we simply, for the sake of the feeling that there are some possibilities, and there are some things you can do and some you can't, and it seemed to us that perhaps the best solution, we could offer a peaceful solution at less than what our ideal request would be, that it would be the Fogarty bill. We think this would offer some sound help.

One other point I would like to make, Mr. Chairman, I think probably today the National Council of Senior Citizens has the largest number of members in the country, in all likelihood, and I am not going to argue about statistics, than any senior citizen organization established. We have affiliated some 1,700 clubs with large memberships in small and large communities throughout America and our organizational activities bring us in constant contact with these groups and while our major objective is the hospital care for the aging and social security legislation, we have necessarily become involved in a myriad of other activities which we have found it essential to somehow get a little finger into on behalf of these groups that are constantly pressing for assistance on a myriad of programs.

I can assure you, Mr. Chairman, and can demonstrate to you by all kinds of recitals of details that the need for operational programs which these grants would provide are urgent, they are imperative, and that the amount of money envisaged in this bill is quite modest, it would seem to me, but it is absolutely necessary for the welfare of the senior citizens throughout this country.

We are ready for any questions, Mr. Chairman.

Mr. DANIELS. You have made your views very clear that you favor an administration for the aging and grants and I want to say that your views will be given very careful consideration by the committee.

I will forego asking any questions. Perhaps the other members of the committee would care to ask you some questions.

Mr. CAREY?

Mr. CAREY. Thank you, Mr. Chairman.

Initially, I would hope personally that the contagion of your spirit of independence and what seems to be your virtue of positive action in this field would spread through the rest of the age spectrum so that it would infuse itself and would be more apparent among younger people.

I commend you on your support for the forthright objectives of the program. You are heartily and definitely opposed to the welfare concept which is embodied in the new status developing in the Department. I might say your contribution is perhaps one of the most important we had in this connection.

Evidently your group has the uncommon counsel of our former distinguished colleague, Mr. Forand, of Rhode Island. I think Rhode Island is essentially a great freedom State. The connotation of freedom of conscience there seems to have a special quality that transmits itself, to its representatives. Your statement here today, is evidence that you know your subject. You are positive on this program and you see its objectives. On the principle of whether it should be welfare or assistance grants that go to developing a program that can stand on its own feet your view is very important.

I compliment you for your testimony today.

Thank you, Mr. Chairman.

Mr. EDELMAN. Mr. Chairman, could I make a brief reference in response to the point made by Mr. Carey, that it just happens that my organization, the union which I represented for many years in Washington, has some considerable membership in North Carolina and when Dr. Winston's appointment was being first discussed in North Carolina, we exerted all the pressure that we were able to and brought out all our enthusiasm in support of her appointment in that State.

We thought her regime and administration in that State was signally an advance more than any other Southern State and perhaps could match that of many Northern States. We have strongly supported the general tenor of her administration in the welfare field here, and we think it is a fatal psychological blunder of this administration, just absolutely fatal, to have placed even as distinguished and as wonderful a person as Dr. Winston nominally in charge of this program.

Mr. DANIELS. Any questions from the gentleman from Illinois?

Mr. FINDLEY. No.

Mr. DANIELS. Thank you, sir.

(The statement previously referred to follows:)

REMARKS OF JOHN W. EDELMAN, ACTING PRESIDENT, NATIONAL COUNCIL OF SENIOR CITIZENS

Mr. Chairman and members of the committee, I deeply appreciate the opportunity to appear here today as the acting president of the National Council of Senior Citizens, to offer testimony in support of the proposed legislation known as the Older Americans Act of 1963 introduced by Representative John E. Fogarty as H.R. 7957.

The National Council of Senior Citizens is a nonpartisan, nonprofit, education and action organization which seeks to focus national attention on the unmet needs and the untapped potentials of older Americans. It was set up just over 2 years ago under the leadership of a distinguished friend and colleague of members of this committee—former Congressman Aime J. Forand.

Unfortunately, the ill health which caused Congressman Forand's retirement from Congress has now made it necessary for him to withdraw from active leadership of our organization, though he will remain our honorary chairman.

The small ad hoc committee which Aime Forand set up in August 1961—primarily concerned with mobilization of public support for legislation which would provide hospital insurance for older Americans financed through social security—has now grown to an organization of more than 2 million members. And though enactment of legislation to provide hospital insurance for the aged remains the No. 1 priority of the national council, our organization has needed to concern itself with many other things to meet the challenges of America's fast-growing over-65 population.

We have been joined by more than 1,700 affiliated older people's clubs in nearly every American State; we have set up more than 60 area and State councils. We are working on the desperate needs of the aged in the health field, for adequate housing, community services, to enable our senior citizens to achieve both a better standard of life and a more active and meaningful role in our society.

Accompanying me today is Dr. Blue Carstenson, who is executive director of the National Council of Senior Citizens. Dr. Carstenson served the previous administration as a technical director for the White House Conference on Aging. He served in the Department of Health, Education, and Welfare under the present administration as assistant to the Under Secretary. He also worked as a consultant for the Senate Subcommittee on Aging in 1961 and prepared the report on "Federal Organization" for that committee.

We have found that every particular problem of older persons affects every other problem. Consequently there is a strong feeling among the leadership element of the national council in many States that the most efficient approach to the many problems and challenges of aging lies in the broad concepts and overall view as expressed in H.R. 7957.

The annual convention of the National Council of Senior Citizens was held in Washington, D.C., on June 13-14 last before this legislation had been introduced to Congress. Thus the membership has had no opportunity to vote its support of this actual bill.

However, the national Council's delegates meeting twice in convention have unanimously endorsed resolutions calling for the establishment of an independent commission on aging. Similar decisions have been made at four meetings of the national council's executive board.

The board and advisory committee of the national council include many distinguished Americans—some of them long active in aging affairs. We have circulated this bill among them and most of them have reported their views as being in favor of its basically sound approach. Only three members had minor reservations. One felt that grants for senior citizens centers should be included.

The council's leaders have largely expressed the viewpoint that the organization of Federal programs on aging has not been satisfactorily handled in the past three administrations.

Though President Kennedy has made several moves to reorganize Federal services in aging to give them higher priority—notably through the establishment of a Presidential Commission on Aging and the issuance, this past February 21, of his unprecedented special message on aiding our senior citizens—much more needs to be done.

Frankly, our criticism today of the Federal programs in this area concurs with that made in the report on this problem by the other legislative body on March 28, 1961, " * * * it is fragmented, piecemeal, haphazard, and without focus."

Earlier this year Secretary Celebrezze of the Department of Health, Education, and Welfare administratively subsumed the program on aging (the special staff on aging) under the Welfare Commission and changed its name to "Office of Aging." This had the effect of lowering the aging programs in the bureaucracy and giving them a welfare image. The national council has asked the President and Secretary Celebrezze to take action to improve this situation.

We are convinced that the program on aging must have a relatively high status in the Government bureaucracy if it is to be given the attention that the President, Congress, and the American people wish it to have.

The national council recognizes that establishment of an Administration on Aging under the act will not automatically meet all the needs of senior citizens. But given sufficient authority and support, an Administration on Aging could eventually produce a systematic and effective approach to replace the present vacillation and confusion in Government aging programs.

Unless Congress is prepared to take some major steps in providing machinery to enable Government aging programs to be broadly conceived they will stagnate around the "welfare" concept.

We believe the proposed administration on aging should utilize existing talent and resources within other departments and units—especially when working on grants related to the field. The administration on aging should also be given specific legislative authority to transfer limited funds for that purpose.

For example, when a grant or a project is being considered which is related to a public housing program, it may be desirable to call upon the technical resources of HHFA to assist in reviewing and perhaps making an on-site investigation. It may involve a problem concerned with rehabilitation of the aged and require advice and technical help of the Office of Vocational Rehabilitation or Public Health Service. Up to a certain point, help can be obtained without any additional funds, but extensive aid could not be forthcoming without a transfer of funds.

Finally, it is the consensus of leaders of our organization that a program to aid senior citizens centers would be a good addition to this highly satisfactory bill.

This new approach satisfactorily meets the criticism often heard against the suggestions for the establishment of a U.S. Commission on Aging—that the program would be taken out of its most logical base and administrative pattern.

In our opinion H.R. 7957 will give this Nation an opportunity to get over the logjam which has blocked progress in this field for many years. It meets the criteria set forth by the White House Conference on Aging.

In America today there are already 25 million people aged 60 and over—people who have personal problems concerned with health and retirement. It is a national economic problem, too. The increase in lifespan means that many of them may live an additional 20 years beyond the period of gainful employment. It is high time there was a high-level responsible Administration on Aging which could generate the reflection, planning, and recommendations to meet these problems.

This committee can do much to finally build into the fabric and structure of our Government an Administration on Aging which, as a separate Administration of the U.S. Department of Health, Education, and Welfare, can have the power and responsibility to seek action.

In the past 10 years nearly 60 bills have been introduced calling for a Commission on Aging, an Office on Aging, a Bureau on Aging. This bill to create an Administration on Aging makes good sense, and it will be able to bring technical and financial resources to the solution of many of the problems of America's older citizens.

It should be enacted without delay.

STATEMENT OF MSGR. RAYMOND J. GALLAGHER, SECRETARY, NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Mr. DANIELS. You may proceed.

Monsignor GALLAGHER. I am happy to submit this statement for the record and to summarize my point of view with regard to the proposed legislation.

In general, we would support the bill. We do have some question about the designation of a separate commission within the Department at this particular time, questioning whether or not the new arrangement which is relatively young in its history has had sufficient time to prove itself with regard to effective service to the aging.

We feel that many of the major areas of concern for aging people are currently founded within the Department and that the interdepartmental method and interbureau and interoffice method that has been successful in many other areas of service to our people is inherent in the organization of HEW and would recommend that we assist the present setup to prove itself before suggesting a basic change.

I would like to underscore our Catholic Charities movement of the United States support of the idea of the use of voluntary organizations as well as other State and local groups in establishing a clear

inventory of need as well as participating in such demonstration projects as would prove the usefulness of programs that are suggested.

Lastly, I would congratulate Mr. Fogarty in including the idea of citizen advisory councils in reviewing and advising on the matter of projects and demonstration efforts inasmuch as, in our opinion, this maintains the vital role of individual citizens in the programs of meeting the needs of their brother citizens.

I believe this summary would satisfy me, Mr. Chairman, and I would be happy to answer such questions as may be raised.

Mr. DANIELS. I want to say, Monsignor, your statement will be very carefully read and considered by all members of the committee. I note you support the position taken by Secretary Celebrezze who testified yesterday. I also note that you have sat here all morning, and you have heard the other witnesses testify that they abhor the use of the word "welfare" as a title for this department. What are your views on that point?

Monsignor GALLAGHER. I think it is a matter of personal conviction with the others as well as with myself with regard to the connotation of that word creating an image that is undesirable with regard to the services being rendered under it. I don't subscribe to that point of view. I don't really believe that they should stumble over words. Neither do I believe that the services to our people in general over and above that of direct relief which are included in the welfare administration smack of the assistance or the relief connotation, but there are so many other direct services being rendered by other offices under the Commissioner of Welfare that relates, not necessarily or totally to the idea of assistance or financial assistance, which is, I believe, the area which they are attempting to divorce themselves from in the selection of language here.

So I do not support the fear that may prevail. We are in truth categorizing the aging as totally a beneficiary group of the largess of the Nation inasmuch as we are attempting by the clarifying of Federal and local responsibility for the aging, attempting to attack the full spectrum of needs which are far in advance, numerically and in importance, beyond that of welfare or of assistance, rather.

Mr. DANIELS. In view of the fact that you support the present arrangement set up in the Department of Health, Education, and Welfare, did you also subscribe to the principles of the Fogarty bill with respect to the grants?

Monsignor GALLAGHER. The objective of the bills and idea of grants and demonstration projects, yes, Mr. Daniels, I do. I support the nobility of the many things which he has outlined in title I as the objectives of the bill. I do support the philosophy of participation by as many organizations, both governmental and voluntary, as possible, and I do believe that is necessary for some financial assistance to existing groups to promote the kind of research and demonstration which the bill calls for.

Mr. DANIELS. Thank you, Monsignor.

Mr. Carey.

Mr. CAREY. Thank you, Mr. Chairman.

Monsignor Gallagher, this is a rather signal day for me personally in that I am permitted to welcome you here.

By way of explanation, I represent a portion of that diocese in Brooklyn, N.Y., which is presided over by your old neighbor from Catholic University. The ordinary of New York diocese is Bishop Bryon S. McEntagrat, and I hope I will be able to return to that diocese in good health, spiritually, after he finds out that you and I seem to be on different sides of this fence.

I hope my position in the hereafter will not be jeopardized by the colloquy which is about to ensue. I recall one of his sermons to his children in the diocese recently. He expressed a growing concern for the tendency of government, especially in the welfare field, to preempt what had been historically and should be, I believe, the special task of the voluntary religious agencies as part of their charity (in terms of charity as a virtue and not as a handout). In that regard, the purpose of Mr. Fogarty and myself in sponsoring this bill has been to remove any tendency to group these legitimate purposes and fine objectives when referring to aging in a status that removes them from this welfare concept. As we know welfare in the Nation today, we cannot deal with it in an ideological sense, but in the concept of what welfare means to people today. While you say it is stumbling over words, I must hold to the point whether it be semantics or not. This concept of welfare and relief is maintained in the Nation today by putting aging under these auspices, and I feel we are doing a disservice to the problems of the aging. I will hold to that position.

What is not in issue here is the competence of the Secretary either in his department or in his history as an administrator, but rather the tendency in the regrouping to lump the problems of the aging in the welfare category and have them thus administered.

I know your experience in that regard is much more extensive than mine, but is it true that the welfare administration in the Nation and in the localities does carry this connotation, and is it not true that the social welfare worker primarily is concerned in the community with the problems of the public assistance case, the indigent person in the community, and therefore is not available to either carry out the objectives of the agency to participate in the program of the aging and, as a matter of fact, is it not true with respect to the administration of welfare at least as far as the Government is concerned?

Monsignor GALLAGHER. I am privileged to put your fears at rest that I will not suggest that Bishop McEntagart say "No absolution."

I think we share, all of us three, and many others in the room, the importance of voluntary effort and to avoid any unnecessary preempting of responsibility or leadership by public welfare groups. There is, however, that obvious fact of life that many of the welfare services, because of the urbanization and because of the many other sociological impacts upon our people has created a residue of relief or of assistance in instances that are far beyond the ability of any voluntary group.

We would see the responsibility of voluntary associations like our own to be a vital partner in the exact kind of projects as are outlined in the bill and would therefore feel that for the limits of this proposal we are, in a sense, urging the passage of the bills since it does make provision for the utility of many homes for the aging which we, as a voluntary group, are conducting, and makes use of the many social agencies which are part of our church service in this field for the development and coordination of present and new knowledge to bring about a more perfect service.

What I am doing is distinguishing the body of our citizens that need assistance because of their incapacity, because of the unavailability of jobs that would be tantamount to their talents to perform, this area, the social insurance, this area of welfare service is obviously of such broad actuarial basis to be of access to any voluntary group. We, as voluntary leaders, should be cooperating with Government in defining its role and assisting them in perfecting the kind of program that they are desirous of producing.

This bill calls for grants to States and to local groups and to voluntary organizations to help validate the kind of data that is presently available, coordinate it into a kind of pattern, and produce a blueprint or series of next steps that would guide our Nation, voluntary as well as public organizations, in meeting the needs of our people.

I don't think this bill goes beyond that. It doesn't speak about gifts directly to the aging or it doesn't speak about contribution or support of them as people but rather of contributing funds to the field of aging and to coordinate the knowledge and to pattern the next steps that we must take as a group, as a Nation, individuals, public, voluntary organizations, et cetera, in meeting the needs of our people.

I grant you that there is a popular interpretation of the word "welfare" to mean "public assistance" in many cases. I cannot deny that, although it would be, I think, one of my objectives as well as many other leaders in the welfare field, to try to develop a proper understanding of the word "welfare" to be something like common wealth rather than the connotation that has developed.

I cannot question your accuracy of the statement with regard to that.

Mr. CAREY. I have been a strong advocate in many fields of public and private forces. In transportation we know the Government could not run it all and would not attempt to do so. We have to have public transportation and have to have private railroads and other conveyance. The same thing is true in health. The Government could not run all of the hospitals in this country, and voluntary and private agencies must and should do their share. The private sector must be a major share and this is true of education. We must have dual assistance in order to achieve wholesome competition and the best product.

I want to continue this in the primary field of religious concern as I see it and that is caring for the ill, indigent, and all of those who are less fortunate. That is one of the primary functions, the primary obligation of a religious society.

In this connection, I think that the need is evident. There can be no question between us that what we are seeking here is to preserve the basic freedom of the individual in a society where there exists a limited government. That is my concept of government, basic freedom of the individual and a limited government.

Is that not better served by identifying what is the true purpose of this legislation? Is it not identified by setting it aside in a connotation which is solely and genuinely referable to the matter of aging as distinguished from the public assistance which you, yourself, indicate has this connotation? Why should 18 million aged Americans who have a special problem be classed or grouped with the public assistance cases which are the special problem of the welfare office? Why should they be grouped together?

MONSIGNOR GALLAGHER. Well, I don't believe that they are. I suppose that is the basis of our difference of opinion. I don't believe that they are grouped together with all of the other departments—Bureau of Public Assistance, et cetera—I don't believe they are grouped together any more than I would say the Children's Bureau in its effort to improve the kind of service for mothers and children is necessarily committed to a welfare concept except as they contribute to the general welfare of the children of the Nation.

So I would feel an office of this sort is perhaps comparable to the idea of the Children's Bureau and is properly within the administration of Welfare in that the basic objective of the program we are discussing is to produce not better public assistance to the aging or not better handling of the aged patients but rather to correlate knowledge about the needs for aging and their capabilities and their potential for adding to the general wealth of our citizenry as citizens and that, in this sense, we are obviously, by the declarations of the objectives of this bill, talking about things other than assistance of a financial character.

MR. CAREY. Monsignor, if we were to pass the bill, section 201, I believe it is, intact, setting up the Administration for the Aging or, as has been suggested by Mr. Fitch, putting it under the Social Security Administration, you would not oppose the bill on that ground?

MONSIGNOR GALLAGHER. No, I think the bill in itself is important to be passed and as a matter of recommendation from me, however, to the committee this feeling that the administrative setup as it now stands deserves a full trial.

MR. CAREY. Thank you.

MR. DANIELS. The gentleman from California, Mr. Hawkins.

MR. HAWKINS. Unlike Mr. Carey, I am a Methodist, so perhaps I need some assurance, by agreeing with you to some extent, but having read your statement it seems to me to be very persuasive of a pragmatic approach. Let me understand it somewhat better, though.

As I understand it, your position is that if the present law allows the administrative changes to be made in line with recommendations that might be construed to be in the bill, H.R. 7957, that it would allow staffing of persons who would not necessarily assess the welfare concept, that the desirable features of 7957 can be obtained and would be desirable, that is, with the exception of the administrative changes, it would still be highly desirable by you, that in effect what we are doing is quibbling over a welfare concept, as the name seems to suggest, a connotation which is undesirable, and that this itself, I would assume, from your point of view, is not necessarily a stumbling block because even the name can be changed now?

Do I mistake, somewhat, the position you maintain or would you care to comment on this possibility of achieving the desirable features of this proposed legislation and at the same time not allowing the quibbling over the phraseology to stop what can be an action program and something which can pragmatically be of benefit to the older person?

MONSIGNOR GALLAGHER. It is my understanding that it lies within the executive power of the Secretary to make such administrative

changes that would affect the establishment of a Commission on Aging as he did a Commission on Welfare, if in his administrative judgment this would be desirable. I stated that I felt that things that are a matter of discretion in our democratic society might best be left that way without enacting them into law without necessary urgency from other circumstances. So that I was of the opinion that what Mr. Fogarty wishes would ultimately be achieved by Executive order if the proper trial of the present system was not sufficient, if the proper trial of the present setup indicated it was not capable of achieving the objectives.

With the experience and character of the people who are members of the present department or Office of Aging, it is certainly not welfare-oriented. They represent, from my experience, a variety of other interests and talents that indicate the complete spectrum of interests for the aging and they address themselves to it with confidence on a regular basis so by their very performance they repudiate any of this with regard to their operations.

I do feel that the bill, as it stands, has the greatest value for us in terms of providing the assistance that would be necessary to support the investigation, the correlation of information, and the fixing of demonstration projects that would capitalize on the national interests in the affairs of the aged, so that from border to border there would possibly be a more concerted effort to bring about the establishment of programs, of a philosophy of a national attitude toward the aging and these, I think, are the areas with which most of us are concerned. We are conscious of the development of the insurance programs that gradually are making a real contribution to the meeting of the financial needs of our older people. We are aware of proposed legislation that would add to the adequacies of the Nation's meeting the problems of the aging. So I believing my approach to this bill, and I think those with whom I am associated, is that the other areas are those that need attention as well as that which we are committed to in the present legislative proposals with regard to medical care and to gradual improvement of aid for the aged payments to be more realistic in meeting their needs and improving of the social security coverage.

It is the philosophical components of the national attitude toward the aged that I feel would be enhanced with the kind of investigation and review which would be made possible through the provisions of this bill.

The involvement of citizen committees in as many localities as possible, taking official community action to meet the problems of aging, the giving of an image by reason of a national advisory committee that would be representative then of the best minds in that field, and these are the concepts I see in the bill which would be very valuable and I would hope these would be achieved by the passage of the bill.

I, too, would be willing to say pass the bill as it is, if necessary, to get these latter advantages. I am offering just my own advice that I thought a longer period of trial should be granted to the present administrative setup.

Mr. DANIELS. Thank you, Monsignor.

(The statement previously referred to follows:)

STATEMENT OF RT. REV. MSGR. RAYMOND J. GALLAGHER, SECRETARY, NATIONAL
CONFERENCE OF CATHOLIC CHARITIES

Mr. Chairman, my name is Msgr. Raymond J. Gallagher. I am secretary of the National Conference of Catholic Charities, which has its headquarters at 1346 Connecticut Avenue NW., Washington, D.C. Within the membership of our organization are 357 homes for the aging, offering care and service to over 32,000 aging individuals. An essential part of the social services being rendered by our 375 member agencies is intake for the above-named institutions, counseling services for the aging themselves, and additional placement services for those whom we are unable to accommodate in our own homes. I mention these things in order to validate our interest in the proposals made in this resolution presented by Mr. Fogarty. As a footnote, may I mention the gratitude which we all feel toward Mr. Fogarty for his continuing interest in the health and welfare of the aging members of our population.

I wish to second Mr. Fogarty's motion to provide adequately for the multiple needs of administering to older people. I agree with him completely that it is necessary to give maximum visibility to unmet needs of our senior citizens. Although we have been blessed in recent years with a major increase in the interest of people in our senior citizens, there is still a manifest need for clarity in the matter of responsibility and definiteness in the next steps that must be taken. The objectives of this bill as set forth in title I may easily be belittled on the basis that they seem to be a list of broad, indefinite statements. On second glance, however, we must agree that they remain a sacred litany of the rights and expectations of older people, as yet unmet by those of us who hold responsible roles.

I have some question about the essential contribution which the provisions of title II would make to the achievement of these noble goals. It is clearly possible that the objectives can be achieved and the grants administered without a basic change in the present department setup. Title II suggests that we enact into law a discretionary power which the Secretary of Health, Education, and Welfare currently possesses. As a matter of general democratic conviction I would object to the supplanting of this use of discretion with a law until such time as the Secretary demonstrates his inability or unwillingness to use his power for the maximum benefit for the citizens who are his charge. I do not believe this is ever likely to be the case. As a matter of fact, the record proves the contrary. In January of this year, Mr. Celebrezze appointed a Commissioner of Welfare because it was his conviction that this was a desirable administrative change. One of the objectives apparently was that of giving greater structural significance to such departments as the Children's Bureau and the Special Staff on Aging. Possibly there has not been sufficient time to exploit the possibilities within that administrative decision and I would respectfully suggest that a reasonable time be allowed to elapse before another change is made. My previous association with Secretary Celebrezze has produced in me a great respect for his ability as an administrator and I believe that when he is convinced that another Commissioner should be appointed by Executive order, he will do so promptly. I feel that a Special Staff on Aging is appropriately placed in the Welfare Administration since so many of the basic problems of older people are related to health, income maintenance, social services for older people. Within the table of organization of the Department of Health, Education, and Welfare, these interests are readily and easily convened.

Title III is most acceptable to the rank and file of our welfare organizations. By the provisions of this title the widest array of State, local, and voluntary agencies are enabled to gather data in the form of a valid sample concerning the multiple needs of aging people. This representativeness in the eligible agencies guarantees that we can fill the gaps in our present knowledge which is prerequisite to accurate and effective national planning. I especially endorse the provisions which make voluntary nonprofit agencies eligible for these grants. I believe this to be good as a matter of principle since it vests responsibility in groups, organizations and individuals on the elementary level of citizen responsibility. The vitality of our franchise of citizenship is aided and abetted by this provision. Beyond that, I endorse it as a practical method of involving those groups and individuals who have been the faithful custodians of responsibility for the aging almost from the very beginning. It has been voluntary

groups, particularly organizations under religious auspices, which historically have met the needs of the dependent aging group. The competence of this corps of workers to function within the present limits of their expressed programs remains unquestioned. It is just and right that this bill makes them eligible to participate in the major fields of research and inventory of needs and in the demonstration projects whereby workable new programs are tried and expansions of old accomplished.

In conclusion, I address myself to title VI which makes provision for an advisory committee from among the general citizenry. I believe this to be a desirable adjunct to forthcoming Federal legislation. By this device we not only accept the broader objectives of Federal legislation but we also succeed in reminding the general citizenry of their continuing responsibility to be active, in whatever role is available to them in the solution of broad social ills in our country. I believe it would be in the best interests of our aging population to approve generally the provisions of this bill.

I thank you for the privilege of appearing before you.

STATEMENT OF CHARLES E. ODELL, COORDINATOR, UAW OLDER AND RETIRED WORKERS PROGRAM

Mr. DANIELS. Our next witness is Charles Odell, coordinator of UAW older and retired workers program.

Mr. ODELL. Thank you, Mr. Chairman.

I believe I would prefer to address my remarks extemporaneously to the central issue around which our discussion seems to be evolving, namely, the question of the administrative location and structure for programs for older Americans in the Federal Government, and I would call your attention respectfully to the fact that there will be a tendency for States and communities to follow similar patterns of organization and structure. And perhaps it is from this point of view that I have my greatest degree of concern.

I worked for 20 years in the Federal Government before I went to work for the United Automobile Workers. I was Special Assistant to the Under Secretary of Labor in charge of a very large program of research, demonstration, and operational projects for the older workers.

I helped to establish the first Federal Council on Aging and in this respect I think I have some basic understanding of the problems involved in the organization and administration of programs for older people in the Federal Government.

I see the problem as basically one of planning and coordination to maximize the contribution which all agencies of Government, as well as those in the voluntary segment of our society, can contribute to the development of services and programs for older people with a minimum of duplication, overlapping, confusion, and with a maximum of contribution of their own resources and activities, not necessarily engendered by great amounts of additional money but a genuine and committed concern for doing something to bring older people back into our society and into our community and to provide for them a meaningful place and a meaningful role.

I believe in this context the question of organization becomes extremely important. I just spent 2 days as a consultant to the U.S. Department of Labor in trying to revive and pick up and strengthen its services to the older worker. I do not think that a Welfare Administration or an Office of Aging within a Welfare Administration is the proper focal point from which to stimulate this kind of interest and concern on the part of the Department of Labor and

I know specifically from comments made by people who saw Secretary Celebrezze's testimony before they left for this conference in Chicago, that their decision informally is to pursue their operations in connection with services to the older worker under the auspices of the Office of Manpower Administration and Training and the manpower development context rather than to run the danger of having the program become identified as essentially a program which generates its main interest and concern with the problems of public welfare.

Public Health has a large interest in the aging, which I don't think is particularly related or significantly stimulated under Welfare Administration auspices.

The arguments with regard to the social security concept of rights to benefits as compared to payments of welfare benefits in the case of the indigent has already been made, so I won't go into it in any depth. Suffice it to say there are many facets of Federal and State programming and local activities which are not in the welfare context and in my personal judgment and experience will respond not well to leadership which generates basically from the concept that public welfare is the central coordinating point around which these activities should be conducted.

I also served for 2 years as chairman of the Michigan Commission on Aging and I know some of the basic difficulties involved in getting public welfare administrators in the State of Michigan to assume a proper role and responsibility for services to older people.

I would just like to mention one incident as an indication of the problem.

I was talking one day to our public welfare administrator about his responsibilities in aging and I said to him:

We see our role as a commission as one of coordination and planning and stimulation of activity. What are you prepared to do to provide the services to older people which are claimed for your kind of agency by the American Public Welfare Association—

which had just published an outstanding document outlining services and public welfare that could be made available to older people.

His response was to say:

If you are able to give us several million of additional dollars for this purpose, I probably would not spend them on the aging because the areas in which we are hurting have to do with chiseling and fraud in connection with the public welfare program in its relation to unwed mothers and other people. Therefore, this is where we would put any additional money and any additional emphasis in our program.

I suspect that many public welfare administrators throughout the country have the same basic attitude with regard to where the pressures lie on them.

I know in Michigan that caseloads for old-age assistance workers have been increased in order to make additional staff available to help in serving children and younger applicants for public welfare.

I also happen to be a vice president of the National Council on Aging, which is the largest coordinating body of voluntary organizations who have programs and services in the field of aging. This includes representation from labor and management from all of the major voluntary groups such as the YMCA, the Visiting Nurses Association, the Family and Neighborhood Service organization, and so forth.

When we first were set up, we were set up as a committee within the National Social Welfare Assembly and one of our great problems in getting support and understanding and cooperation, particularly from management representatives and from the community at large was the fact they kept saying, "You are essentially concerned with welfare problems from older people and we are concerned with the broad spectrum of their interests and need in the field of education, recreation, and health."

We therefore took a very serious step in order that our organization should grow and prosper and function as it was intended to. We should divorce ourselves completely from the National Welfare Assembly and become the National Council on Aging and especially our reasoning was we would do better under a broader umbrella and would lose the specter of being concerned primarily or exclusively with the welfare aspects of the problems of older people.

I would like to call attention to the fact that the grants called attention to H.R. 5957 must be administered by somebody and it seems to me it is a very dangerous thing to presume they can be intelligently and effectively administered if the principal channel through which they flow to States is going to be the public welfare channel.

We want employment agencies, public and private, and we want colleges and universities, and we want many other groups who have a broad interest and concern, including national volunteer organizations and their local State counterparts to feel there is a place for them to take up responsibility by receiving grants to perform different kinds of demonstration and research that will commit them to a program of services to older people and which will expand our knowledge and understanding of how best these things can be done.

I submit that attempting to administer this grant program under the auspices of the Welfare Administration and inevitably in most places through the State welfare department will mean we will be very seriously limiting the range and scope and effectiveness of the utilization of the total resources that are available to serve these people.

Finally, I would like to point out if this decision had been taken with any real concern for the feelings and opinions of people who are knowledgeable in this field, we feel that it would never have been taken.

It was taken without consultation. Jim O'Brien reported to you earlier, as he reported to you, I know of no expert in the field, no State administrator or State commission person, in fact I know of no people on the immediate staff of the Office of Aging who were consulted in the decision to make this shift of the Office of Aging and subordinate it to the new Welfare Administration.

I submit, in large measure, it was a decision taken expediently in order to round out a sufficient cluster of responsibilities under the Welfare Administration to justify the grade and title and scope of the position.

I think this is a very shortsighted and very ill conceived way in which to deal with the problem which is emerging to be one of the most significant and important problems of our times.

I do not question the integrity of Dr. Winston or the Secretary of Health, Education, and Welfare, or the staff of the Office of Aging or anyone else but I submit that we are here dealing with a problem which requires maximum consultation and participation on the part of all groups who have a contribution to make and I do not think that this contribution can be effectively made within the context of a welfare administration.

Thank you very much, Mr. Chairman.

Mr. DANIELS. Thank you, Mr. Odell, for your views.

Mr. Carey.

Mr. CAREY. Thank you, Mr. Chairman. I think, Mr. Odell, the most significant, among many important points, is the one you shared with Jim O'Brien, that this step was taken without consultation of those in the field or even of those in the office and as such did not represent the collective wisdom of those who should have been consulted. For that reason alone I believe it was an unfortunate happening that does not add to the effectiveness of this program as we envision it. I think you have correctly stated without partisanship here that our record at this juncture, unfortunately, for reasons well known to all of us, of what we have done for the aging, is certainly not an exciting one. We certainly can say those in the majority party well indicated support for the medicare program. We still do not have one, and with reference to the Social Security Amendments and Housing Amendments of 1961 and 1962, as you well point out, they do not go as far as we have promised to go in terms of assisting the aged persons. I think this bill is not just a "sometime" measure here but it is an "urgent" measure and must receive prompt consideration and should be enacted.

I am very much pleased to have one so well reputed in the field and one so well recognized in the field coming here strongly in support of this program and also in support of the position taken by Mr. Fogarty and myself and others almost unanimously in asking that it be set up as a separate administration.

I think finally, the 18 million aged are somewhat like a scriptural reference, I would not dare use it except that the Monsignor has left, the scriptural reference where the aged stood around the pool of Bethesda and waited for the angel to stir the water. After the angel stirred the water the first one in received a miraculous cure. We have 18 million sitting around the pool at Bethesda wondering when the Government is going to come down and stir the water and I think we ought to get on with it.

Mr. DANIELS. Thank you.

Mr. ODELL. Thank you.

(The statement previously referred to follows:)

TESTIMONY OF CHARLES E. ODELL, DIRECTOR, OLDER AND RETIRED WORKERS DEPARTMENT, UAW INTERNATIONAL UNION, DETROIT, MICH.

Mr. Chairman and members of the Select Subcommittee on Education, my name is Charles E. Odell and I am director of the Older and Retired Workers Department of the UAW International Union. I am responsible to the president of our union, Walter P. Reuther, for the development and implementation of a program of services and activities for the approximately 150,000 living retired members of our union.

I am also charged with responsibility to develop and carry out a program of retirement preparation education for our membership in the age group 55 to 68, and to promote interest in both public and voluntary measures to increase jobs, training, and vocational rehabilitation opportunities for our middle aged and aging membership from age 40 to 68.

In my contacts with retired members of our union and their wives and friends and neighbors I hear repeatedly expressed a concern for the failure of the Congress and the Kennedy administration to take any really significant steps forward in behalf of older people.

When I mention the Social Security Amendments of 1961 and the Public Welfare Amendments of 1962 and the Housing Amendments of 1961 and 1962, I usually draw a blank because these amendments have had no sweeping implications for older and retired persons. Our retired membership reminds us continuously and with good cause that they were promised prepaid health care under social security in the 1960 presidential election and the 1962 congressional campaign. They also remind us that they have received no significant increase in social security benefits since 1958, despite the fact that living costs, taxes, and productivity has continued upward throughout this period. They remind us that the BLS study of cost-of-living for retired couples in major cities shows that in Detroit, for example, in 1960 a retired couple would require an income of between \$3,000 and \$3,100. They know that only the lucky retired couples among our members averages \$2,400 and that only a small proportion, perhaps 10 to 15 percent of all persons 65 and over have incomes exceeding the BLS estimate of what it would take to live "modestly" in any metropolitan area.

In a word, Mr. Chairman, our older and retired membership feels that it has been let down by this Congress and this administration. When we testified on behalf of the McNamara-Fogarty bill a year or more ago, we hoped that our sharp criticism of the manner in which ongoing programs for the aging and aged were being carried out by the administration would at least bring some significant change for the better. Instead, I am sorry to have to report that, if anything, things have gotten worse in all but one respect—that of publicity and public relations. I think we can all be proud of the job that was done on the report of the President's Council on Aging called "The Older American." But the problem with the report is that it points up only too well the wide gap between the promise of the President's recommendations in the report and in his special message of February 20 and the sad reality of the performance in day-to-day activities by the Office of Aging and the other bureaus and departments which have responsibility for services to older people throughout the Government.

Perhaps the most disillusioning step that was taken in the past year was to further downgrade and tarnish the image of the Office of Aging by placing it within a new so-called Welfare Administration. The effect of this administrative decision taken by the Department of HEW has been to revive the notion that many of us have tried for so long to erase that we must look primarily to public welfare or old age assistance, or the County Home for the Aged as the principal bulwark on which older people must depend. Until this backward step was taken, only a few States had moved to subsume overall responsibility for the planning and coordination of services to older people under the State welfare department. Now, it would seem that a national pattern has been established and States are increasingly being pressured to give the public welfare department primary responsibility for the planning and coordination of services to older people. We feel that this is a serious mistake and a gross disservice to older people. This is why, essentially, we favored an independent U.S. commission on aging reporting directly to the President when we testified a year ago.

But we have discovered since that there is little, if any, possibility of getting favorable action on such a proposal. We, therefore, favor the next best possibility which is the administrative arrangement set forth in H.R. 7957, the Older American Act of 1963. The establishment of an administration for aging reporting directly to the Secretary of HEW certainly would be preferable to the present administrative structure. It would provide a clearer channel of communication from the Secretary and the President to older people throughout America. It would encourage the development of sounder structure and relationships between public and voluntary agencies at the State and local levels.

Other reasons why we support this bill have to do with the grant features. As immediate past chairman of the Michigan Commission on Aging, I know how badly the States need financial incentives to develop programs and take

leadership in State planning and local program development. Our new Governor, for example, despite all his fine words about State and local responsibility for leadership, authorized only a \$10,000 increase in appropriations for our State commission on aging. This increase was intended to finance salary and expenses for a full-time field representative and a part-time office worker. It has, so far, been impossible to find a qualified person who will take the field representative's job at the salary offered, and so we have one professional person in Michigan trying to develop programs in our 88 counties. State and community planning grants and grants for research, demonstration, and training are an absolute necessity if we are to move ahead and fulfill even a small part of our responsibilities to older people in this great country.

The need for more professionally trained personnel to work with older people in the health, education, recreation, rehabilitation, social work, and mental health fields is very great. In our own program of multipurpose activities and day centers for older people we are chronically short of qualified professional staff and this is true of every other agency functioning in this field. The same is true in recreation services generally; in social casework; in adult education; and in many other disciplines.

Small amounts of money, judiciously allocated to universities and voluntary agencies who offer opportunities for training could do wonders to overcome these personnel shortages.

Finally, Mr. Chairman and members of the select committee, I return to my first point—which is, that Congress and this administration without any thought of partisan advantage need to examine their performance as compared to their promises to the older people of this country. The Older Americans Act of 1963 represents a comparatively inexpensive but nevertheless vitally important forward step in fulfilling a portion of the promises. And I feel sure that with the proper cooperation and support of the executive and legislative branches, we could, by passage of H.R. 7957 and proper implementation of its provisions, move ahead rapidly to the development of a decent image of Washington's genuine interest and concern for the welfare of its senior citizens.

Thank you very much for this opportunity to present our views on this important bill.

STATEMENT OF DR. HAYVIS WOOLF, AMERICAN OPTOMETRIC ASSOCIATION, ACCOMPANIED BY WILLIAM P. McCracken, JR.

Mr. DANIELS. Our final witness of the day is Dr. Hayvis Woolf of the American Optometric Association, who is accompanied by Mr. William F. McCracken, Jr.

Is Miss Ollie Randall in the room?

The record shows no response.

Dr. WOOLF. Mr. Chairman and members of the subcommittee, I will submit my statement for the record and I will be glad to summarize my points.

First of all, with your permission, Mr. Chairman, I would like to compliment the speakers that have preceded me. It is now apparent, I think, that we who are in the field of aging are dedicated people. We are fighting, we are trying to help the cause of the aging, and at great sacrifice this is often being done.

This morning I am here as the chairman of the Committee on Administrative Agencies of the Department of National Affairs of the American Optometric Association.

I am by profession an optometrist. I was chosen to come here to represent my national organization because of background that I had gained having been the elected director of public welfare in my own city of Cranston in the State of Rhode Island, a city of about 67,000 people.

With my profession and my knowledge gained during my term in office, I have come to realize a great many of the problems of the aging.

They came to me, of course, through welfare, but then as I approached the problems of the aging, I found that not everybody that was aged was under welfare—so the problem comes up at the present time. Congressman Fogarty, who is from my own home State, and we are very proud to have him represent us here as a Congressman, knows of our setup.

Recently, with the placing of aging, or the Special Staff on Aging under the Welfare Administration, it created a problem in my own State where we have a division on aging, separate from the department of social welfare.

There is a conflict and it is difficult at times to resolve.

As far as my profession is concerned, I found that we, too, had a place in the field of aging. Our optometric affiliates in 50 States and hundreds of local communities have aging committees.

Through welfare, through contact with aging, and through my position as chairman of the committee on housing for the elderly, of the State division on aging, I have tried to put them all together for the best benefits, the most independence, and the dignified living of our elderly.

Of course, we are in favor of H.R. 7957.

Being active in the division on aging gave me an insight into what the provisions of this bill could do on a State level. There is, however, one word in the bill that I might suggest be struck out and this is on page 2, line 16, the word "medical."

This amendment is not prompted by my lack of appreciation or lack of appreciation by the organizations which I represent of the splendid services which the medical profession has rendered to our citizens but rather by the fact that if that word is left in the bill optometry and some other health professions may be excluded from participating in carrying out its objectives.

I was fortunate to represent my State of Rhode Island at the follow-up of the White House Conference in 1961 and have participated in many seminars, conferences, and meetings concerning the elderly.

After awhile, I realized that my fellow welfare directors in the State of Rhode Island had very little concept of the problems of the aging, and so I was fortunate in volunteering to go through my State, through 23 of 38 cities and towns, creating local housing authorities to build housing for the elderly under PHA.

This was done voluntarily on my own time and at my own expense.

Of this number, 4 had been organized since 1940, and 19 were organized in a period of a year and a half.

True, there were many things on a local level in the division of aging that could have been promoted, that could have been helped.

In fact, my own profession could have done something with assistance on a local level that this bill would provide.

We started on a petition for a grant. But, it was entirely too much to expect from one person to carry out. Yet, if there had been grants to the States to help, a wonderful program of a self-propelled wheeled vehicle for optometry to man could possibly have been worked out.

This vehicle could have carried sufficient instruments to screen for glaucoma which is an excessive pressure in the eye.

The profession has done much also in the field of education by helping to publish "Easy on Your Eyes." This is a catalog in large print of books, of bold, large print, which are found in most of the libraries in the United States. Our member associations distributed these catalogs to most of the libraries.

But, gentlemen, this is not to say that the Special Staff on Aging is not making maximum effort. We feel that this bill will not downgrade them but will put them in the category and give them the status which they should have. For aging is a problem, a basic problem, and we have to face it.

As Congressman Fogarty has said, we need action programs. By centering action under a Commission on Aging instead of the Welfare Administration you will remove aging out of the connotation of welfare. You will hear this time and again. People don't like to be known as being under welfare when you talk to them in your towns and your cities.

They say, "I don't want to have anything to do with welfare, I can take care of myself."

There is a small segment that has to be taken care of under old-age assistance but the people under social security don't want to be known as under welfare.

These are people that are limited in their funds. They only have so much to spend. In the various areas, the problems differ. However, with the help from the Federal Government on a State level, programs can be worked out for them.

It is interesting to sit and listen to men like Bill Fitch and Chuck Odell and Mr. O'Brien and Dr. Donahue talk about things we have been wanting to accomplish since the White House Conference—struggle and short progress, more is needed.

We strongly urge favorable consideration of H.R. 5957 by this committee and the Congress with the one amendment that I suggested.

If there are any questions, Mr. Chairman, I would be happy to answer them.

Mr. DANIELS. The Chair has none.

Does the gentleman from New York have any?

Mr. CAREY. Just a word of welcome and appreciation to this excellent witness representing not only a specialized field of great importance but also well accustomed to dealing with this problem on a broader aspect by reason of his experience in Rhode Island and as a member of the conference. I think your suggested amendment has great merit and at an appropriate time I will be pleased to offer that amendment at a markup session of the bill.

Rhode Island stands in good stead by reason of the great delegation with the distinguished Members of the other body, Senator Pell and Senator Pastore, and also by reason of the senior Representative, Mr. Fogarty, and the junior Representative, Mr. St Germain. To have now before the committee such an enlightened witness is really a tribute to your State.

Dr. WOOLF. Thank you, sir.

Mr. DANIELS. I might suggest to the witness that you communicate your views directly to Mr. Fogarty, the author of the bill.

Dr. WOOLF. Thank you, sir. I will.

Dr. DANIELS. It was a pleasure to have you here.

(The statement previously referred to follows:)

STATEMENT OF HAYVIS WOOLF, O.D., AMERICAN OPTOMETRIC ASSOCIATION

Mr. Chairman and members of the subcommittee, my name is Hayvis Woolf and I reside at 575 Pontiac Avenue, Cranston, R.I., where I have practiced optometry for the past 17 years, having graduated from the Massachusetts College of Optometry, class of 1939. My military service includes 5 years of active duty during World War II with the Army Air Force. At present, I am a member of the Ready Reserve with the rank of major as an optometrist in the Medical Service Corps of the Army assigned to the 1032 USAR Providence School.

My appearance is as chairman of the Committee on Administrative Agencies, Department of National Affairs, of the American Optometric Association. The association is composed of 50 State associations, 1 in each of the 50 States and the District of Columbia, representing more than 12,000 optometrists. I am also president-elect of the Rhode Island Optometric Association, and a member of the Committee on Vision Care of the Aging of the New England Council of Optometrists.

Recently I completed 2 years' service as the elected director of public welfare of the city of Cranston, R.I., and served as chairman of the Committee on Housing for the Elderly, Rhode Island Division on Aging. It was my privilege to represent Rhode Island in the followup conference to the White House Conference on Aging in June of 1961.

It is indeed a privilege to appear before this committee and present the views of my colleagues and myself in support of H.R. 7959. Congressman Fogarty's bill will provide assistance in the development of new and improved programs to help our older citizens through grants to the States for community planning and services, and for training through research and development or training project grants, and will establish within the Department of Health, Education, and Welfare an operating agency to be designated as the Administration of Aging.

The author of the bill, Congressman John E. Fogarty, as you gentlemen know, probably far better than I, has a national reputation as a great humanitarian. We in Rhode Island are pleased to claim him as one of our Congressmen. Last year, it was my privilege to submit a statement to this committee in support of a previous bill introduced in the 87th Congress by Congressman Fogarty for some, but not all, of the purposes of the pending legislation. We are in favor of the enactment of this bill, but I have one very slight amendment which I would like to propose; namely, on page 2, line 16, strike out the word "medical." This amendment is not prompted by any lack of appreciation on my part or the organizations which I represent of the splendid services which the medical profession has rendered to our citizens, but rather by the fact that if that word is left in the bill, the medical profession will want to exclude optometry and some other health professions from participating in carrying out its objectives.

Vision problems of the aging are not new to optometrists who have been dealing with these conditions for many years. Approximately 65 percent of the average optometrist's practice deals with persons who have attained the presbyopic age.

However, it has just been within recent years that the average length of life in the United States has been advanced due to our environment, making all problems of the aging more prevalent and more significant to our future planning.

It is a known statistical fact that the income of the aging is greatly reduced. Therefore, more and more services within their financial reach are required by them so they can care independently for themselves.

Those of us who are close to the problems of the aging realize that the White House Conference on Aging was only the beginning of a vast undertaking to provide the necessary impetus for the establishment of essential programs by independent and governmental agencies to provide the aged citizens of our country the assistance they may require to live out useful and dignified lives.

From my association with the division on aging in the State of Rhode Island, I know that some of the most excellent programs have been set aside because of a shortage of funds. Statistics have been compiled showing that there are too many States which have appropriated too little money or no funds at all to carry out the recommendations of the White House Conference.

Whether it be little Rhode Island or the Lone Star State, the programs of our elderly citizens should be expanded so they can live out their lives in an environment that lends dignity and independence to their everyday activities. Then, too, these golden agers must be instilled with the knowledge that although they are reaching, or have reached, retirement age, they are still an important segment of our expanding society.

Optometry as a profession has made provisions for dealing with these problems peculiar to our aging populace. Each of the State affiliates of the American Optometric Association have active local committees on vision care of the aging working tirelessly against great opposition to help solve the community vision needs of our elderly.

In many cities throughout the United States our affiliates are organizing clinics to care for the low income, the middle income, the pensioner, and the social-security-income elderly who cannot manage to include vision care in their already heavily burdened budgets.

The American Optometric Association maintains close coordination with the field of education on mutual problems concerning the efficient use of vision by the elderly. If the vision of the elderly is diminished, reading becomes more difficult, if not impossible, thereby preventing them from further educating themselves.

Recently, the American Optometric Association Committee on Vision Care of the Aging published a bold print catalog of books available in most public libraries. The books listed are those which are printed in large, bold type for easier reading by the visually impaired. This catalog, "Easy on Your Eyes," was compiled by our committee in collaboration with the American Library Association, the Library of Congress, and the Massachusetts Library Association. More titles are added to the "Easy on Your Eyes" catalog as more books with large bold print are published and become available. Most libraries throughout the United States have been supplied with "Easy on Your Eyes" by local members of State optometric associations.

On the 19th of April 1962, during the testimony of an optometric colleague, Dr. Donald C. Exford, before the Subcommittee on Education when hearings were held on another bill sponsored by Congressman Fogarty, plans for a demonstration project were presented. This project proposed to demonstrate the great value and practicality of a self-contained, self-propelled vehicle to be staffed by optometrists to serve elderly patients who are housebound, or bedridden, or who cannot readily avail themselves of the services of a vision specialist.

This mobile unit would be completely equipped to move to inaccessible farm areas, suburban communities, urban housing developments for the elderly, or institutions not having the proper facilities for complete vision care. Portable bedside equipment would be carried in the vehicle so bedridden patients can also have the benefit of a careful, accurate examination without being moved from their bed. Additional equipment in the vehicle could be used to screen all patients for the early presence of glaucoma, an eye disease in which the internal pressure of the eyeball exceeds normal limits. Instruments for the detection of this increased pressure are used routinely by optometrists in daily practice. With a tonometer of the scleral type it is not necessary to administer a drug to the eye. If the glaucoma or any other eye disease is found by the staff optometrist on service with the mobile unit, immediate referral would be made to the proper specialist for treatment.

Gathering and researching the material for such a project is far beyond the physical capacity of one individual. Through the proposals stated in title III, of H.R. 7957, entitled "Grants for Community Planning Services and Training," section 301(2), "demonstrations for programs or activities which are particularly valuable in carrying out such purposes," the above project could be implemented and completed as a part of a State program by optometrists for the health and welfare of our aging citizens.

It is indeed a sad commentary when in this vast land of great wealth there are still elderly people whose income does not allow them to have their eyes examined or to wear proper corrections so they can enjoy reading, watch television, or just look out the window to behold the wonders of nature or their passing neighbors.

We as a profession have much to offer the aging segment of our population. We can best do our part in easing the vision burdens of our elderly citizens through a separate Commission on Aging which would concentrate its efforts along one channel.

Such a Commission on Aging would render a real service as a clearinghouse in all matters pertaining to the problems of the aged and aging between all the independent and governmental agencies. Such a Commission would be influential in planning, conducting, and arranging research and demonstration programs, and in technical assistance and consultation to the States with respect to the problems of the aging.

H.R. 7957 upgrades the present HEW aging program to a status where it so rightly belongs.

We strongly urge favorable action on H.R. 7957 by this committee and the Congress with the one amendment which I suggested.

If there are any questions, Mr. Chairman, that you or other members of the committee would like to ask, I'll be pleased to answer them.

In closing, I want to thank you again for affording me and those whom I represent this opportunity to participate in these hearings.

Mr. DANIELS. That concludes today's hearing and the committee will stand adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 12:55 p.m., the subcommittee adjourned to reconvene at 10 a.m., Thursday, September 19, 1963.)

ADMINISTRATION OF AGING

THURSDAY, SEPTEMBER 19, 1963

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION OF THE
COMMITTEE ON EDUCATION AND LABOR,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to recess in room 429 Cannon Building, Hon. Hugh L. Carey presiding.

Present: Representatives Dent, Carey, Hawkins, and Snyder.

Also present: Dr. John C. Muntone, Director, Select Subcommittee on Education, and Dr. Deborah P. Wolfe, education chief of the Committee on Education and Labor.

Mr. CAREY. The Select Subcommittee on Education and Labor is in session for consideration of H.R. 7957, the Older American Act, and related bills.

At the outset of this third day of hearings on H.R. 7957, I wish to take a moment to review proceedings of the past 2 days for those who were not in the room during that period.

The first witness to appear before the committee was the author of H.R. 7957, Representative John Fogarty, from the Second District of Rhode Island.

Representative Fogarty's long and dedicated efforts in behalf of the older citizens is widely known among his colleagues. Also, the public and private organizations have been quick to recognize his contribution, as have the 18 million Americans who comprise our senior citizens. Representative Fogarty's devotion is well known and is demonstrated by his persistent efforts over the years in proposing measures that would meet the problems confronting the large and increasing number of Americans who have contributed so much, so very much, to the life we have inherited.

It would appear from statements of the witnesses that we have now the facts and statistics as a result of the studies, the reports of committees and councils, and the urging of the President of the United States which would serve as a solid basis for supporting a proposal which can be transmitted into action, for it is action that is needed. For we ought to take the necessary first steps toward the preservation of independence among our senior citizens and that action should come quickly.

True, we have heard expressed a variety of opinions concerning the direction in which we should move to solve the problems, which all have agreed do exist. But that is the very genius of this country. We find ourselves operating within a system which promotes change while assuring the right to preserve that which the majority wishes to preserve, we operate within a system which provides opportunities for participation in the lawmaking process such as this meeting in

which we are currently trying to find the answers to the problems we have.

Now we turn our attention to the testimony of those who are appearing here today.

I wish to assure all of the witnesses including those who appeared previously that this committee appreciates the gravity of the issues before it and that serious consideration will be given to all viewpoints expressed before us in these 3 days.

**STATEMENT OF HON. CHARLES E. BENNETT, A REPRESENTATIVE
IN CONGRESS FROM THE STATE OF FLORIDA**

Mr. CAREY. I will call first a distinguished colleague of ours, Hon. Charles E. Bennett, a Member from the State of Florida, which I think we can aptly refer to as the place of advancing expectations for those retired persons and other Americans who have seen fit to avail themselves of the beauties and possibilities of retirement in that wondrous State.

Representative Bennett, it is a pleasure to welcome you before the committee this morning.

Mr. BENNETT. Thank you very much and thank you for your graciousness in allowing me to make a brief statement on H.R. 297, which is almost identical to some of the provisions of the bill which is primarily being considered by your committee.

I appreciate the opportunity of appearing before this subcommittee to present these views in support of my proposed Senior Citizens Self-Help Act, H.R. 297, a bill which I have introduced in previous years as well as this.

The whole thrust of H.R. 297 is in helping senior citizens to help themselves, giving them an opportunity to be more self-reliant and less dependent on Government financial assistance.

It is my strong feeling that Government programs of financial benefit, while of much assistance, do not get to the root of the problem, that of enabling senior citizens to continue active and useful lives after retirement or reaching the status of senior citizens.

Many of our older citizens would and could contribute greatly to our economy if given the opportunity. This may even be necessary, as they make up a larger and larger group to support in the future, and forward looking planning now is a necessity for future solutions.

Title I of H.R. 297 would establish in the Department of Health, Education, and Welfare an office for senior citizens which would conduct continued studies and research into special problems of the aged and would widely disseminate information and advice on solving such problems.

It is true that there are present efforts being made along this line, but the establishment of a separate office under the Department of Health, Education, and Welfare would not only dramatize the administration's acute concern for the problems of the aging and more efficiently focus talent for their solution, but would bring increase in our efforts to match the burgeoning old-age population.

One group of problems which would be studied by the Senior Citizens Office are the economic ones: The necessity of living efficiently, economically, comfortably on a small retirement income, and of providing additional employment opportunities for senior citizens.

Secondly, it would study and advise on the ever growing housing problem and help evolve long-range plans for meeting this need.

Thirdly, it would deal with the health problems of senior citizens, in addition to and supplementing current Federal proposals.

Lastly, it would help by training programs and educational materials the most important ingredient in a happy retired life; that is, usefulness, significance, and purpose of declining years.

Title II of H.R. 297 provides that in Federal contracting the contractor will not impose maximum age limitations, with certain specified exceptions set out in the bill.

We are all aware of the ever increasing need for an all-comprehensive and forward looking program with regard to the growing retired population, so I will not burden the committee with more statistics.

It is my sincere hope, however, that a measure such as H.R. 297 which would commit us wholeheartedly to the tackling of this problem will be approved by this committee. This would be a strong answer by Congress to the question of whether these problems will be resolved by maximum reliance upon public funds with increased tax burdens or whether they be solved by maximum reliance upon the ability of senior citizens to help themselves and to be independent and self-reliant. I have no doubt that the great majority of senior citizens prefer the latter alternative. It is the objective of H.R. 297 to further this type of solution which is not only less expensive to the American taxpayer but which gives a greater satisfaction and sense of achievement to America's senior citizens and thus to our citizenry generally.

Thank you very much, Mr. Chairman.

Mr. CAREY. Thank you, Mr. Bennett. Your statement is both cogent and at the same time brief and direct to the point. I think your title II is an interesting deviation or change from the bill that we have been considering before the committee in that it makes provision for nondiscrimination in hiring, for contractors who would be engaged in the construction authorized by the bill, construction that would involve the aging wherever provisions of the bill were being extended.

We have had this provision before the committee in other guises before, or in other forms, notably in connection with the Federal employment practices legislation, and I think it was the will or thinking of the committee that wherever collective bargaining agreements have been entered into in good faith and this provision was not present in the bargaining agreement that would not avail against the contractor if he gave evidence that he did his best to negotiate this provision.

Would it be your thinking that where there was any collective bargaining agreement in force and this provision is not in the agreement that should not militate against the contractor?

Mr. BENNETT. I agree.

Mr. CAREY. Also the thrust of your statement would seem to point up the self-reliance concept among the senior citizens and I would think you speak with a great deal more authority on that because without any attempt at levity, I think it is true that Florida has certainly a crystal-clear view of what senior citizens and older Americans want to do with their time. You certainly have a population in your State which outrivals any other in this regard and I would suppose that to you, their representative, they have expressed their willingness

in this concept and for this reason I think your statements before the committee bear great weight.

You also indicate in your bill you would seek to set up a separate office of the aging or office for the handling of this program distinct and separate from any now in existence. Would you dwell for a moment on your thinking on that?

Mr. BENNETT. I do not think we ought to abolish the activities going on now. I think it would be a merger of that under whatever title you would want, I think it should be under the Department of Health, Education, and Welfare.

I may say this bill I have before me today may have some anachronistic provisions in it. I try to eliminate them every year when I introduce it. I have introduced it over a long period of years. Every year I have to take out the things we have enacted.

Some of this may have some anachronistic flavor to it but I may say this law was written with consultation with older people and I have a very good example in my own family of an aged person who is doing a very productive piece of work in her life. That is my mother, who is 79 and works 6 days a week and I, from her and other people I know, have a very deep conviction that most of the elderly people I know are more concerned about a purpose in life and having something to do constructively with what is happening in 1963, or in whatever current year, than any other single aspect of their life.

They may complain about not having enough money for food, clothing, and medicine and things of this type. They are important, but the most important thing in life is to have a purpose and many older people are shunted off on the shelf and become purposeless.

I would think the major effort we can make for the elderly people in the country is to try to preserve for them or attain for them a really important purpose in the American stream of life, which obviously is needed; but we have so much tendency to wish to put people on a shelf that we have hurt them just as we hurt the American Indians by wanting to make a museum piece out of them. We tell them, "You have done your job and you should be content to have your memories."

Many people do not desire to go back like that and want to lead productive lives. I think that is the major theme that runs through the bill I introduced.

Mr. CAREY. Would you characterize your bill as essentially a study and research bill or an action program bill?

Mr. BENNETT. I would characterize it primarily as a research bill. The major impact of the bill would be research and the ways in which these things can be accomplished.

Mr. CAREY. That is different than the bill introduced by Representative Fogarty because his emphasis is toward continued research and study with a tendency toward immediate action.

I do not suppose you want to oppose blending those into a usable program?

Mr. BENNETT. I think a great deal of effort should be put in the field. I particularly tried to stress what I think needs most to be done.

Mr. CAREY. I thank the gentleman from Florida and I hope I will be forgiven by my colleagues from California for reference in glowing terms to the possibilities of the State of Florida.

Thank you.

Mr. BENNETT. Thank you.

**STATEMENT OF MRS. MARGARET C. SCHWEINHAUT, CHAIRMAN,
MARYLAND COMMISSION ON THE AGING**

Mr. CAREY. The committee is pleased to welcome as the next witness Mrs. Margaret Schweinhaut, chairman of the Maryland Commission on the Aging and I note that the Chair is privileged to have before us a former legislator, a former Senator from the State of Maryland. It is a pleasure to have you before the committee.

Mrs. SCHWEINHAUT. Thank you, Mr. Chairman. It is certainly a mutual pleasure and I am certainly much impressed with the obvious youth of the chairman which is so far away from the golden age of 65 and yet so deeply interested in the problems that we hope one day will confront him.

Mr. CAREY. I assure you, Mrs. Schweinhaut, with the continued session of Congress extending through the months of the fall, the golden age is rushing on at a pell mell pace.

Mrs. SCHWEINHAUT. I can well appreciate that.

I am chairman of the Maryland Commission on Aging. Our commission was established through legislation in 1959. It has a State budget of \$25,000. It has an executive director, one full-time secretary, part-time office help, including much volunteer help from oldsters and two part-time staff assistants.

Eighteen distinguished Maryland citizens comprise the board, six of these being heads of State departments which have some interest in programs for older people.

Now, through the excellent testimony of Messrs. Fitch, Odell, O'Brien, Edelman, and Woolf, and Dr. Donahue and of Secretary Celebrezze and that of the bill's sponsor, it seems to me you have heard most of the cogent points to recommend the quick passage of this legislation and therefore I shall not repeat them.

On Tuesday last, the first day of the hearings for this committee, I laid before the regular monthly meeting of our commission the arguments of Secretary Celebrezze and Congressman Fogarty with respect to the one point of difference between them, the administrative structure through which the proposals of this bill would operate.

We discussed the matter for 2 hours and the vote in the commission was 16 to 1 in favor of the Fogarty bill in its entirety.

It is peculiarly distressing to me to find myself in disagreement with the Department for we in Maryland have received the fullest cooperation from the special staff on aging under the very able direction of Dr. Kent. This has been true also of all members of his staff and of the Department's Regional Representative for Aging, Mr. Burton Haycock, but I believe it was Congressman Carey, you, yourself, Mr. Chairman, that pointed out this is not a matter of personalities but of principle.

It may be true, as Dr. Donahue said, that the connotation of welfare one day will be changed and I hope this is true.

But today we deal with matters as they are and the term "welfare" today, in the mind of people born before 1900, has a deeply tragic meaning. It suggests the deprivation of human dignity. It elicits the suggestion made by an old gentleman in a county in our State that he wished the welfare office would be open at night and that we would remove the street lamp from the doorway in order that he could go in to seek help without his neighbors seeing him.

The spirit of the White House Conference on Aging was one of the elevation of the status of our seniors in their community, of stressing the tremendous natural resource our older people represent if we can direct their energies into proper channels, and it is in this spirit we in Maryland carried the message to every corner of our State.

Many of the gains would be lost if the emphasis should now be shifted to one of welfare and this despite the fact that Dr. Winston has never had a narrow viewpoint of welfare and would continue brilliantly to exert her energies toward broadening the scope of programs on behalf of old people.

However, the very title on her stationery would be a handicap.

There is one further point which I believe needs reemphasis. Neither this committee, nor the entire Congress, nor any of the voluntary or official groups in this field, are working only to alleviate the problems facing today's older people, which by themselves they cannot solve. This is one of our duties, of course, but equally important is the planning for the future to see to it that the same problems do not face every generation of older citizens.

Thus, the basic administrative structure must be such that as larger and larger numbers of people live longer and longer, direct and speedy involvement of all levels of government and of all voluntary organizations can come to bear upon the situation.

In urging the establishment of the special administration of aging, therefore, we are urging a basic and firm core of leadership, not just for today or tomorrow, but for 20 and 50 years hence.

When a check is made of traffic upon a roadway in anticipation of a widening of that roadway, experts must also be cognizant of the new subdivision now building adjacent to the road and the new shopping center across the way soon to open and the feeder roads which will empty into the large highway, and the constant extension of the life span demands exactly that kind of consideration.

I would be less than honest if I did not admit to a sense of disappointment that our great hopes during the White House Conference have thus far, to some extent at least, been unrealized. Actual trials of programs within the communities where older people live will have to be carried out if we ever hope to involve the community interest in this field.

We have in Maryland been successful with a few small projects financially underwritten by citizens groups but there have not been enough actual touchable demonstrations of what can be done in order to bring the full force of community interest to bear and this bill gives us great hope in that direction.

One further point, Mr. Chairman. Mr. Odell mentioned the real danger of States following the lead of the Federal Government and putting their commissions on aging under State welfare directors.

I wish to point out that should this happen the State in turn would logically work through the county welfare departments.

From my 8 years' experience in the State legislature, I am very familiar with county welfare departments. Most of them are understaffed, underpaid, and hopelessly bogged down with the problems of needy people generally, with the means test, with a great variety of medical and otherwise, with the ascertainment of the ability of the child to support parents and with who is and is not eligible for what

assistance, with illegitimacies, and with who is or is not an employable and the like.

Should the dread day ever come when programs for dignified and independent older people are superimposed upon the already over-worked county welfare departments, then indeed this whole effort is an exercise in futility.

Congress has itself, through recent enactment, emphasized the philosophy of the importance of the independence of old people. Housing legislation, for example, to make it possible for independent living for more and more years. And even the recipient of old-age assistance may now earn a dollar a day without now having it deducted from his assistance check.

We, in the States, of course, are primarily interested in the quickest possible response to our calls for help.

Several of your witnesses in the last 2 days have said they are not particularly interested in money. We are. We want it for our older citizens but we want it on the same basis as social security legislation, as a matter of right and not a matter of kindness.

It would be my hope, Mr. Chairman, that either through the good offices of the subcommittee or through some other group or person that our deeply respected and quite reasonable Secretary of Health, Education, and Welfare will come to understand more fully Congressman Fogarty's willingness to abandon his own goal of an independent commission and his willingness to compromise that conviction in order that critically needed help may more quickly come to our older citizens.

This is especially true since under the terms of a compromise represented in this bill the authority for implementation of the programs remains within the Secretary's Department and under his direction.

We most fervently hope that he will find it possible to meet Congressman Fogarty halfway in order that Congress and that we who are working with older people may get on with the critical job to be done.

Mr. Chairman, that is the very short statement and I ask permission to submit to the record a more lengthy statement which will be participated in by members of the State commission on aging. I merely tried to give you here a quick résumé of our feeling on it.

I can give you, if you like, examples of the kinds of things I think we could do in Maryland with the passage of this legislation. I would be happy to include that in the statement or discuss it with you at this time if you desire.

Mr. CAREY. Well, it is the will of the committee that the record be kept open for 10 days following the conclusion of these hearings and we would welcome any of the detail you mentioned and I think it would help to clear the record and add to the record in connection with your very fine statement already submitted.

Such examples as you specifically refer to here would especially be welcome to the committee so we could look at examples of your long experience in terms of practicality. I think this would be most helpful and we would entertain those and they will be added to the record.

Mrs. Schweinhaut, may I say this. In terms of compromise those who have in the past met Representative Fogarty on that road have never been known to regret the trip they took. He, I think, would be most eager and ready to do anything he can practically to secure this

legislation and such a compromise I think would be in the thinking of the parties when they come to grips with this situation and read the record as we are making it on the basis of the recommendations such as the ones you just offered.

Your statement today is not only graphic and specific but is very frank especially on the question of money. As you say, many of the statements heretofore were somewhat platitudinous in terms of what we are going to do with the funds in these programs. In your case you indicate you do seek monetary programs in this bill, monetary assistance for specific programs. What are your thoughts in terms of the money you would need in Maryland for, say, a year's program to do some of the things you believe are well constructed in terms of your imagination?

Mrs. SCHWEINHAUT. Well, I can say this, that when we were dealing with the Congress, with the \$15,000 grant in order to prepare for the White House Conference we were able to make enormous strides with that \$15,000 and in a State like Maryland, we are a small State, actually a \$15,000 amount for a year would put us in a position, I think, even that small amount, to carry on a number of projects which are tremendously worthwhile.

I will give you an example of the kind of thing I am talking about. Two years ago in Maryland, the State legislature passed a bill which authorized the health department of the State to do more in the way of supervising nursing homes than it had ever done. It gave them the power to require a certain number of nurses in relationship to the patients. When this happened the nursing homes of the State screamed because they said, "We can't find the nurses, there are just not enough nurses and, particularly, not enough practical nurses," which we must have in nursing.

So the Commission took as its job the devising of a plan to begin to find out how we can get enough nurses to serve the older people in nursing homes.

What we did was this: We sat down with the department of employment security, the department of health, the department of education, the representatives of four Baltimore city hospitals, representatives of the licensing board of nurses, and we banged out a plan which provided that we would take unemployed people, carefully screened people, and we would train them to be practical nurses. We were able to begin with 100 people, 20 men, 80 women, who we immediately took off of the unemployment roles, and they are today receiving training under the Manpower Retraining Act.

This has been of enormous benefit to the State and it is a beginning toward meeting the need for nurses in nursing homes.

We would like to do this in the counties. It takes a tremendous amount of time. We have only one full-time executive director. We call on part-time help. If we could have money enough to illustrate to the Congress that we not only can meet a deeply human need in this nurses field but also could make an impact on unemployment and through this system these people need never be unemployed again because this is a critical shortage area.

We have done three things at once, it seems to me. We would like to carry the program into the counties and involve the county hospitals and county unemployment situation.

We can't do it. We are too limited with staff. I believe we could do it within a matter of, say, \$5,000. I think we could have then the program going statewide.

This is just one illustration of what we are talking about.

Mr. CAREY. That is most interesting, and to hear what you can do with \$15,000 suggests possibly that your type of management with emphasis on action with a few dollars will qualify you for a high position in this administration or in any administration.

Mrs. SCHWEINHAUT. I don't want you to misunderstand me, Mr. Chairman. I believe that if, in the wisdom of those who administer this bill, we could have in Maryland for 1 year the sum of \$15,000, that we can show this Nation and the Congress what this is really all about. I don't want to place a limitation of \$15,000, by any means, or suggest we have a limitation.

Mr. CAREY. I have no reservations that you can very well do it if you were in charge of the program or people of your caliber were in charge of the program.

Now, you mention the same thing that Mr. Odell and that Mr. O'Brien mentioned previously, the tendency on the part of the State and county welfare organizations to subsume the pattern that has been set in the department itself in putting this into the welfare context.

On that point, should the Federal pattern go further and become the accepted thing? Is it not true that \$15,000 or \$50,000 added through that channel would migrate into unseen or practically disappearing places so you would not see the action in the program, you would not be able to judge or demonstrate the program? It would merely lump a few more dollars into a very large commitment already in existence and we would not be able to study or see the results of the dollars expended; would it not?

Mrs. SCHWEINHAUT. I do not think there is any question about that, but I think the reason in our State is the welfare department is constantly screaming for more money in the State legislature.

I have sat on the ways and means committees and I know about their budgets. They have 10 places where they want to put more money, all of them important and all needed. I don't know that, I can't say with any firmness that because this matter goes under the Welfare Department in the Federal Government that it would automatically do so in the State, but I think there would be a tendency toward that.

As I said in my statement, I think should this happen and should we take the next step, which is the county welfare department, then, indeed, this is an exercise in futility, to steal a phrase.

Mr. CAREY. Just as you said, I think we would be reversing our field and, in essence, sending the aged person back to the days of the silent films, films of over the hills to the county poorfarm.

You indicated that your State received \$15,000. How long ago was that?

Mrs. SCHWEINHAUT. That was in anticipation of the White House Conference on Aging in 1961, so we received the grant in 1960, I think.

Mr. CAREY. So a lapse of 2 years in time has occurred and it will go on another year or two before you can go back to what you were doing in 1961?

Mrs. SCHWEINHAUT. Before we can implement the things we thought were critical at that time.

Mr. CAREY. And remain critical today, of course?

Mrs. SCHWEINHAUT. That is right; increasingly so.

Mr. CAREY. One further point. You indicated you have in your State a board specifically designed to deal with these problems of the aging which considers questions and considers programs and you have not found it unwieldy or in any way a drag on the action of the program?

Mrs. SCHWEINHAUT. No. Many of the problems that you are considering came up in the State legislature at the time this legislation was passed in 1959.

We have not found it unwieldy. Now, it is true that in the legislation setting up our commission we were not deemed to be an action group. Actually, we are an action group because we have involved so many segments of the population in Maryland. We have pushed so many of the State departments to do things that they otherwise might not do. In the involvement of other groups, they have taken the action, but we have inspired it, worked out the plan, as in the example I gave you on the nursing, or on the nursing home. So that while we are not considered essentially an action group, we are the channel through which action takes place which otherwise would not take place.

Incidentally, when the legislation was before the State legislature, our welfare director, testifying on the legislation, said that he did not think the purposes for which the legislation was meant could possibly be accomplished if it were put in his department and he preferred it not be put in his department.

Mr. CAREY. You stressed and emphasized very strongly the preservation of the integrity of State organizations, and I take it you mean the preservation of active organizations in the State, voluntary and all types of organizations now working in the field, and that the preservation of the integrity of these organizations would best be served by the type of legislation we have in the Fogarty bill?

Mrs. SCHWEINHAUT. That is what we believe; yes.

Mr. CAREY. I coincide with that, because I think we need so much help in this regard that we can ill afford to lose the effort of any group now working in this field.

I would take it you either saw or read the President's tax message of last evening?

Mrs. SCHWEINHAUT. Yes.

Mr. CAREY. Certainly it was a strong call for a needed assistance in reducing unemployment to what he called an acceptable level and bringing back into the work force all those who can participate. By reason of just plain economics of the tax program, as I see it, the one group which will receive the least benefit from the program by reason of retired status and fixed income would be our aging Americans.

For this reason, would you not say going forward with a tax program of this kind it becomes all the more important now to look at the problem of the aging American to see what we are going to do for him? We are assisting the wage earner and person with growing income by reason of tax reduction, and I am a little optimistic. Would you not say, in order to give him the fair share of the benefits anticipated, it

makes it all the more important we do something at this time for the aging American?

Mrs. SCHWEINHAUT. Yes. The great majority of the aging people we speak of are not the indigent but living on quite restricted incomes and are facing very great problems. I think it is also well, Mr. Chairman, for people involved in this field to realize, as we are coming more and more to realize, that many of the children of older people today are themselves reaching retirement age.

I have a man right adjacent to the city in Montgomery County that telephoned me a week ago, and he said, "I am 63 years of age, my mother has been in a nursing home 10 years, and I have been paying \$300 a month for her care, and I am retiring in 3 years and will receive \$300 a month total income. What do I do?"

These are the sad realities that face us, those of us working right with the people.

One further point, Mr. Chairman. I think there is no question that absolutely splendid work has been done by this Special Staff on Aging. There can be no question of this. The sad thing is when we get into a community where older people live, it seems either that this wonderful work never gets right down to the people where they live, in a tangible form. We know, the Department knows, we know what the needs are, we have isolated them long since. We know what they are. We want to do something about them. How do we do it? State legislatures say, "We can't do it, the cost of education is so great, and all of our money goes into the mental situation, mental hygiene, institutional care of people mentally ill being so great."

With all the other demands on the States, they can't do it. We turn to the counties and say, "You help." They say they can't do it. The only source of income is real estate tax, and in my own locality there has been a real estate tax in the last 3 years with the result I lost an election. That is a minor result. Counties can't do it. Where do we go? We keep tossing the ball from one to another. Somebody has to say, "All right, here is the case, and here are the dollars to point the way to give us direction by a matter of actual trial."

No State in this country, in my opinion, can escape bankruptcy if we don't find a way, within the foreseeable future, to solve the problem of putting older people into mental institutions.

In Maryland, in one mental institution—and this is not only Maryland, because I talked to other State representatives—but in one mental institution in Maryland, and we have four major ones, there are 600 people 65 and over; none of whom, according to the doctor in charge of the hospital, has any business being there, not being psychotic in any way.

America has to have a better answer than tossing old people in mental institutions, not only from the point of view of money but from the point of view of humanity itself.

This is one of the answers. In Maryland in 1960 we appropriated in the legislature \$31½ million for hospital care mostly for indigent old people. In 1963 it went up to \$11½ million. How are we going to stand this? We have to find the answer. Every State is in the same boat with us, I am convinced.

This bill will help us to find the answers and to prove whether or not these answers are the right answers or do we look for other answers.

That is what this bill in essence will do. It is the proof of the pudding. I think we have to have it and have it quick.

Mr. CAREY. I think your last point is amazingly clear and strong in support of this bill. I think on that single point alone we can justify the passage of this legislation because the greatest humanitarian country in the world committing 600 persons to a mental institution merely because we want to abandon them somewhere is a national shame. I think in every State people are seeking ways to get older people to be committed to get them away from the family. This is a shame and I think we should direct ourselves to this point.

Mrs. SCHWEINHAUT. I don't think it is deliberate, but it is the end result.

Mr. CAREY. Thank you.

The gentleman from California.

Mr. HAWKINS. I apologize for not being present at the beginning of your testimony, but you made one statement there that suggested this question.

As I understand it, in Maryland you have a separate agency for the handling of the aged. Is that the situation?

Mrs. SCHWEINHAUT. Yes; we have an independent agency legislatively established with its own very small budget and comprised of 18 members, 6 of whom are heads of the State departments and they sit with us.

Mr. HAWKINS. What is the name?

Mrs. SCHWEINHAUT. State commission on aging.

Mr. HAWKINS. This would be the agency that would be dealt with under H.R. 7957?

Mrs. SCHWEINHAUT. I would certainly hope so. I think if the matter were left to the Governor to decide what agency, he certainly would designate us as he has in the past.

Mr. HAWKINS. Does this agency include all of the assistance programs to the aged? For example, does it include old-age assistance as well?

Mrs. SCHWEINHAUT. No; that is handled strictly by the welfare department.

Mr. HAWKINS. This agency then does not handle all of the problems of the aged but only those who are not recipients of public assistance?

Mrs. SCHWEINHAUT. Congressman, we are actually set up to be more a coordinating agency, which is our actual role, but we also inspire action programs, but of course with a budget of \$25,000 a year, we couldn't possibly do any administrating of actual moneys flowing to people through old-age assistance, and so on. No; we don't have that function.

Mr. HAWKINS. You deal through the local county agencies or do you deal directly?

Mrs. SCHWEINHAUT. No. Maryland has 23 counties and Baltimore City. Of the 23 counties, we have 18 local citizen commissions on aging and we deal through them.

Now, it is interesting to me that within the last few weeks we have been in conference with the Department of Agriculture and they are asking that a member of the Extension Service of the State also be a member of the local commission on aging because they are concerned

about some of the problems facing older people in rural areas and so are we.

A member of our commission who is a doctor from a rural area has made the statement that the most serious medical problem in rural Maryland is in the case of the dreadful housing in which the rural people are living and especially those who do not own land; the tenant farmers and the like.

This is a very serious problem so we are welcoming the participation of the Extension Service in our State to work with us in delineating and exposing and then hopefully, through this bill, to do something about the situation of the rural people.

Mr. HAWKINS. The question seems to be this: Everyone seems to be united on trying to get away from the welfare concept. However, in most of the States, I know in my own, California, we have the State department of welfare, which would be the agency through which this program would operate. Now, a State agency would be dealing with the local bureaus and public charities. In any event, the individual that receives the benefits locally would have the welfare concept identified with the system regardless of what we call the agency here in Washington.

I was quite interested in what you are doing in Maryland, because it suggests even in the connotation of the agency itself, the name of the agency, that you somehow have gotten away from the idea that it is identified with charity, but I can't see how, in the other States where we still retain these old terms, that by merely changing a name here in Washington, it will actually accomplish what we intend to accomplish.

Mrs. SCHWEINHAUT. I have every confidence if Maryland can do it, other States can do it. I think we have been most successful since 1959 in those areas where we have been able to shed the welfare connotation. That is where we have met with our greatest success.

Indeed, in many of our best programs that are now going forward, if the welfare concept should creep into those programs, the programs would end. That would be the end of it.

For example, we inspired a group of recently retired men in Baltimore City to set up an agency for attempting to find jobs for other retired men who wanted to work. The chairman of the group is a former vice president of a bank, and it is very high level and a fine citizen group, which, incidentally, may fail for the lack of \$2,000 or \$3,000 to pay rent for a place to be. This is the kind of thing we need.

Now, if that group felt that they were working in a welfare situation, it would disappear. There is no question about it, that it would disappear. We have a similar group, again in my county, which meets in what is called the Youth Center, and since they now have a bowling team and a lot of other interesting things, and I opposed the designation "Youth Center" originally, but I am beginning to think the Youth Center is the right terminology for it, because they are doing so much. This is a group of mostly retired officials in the Government since we get a great amount of retired officials, of course being located next to the city. Why this group would be appalled if they felt they were in any way connected with a welfare situation. Yet they do a wonderful job. They are doing actual work for other old people. They have set up a committee that calls every old person

in this group of about 300 who lives alone. They call them every morning at 9 o'clock to be sure the older person living alone doesn't have an accident or dies and no one aware of it. They are doing all kinds of community things and have been adopted by two churches in the sense that they furnish them with lunch when they need it.

This kind of thing would be impossible if we suggested it has a connection with welfare.

Mr. HAWKINS. I agree with you on that point. I cannot help to disbelieve somewhat that those recipients of old-age assistance are in different classifications, also because it seems to me you have identified them as being welfare recipients and yet the difference between some of them and those who have restricted income is only slight.

As a matter of fact, some, I assume, would be eligible for one or the other programs alternately from year to year. I cannot help but believe that this perhaps raises another problem as to whether or not one should separate this classification of older citizens from those who have restricted incomes.

Mrs. SCHWEINHAUT. I couldn't agree with you more. We have nearly 300 older aging clubs in Maryland. There is no designation of who is on public assistance and who is not. We have people belonging to all of them. This particular group happens to be a group that is well off enough financially so that they would not appreciate being in a welfare concept. I think this is a sad thing, though, all the way along the line.

The public housing program, as an example, the mere fact that Congress has, as it had to, set certain levels of income beyond which people would not be entitled to live in subsidized housing, that mere fact sets apart in the community those people who must live in public housing.

This is a source of great concern, as I know, to the Commissioner of Public Housing, who happens to be my sister, a great concern to her, and a great concern to people studying the social situation in our country.

In a recent visit to Finland just last spring, we saw the result of a lack of this kind of thing. Here again I think our country has to begin to look at these things.

What are we doing in this separation by class?

In Finland, for example, they won't build only for certain income people. They mix that with other building. By mixing it, they bring together people without the social stigma of being a people being set aside in a special building for needy people.

This is a very serious thing, I think. I share your concern about any program that tends to isolate people into a particular class or group.

Mr. HAWKINS. Thank you. I think Maryland is very fortunate to have you in the public service.

Mrs. SCHWEINHAUT. Thank you.

Mr. CAREY. May the Chair add to the words of the gentleman from California, to tell you also the Chair is well aware of the contribution made by the sister of the witness in the public housing field and I had the pleasure of dealing with her on the Banking and Currency Committee and I know of her great attention to the very problem you discussed today.

On this point of fragmentation of persons in the class of aging Americans, I think one of the objectives of the bill clearly set forth is for economic programs to assist the aging American in useful work programs so that we could diminish class dependency by bringing it down to the absolute minimum.

Mrs. SCHWEINHAUT. I think so, too. A natural melding would follow upon a proper implementation of the programs.

Mr. CAREY. With a reduction in dependency that would be a saving to the counties and the States.

Mrs. SCHWEINHAUT. Yes.

Mr. CAREY. The gentleman from Kentucky.

Mr. SNYDER. Mrs. Schweinhaut, I am likewise sorry I was not here when you began your testimony. I hope my questions will not be repetitious of what has been said. Frankly, Mrs. Schweinhaut, I cannot whip up as much lather about this program as my colleagues have over there. In fact, in my State, we have folks having trouble getting cornbread to eat.

This does not seem to deal with that particular area.

Mrs. SCHWEINHAUT. Which is your State, Congressman?

Mr. SNYDER. Kentucky. I would be interested in a few facets, however, of your proposed program.

Do I understand you correctly that you think this is a Federal responsibility because your counties only have the real estate tax as a source of revenue? Is it just this matter of revenue that makes this a Federal program? Or are there other considerations that make you feel it should be a Federal program?

Mrs. SCHWEINHAUT. There are many other considerations. I think the best illustration of it is some of the very fine guidance that has been given to the States through the Special Staff on the Aging and through its area representatives.

I have had the privilege of sitting, and Kentucky happens to be in the same HEW region as Maryland, so I know some of the problems that Kentucky faces in this field, and there are many, many reasons for it. But there is also a tendency to say, "Let the other fellow do it." It is so in the State legislatures and the counties and in the townships themselves.

So since this program involves not only 18 million older people today, but if one of the experts of NIH speaking before one of our conferences is correct when he said "within the foreseeable future, medical science is going to find the answer to why the arteries harden," we who are planning must think in terms of an average life span of 125 years. And this goes beyond the testimony that has been before this committee so far, if this is true.

Mr. SNYDER. I think we all join and hope that they hurry up on that program.

Mrs. SCHWEINHAUT. Yes, I think we all join in that, and I think the young men on this committee may live to that grand old age, I hope you will.

Mr. CAREY. Are you talking about the older fellows over here?

Mrs. SCHWEINHAUT. They all look young to me. This is, of course, a point of view you know.

But if this comes about and we are not dealing with just a static problem that Louisville might have or that Bethesda might have, and

I mention Bethesda because the chairman mentioned a joke about Bethesda yesterday and I think sometimes they were not angels that were stirring up the water, either, but if this is true, and we must accept it as coming from experts, that we are not now talking about a stagnant situation but we are talking about something that is enormously potent, an exploding and expanding problem, and as a politician, or former politician, I should say, I am perfectly well aware of the fact that the day is going to come when our older people, whether they are the ones that can't afford cornbread or are the ones who feel they have no part in the community activities, whatever level it is, these older people are going to realize the political muscle they have.

I don't consider this a threat but a reality. When they realize the political muscle they have, Congress is going to have to act quickly on a crisis basis and which is very costly and certainly not to be desired.

So I think the wisdom of this subcommittee should be to now look at the problem when it is critical but is not yet a crisis in the sense that you have to act, to look at it now and to try now to look at those things which would be designed to eliminate the possibility of a crisis situation that is immediately before us.

I don't think this country is going to be able to continue to say to a man of 65, "You have to retire whether you like it or not," and then come to realize that that man has 55 years to live. God help his wife, for one thing. These things have to begin to change. How do we do it? We do it through legislation like this under Federal leadership.

I am not saying that the whole burden under this bill is to provide money for accepting the entire burden of what is to be done, but it is leadership that we must have.

I am sorry that I went on there but I was encouraged by your remarks to go on.

Mr. SNYDER. That is all right. I am not a politician myself. I am a country boy. However, we have seen a few of them. We understand that.

Mrs. SCHWEINHAUT. I have been called a politician. I am not sure exactly what it is.

Mr. SNYDER. Now, this bill does call for money for quite a few studies and as a matter of fact it is just a study bill, is it not?

Mrs. SCHWEINHAUT. I hope not. I hope it will be an action bill.

Mr. SNYDER. \$19 million for studies and \$50 million for different demonstration projects, none of which get to the actual older people directly.

Mrs. SCHWEINHAUT. But if this bill were such, we could not look forward to it getting actually to the older people; if we could not look forward to it getting to the older people, I would not be using this much time here today. That is precisely the heart and soul of this bill to me and the reason why we, in the States, and I know Kentucky is in the same position, or at least I know from the people who are working in the field in Kentucky, I heard them say this, and they are in precisely the same position.

I have given one illustration to the chairman. There are other illustrations of where a relatively small amount of money used in the

community where older people actually live can do an enormous amount of good not only directly but in interesting the rest of the community to participate in the program.

Now, Kentucky is a State, incidentally, Congressman, that is very much concerned also about this business of older people being in their mental institutions.

Mr. SNYDER. I am going to get to that. You made a comment awhile ago that no State could avoid bankruptcy if this continues, if we could not correct the situation of people going to mental institutions; is that not so?

Mrs. SCHWEINHAUT. Yes, and hospitals.

Mr. SNYDER. But is not the direct responsibility for people going to mental institutions on the shoulders of the State? Does not that responsibility fall directly on the shoulders of the State?

Mrs. SCHWEINHAUT. It does, absolutely. Every State has a different method for getting into institutions. In Maryland, it is with the signature of two doctors.

Mr. SNYDER. I am sure that is true, but nevertheless, would they not be entitled to a jury trial in Maryland?

Mrs. SCHWEINHAUT. I think that is perfectly true, but we have this situation that I want to talk about.

Mr. SNYDER. Well, doesn't it boil down to the States compounding the problem and then saying, "Here is our problem, we are making it daily and we want the Federal Government to alleviate it"?

Mrs. SCHWEINHAUT. You are doing the same thing in hospitals and the States are looking to the Federal Government to alleviate it.

Mr. SNYDER. I am not sure I sanction that.

Mrs. SCHWEINHAUT. I suggest your State might be in a right bad situation if it did not take advantage of some of the Federal money with respect to hospitals.

Mr. CAREY. Will the gentleman yield?

Mr. SNYDER. Yes.

Mr. CAREY. You are not indicating your position on the Hill-Burton program?

Mr. SNYDER. I have not made a statement about the Hill-Burton program.

Mr. CAREY. That is Hill-Burton.

Mr. SNYDER. It certainly is and there is no similarity between that and this program.

Mr. CAREY. Well, the difference is this program constitutes an investment of about 50 cents for every aging American presently in that classification and the Hill-Burton program is far greater and more extensive, and this, in comparison to the Hill-Burton program, would be somewhat similar to the situation of adding a civil defense feature onto an already broad and extended major defense bill.

Mr. SNYDER. I could say to the gentleman that Hill-Burton is bricks and mortar for hospitals, and that that is the feature of Hill-Burton, and I do not believe in this requiring of a mortuary and a pharmacy and half a dozen different rooms to be put in every such institution, whether they are going to be used or not, but, nevertheless, it is bricks and mortar for hospitals.

This bill is, according to the fine summary which was made or prepared for us, I suppose, by the majority counsel, has a total of

\$50 million in grants for community planning, coordination, demonstration programs, and training of special personnel, et cetera, and \$19½ million for grants by HEW to public and private organizations, et cetera, for study and development of demonstration projects to the needs of older people.

And I am concerned, if the chairman please, about the needs of our older people, but I am also concerned about my child and your child and the vast debt that is being piled up on the shoulders of future generations.

Now, Patrick Henry said, "Give me liberty or give me death," but our professional bureaucrats just say, "Give me, give me, and give me," and that is not the American way. That is what I am concerned about.

Mr. CAREY. If the gentleman will yield?

Mr. SNYDER. Yes.

Mr. CAREY. I still hold that this will give us only an investment of 50 cents for every person in the classification with whom we are dealing and I share your concern for future generations. I have quite a representation in that regard as 12 of mine are in that classification. I might say if I took a referendum among those 12 children and if I asked them if they would vote to pledge some of their future security financially to the extent of 50 cents to help out their aged grandparents, I do not think I would lose many votes in that referendum. Too often we talk about the burden being placed on future generations, and I have no doubt it can be supported by them.

I remember my father telling me in the Roosevelt administration that they were spending money that I would need to go to college. Well, the reason we can go to college today is because we put it there.

Yes, the future generations are going to support some of these things and I think the gentleman knows, by reason of his great service record, that it took \$250 billion to keep this Nation free. I do not think anyone would dispute the fact we should bear that burden to keep us free.

Mr. SNYDER. I would say to the gentleman I am concerned about the leadership of his 12, but we will not go on with that.

Now, did you say you went to Finland?

Mrs. SCHWEINHAUT. Yes; I accompanied my sister, who is studying the situation, and I saw the situation, and was particularly interested in housing for aged people and how they managed it.

Mr. SNYDER. Your sister has what position?

Mrs. SCHWEINHAUT. Commissioner of Public Housing.

Mr. SNYDER. For the State of Maryland?

Mrs. SCHWEINHAUT. No, the U.S. commissioner.

Mr. SNYDER. The U.S. commissioner?

Mrs. SCHWEINHAUT. Yes, including Kentucky.

Mr. SNYDER. Yes, ma'am. We realize the fact we are pretty well shortchanged down there. We are trying to get some things changed to alleviate that situation.

Now, was the Federal Government the sponsor of this trip to study housing?

Mrs. SCHWEINHAUT. No. What happened was the United Nations has an Economic Committee and under that Committee they do many things. There is, under this sponsorship, a Committee which is

interested in housing generally and what the nations of the world are doing about housing the people of the world. A subsection of that group is specifically on the question of housing of older people, because, believe it or not, this is something that is worrying the nations of the world, not just us, not just Maryland, so there was an international meeting in Geneva to go into the matter of what are the various or how are the various nations proposing to meet this ever-increasing need and this serious problem literally of shelter for older people as they expand and expand and expand.

That was the purpose of the visit, I paid my own way right along.

Mr. SNYDER. But your sister went in her official capacity?

Mrs. SCHWEINHAUT. Yes; she represented the United States at this meeting.

Mr. SNYDER. Am I correct or incorrect that Finland has a socialistic government?

Mrs. SCHWEINHAUT. Finland was not the only country involved. There were eight different countries involved in this. I was not there for the purpose of going into their political situation but seeing how they are meeting the problems of the aging people.

They have a particularly difficult problem because when Russia took over a part of Finland following the war, many hundreds of thousands of people left the area of Finland taken over by Russia and came into Finland as a whole, therefore Finland faced a critical situation, which we can someday face with respect to literally thousands of these older people that they had to do something about.

Mr. SNYDER. Am I correct in believing Finland has a socialistic type of government? Now I am sincere in my question.

Mrs. SCHWEINHAUT. I will tell you what I heard from the Finns that I was connected with when I was there. However, what their type of government is I can't go into with you.

I think there is some division of the country, but I met a great many Finns, or Finnish people, and there is no question in my mind that they are very definitely friends of the United States and friends of the United States despite the fact that they are under the shadow, immediate shadow of Leningrad, being 25 minutes away from Leningrad.

Mr. SNYDER. What are the other eight countries involved?

Mrs. SCHWEINHAUT. Sweden, Denmark, Norway, Great Britain, Switzerland, a representative of Czechoslovakia was part of the panel, the Netherlands.

Mr. SNYDER. I am just concerned if our Government is sending people to study the programs operated under the governments of socialistic states as opposed to capitalistic governments.

Mrs. SCHWEINHAUT. No, this was not that. This was a very specific purposeful 5 weeks.

Mr. SNYDER. This is no indictment of you, I want you to understand, if it would be true. I would be concerned if our Government was making studies of socialistic types of welfare programs for the purpose of instituting them in this country.

I am sure I would probably be in the minority on this committee in my thinking.

Now, this program that you were talking about in Maryland where the vice president of a bank would be involved, tell me just exactly what that program was.

Mrs. SCHWEINHAUT. Yes, I will. In Maryland, as I think in most all States, there are private organizations interested in welfare problems and we have a very strong social welfare private group in our county. They had a committee which was primarily interested in problems of aging and had been an established committee for some years.

When the State commission on aging was established, this group came to us and said, "Now, we want to cooperate with you and have our committee which is interested in the aging cooperate with the State commission in every possible way and we want you to tell us what is an area of need in this field of old people which we perhaps could meet and would you help us or guide us through this."

This is in the city of Baltimore, and that is where we try most of our programs because it is a center of population, or the one large center of population in Maryland, and there was, and there continues to be, considerable need for employment of older people, and so we suggested that since this was a very fine group of business people, that we thought they might concentrate on themselves doing something about finding employment for older people. So they agreed with us and the group has been set up.

At the moment they are occupying the basement of a church and they have purely a voluntary endeavor on their part. If they had a relatively small amount of money, and they are trying to get some, but it is difficult because there are many calls on money, but if they had a relatively small amount of money and could be in a centrally located spot, such as Baltimore, I believe this is the kind of citizen group which would have very little cost to the Federal Government or to the city of Baltimore and which could do an enormously good job in finding work for older people, because they have contacts with industry, since they are all former members of industry and management of some kind and are terribly interested in this.

I think this is the kind of citizen work that this bill would inspire of assist to go forward, which would in turn certainly take the burden from any level of government.

Mr. SNYDER. I have a whole lot more questions I would like to ask but since we have some more witnesses I will not ask them.

Mrs. SCHWEINHAUT. I know you do have many.

Mr. SNYDER. And since our time is running late and since the chairman has been gracious in letting me ramble on, I will not ask any more questions.

Mrs. SCHWEINHAUT. Well, I would be glad to answer any questions at any other time, if you will let me know.

Mr. CAREY. The Chair thanks the witness and the extensive questioning which the witness underwent is a credential of the good testimony that she presented. It generated so much questioning and I thought it would be wise to extend it in order to have a good record.

One other point. Every other witness to come before the committee on this bill, including the Secretary and each succeeding witness, has strongly stressed the point that this bill is the very antithesis of the concept of socialism, talking in terms of what this country will be in the future, not aping other types in the world. The whole thrust is on independent aging Americans and not making the aging American the ward of the state. This is the very antithesis of socialism, as I read the bill.

Mrs. SCHWEINHAUT. Exactly. It is as I read the bill, too, Mr. Chairman.

People want to be independent and we want to keep them that way. That is our American philosophy, and I am for it, and this bill I think expresses precisely that philosophy. I agree with you thoroughly.

Mr. SNYDER. If you will yield, I would say that that feature of our public housing that directs itself toward the elderly has been the most successful of any of the areas of our public housing projects, and my own interest in querying the witness in regard to her sister's trip was whether or not we are looking toward another approach to the thing that might not be quite so successful.

Mr. CAREY. Well, when this question presents itself before the Banking and Currency Committee, it can be gone into more deeply.

**STATEMENT OF JAMES M. BUCK, MANAGER, RETIREMENT
DIVISION, FLORIDA DEVELOPMENT COMMISSION**

Mr. CAREY. The next witness is Mr. James M. Buck, the manager of the Retirement Department of the Florida Development Commission.

It is a pleasure to welcome you, sir. Our leadoff witness was a Representative from Florida.

If it is agreeable with the witness, we have your statement before us and you may summarize it or read it in full. Then we will direct questions in connection with the statement.

Mr. BUCK. Shall I omit the qualifications part of the statement?

Mr. CAREY. You mean insofar as your own participation, sir?

Mr. BUCK. Yes.

Mr. CAREY. Well, we would be pleased to hear your background in this field.

Mr. BUCK. Mr. Chairman and members of the Select Subcommittee on Education, I have been manager of the Retirement Department of the Florida Development Commission since 1955. In this capacity, I have attended the annual meeting of State Executives on Aging since 1956.

During the past 8 years, inquiries about retirement in Florida from every State in the Union and 16 foreign countries have crossed my desk. I have probably heard from or talked with 20,000 older people. I am also a trustee of the Florida Council on Aging—a non-profit group concerned with the problems of older people.

Having reached the State's automatic retirement age just 3 weeks ago, I am now a consultant to the Florida Development Commission. If a recitation of my experience in the field of aging appears to be a modern version of "Sum Est Pious Aeneas," I trust you will forgive me.

I was staff director for the Citizens Advisory Committee of the Aged established by the Florida Legislature in 1959. This committee, together with its subcommittees, prepared Florida's report to the White House Conference on Aging.

Florida's 32 delegates were carefully assigned to the 20 topic areas covered at the White House Conference so members of the entire delegation could be informed on the thinking and conclusions of the 2,500 delegates from 50 States and 3 territories.

It seems appropriate to me that H.R. 7957 has been referred to the Select Subcommittee on Education, because public education in my humble judgment is destined to play an important role in alleviating the problems of older people.

In testifying before the U.S. Subcommittee on Aging in 1959, I said:

I have come to the personal conclusion that the older person problem has such a heavy impact upon our whole economy that broad educational campaigns must be developed which will show the economic advantages to young and old alike of—

- (a) Revising employment patterns;
- (b) Promoting rehabilitation for self-care;
- (c) Encouraging private pension and profit-sharing plans with vesting and portable features;
- (d) Promoting the extension of medical, hospital, and surgical insurance to all age groups;
- (e) Providing preretirement planning courses;
- (f) Building safer housing;
- (g) Encouraging adults to engage in the more satisfying activities of service to others;
- (h) Expanding social services to enable older persons to remain in their own homes as long as possible; and
- (i) Seeking better methods of handling and housing chronic diseases.

If I interpret H.R. 7957 correctly, this bill will help implement some important recommendations of the White House Conference. To illustrate, let me quote, in part, the policy statement of section 17 which dealt with community organization:

The individual American lives in a local community. Many of the problems of aging * * * can only be resolved at the local level.

And:

State and Federal governmental agencies should be encouraged to appropriate funds for demonstrations and research in the field of aging and to provide technical consultation to local communities.

With no desire to disparage the technical research programs now underway, I believe the following story will show the need for "practical" research at State and local levels.

In 1958, I sought to interest a foundation in an educational program to increase community awareness of the problems of older people of Florida. The President told me his foundation was sending Dr. So and So to Burma to study why older people have wrinkles. My comment was this was wholly unnecessary, because I already know what made older people wrinkle.

Let us now examine what the group which dealt with State organization had to say about the grants proposed in H.R. 7957. I quote their statement in part:

The problems that come with age sooner or later confront most older people, touch every family, and relate to every aspect of life—income, health, rehabilitation, housing, employment, recreation—all of which are interrelated.

Pursuant to these findings, the following specific recommendations were made. I quote them in part:

1. Federal technical assistance should be provided to the States.
2. Consideration should be given by the Federal Government to the establishment and increase of grants-in-aid to States to promote and expand services to the aged.

The policy statement of section 20, which dealt with Federal organizations and programs, had this to say about grants-in-aid. I quote in part:

The commitment of the Federal Government in the field of aging is more recent than its commitment to aid individuals as workers, as parents, or homeowners, etc. We believe that the same philosophy that has successfully guided the Federal Government in its previous efforts that aid individuals should be followed in the case of new programs designed to help older people. And appropriate officials in the Department of Health, Education, and Welfare should recognize the importance of the problems of the elderly by channeling into this field more of the funds available for research in medical and social problems, training of specialized personnel, and demonstration of new methods and techniques.

Thus delegates from 50 States and 3 territories agreed that the grants proposed in H.R. 7957 are a condition precedent to converting the findings of the White House Conference into specific action. I have used the words "condition precedent" advisedly.

In my humble judgment, the White House Conference would never have been held without the stimulus of the Federal grants provided in Public Law 85-908.

As a hornyhanded son of toil, it has been my hope that the recommendations of the White House Conference would be implemented by the several States upon their own motion. However, as a realist, I am convinced that without the stimulus of Federal grants-in-aid it will be difficult, if not impossible, for action programs to be launched at State and community levels.

After listening to Mrs. Schweinhaut's testimony and hearing by word of mouth some of the testimony of witnesses yesterday, I would like to supplement this statement which I dictated rather hurriedly last Friday with a couple of observations.

One is that I don't quite agree with the conclusion of Congressman Bennett, who was your first witness.

My experience has been in this country, as a result of automation and many other factors, and technological changes, that the matter of employment for older people has already established an irreversible trend.

I have been sending out questionnaires since 1957 to people who want to retire in Florida. The average age of those people who plan to retire in Florida in the civilian group is 62 years and 3 months, not 65.

In the military the average age is 47 years and 7 months.

I would like to point out to this committee that when you think of older people I hope you will take into account the retiree is no longer the person who has just reached 65. He is a younger person and that to me appears to be an irreversible trend.

So from the standpoint of economics we are dealing with a much larger group in terms of trying to develop educational programs that will enable us to find solutions. Many of us, I think, know the problems and very few, if any of us, know the solutions. We are still grasping for them.

I think that the provisions set up in the bill will promote public education which I think is the first step in this whole field. We have had more research than Carter had oats over a period of several years in this field and I don't fully subscribe to the Congressman's notion we need a lot more research because I think we have passed the point of no return on pure research. I think what we need is some action.

Mr. DENT. I did not hear the first part of your testimony but I was impressed by your off-the-cuff remarks, because in reading the testimony that was given, since I was not able to be here yesterday, I find

that a great number of persons, in dealing with the problem of the aged, forget the problem of the aging, and you put your finger right on it. Is that not the reason the sponsors of this legislation are so vitally interested in creating a commission in order to get away from the welfare connotation in the matter? I think that is the whole intent and purpose of the legislation; to get away from the connotation that is being created all over the Nation. By putting it in a Department of Welfare, it becomes more or less a welfare proposal and problem rather than an overall economic problem.

Mr. BUCK. Of course, I look at that primarily in terms of economics because I am not a professional in this field and it is a sort of recreation with me, if you please.

I was raised in industry and I tend to adjust my lines to this whole problem as one of economics.

I was a little bit disappointed to find, when I got in here yesterday afternoon, I think some of my good colleagues are stumbling over a toothpick in terminology. I mean so far as I am concerned it really doesn't make any difference to me whether this is an Office of Aging, as a separate thing, although I think it has advantages, or whether it is housed over in HEW or what have you.

I think the important thing for us to remember here is that we are faced with a serious economic and social problem in this country and we spend a lot of money in the States and elsewhere, and happily I gave back \$2,500. I happened to administer our \$15,000 Federal grant for the White House Conference and I was able to give back nearly \$3,000 in money.

Mr. SNYDER. If the chairman would yield, I would say that is a new type of morality for most of our commissions.

Mr. BUCK. The records will show we returned that money.

But while on the subject of money, I think the amount of \$15,000 proposed in this legislation is really too low. I think this committee would be well advised to think in terms of \$25,000, because it is rather difficult to me, and as I read this bill, Florida conceivably could qualify maybe for \$132,000 worth of grants for demonstration projects and I don't see how Florida could wisely spend that amount of money, unless it were properly staffed and had plenty of traveling expenses and so forth.

And I think if this bill were to provide \$25,000 instead of \$15,000 and thus force the State, on a matching basis, to come up with \$25,000, I think \$50,000 would go much further in successful administration of this bill.

Mr. DENT. Off the record.

(Discussion off the record.)

Mr. DENT. Back on the record. Those are all the questions I have.

Mr. Carey.

Mr. CAREY. I have just one reference point. You made the reference "as a hornyhanded son of toil." You have a great deal of versatility, but you lost me somewhere with this reference to Latin nouns, on which I was somewhat less than outstanding. Would you please translate "sum pious Aeneas"?

Mr. BUCK. Actually, I should have checked at the library because I was depending on my memory there, but as I recall it, Virgil in describing him, he said, "I am pious Aeneas," and I was hoping I did not appear to be saying I was pious, because I am not pious.

Mr. CAREY. Well, I think we can agree with the gist of this thing and I had you classified as originally an "agricola," or a farmer. I find out that you have been to the city a few times.

Mr. BUCK. Yes.

Mr. CAREY. All right, you made an excellent statement. Thank you.

Mr. DENT. Mr. Snyder.

Mr. SNYDER. I believe I have but one question but I do want to comment, though, that I did enjoy your testimony very much.

The last sentence that you made in your prepared statement indicated, I believe the quote is "that without the stimulus of Federal grants-in-aid, it will be difficult, if not impossible, for action programs to be launched at State and community levels."

You are directing that statement to the particular projects that would be enumerated in this bill, are you not?

Mr. BUCK. I am not sure I follow the question.

Mr. SNYDER. The point I am trying to make is, we do have many projects going on now in the States in which grants-in-aid from the Federal Government exists that are already off the ground and going in some of our community health service acts and so forth.

You are not trying to say here there would be no program for the aged unless this bill passed?

Mr. BUCK. No, I don't say that, but I believe you quoted Patrick Henry a moment ago about "Give me liberty or give me death," and I would like to quote something else that he also said and that was that "The only lamp by which my feet may be guided is the lamp of experience."

Mr. SNYDER. Yes, sir.

Mr. BUCK. And my experience has been that without the Federal stimulation we would not have had a White House Conference.

I think if you could call all of the 50 States together—and I think they all accepted their grants except Indiana—I believe that every one of them would testify that they would have been hard put and that we would not have had the White Conference without this help.

Now, hopefully, something would have been done about the consensus of opinion at least on some of these programs, but it has been too little and too late and I think that the same thing perhaps happened in the employment program. I think at one time that was a State program solely but financially, as a "horny handed son of toil," and I am sorry to say this, but financially, the Federal Government had to come in and furnish the leadership and money for employment programs.

And the same thing happened in the Hill-Burton program.

I regret this as much as you, but I am a realist and I know what will happen on this thing. This thing will wither on the vine. I am not talking about your operational programs. Of course, your State welfare departments are going to continue to function as long as the Government puts up 33 percent of the money, but your employment programs are going to function only as long as they are completely financed by the Federal Government, you see, through the Florida Industrial Commission.

Those things are going to happen, but there is not going to be any real clientele until the States have their commissions on aging, which Florida recently has passed.

Mr. SNYDER. I cannot bring myself to believe that we do not have leadership at other levels than the Federal level, nor can I bring myself to believe that the Federal Government has any source of revenue that we do not have at the local level; that is, resources of the people.

I am convinced that most of our local officials are not willing for political reasons to shoulder the responsibility of extracting that money from their constituents because they figure they would get defeated in elections. I think that is our problem. Maybe I am wrong.

Mr. CAREY. Would the gentleman yield?

Mr. SNYDER. Yes.

Mr. CAREY. I think the history of government financing shows that State and local governments have gone into debt up to 300 percent and over a period of 10 years the Federal Government debt has only increased 9 percent. This is one of the answers we have that the Federal Government has the resources. The Federal Government cut taxes at one point back in 1953 and I believe it is about to cut taxes again. I believe this is where the money comes from.

Mr. SNYDER. If the gentleman would permit me, I think I would say that we heard this speech last night, too, and I would say that I am prepared to dispute the facts this morning.

Mr. DENT. Off the record.

(Discussion off the record.)

Mr. DENT. Do you have anything further, Mr. Buck?

Mr. BUCK. May I, in conclusion, issue a challenge to the members of the committee?

If you look at any prepared statement, you will see with the exception of item (d), and just forget about item (d), because I am quite sure that some of you would disagree with it, but with the exception of that every one of the items from (a) to (i) which I propose and which I would certainly hope that Florida, with its new commission on aging will follow, every one of these items require the type of education, public education, that is proposed in this bill and with the exception of item (d) every one of them are tax saving devices.

Since some of us here are economy minded I would like to call your attention to just one, No. 2, on my list here, "Promoting rehabilitation for self-care."

Now, the Veterans' Administration has demonstrated beyond all doubt that they can take a stroke case—and they do this repeatedly—that they can take a stroke case and save a lot of money by rehabilitating that person to the point where he can feed himself and care for himself.

In other words, the cost to the Government is about one-sixth as much to take care of a person who is capable of some self-care as it does to have to take care of one put in a hospital and have a nurse feeding him and doing everything else.

With that exception, or may I impose on you for just 1 more minute, on item (f) "Building safer housing," that is an education program, and I would hope that Florida would use part of its demonstration projects to exemplify what it would mean in terms of dollars saved to the community and to the Government as a whole and to the entire economy.

Every time we turn on the TV we hear about the terrible traffic accidents. What we don't hear about is there were eight and a half times as many accidents in the homes in 1959, 1960, and 1961, as there were on the highways, yet we decry the highway accidents and don't say anything about the home accidents.

Now, that costs money and fills our hospitals with broken homes and everything else. We needed and need educational campaigns particularly among our older people, in your golden age groups, and so forth, and so on, with films that will, just like the "Matter of Seconds" film that was gotten up by Sharpe and Dohem, and, incidentally, those things are shown to the golden age clubs and they will alert these people to the hazards in the home that result in these accidents.

Now, that is a tax-saving device.

What I would like to say in conclusion is that these proposals here, which I think have to come about as a result of broad educational campaigns at the local and State level, you see with Federal help and leadership would be tax-saving devices and the Commission on Aging under the guidance of a person like Mrs. Schweinhaut over here can save the taxpayers, both Federal and State, many times the cost of this legislation.

Thank you very much.

Mr. DENT. Thank you very kindly, Mr. Buck.

I am sure the committee is better off for having had you as a witness.

STATEMENT OF DR. ERNEST W. HARTUNG, VICE PRESIDENT AND PROVOST OF THE UNIVERSITY OF RHODE ISLAND

Mr. DENT. At this time I would like to call as our next witness Dr. Ernest W. Hartung, vice president and provost of the University of Rhode Island.

Dr. HARTUNG. Mr. Chairman, I thank you.

A statement has been distributed and in the interest of saving time I will relinquish the reading of it if it will satisfy the committee and comment about it.

Mr. DENT. All right, thank you.

Dr. HARTUNG. I think from the point of a State university interested in H.R. 7957, there are just one or two things we would like to stress particularly.

First, we feel very keenly that a unified approach, one involving many disciplines, is certainly sound, and, second, I would like to raise about the question of research, since it has been bandied about somewhat in the testimony this morning.

I think one of the difficulties with research, as we have had it in aging in the past, and this is indicated in the statement which I have prepared is the fact that it has been primarily, particularly—it has been essentially medical and essentially off in the realm of sociology but has not been practical in the action level, which everyone is talking about, largely because the approach has been piecemeal and because of the fact that agencies such as universities, for example, endeavoring to set up research programs on grants, have had to follow the pattern of research established by the granting agency.

So we have some very elaborate gerontological research being done, let us say, at Duke and Brown and places like this. But when the cause of hardening of the arteries or when the cause of this or that is found, then comes the practical question of "Where do we go from here?"

I think it is this link we need to face. We have to develop some kind of support for it, and I think the program envisaged in this legislation under consideration now provides this link because I think the granting program which this will enable will allow the flexibility to include a number of different agencies, a number of different units within a State to work together on common problems.

This is the important thing. We have been very much concerned with this at the University of Rhode Island for a number of years, in the use of a university which has a large investment of State funds in it as a means of getting this kind of service and this kind of research right down to the population of the State.

We see an admirable chance to do it if we have a grant program such as is provided here available to us.

Mr. DENT. Thank you very kindly.

I have no questions.

Mr. Carey.

Mr. CAREY. Thank you. I want just to emphasize the need for participation, continued participation, meaningful participation of the small university in the very important work with which we are dealing here. I do not mean to cite Rhode Island as a small university in any sense of its great stature in the country. Certainly in terms of student body compared to Duke or larger universities, it would be classified among the smaller ones and I am one of those who very, very strongly advocates the extension of research programs within the competence of the small university so that the small university is encouraged to help and develop its quest and appetite for meaningful research.

In this connection I think your statement ably points out we have long dealt with this now in a form of camera study; and research without implementation, and gerontological studies that have long been known and developed, should now move to some implementation and action stage.

That is the whole meaning, I believe, of Mr. Fogarty's position here, that we have had the film in the camera, have taken the picture, and know what the scene looks like. Now we should take it out and develop it and see what it means in terms of permanence. Your statement is highly important, and coming from one advanced in the education field, and as a previous witness pointed out, this is largely a matter of proper education in what we can do that will assist the independent aging American in his extending years.

Thank you very much.

Dr. HARTUNG. I would agree with that, sir. I would certainly agree with Mr. Buck's position on that.

Mr. DENT. Mr. Hawkins.

Mr. HAWKINS. No questions.

Mr. DENT. Thank you very kindly, Dr. Hartung, and I am sure your observations will be noted in the record, and considered by the committee.

(Dr. Hartung's statement follows:)

STATEMENT BY DR. ERNEST W. HARTUNG, VICE PRESIDENT AND PROVOST OF THE
UNIVERSITY OF RHODE ISLAND

I am Ernest Hartung, vice president and provost of the University of Rhode Island. I would like to say at the outset that the statement which follows has been discussed in detail with Dr. Francis Horn, president of the university, and it has his concurrence and enthusiastic support.

We wish to indicate that we favor the enactment into law of H.R. 7957 and related bills, pertaining to the aged and aging.

The problems of the aged in our population are necessarily of a multiple nature. They are medical, they are economic, they are sociological, they are psychological, they involve planning in terms of housing and recreation facilities, and they are educational. The major deficiency in past approaches to the problems of aging both at the Federal level and at the State level, has been the fact that this multiple nature of the problem does not seem to have been given the fullest consideration. Many of the approaches which have been attempted appear to stem from a policy which might be best defined as leaping from crisis to crisis. The result has been that whichever agency of State or Federal Government was particularly concerned with the initial crisis to be recognized, whether housing, or chronic illness, or recreation, not infrequently became the agency to and through which much of the subsequent responsibility for programs in aging was channeled. This has, unfortunately, led to great diversity of pattern in the way in which problems of the aging are approached in the several States. While some States have good or adequate programs in certain areas, little that can be regarded as truly comprehensive has been developed. In the Federal Government this same sort of deficiency may be illustrated in considering the sources available to universities for subvention of programs dealing with the aged and the aging. In many ways a university should be a reasonable place in which to develop comprehensive programs of a service nature for the aged. It represents many disciplines; it is oriented both in the areas of education and research; it can through many extension and adult education programs, not only develop programs for the aged themselves, but also train individuals to help make the programs go. Up until quite recently, however, most of the Federal funds for which universities could apply to support programs in aging were available through the National Institutes of Health, which necessarily required that the programs be either medically and/or research oriented, or through the Office of Education which obviously required that they be educationally oriented, or through the Public Health Service, Division of State Services, which required uniqueness and orientation either toward chronic illness, or home care, or similar programs. But no one agency could support a really comprehensive program in all of its aspects. This is not to say that there are not many excellent individual programs in gerontology supported by those agencies, as, for example, those at Duke or the University of Michigan, but the point is that each of these represents a specialized kind of program and not a general one. Obviously whether programs are State or Federal, as long as they remain piecemeal, no matter how conscientious are the personnel operating them, there is always the possibility of overlap, costly duplication, and error of omission.

Experience seems to be demonstrating that until we get some sort of a general overview of the matter of aging in all of its aspects, and until some responsible central governmental agency is established to exert leadership and give support in developing the integrated approach, the piecemeal methodology will continue. It would, therefore, seem to us that what is proposed in the legislation under consideration is sound. The location of the agency in Health, Education, and Welfare covering the varied fields in which we recognize problems in aging is logical. The development of a separate head for the program, the Commissioner, not particularly affiliated with any of the subdivisions of Health, Education, or Welfare suggests the comprehensive approach necessary. The way in which State involvement is proposed should, it seems to us, sponsor realistic planning in the development of programs which would involve the combined efforts of many State agencies and not just single ones. Finally, the program of grants suggested is certainly one which should serve the needs of a variety of agencies. From the point of view of a university which might be endeavoring to develop programs of service for the aged and aging in its home State these grants would be particularly useful.

It is our opinion, therefore, that the investment of Federal funds in this program will, in the long run, pay many dividends in positive results for the aged and aging in our population.

We urge that the select subcommittee make every effort to insure a favorable recommendation on this bill and its ultimate passage into law.

STATEMENT OF NORMAN LOURIE, DEPUTY DIRECTOR, PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

Mr. DENT. At this point, it gives me pleasure to call as a witness Norman Lourie of my home State. His long experience in this field will certainly be helpful to us.

I am happy to have you here, Norman.

Mr. LOURIE. Thank you, sir.

Gentlemen, I am very pleased to have this opportunity to comment.

I have appeared on many occasions before Congressman Dent when he was back in the State legislature and had many opportunities to work with him on a great many matters in this field.

I regret that I do not have a prepared statement. I was attending the White House Conference on Mental Retardation, which is taking place across the river at the Early House and the American Public Welfare Association, of which I am a member and also a member of their policy committee, asked me if I would appear for them this morning.

The American Public Welfare Association is the professional association, it is a membership body of individuals and the public welfare administrators and the various State departments functioning in the public welfare field.

I wanted to say very briefly that we certainly do very wholeheartedly support all of the programmatic provisions of this bill.

However, the main thrust of what I should like to say to you has to do with what we believe is the job that the welfare programs in this country can perform and to a great extent have been performing in this field. I think that it is sometimes rather unfortunate that the term "welfare," which has such a very high and I think important American connotation in our Constitution, the welfare clause of our Constitution being one of the real major contributions that this country made to civilization, and it is rather unfortunate that because of one aspect of the welfare program it sometimes takes on, whatever the term is used, a negative connotation.

People think first, and sometimes people think only, of welfare as the beginning of financial assistance and financial relief.

And, gentlemen, I should like to point out that from the standpoint of our association, certainly from the standpoint of the public welfare departments in this country, and, as you know, there is one in every county in the United States, when we use the term "welfare" as applied to the American people with whom we deal, we are thinking of a very much broader meaning than merely the giving of public assistance or the giving of relief.

As a matter of fact, I think that some of us if we had it to do over again would think of our departments not as public welfare departments but really as departments of family security, because, as I remember, through my own experience, and I think I should talk largely from my own experience in Pennsylvania, although I can tell you

about some of the others as well, but when I think of my own experience in Pennsylvania, in this particular connection, that is with respect to the aged and the aging, we think of ourselves primarily as trying to maintain the highest level of dignity for older people, but also, more important, we think of ourselves as trying to maintain the three-generation family in the United States. For us, the notion that the health of people, the physical care and the housing of people, the economic security of people, the mental health of people, the hospital care of people, the recreation of people, and the stability of the family, we think that these things all go together.

We have been very fortunate, because in our own home State, our department of public welfare is not alone public assistance or a relief giving agency. Within our department, and we are not unusual, I think if you are going to States like Minnesota, California, New Jersey, to mention just a few, they have the same complex as we do, but we have within our department of public welfare the State mental health authority and all the mental institutions and clinical, education, and service programs, and we operate and supervise the general hospital programs including Hill-Burton, we have an office for the aging along with the office for mental health and, incidentally, the head of each of our offices is called commissioner, so we have an office and commissioner of mental health, and an office and commissioner of children and youth, and an office and commissioner of public assistance, and an office and commissioner of the blind, and an office and commissioner for general hospitals.

We think when we say "public welfare," all of these elements are combined.

We believe that although our program in the aging field is small in terms of what it ought to be in Pennsylvania, it is still one of the largest in the United States. Within our office for the aging, we have been able not only to produce good standards and good inspection and supervision and licensing of nursing homes, including the nursing homes which are run by the local government, by the county commissioners, who do a beautiful job in our State, but we also have developed the kind of program, backed up with State money, and we spend roughly \$150,000 a year at the present time to give to our county governments, from our department to the county governments, the kind of money to develop the kind of program that is described in this bill.

One of the reasons APWA is excited about this bill is, they think this ought to be done on a larger scale, and more States ought to do it.

As a result of our programs and one of you gentlemen mentioned the old county poor farm, and it is true there are probably still in this country a great many local county institutions which are still old county poor farms, but in our experience this kind of program that is going into local government with a little bit of stimulated seed money has helped our county governments to recognize that those old institutions should not be poor farms, they ought not to be warehouses, but they ought to be factories, and what we have been doing is to use this money to encourage the counties to set up foster homes for aged and to keep people in their own homes for counseling and set up day-care centers and recreation programs.

We have been encouraging these people we find, and it is not only true in our State, if you go to New York or Minnesota, Oklahoma, New

Jersey, California, Washington, you will find similar programs developing.

I should like to submit from the standpoint of our association what we are after here, what this bill really produces, and we think, of course, as you obviously gather, we believe that the public welfare departments can do their job, and a real contribution can be made, because they are in every county, but to me the main thrust of this is that down in each local community and particularly where local government has some responsibility, what we are about to do here is take this problem, which is a vast American problem, and pinpoint the responsibility back where it belongs.

Many people have objection to giving local government responsibility in some of these social fields, but we have a strong belief that if there is anything wrong with local governments, with county government, with municipal government in the United States, that the Federal Government responsibility is to help the States to strengthen their local government. And if local governments have poor welfare programs, and if there are still places in the United States, and there are some, where the local welfare program is looked upon as a relief handout program, and there are some few places, we think, that the nature of that program ought to be changed.

And if the nature of the local government is to be to provide this broad approach, we think that a local public welfare department—in fact we ought to change it and call it family security and it ought not to be concerned only with people that are so poor that they need to have all of their housing, clothing, and feeding needs met out of the public bounty but we think it ought to be concerned about counseling families to hold on to their own people and New York City has a vast program of “take care centers” for keeping people back in their own communities.

It is this kind of thing we are encouraging.

I think—representing a group of people—I am sure you recognize I am giving an institutional point of view. We really feel that the public welfare departments have done and can do a great deal more in this field.

MR. DENT. I compare this proposal to our situation over the years in Pennsylvania, which I think you recall, the consolidation of our effort in the department in Pennsylvania. We had the division and had all of this and, as you remember, it was a long, hard fight for some of us to get it into a single departmentalized proposal. That is exactly what I see in this legislation and whether it is administered by the new departments of health in the various States is of little note, because by having a consolidated front here, we feel that it will give impetus to the move as in Pennsylvania when they put it into their department of health.

When we passed the bill in Pennsylvania for consolidation, we might have just as well selected the department of health as well as the department of welfare to be the remaining department in government. It was just a question of thinking that welfare covered more of the phases we wanted to cover than health as such.

So I do not think there is too much opposition to the program, that this legislation envisions, inasmuch as this appears to be a question of the name to be selected or the name of the department that is going

to handle it or where it is going to be. I see no change in it. If it is a commissioner, we believe it gives it more dignity in the field of welfare and that the Office of Aging now in existence could be transferred immediately under the Commissioner and the Commissioner might well be the same person that has the Office today. It has nothing to do with that.

It is an appeal to try to make people understand, as I see it, that these problems are related, as we discovered in Pennsylvania, and they ought to be under a single head with a single entity and a known entity. That is all.

There is no move here to eliminate anybody or anything. It is just to try to give it the kind of character that we believe a separate office will give it.

We may be wrong, but we believe that as of this moment.

Mr. LOURIE. Actually, if I were on your side of the table and had to make a decision on administration, I am not sure that I wouldn't look to a different source for the consultation.

Actually, the issue of how you administer a program of this sort is more a public administration than a political science question or anything else.

We personally, that is, the American Public Welfare Association, would obviously have to say it is not our business to determine or to be the judge of how the Federal Government ought to operate its agencies. We can give you our experience up to this point. We have liked the welfare administration. Our point of view has been that the 1962 amendments in the public welfare field and the subsequent administrative changes that were made produced a kind of wholeness, it produced a kind of unity, so that we have one solid administration to deal with.

I am not a political scientist. I work as a public administrator. My own point of view has always been that what you try to do with the top administrator is give him as few units as possible to deal with.

I know that Mr. Dent talks about the consolidation we made. We had a separate department of public assistance, separate department of this and that; and we had all of these different individuals reporting upstairs, which became rough for the department to manage, so we put some of these together.

There is no question that some of this research money that is being talked about in this bill is going to channel into various facets of human need. Some of it is going to have to do with the health of people and some with recreation of people and some with the nursing home care of people and I am sure when it hits the States, each State will have to find its way of dealing across the board.

For instance, we have created an instrument in Pennsylvania and we call it "The Council for Human Services." Our new Governor, Governor Scranton, when he looked at some of the problems, he said, "You have your health department, public welfare department, your labor department, and vocational rehabilitation program, and your adult prison system—they are all dealing from time to time with the same people"—and he said there ought to be some machinery where the State agencies that deal with the same people come together. So we created what we call a Council for Human Services where all of our departments meet together and where they deal with the prob-

lems that cut across the lines. We even work out financial arrangements on programs that overlap.

But this is a less important question, I agree, than the question of the substance of the bill.

Mr. DENT. Mr. Carey, any questions?

Mr. CAREY. Thank you, Mr. Chairman. I welcome the programmatic support you specify for the bill.

I would like to dwell a little bit on the concept which was most of your testimony or the substance of it, namely, the connotation of "welfare."

I think you are certainly knowledgeable in this field. Your testimony proves that. However, it is inescapable to me that what we are trying to do here is to make certain the problems of the aging do not get lost in the shuffle. It has taken many years and a great deal of work to identify those problems. We do not want them to be merged in the shadows again and that is why I want this to remain on a high level of Government responsibility.

The only responsibility we, in the Congress, can look to in the administration when we deal with the problem is the Secretary himself, the secretarial responsibility. This is where it was until it was put under the Office of Welfare. We don't know why it was done because no consultation was had with the agencies in the field or any of the persons who had been working on it, as to why this change was made.

This is why we do not want to see it subverted possibly to a new office in 2 or 3 years. We want it to remain crystal clear and be identified so the problems of the aging will not get lost.

You mentioned the day care center program in New York City as a very active and essential program. That is not under the department of welfare. It is a separate agency?

Mr. LOURIE. Yes, in the department.

Mr. CAREY. But it has no reference to the welfare work, of the caseload work, is administered separately and identified separately.

Let me point out what I mean. If we are going to handle it in welfare in my city because it is handled from welfare in Washington, the problem in my city is that we have 375,000 people on public assistance in one form, and 275,000 are children, mind you, using social workers. Social workers are adept and well trained in New York City.

The major complaint, however, is the already overburdened caseload. How can we ask people dealing already with 275,000 children and parents of children, many of whom are problem cases, to handle the problems of the aged in our city, giving the close attention we want the problems to have?

Already, we have picketing in some cases because the caseload is too great. Now we take this venturesome program of ours, action program of ours, and hand it down to the social welfare agency in my own city and ask that it do the things we want done. I do not think we can add any more to the caseload. That is why I want to see the thing marked and dramatically separate from the present welfare activities in the public assistance field.

This is the reasoning in the bill; it sets it aside and keeps it separate so we would not increase the overburdened caseworker and are not going to merge it in the shadows of the public assistance program, which are major in most cities.

This is not one of semantics, not one of changing a term here and calling it welfare on one side and public assistance on the other. We think the program is important and the need for action is so important that we want it kept distinct and want it answerable to the Secretary and answerable to the Congress. This is why we are seeking a separate Office for the Commission and you, yourself, indicate in your new Bureau of Human Services you have in each case an Office of Aging and a Commissioner of Aging, so we are in agreement. We want an Office of Aging and a Commissioner of Aging, so we are in agreement on it.

Mr. LOURIE. Actually, I think the difference is this: In your city in New York, for instance, you have a commissioner of public welfare, I guess.

Mr. CAREY. Right, a very fine commissioner, certainly he is one of the best we have.

Mr. LOURIE. He has a series of jobs to do. Actually that parallels what you now have in the Federal administration, as I understand it. As I understand the Federal Welfare Administration, it has the Children's Bureau and the Bureau of Family Services which handles the public assistance and rehabilitation of public assistance people. It has the Office of Aging. Each of them is distinct. I know we deal with each of them.

I can't escape, although I wasn't, you know, harping on the structure, but since you raise the question, I can't escape the potential possibility, I mean the possibility that if we say of the Federal structure that the Welfare Administration, which now has a program with children, and program for the aging, for the family service and so on, if you take the aging out of the Welfare Administration and say, "This ought to report directly to the Secretary," I would almost have to logically conclude you ought to do the same thing with the Children's Bureau and ought to do the same thing with the Bureau of Family Services.

Mr. CAREY. Perhaps we should.

Mr. LOURIE. Then from a political science and public administration standpoint, the thing I think you might be doing is making it more difficult for your Cabinet man to administer because instead of giving him a Welfare Administration, let us say, with whatever the term is, whatever you call it, whether you call it Commissioner—everybody uses different terms—you have three units, at the moment, Children, Family Service, and Aging, and they are pulling together in one unit and the Secretary can deal with them together at all levels of family life.

If you take them out and make them each a separate unit, then the Secretary has to deal with more people. That is a matter, as I say, of choice, where you have to make the determination. It is almost like separate units.

Mr. CAREY. I think we have come to an important point here and the very fact you are now drawing this distinction points up to me the fact we have to hold out for a separate unit.

The grouping of children and the family services, which you mentioned, has an important distinction to the problems of the aging. The Children's Services and Family Services actively in the Office of Welfare are there because these are dependent persons. We treat

them as dependent persons. Our public assistance program in which we allocate funds is based upon dependency, based upon income in the area.

On the other hand, the aging American we want clearly stated is not a dependent person and does not want to be a dependent person. That is the point we make.

Let me give a clear example and complete analogy of what happens when you fail to be duly specific.

When we passed Kerr-Mills legislation the motivation of Congress was very high. We hoped we would get to the person who needed medical care of certain kinds through the State agency and through State administration and we wanted to get to the problem that needed attention. We passed it with the highest possible motives and ideals.

What happened when it got to the States?

In my own State, this is what happened. Immediately the State legislature imposed a means test in order to qualify for Kerr-Mills. Thereafter it was placed under the administration of the State department of welfare.

As an actual matter of experience, here is what happened in my State on Kerr-Mills:

A person seeking Kerr-Mills benefits as a matter of right has to detail his personal assets, all assets of his next of kin, denominate his next of kin and take a pledge that he will pay the bill when he can. He may be in dire circumstances physically and his health may be severely impaired but he has to go through exhaustive questioning and has to detail his assets and assets of his next of kin and obligate the next of kin to pay the benefits which he is receiving. As a result because of this very exhaustive and very painful interrogation Kerr-Mills is a failure. The person who needs the assistance rather than burdening the family and undergoing severe interrogation, will not take the benefits. We have a great many maladies which could be treated and are not being treated because of this situation.

Therefore, the person who is the supposed beneficiary is not getting it. That is what happened with Kerr-Mills. Why would not the same thing happen with the aging American?

Mr. LOURIE. For a simple reason, I think, and that is because Kerr-Mills, when it came to the States from the Federal agency, put the requirement on the States that the State examine within some reasonable limits the resources of the individual.

I don't think you intended that Kerr-Mills should be available to everybody. You wanted it available to needy people. Who do you get to cut off the definition of need? Somebody has to determine at some limit or else the \$50,000-a-year man is eligible.

Mr. CAREY. The answer is we left it to the welfare administrators and that is what they did to us. If we had anything to say about it they would not have done this. It would not have placed this beyond the availability of the very people we seek to help.

This is what happened in Kerr-Mills. I have had persons in my district office who stated they cannot get Kerr-Mills benefits because the State or the city welfare departments send a questionnaire and the doctor says, "I cannot take time to fill this out. It has 75 questions."

As a result the person's own doctor's services which should be available to him, since he can, under Kerr-Mills, have a private physician of

his own choosing, are not utilized because he does not want to go through the exhaustive redtape involved in the welfare program.

These are all points I am making not in criticism of the welfare agencies because they have a tremendous burden and you know that burden is mostly connected with needy and dependent cases and we, for that reason, do not want to increase that burden and do not want to lose the aging American in the shadow of dependency.

Mr. DENT. Will the gentleman yield?

The statistics even prove the point the gentleman from New York has made.

In a report "The Older American," we find of the \$245 million spent under the Kerr-Mills bill, 88 percent of it was spent in five States, Michigan, Pennsylvania, California, New York, and Massachusetts and 73 percent was concentrated in the States with less than one-third of the Nation's aged living in them and it also goes on to point out that the aged who received the help are the medically indigent families.

Now, if that is the case for the care granted under the Kerr-Mills or the medical care, why would it not follow, that the same imposition will be made if the Department of Welfare or the welfare agency of the Government has full and absolute say in the problems of the aging?

We, in Pennsylvania, you know, have a higher average of aged persons than any State in the Union. In fact, we have 1,530,000-odd now of our total population that, within the very near future, will enter that group called the aged. They are now aging and we have more on a percentage basis than any State in the Union.

If these persons are looked upon, in the main, as persons that are in the welfare program, it appears to me that you will lose sight of what the real objective of this legislation is.

The real objective of this legislation is to try to cover the 10 points in it which deal with housing, deal with job potential, deal with training for jobs, deal with adequate income, et cetera.

Now, by no stretch of the imagination could these be said to be welfare problems. They are, if you take a broad view of the word "welfare," but actually, the aged have problems peculiar to them and, therefore, in working with the State agencies they would have to work with more than the welfare department.

As you know, less than a majority of the States have a single welfare department covering the phases that we do in Pennsylvania. In fact, very few States have. They all have separate departments and bureaus and separate commissions dealing with 1 or more of the 10 departments of this legislation.

If it becomes a welfare program, these other agencies would only be called in as a matter of courtesy more than anything else because decisions would be made as they are made now for medical care on the basis of welfare standards.

That is what we are trying to get away from. We believe the problem is one that transcends the immediate purpose of welfare as we know it.

It goes into the problem of the persons that are 40 today.

For instance, this is a very definite illustration of the need for this legislation, and I am going to ask for unanimous consent to include it in the record at the end of my remarks: the editorial in the Patriot,

of Harrisburg, Saturday, May 25, headed, "Our Lifespan Increases and With It Our Problems." Throughout this whole editorial they practically, well, they do endorse the kind of approach we are making here because it is a separate problem.

Even in many instances today, for most of the legislation appearing before us in the health and education committees, dealing with a specific item, we set up separate commissions and bureaus because overlapping is a problem that we have had in the past. Ofttimes a department that is old in tradition and old in practice will submerge the real intent of the legislation.

No one opposes the program for welfare. No one, at least no one I talked to, underevaluates the real contribution that the welfare departments make, but this is a problem that deals with the aged and aging and I am afraid that what will happen if we do not try to set up some kind of a guideline here in this legislation is that the problem will be one of aged with a negative approach to the aging.

That is the only situation that this committee is faced with as I see it.

Mr. LOURIE. Actually, in a program like this, when the money comes to the State, each Governor is going to decide how he is going to administer it. I think each one would set up whatever machinery, you know, is appropriate to administer it.

On the Kerr-Mills problem, you know one of the main reasons that Kerr-Mills has the difficulty you describe is that the Federal Government does not prescribe for each State what the State's eligibility should be in Kerr-Mills.

We are very proud in Pennsylvania and our legislature just passed what is the highest eligibility limits. The individual can earn \$2,400 or have assets of \$2,400 and a couple can earn \$3,840 a year or have assets of \$3,840 and if they have addition children or additional income and use up a certain amount for hospital care they can even have higher income.

Mr. DENT. Will you yield?

Mr. LOURIE. Yes.

Mr. DENT. Was it not true, prior to the passage of that legislation, that you applied the standards than existing in the department of welfare?

Mr. LOURIE. No; the standards were never the same as public assistance. We used to have a level of \$1,500—well, on public assistance, an individual can't have any income unless he has income that is not up to the standards, but we had a \$1,500 and \$2,400 standard for Kerr-Mills. That was way higher than the actual, you know, no-income limit that you had in public assistance.

The point I want to make is that each State makes its own determination. The Federal Government in passing the law of Kerr-Mills didn't say that a State can apply this or that or the other kind of qualifications. It said that each State should establish limits considering the resources and the income of the applicant within some reasonable standard.

I think, for instance, if any State in the Union said to the Federal Government, "We are going to give Kerr-Mills benefits to a man that has a \$10,000 a year income," I think the Federal Government should not stand still. A man with that kind of income should pay his own

hospital bills. But if you didn't put it in the welfare department, you would have to set up some machinery.

Mr. DENT. You wouldn't have had a Kerr-Mills if we had passed it under those conditions. That is why we are trying to establish an office which would have some reason to establish standards which can be met by the various States and take into consideration all of the problems.

In Pennsylvania, do the persons who receive Kerr-Mills have to sign the same feature as we have in the pauper's oath?

Mr. LOURIE. The Federal Government does not allow this in the States.

Mr. DENT. But in all other instances we do sign in Pennsylvania for relief; is that right?

Mr. LOURIE. Yes.

Mr. DENT. When you collect that money, and you do in Pennsylvania, reaching up into the millions of dollars from these persons who receive relief, do you return to the Federal Government the percentage that they have paid into it on the basis of the percentage that you collect? Do they credit the Federal Government with it; is that right?

Mr. LOURIE. Yes.

Mr. DENT. Now, if we pass the legislation as written, do you see anything in it which would forbid a State from doing the same thing for the aged as it does now for the regular relief victim; making them sign a pauper's oath?

Mr. LOURIE. In this legislation?

Mr. DENT. Yes. We don't forbid it.

Mr. LOURIE. No; because in this legislation, as I understand it, there wouldn't be any giving of money to an individual. This legislation would merely develop programs of various sorts that all people can use.

Mr. DENT. Is it not true this is the pilot plan in this situation. For all you know and I know the future will demand that the Government step in further and further, because if we set up pilot plans and we develop these plans; and if the States do not have the money to follow up, how are we going to carry out the plans without Government participation?

Mr. LOURIE. This has been our experience. Let us take any one of the programs for the aged. For instance, in our own programs right now, we say to a county, "If you set up a program of homemaker services, you send a homemaker to a family where an old person is kind of ill and not so ill you want them in an institution," it is cheaper to send a homemaker into that home and a couple of days a week to help straighten out the house and do some cooking and so on. It is cheaper to do that than put them in an institution. We give a few dollars to the county and the county adds to it and hires a homemaker and as a result a lot of people are able to maintain themselves, older people, in their own homes.

However, we put a condition on our money, and I would hope when this Federal money goes to the States the same conditions will prevail, we put a condition on it and we say, "Look, if there is an old man, an old lady, an old couple and you have to put a homemaker in there in order

to prevent them from going to an institution, if they can make some contribution to that, they should be allowed to."

That should be part of their dignity.

For instance, when we say to a county, "We are going to help you operate a day care center," which means an old man or old lady can go to a day camp center in the day and then have their children living with them so the daytime activity is off, that also prevents institution care. What we say is, "If you have an old man who comes to the day care center, if he can pay 50 cents a week in dues he should be allowed to do so because that is the way he maintains his dignity."

This is the same kind of thing—I think this is the kind of thing that we mean. We don't mean in these programs we are just going to open day care centers or offer homemaker services or help to develop golden age clubs or any of these services without the individual being given an opportunity, and I think one of the richest opportunities to give old people is that feeling that they have contributed.

Mr. DENT. How do you measure the contribution?

Mr. LOURIE. In this kind of program you don't do it like a public assistance program, you ask and you give them the opportunity.

Mr. DENT. And if they do not do it?

Mr. LOURIE. If somebody says they are not able, in this kind of program, generally, you know, if the man is on assistance or living on old age and survivors insurance, and he has a wife, has a limited kind of income, and you ask him to make what kind of contribution he can. If you know that a man, however, has been an executive in some industrial firm and he is retired and incidentally, in our golden age clubs all over you will find this mixture of people, you don't find only the poor people and in the welfare departments, you go into the welfare department day centers, even in New York, you won't find only poor people, the majority, yes, but you will find other people looking for companionship, and there are people who can afford and I have seen people in the golden age clubs who contribute a few dollars a week as dues to the golden age clubs because they feel they can do it. Whereas on public assistance, he won't contribute a thing. That is the way these things should be balanced.

Mr. CAREY. Mr. Chairman, may I continue at this point?

Mr. DENT. Yes.

(The editorial referred to follows:)

[From the Patriot, Harrisburg, Pa., May 25, 1963]

OUR LIFE SPAN INCREASES AND WITH IT OUR PROBLEMS

"Middle age" in Pennsylvania today is, literally, age 36. The person who has his 36th birthday this year may expect, according to the recently released life tables of the State department of health, an average remaining lifetime of 36 more years.

This statistic serves to emphasize the population boom that is occurring on the upper end of the age scale.

The literal "middle age" will keep moving upward and probably reach age 40 or 45 in the not-too-distant future.

Thanks to modern medicine, better foods, improved working conditions and a host of other benefits available to the Pennsylvanian today that his father didn't have, lifetime spans have been extended. The Pennsylvanian who is 45 to 50 this year should live to be 74. The person who is 60 should live to 77, and the person who is 70 to 81. A child of 1 should live past his 71st birthday.

The lengthening of man's lifetime certainly is a blessing, but it also poses a considerable problem for society.

Recently New York City's commissioner of health, Dr. George James, warned that the city's medical facilities by 1970 would be taxed with caring for 1 million persons over age 65. The city now has 814,000 aged.

"If you had to sit down and plan medical service for 1 million persons in this age group, you would gain a new insight into the major adaptations we should be making now and should have made a decade ago," Dr. James said.

"It is obvious that our resources are creaking under their present load. It is also obvious that the training of new health personnel will not keep up with the present growth of population at least in the foreseeable future. So we are going to have to be more efficient with what we have."

Ten percent of Pennsylvania's population, or 1.1 million persons, today are in the over-65 age bracket. That figure and percentage double those of 1930, according to the U.S. census. It's above the national average. This is an old State in more ways than one.

Waiting, too, to join the aged group in the future are 1.53 million Pennsylvanians now in their 40's, 1.22 million in their 50's, and almost 500,000 between ages 61 and 64. All these groups now have longer life expectancies than they once had, ranging from 33 more years for the person age 40, to 14 more years for the person age 64.

These modern mortality statistics play an important part in the arguments over financial aid to the aged, hospitalization and other issues of medical care, insurance, housing for the aged, and the numerous other questions which concern the elderly.

Anyone debating these issues must be willing to speak in terms of Pennsylvania's needs a decade or two decades in the future. This is a time of population boom, and the "senior citizens" of 1973 and 1983 already are here.

Mr. CAREY. I would like to emphasize, the consortium of people coming in to participate, depending upon where the program is and who is running it. In my experience where we have voluntary agencies, such as those who have come before us, the people are self-starters. People come into the program because they are interested in doing so, not from the public angle but on a private basis, they are volunteers. Dr. Woolf was in the room today and he did this as a matter of a hobby, I think initially, and now is fully committed to it. But they came in on the basis of a desire and willingness to do something for others on a private and voluntary basis.

I feel very strongly with Mrs. Schweinhaut, the witness this morning, that these people do not want a program administered through welfare, and should they see that, they may disappear from the field.

I feel strongly on that and have had some experience on the most popular setting for the senior citizens. By the way, some do not want to be called that any more. One of them, in fact, the comedian-philosopher Alexander King on television said:

Don't call me a senior citizen, I am an old man and want to eat peanuts out of a brown paper bag just as other men do.

The most popular center in my area is the one that happens to exist in the parks department. They will not go to one in the welfare office.

I think the activity on the basis of volunteers has been a most important activity developed in this field long before Government came into it. This is the one that must be preserved and stimulated. I do not see how we can do this if they disappear because they reject the welfare concept.

Mr. LOURIE. I think you will find, sir, the largest, probably outside of the education field, dealing with hospitals, and dealing with applying care for private schools, you will find that the largest programs in this country of contribution to the development of private organiza-

tions and purchases from private organizations is through your State and local welfare departments because you remind me, for instance, in this very small grant program we started in the aging field, one of the programs in Philadelphia, for instance, when we went to the city of Philadelphia and talked to them about a grant, they said, "Yes, we have two places we want to develop day care centers, one of them is in the board of education."

So we made our grant to the city of Philadelphia, but they decided to use some of it in the board of education, you see, the board of education has within one of its facilities a day care center.

They decided to use another part of it in their health department because they have a mental hygiene division and they wanted to run a special day care center for persons whose families thought they needed to go to mental hospitals. We operate diagnostic centers and Philadelphia has one. Some people bring an old man or an old woman into our diagnostic center and they say he needs to go to a mental hospital center. Fifty percent of the people coming into the diagnostic center are sent back to community living of one sort or another because we can find ways of keeping them out of the hospital.

One of the ways of experimenting with it in that city is with the day care center that uses State and city money. These potentially mentally ill people come there during the day and we give them all kinds of service and that keeps them out of the hospital, you see.

In some instances some of the communities we have given money to have brought private groups in that do the same kind of thing.

Mr. DENT. Does the State department of welfare contribute to the "Helpmate" program in Philadelphia?

Mr. LOURIE. We contribute directly to the department of public welfare and I think they make some direct contribution to that. They purchase from that program, I believe. I am not sure but I would have to check that.

Mr. DENT. These are the kinds of programs we envision under this law. The whole purpose of some of the pilot plans we are trying to develop is the kind of work that the "Helpmate" program is conducting.

In Philadelphia, they give a retired person an opportunity by guidance; and provide for that person the knowledge of need in the city for community services on a voluntary basis. I think that, as Mr. Carey so ably puts it, there is something negative about the word "welfare." These elderly, as I get it from my letters and from conversation with them, do not want to be labeled "welfare recipients." They may not be. If we are seeking to help these people, certainly we should first consider these kinds of mental hazards.

You are talking about the very thing that might cause a mental block. The fact, they say, "I am not going there. I am not going to go to a welfare department. I have never been to one in my life. I want help but I won't go to a welfare department for guidance."

Mr. LOURIE. In this kind of program we are talking about, let us try to trace some of this Federal money as it hits the State. Let us take the nursing home field. One of the things we would hope this program would do would be to improve the ability of the personnel in nursing homes to do a better job.

Let us assume that one of the things we want to do is train personnel who will work with older people.

Mr. DENT. What would happen in Pennsylvania as a practical matter? Is it not true that if the welfare department in Pennsylvania is a direct heir to these duties, it turns to the welfare departments in the 67 counties in the State?

Mr. LOURIE. No.

Mr. DENT. And even the hospital program, does one not have to go to the welfare department because one would be channeled through it?

Mr. LOURIE. Not necessarily.

Mr. DENT. Not necessarily, but is it not true that that is what would happen? It happens to the aged.

Mr. LOURIE. You see, you have to separate this business of public assistance—where you come to an assistance office for money—from everything else. Let us take nursing homes. In Pennsylvania, it is our department, and this happens to be the department of public welfare, office of aging, which supervises nursing homes, so if money comes from the Federal Government to do training we want to use some of the training, we would be setting up in the office of aging programs to train personnel in nursing homes.

Incidentally, it wouldn't only be the county institution or the institution that houses public assistance recipients but we do training of personnel in the nursing homes where people pay very, very high rates because even in the high ratepaying nursing homes they need to know something better than they do about programs. We are just as much interested in the kind of care that the rich man gets in that nursing home as we are in the kind of care that the absolutely broke fellow gets in the county home. We think they ought to get the same kind of care and some of these very fancy places also need some help.

In another State that money might be used by the health department because in some other States it is the health department that is worrying about nursing homes, you see.

Now, we go to a local welfare department only for the things that they do. Now, the local welfare department doesn't run all the nursing homes or all the golden age clubs or all the day care centers. They do part of the job. The private agencies do part of the job, the commercial establishments do another part of the job.

Mr. CAREY. Will you yield?

Mr. DENT. Yes.

Mr. CAREY. You just convinced me more than anyone could ever do before that we are on the right track in keeping this separate and independent because in demonstrating what you do with the money that goes down to the State, it sounds to me that if we were to leave the program under the present auspices in the office of welfare setup, that the meager funds in this bill, \$19 million to be distributed among the 50 States and to be handled according to the administrative structures, as they see fit, it would be like throwing a handful of birdseed into a fan, because we would never see where it went and would never see the objectives we have in this bill carried out. We have very definite objectives in this bill. The programmatic support you indicated is for the objectives and they are very clear and definite, as stated in the bill. These objectives are drawn from the mass of ex-

perience and research and contributions made at the White House Conference, at the regional conferences and in order to move forward clearly toward those objectives we must insist that we have the kind of organization which will keep them in mind at the Federal level, which will transmit them clearly to the States so that the States will join in achieving the objectives. They are so limited, so definite, so well demonstrated by reason of the experience in the conferences that we do not want this to merge with programs or to get into areas of discretion which may be laudable but which are no in keeping with the objectives as we see them.

This is not a case where we are telling the States what to do. We asked the States and private agencies and individuals in the field to come to Washington and tell us what they want and to show us what they could do. We asked them to give us the answers so we could assist them in moving to their goals.

All we are trying to do is effectuate the very things they said they needed, that they wanted, and in that sense we are not telling them what they are to do, but we are carrying out their instructions in the Congress.

Their instructions to me are clear and definite. They have been on the stand here for the last 3 days and they have been unanimous—and I think that would cover every witness here—unanimous in one single appeal, that is, "Please keep us out of the welfare concept."

They all agree that, as understood by our Founding Fathers, welfare has a very tremendous and laudable connotation, but as understood by the descendants of those fathers down to the seventh generation, it is unfortunate, and they do not want to be classed in the "unfortunate" category.

For that reason, I think we are under a mandate by those who participated in the conferences, to carry out their instructions to the letter, carry out the objectives as set forth in the bill, and to keep this office as a separate, distinct, authoritative agency to achieve these objectives.

We are under a mandate to do this by the White House Conferences. If not, we should call another conference and change our ideas. As we have the conference material before us, all the publications that have been so well developed, I think we have an instruction from the people to do just what we are doing in this bill.

Mr. LOURIE. My only comment on that is this, that, again, the association, and I repeat, would take the position that it is not the last word on how the Federal Government ought to organize, but what we can tell you, from our experience, is that in the States we doubt very much whether or not the various governments, and this might happen in some places, but by and large we do not believe that this program, when it hits the States, would set off the development of a whole new range, whole new set of operating agencies, for the simple reason that each State has a health department and they are not going to set up a separate operating agency to deal with the health of the aging. We have, in most of the States, some citizens' machinery. We had a Governors' committee on aging which did a tremendous job. It was the Governors' committee on aging that hacked away at our State departments and governments that each department ought to do more than it is doing in the field of aging. We do not claim that the de-

partments of public welfare should do all the jobs in the aging field. The health departments are going to do a lot.

Mr. CAREY. If the witness will suspend at this point, the Secretary of Health, Education, and Welfare indicated, although a majority of the problems involved in the aging are in his Department, a very substantial addition is outside, or 50 percent is outside of his own Department, so it has to be clearly outside of the Office of Welfare because it is outside of his own Department. They are in housing, in labor. There is a very important concept here as far as reemployment and retraining for reemployment and that is why it is an inter-departmental problem, and for that reason will move across a broad field in the States, just as in the Federal Government. On this point an organization with 700,000 members, headed by Mr. Fitch, came in and told us that if they have to go through the welfare system in order to become part of this program, attractive as it is, on the basis of the Conference finding, they would just as soon do without the program itself.

Mr. Edelman came in, the next witness on this concept, and he represented 1,500,000 of another group in the aging Americans category, and he made the same point, that before they would participate through the Office of Welfare, they would just as soon do without the program.

That is how strongly they feel and when people feel that strongly, I am going to be guided by what Mrs. Schweinhaut referred to as the growing political muscle among aging Americans. I do not want that muscle to come down on me in the next election and say, "You put me where I did not want to go."

Dr. DENT. I do not see how this legislation detracts from the importance or the duties, or the influence, of the welfare worker or the welfare departments in the country. I think that it implements their work by having an overall agency that will take in other matters that are handled by the welfare departments today. We know, in many States, welfare departments play a very minor part and did in our States for a number of years with practically nothing except categorical relief to handle in the department.

So we saw fit, in Pennsylvania, to make it an all-encompassing agency to cover all of these fields. What we would do now is create a separate, as it were, division of government, under the Department of HEW but not within the scope of domination by the Secretary of HEW, because the Commissioner would be named by the President, and confirmed by the Senate, giving him a dignity that I believe appeals to those who would be certificated by the Department. And a practical accomplishment that a Member of the Congress must always keep in mind, would also result. For if we do not put authority by law within a new creation, that we are about to put into this, we give to the same agencies the power that they have always had and that depends upon the will and desire of an individual.

As it is now, the Secretary of HEW is a man who believes that this ought to be coordinated and created the Office for the Aged.

Now the President happens to believe in the same vein, so there you have a combination that made this agency possible. But there is no law that set it up. There is no particular blessing by the Congress on this situation or on the creation of this Office, and if tomorrow a different President with a different Secretary would come along, he could

abolish the Office altogether or transfer it to some other division of his own department, because, in politics and in Government, oftentimes likes and dislikes have some bearing on who is going to get the duties to perform.

Mr. LOURIE. That is true of many Government bureaus.

Mr. DENT. We believe it ought to be in an agency set up by the Congress, distinct and separate. Whatever is done in the administration of it has nothing to do with it. But the fact is the Secretary cannot abolish this unified effort on behalf of the aged, as it can be done under the present setup.

Now that is the only aim, as I see it, of Mr. Fogarty and the hundreds of other Members of the Congress who have indicated an interest in this matter.

It is not a punitive proposition which someone is trying to make against any person. I do not know who is in the so-called Office of Aging. I met only some of those who have been on the witness stand. I have nothing personal in this matter and neither does any other member, but it is to set up, for the future, something that cannot be undone by the wish or whim of an individual. And that is all it is.

Mr. LOURIE. I understand.

Mr. DENT. I think you know the problem, and you know what we have had to do many times. Reforms and innovations come very hard in politics.

Mr. CAREY. Mr. Chairman, I would just like to interpose this one point, looking toward posterity again, I think all of us in this room and all of us in this Congress will agree that what our country seeks to do in our programs at every level of government is to eliminate dependency as a matter of custom in the United States, at least to the point where anyone who wants to become independent will have the opportunity to do so.

So we are moving to eliminate dependency as a category of America. Therefore, the burden of casework in welfare must someday be minimized. It must go down. This is a challenge for us to remember, to reduce it to the absolute minimum, to the point of disappearance.

On the other hand, the aging Americans, by reason of research, by reason of science, by reason of the great contribution of the medical profession, and by reason of the contribution of those in the field of gerontology, have become an ever-increasing group. By 1970, this will be a group of 20 million or more, and in the testimony this morning we were told that by reason of dramatic breakthroughs we can look to the day when the average life expectancy will be 125 years. We must look ahead to that point as dictated by the needs of the future. Those needs will be preponderantly greater for the aging Americans than for the public assistance cases. For that reason we have to look to the great and growing effort needed for the aging American and the eventual disappearance of the welfare aspect as we know it today.

For that reason, the Office must be distinct and separate and stand on its own feet.

Mr. DENT. There is no question about it. There is no quarrel even among the witnesses on that score.

Mr. LOURIE. We would like to see public assistance disappear, also.

Mr. DENT. That is right; but we do not want to give it more reason for existence.

Mr. LOURIE. Well, I think if you examine the record you will find in the first part of Mr. Carey's statement it was very close to one of the major legislative objectives of the American Public Welfare Association and the record will show that, as we increase the range of social insurance system, we decrease the public assistance load. These things are not unrelated one to the other. They are both part of the same legislation.

Mr. DENT. Thank you very kindly, Norman.

At this time we will call upon the Honorable Claude Pepper, Representative of the Third District of Florida, who will present testimony on this legislation. Mr. Pepper, we welcome you here.

STATEMENT OF HON. CLAUDE PEPPER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. PEPPER. Mr. Chairman and members of the committee, you are to be commended upon your interest in and your efforts toward greater Federal assistance in a program the design of which is to lengthen the lives, improve the health, increase the usefulness, and promote the happiness of the senior citizen of this country, now consisting of more than 17 million people in the Nation and over 600,000 in my State of Florida. More than 11 percent of the people of my congressional district are such senior citizens.

On February 21, 1963, I introduced H.R. 4055, to assist in the construction and operation of senior citizens centers and programs of education, recruiting, and training for community service, counseling, and other activities in keeping with the needs of older citizens, which should be cited, if enacted, I propose as the "Senior Activity Center and Community Service Act of 1963."

My bill proposed that the Congress clearly recognize the Federal responsibility to work with State and local governmental agencies, and private agencies as well, toward lengthening and enriching the lives of our senior citizens; and proposed a program by which the Federal Government should discharge this responsibility directly and through grants to State and local, as well as nonprofit private, groups working toward the same end.

Under my bill assistance would be given by the Federal Government in financing the construction and operation of multi-purpose and single-purpose senior citizen centers with qualified staff; to upgrade the quality of senior citizen programs and to train the necessary leadership, and to encourage senior citizens to participate in voluntary community service activities, which will help in making progress toward achievement, on behalf of our older citizens, of—

- (1) A variety of recreational, educational, cultural, and community service activities during the day, planned by the participants with the assistance of trained staff;

- (2) An emphasis in the programs and in the individual contacts upon continued individual development to meet the challenges and the problems of later years;

- (3) Opportunities to open new vistas in the retirement years, reduce rigidity and narrowness in old age, and enjoy creative meaningful experiences;

(4) A supportive environment of friends who can help the individual during periods of difficulty or stress;

(5) A reentry point where the individual can choose how and when he wants to participate in community life;

(6) Activity programs which contribute, directly or indirectly, to the individual's physical or mental well-being;

(7) Establishment of recreational and other leisure-time activities and informational, counseling, and referral services for older persons and assisting such persons in providing volunteer community or civic service;

(8) Study and make known the talents and skills of those older men and women who are interested and available;

(9) Identify and classify the services which can be performed by older men and women for community agencies, groups and individuals; and

(10) Establish a clearinghouse and resource center for bringing together the available services of older adults and the needs for their services.

My bill, H.R. 4055, in title I authorized to be appropriated for the fiscal year ending June 30, 1963, and each of the next 4 years, the sum of \$10 million for grants to States for paying part of the costs of constructing and equipping new centers or for expansion of existing centers providing recreational and other leisure-time activities and information, counseling, and referral services for older persons and assisting such persons in providing volunteer community or civic services. Such grants under my bill were to be allocated to the several States in a ratio of the number of citizens each State has over 62 to the number of all citizens in the Nation of that age as determined by the Secretary. Such funds would be available to the several States for the payment of 60 percent of the cost of any such center upon the approval of a State plan for the construction of such centers.

My bill, H.R. 4055, in title II authorized to be appropriated for the fiscal year ending June 30, 1963, and each of the next 4 fiscal years, the sum of \$10 million for grants to the States on the same ratio basis for State and community planning, demonstration programs, training of special personnel, and the establishment of new programs to carry out the general purposes of the act to protect the health, increase the skills, and enrich the lives of senior citizens. The bill contemplated that the Federal activities should be in support of approved State plans to further the purposes of the bill.

The bill also provided for an advisory committee to assist the Secretary of Health, Education, and Welfare to carry out the purposes of the bill for the benefit of senior citizens.

My bill provided for the program proposed being carried out in the Department of Health, Education, and Welfare under the direction of the Secretary.

On February 25, 1963, I introduced H.R. 4188, to assist in the development of new or improved programs to help older persons, and for other purposes to be cited as the "Senior Citizens Act of 1963." The emphasis of this bill was upon the development of new and improved programs toward achieving, on behalf of our older citizens,

(1) Adequate income in accordance with a rising standard of

living and equal opportunity for gainful activity in employment or self-employment;

(2) The best possible physical and mental health care and rehabilitation that medical science can make available;

(3) Suitable housing at costs which older persons can afford;

(4) Opportunity for meaningful retirement activity within the widest range of civic, cultural, and recreational pursuits;

(5) Coordinated community services suited to the special needs of older persons;

(6) Increased research in all aspects of aging and the immediate application of such knowledge; and

(7) Trained personnel to carry out the above objectives.

To accomplish these purposes the bill authorized in title I \$1,590,000 to remain available until expended for allotments to the States for establish or improving State agencies to develop new or to improve old programs to carry out the purposes of this bill.

In title II the bill authorized \$10 million for the fiscal year ending June 30, 1963, and each of the next 4 fiscal years, for grants to the States for community planning, services, and training to carry out the purposes of the program. The allotments to the States would be based upon the ratio of the senior citizens in the several States to the total number in the country. Allotments to the States would be conditioned upon the Secretary's approval of States' plans in furtherance of the bill.

My bill, H.R. 4188, also authorized to be appropriated for each fiscal year the sum of \$1,500,000 for assisting in paying the costs of the State agencies set up to further the purposes of the bill. These funds would also be allocated to the several States upon the same ratio.

My bill, H.R. 4188, in title III authorized the Secretary to make grants to any public or nonprofit private agencies, institutions, or organizations for special demonstration, research, or training projects relating to the special educational, welfare, recreational, social, economic, or other problems of older persons or the aging.

In title IV of H.R. 4188 provision is made for an advisory committee to assist the Secretary of Health, Education, and Welfare in carrying out the purposes of the bill.

The bill also provided under title IV for an Interdepartmental Committee on Aging, consisting of the Secretary or his designee, as Chairman, and the heads of the following executive departments or agencies or their designees: the Departments of Labor, Commerce, Agriculture, and Treasury, the Housing and Home Finance Agency, the Veterans' Administration, and the Civil Service Commission. The duty of the Committee would be to make recommendations to the Secretary and to the heads of the other executive departments or agencies having functions or responsibilities in fields affecting or relating to the problems of aged persons or the aging, with a view to the improvement and coordination of such functions and responsibilities.

The administration of the program under my bill, H.R. 4188, would be in the Department of Health, Education, and Welfare under the direction of the Secretary.

My bill, H.R. 4055, differs principally from H.R. 7957, introduced by Mr. Fogarty on August 6, 1963, in two respects: (1) The Fogarty bill provides for an Administration of Aging in the Department of

Health, Education, and Welfare under the direction of a Commissioner of Aging to be appointed by the President and approved by the Senate, while my bill, H.R. 4055, provides for the administration in the Department of Health, Education, and Welfare under the direction of the Secretary. (2) The Fogarty bill, H.R. 7957, provides no funds for the construction of senior citizen centers; whereas my bill, H.R. 4055, does authorize Federal funds to be allocated to the several States for the construction of senior citizen activity centers in the several States.

My bill, H.R. 4188, differs from the Fogarty bill, H.R. 7957, principally in that the Fogarty bill provides for the administration of the program in an Administration of Aging under a Commissioner to be approved by the Senate, while my bill provides for the Administration of the program in the Department of Health, Education, and Welfare under the direction of the Secretary. My bill, H.R. 4188, also provides for the coordination of the several programs respecting senior citizens through an interdepartmental committee consisting of the heads of all the departments and agencies dealing with the senior citizens who would be advisers to the Secretary of Health, Education, and Welfare.

The purpose of my bills, the Fogarty bill, and the other bills now before your select committee is to make meaningful the comforting words of Browning when he said:

Grow old along with me.
The best is yet to be.
The last of life, for which the first was made.

The senior citizens of this country who have borne the battles and burdens of a generation and by their labor, courage, and sacrifice have lifted our land to the summit of international power and prestige deserve that their Government, in expressing the gratitude of their fellow citizens who have been the beneficiaries of their struggles and sacrifices, shall in the days of their seniority do what it can in reason to assist their States and communities in making possible to them longer life, better health, greater service to their country, and more happiness. These bills are concerned with a program to accomplish these noble purposes and I hope, with the senior citizens of this country, that they have the support of your distinguished select committee.

Mr. DENT. Thank you. I am sure that you have made a fine contribution to the deliberation of this committee.

Our next witness will be Congressman Fernand St Germain. Mr. St Germain represents the First Congressional District of Rhode Island. We will be glad to hear your testimony at this time.

STATEMENT OF HON. FERNAND ST GERMAIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF RHODE ISLAND

Mr. ST GERMAIN. Mr. Chairman and members of the subcommittee, the bill you are considering this morning is one of great importance, since it is designed to fulfill a great need. The older citizens of our country have waited long and patiently for enlightened governmental interest in their problems. The Older Americans Act of 1963, introduced by my friend and colleague from Rhode Island, Hon. John E. Fogarty, is worthy of your approval and support. I

am honored to testify in its behalf, and I am firmly convinced of the necessity for its prompt enactment by the Congress. As Mr. Fogarty said on August 6 of this year when he introduced the bill:

With the introduction of this bill, I must express my deep concern that action has been so long delayed in an area so vital to the social and economic status of the Nation's 18 million persons over age 65. It is my honest conviction that few issues have come before the Congress that have such a great potential, not only for the individuals affected by the legislation but also for the Nation that can only benefit from the untapped manpower reserve that is represented among the ranks of our older citizens.

It is unfortunate indeed, Mr. Chairman, that we have been so slow to recognize this potential of our senior citizens which could be effectively utilized for the benefit of all the people of this country. These are perilous and serious times in which we live, and unless every member of our national community is able to make his maximum contribution to the cause of democracy, then we have committed a cardinal offense against the principles upon which this Republic is founded.

Our older citizens are ready and anxious to make these contributions. They need the leadership and organization which this bill provides so that their efforts can be of real benefit and significance. The proposed Administration of Aging within the Department of Health, Education, and Welfare, the program of grants to States and public or nonprofit private agencies, and the establishment of an Advisory Committee on Older Americans would all serve to coordinate and stimulate senior citizen contributions to our national welfare.

Mr. Fogarty deserves a great deal of credit for his foresight and interest in sponsoring this measure. I urge the members of this subcommittee and all my colleagues in the Congress to join him in this noble and vital undertaking.

Mr. DENT. Thank you, Congressman St Germain, for appearing before this subcommittee.

Our next witness is the Honorable William C. Cramer. Congressman Cramer represents the 12th Congressional District of Florida. Congressman, will you have a seat at the witness table?

STATEMENT OF HON. WILLIAM C. CRAMER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. CRAMER. Mr. Chairman, I am today testifying on behalf of my bill, H.R. 318, which provides for the establishment of a Bureau of Senior Citizens within the Department of Health, Education, and Welfare. The bill provides for an Assistant Secretary to the Department of Health, Education, and Welfare, to direct this Bureau. The bill provides for the authorization of \$2 million, to remain available until expended, to conduct and encourage research and studies into the fields of gerontology, geriatrics, and allied problems of senior citizens; to assist in the operation of projects to help senior citizens, and for other purposes.

Mr. Chairman, I have a very devoted interest in the problems of senior citizens, particularly in view of the fact that my district, the 12th District of Florida, has more senior citizens percentagewise than any other congressional district in the United States. I have thus had an opportunity to gain firsthand knowledge of what some of the

problems of senior citizens are, and have devoted many hours of my tenure in office in an effort to meet the challenge offered by some of these problems.

Since the turn of the century, our total national population has a little more than doubled, but in the same period senior citizens increased $3\frac{1}{2}$ -fold, due to the sharply increased life expectancy of the individual. Senior citizens have become the fastest growing segment of our population, and this growth is expected to continue and reach approximately 21 million in 1975.

During the last 50 years, our national economy has moved from one based primarily upon agriculture to one of huge industrialization, creating many new and unanticipated social problems, particularly with respect to our senior citizens. Because of their age, they have been denied the opportunity of gainful work by being compelled to retire prematurely. And in this connection, there has been a failure to assist them in rehabilitating themselves.

As a result, many of our senior citizens have inadequate financial resources to maintain themselves and their families as independent and self-respecting members of their communities, are unable to find adequate housing and healthful recreation activities for themselves and their families, are oftentimes confronted with disabling health and medical problems, and sometimes driven by frustration and despair to private and public mental institutions, are often forced into positions of isolation and lonesomeness, and are placed in increasing numbers on old-age assistance rolls.

It is, therefore, essential that such trends be determined by further study and checked by concerted and comprehensive efforts to formulate, and put into operation, programs which will permit our older people to continue to lead productive, proud, and independent lives. Programs which will restore and rehabilitate many of them to useful, happy, and dignified positions among their neighbors, which will enhance the vigor and vitality of the communities, and which will prevent further growth and aggravation of their problems with resulting increased social, financial, and medical burdens. Coordination of existing Federal programs, and a study of their interrelationship, and an authority to accomplish this, is needed.

The primary responsibility for caring for and working out the problems of our older persons is that of the States and local communities; however, it is the purpose of my bill to aid and advise the States in developing long-range plans and, so far as practicable, in helping to solve the problems of senior citizens through projects which will help—

First, to assure to senior citizens an equal opportunity with others to engage in gainful employment which they are physically and mentally able to perform.

Second, to enable senior citizens to achieve a retirement income sufficient for healthful living on a reasonable standard and for participation in community life as happy self-respecting citizens.

Third, to provide senior citizens, so far as possible, with the opportunity of living in a community of their own choosing in their own homes, or when this is not feasible, in suitable substitute private homes; and in the case of such persons who need care that cannot be given them in their own or other private homes, to provide them

with the opportunity to live in cooperative service projects or institutions that are as homelike as possible and have high standards of care.

Fourth, senior citizens to receive adequate nutrition, preventive medicine, and medical care adapted to the conditions and economic ability of their years.

Fifth, to rehabilitate and to restore to independent useful lives in their homes, to the fullest extent possible, senior citizens who are chronically ill, physically disabled, mentally disturbed, or incapacitated for other reasons.

Sixth, to assist senior citizens to have access to social groups and to participate with those of other ages in recreational, cultural, religious, and civic activities.

Seventh, to assure that senior citizens, in planning for retirement and meeting the crisis of their later years, will have the benefits of such services as counseling, information, vocational retraining, and social casework.

Eighth, to relieve the problems of senior citizens through an increase of research on the various aspects of aging and the development of special courses in schools and departments of medicine, nursing, clinical psychology, and social work to train professional workers in the field of aging, geriatrics, and gerontology.

Mr. Chairman, I feel so strongly about this problem that I cannot emphasize too greatly the need for legislation in this field, and urgently request the members of this committee to act favorably on my bill.

Mr. DENT. Congressman Cramer, it has been a pleasure to hear your testimony. Thank you for appearing here today.

We will now hear the statement of our colleague, the Honorable Clement J. Zablocki of the State of Wisconsin.

STATEMENT OF HON. CLEMENT J. ZABLOCKI, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WISCONSIN

Mr. ZABLOCKI. Mr. Chairman, at the outset I wish to express my appreciation to you and the other members of the subcommittee for giving me an opportunity to express my views on assistance to the aged. The subcommittee is to be commended highly for giving active consideration to the problems which beset that large and important segment of our country's population represented by our elderly citizens.

Few of the nearly 18 million persons in the United States who are age 65 or older fully escape the difficulties and uncertainties which old age brings.

They plague the healthy as well as the sick, the rich as well as the poor, the self-sustaining as well as the dependent.

The problems of the aging, moreover, cut across State and community boundaries. Affecting almost 10 percent of the Nation's population, these problems are national in scope and can only be effectively dealt with on a nationwide basis.

First, let us pinpoint the areas where particularly important difficulties exist. These are, in my opinion, three: Housing; health care; and employment.

HOUSING FOR THE AGED

If dignity is to accompany old age, then our senior citizens must be adequately housed.

Today, unfortunately, many are not. Despite lifetime habits of frugality and saving, many of our older men and women are doomed to live out their lives in housing which is considerably below what could be considered adequate by modern standards.

A national foundation recently conducted a study into the question of how adequately housed people are who receive monthly social security checks. It was found that—

Forty-five percent of all aged living in households needed better accommodations.

Eighty percent were living in houses at least 30 years old and 40 percent were living in houses at least 51 years old.

Older citizens in the poorest health, as a general rule, lived in the poorest housing.

Fortunately, heartening progress has been made to provide proper housing for the elderly. State and local governments, often with the help of the Federal Government, have constructed developments specifically for the aged.

Private groups such as labor unions, professional associations, and fraternal organizations have been active in providing housing for the elderly. The efforts of these organizations have been aided by the availability of low interest Federal loans to finance such projects.

But more, much more, remains to be done.

HEALTH CARE FOR THE AGED

There is also much to do in the area of better health care for the aged.

Both those who favor, and those who oppose hospital and nursing home insurance for the aged through social security have agreed on this matter.

It is obvious to those who study the issue thoroughly that our elderly, despite the swift advance of modern medical science, often live in constant dread of serious illness.

It is my belief that the present situation dictates that some form of medicare legislation be enacted. While medical care insurance is the most pressing need of our elderly it is far from being the only problem.

There is a need for further and intensified research into the diseases which afflict the elderly, such as rheumatism and arthritis.

There is a need for more scientific knowledge into the nature of aging itself. With the advance of medical science it may someday be possible to arrest or retard the aging process itself.

There is a need to develop better social services to assist our elderly in maintaining the positive psychological attitudes that are so important to mental and physical well-being.

EMPLOYMENT

In addition to housing and health care, employment poses distinct problems for many of our aging.

For many individuals today the age of 45 is a point of no return. They know that once they have entered middle age, their chances of

obtaining employment are drastically reduced. Regardless of their abilities, they are forced to stay at jobs which may be less than satisfactory, because no one will consider them for other available positions.

Second, it is clear that retirement should not be forced. It should be a matter of choice. Many of our older citizens are able to work, should work and, because of economic necessity, must work.

The experience and skills of our elderly workers, acquired over years of diligent labor, should be put to use for the good of all.

RAPID INCREASE IN POPULATION OF AGING

While the aged, to some extent, have always had difficulties with housing, health care, and employment, these problems have become of acute national concern in recent years because the number of older Americans has risen sharply, and continues to rise.

According to census statistics, the population of the United States has increased $2\frac{1}{2}$ percent since 1900. At the same time the population of those 65 years old and older has increased six times.

It is estimated that the number of persons over 65 increases by 1,000 each day. By 1980 they will number nearly 25 million.

My own State of Wisconsin provides an excellent example of projected increases in this segment of our society. In 1961 there were some 412,000 persons over 65 in Wisconsin.

In 1970, according to estimates, there will be 482,000 such persons in the State, marking a 20-percent increase in just 10 years.

These figures indicate the danger that existing programs to assist the aged soon may become inadequate or outmoded.

EXISTING PROGRAMS

Mr. Chairman, I would be remiss if I failed to mention the advances which have already been made toward assisting the aged.

Probably the most significant accomplishment was the enactment of social security, which has given some security and dignity to the elder years of millions.

Since its enactment under a Democratic President and Congress during the great depression, social security has become firmly entrenched as part of the American way of life.

Recognizing this, Congress has continued the program, expanded its coverage and improved the level of benefits.

Moreover, Congress has enacted other measures designed to assist the aged. These range from grants to nursing homes and similar projects, to the program of special housing for the aged approved in the last Congress, to special tax exemptions.

Pertinent to this latter category is a provision in the tax reduction reform bill before Congress which would allow persons 65 years old or older an exemption from reporting gains realized from the sale of their homes.

I am proud to have been an original sponsor of this provision, and expect that it will be enacted into law.

But in spite of what has, and is, being done to assist our senior citizens, many tasks remain. It is for that reason that your committee study is performing a valuable service.

It is for that same reason that I have sponsored the Senior Citizens Act of 1963.

THE SENIOR CITIZENS ACT OF 1963

The Senior Citizens Act, in my opinion, is a modest start toward solving some of the problems which beset our aged.

This legislation authorizes Federal project grants to the States, to local communities, and to private nonprofit groups for the study and improvement of programs intended to assist older persons in securing—

Proper medical care and nutrition.

Equal opportunity to find gainful employment which they are physically and mentally able to perform.

Adequate housing within their means.

Retirement planning and counseling and, where necessary, rehabilitation and assistance.

Assistance in achieving fuller, richer lives through participation in the life of their community.

My bill appropriates \$10 million for each of three succeeding years for these purposes.

A WORD OF CAUTION

At this point, however, I would like to emphasize that I do not believe that the Senior Citizens Act is the only way—or necessarily the best way—to alleviate the problems of the aged.

Many bills have been introduced which deal with these same problems. I know that the subcommittee, with its characteristic thoroughness and skill, will study these measures closely and carefully in order to be able to recommend the best possible legislation to Congress.

As you set about that task, I am confident that the committee will bear in mind that every care is taken to prevent duplication of effort with existing Federal programs.

As you know, Mr. Chairman, in some areas there may be no need for Federal action; in others, there may be enough being done already.

Secondly, Federal efforts to aid our older citizens should not work to supplant or undermine the basic principle of family responsibility. Further, there should be no infringement on any persons' obligation for self-help, or upon his right of free choice.

CONCLUSION

In conclusion, I believe that now is the time for a comprehensive evaluation of the problems which advancing years bring to our citizens. It is time to evaluate past and present efforts in order to determine what lines our future actions should take.

The human skills and resources represented in our older population are too valuable to be wasted. Action must come soon.

I know, Mr. Chairman and members of the committee, that you will give thorough consideration to the measure which I have cosponsored, and to all the measures before you. Thank you again for giving me this opportunity to appear before you.

Mr. DENT. Congressman Zablocki, thank you for your testimony.

At this time the hearings on this legislation will come to a close.

Any person wishing to add to, or contribute to, the record may do so within a period of 10 days and during that period we, the committee,

of course, will study all the testimony and hope to come out with legislation that may not necessarily be universally accepted but hopefully accepted by the majority, and this is the best, or most, any legislature can do.

Thank you very kindly.

(Whereupon, at 1 p.m., the hearing adjourned.)

(The following material was submitted for the record:)

STATEMENT OF NATIONAL COUNCIL OF JEWISH WOMEN, INC., NEW YORK, N.Y.

The National Council of Jewish Women, an organization established in 1893 with 123,000 members in 329 affiliated local units across the country, has long concerned itself with the growing needs of older adults and welcomes this opportunity to express its views on the proposed legislation.

Based on our intensive programs of service and action for older adults over a period of many years, we know how great the needs are and feel the proposed legislation will help in meeting them. Despite the growing awareness of problems and the numerous programs that currently exist, many more services are necessary to provide the facilities and opportunities essential to the well-being of older adults.

The National Council of Jewish Women's history in this field dates back to 1946 when several of our local groups opened the first Golden Age Clubs. In 1950, the National Council of Jewish Women initiated a nationally directed program and became the first national organization to establish and work with a professional advisory council on the aging. Our program has expanded to the point where, today, 30 percent of NCJW's volunteers are working on 200 projects for older adults.

Despite our continually expanding program, we believe that the commitment made to older adults over 15 years ago has yet to be fulfilled.

In 1961, at our national convention, our delegates expressed the need for even more constructive services for older adults, particularly in terms of creating opportunities for them to remain part of the community.

In accepting this challenge we have proposed the newest project of the National Council of Jewish Women—the Senior Service Corps. It is based on an idea that is starkly simple, yet almost revolutionary in our culture. We believe that older adults can utilize their knowledge and skills, accumulated in a lifetime of living, to make a vital and important contribution to society instead of living outside of it.

Thus, the Senior Service Corps is the result of a long history of experience and learning in working with older adults. It is still another step in achieving our goal. As a volunteer organization, experienced in recruitment and training and with a natural concern, too, for our own volunteers reaching "older adult" status, our interest in the question of volunteer services was inevitable.

Our program has been recognized in national publications—in *Look* magazine, August 12, 1963, issue, and in the summer issue of *Woman's Day*. The response evoked from individuals who want to give volunteer service and from agencies and governmental groups is indicative of the interest in the program proposed and of the gap that exists in finding meaningful activity.

It is because of these experiences that we speak in favor of the proposed legislation. We are particularly impressed by one of the objectives stated in title I, namely, "Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities." We feel this can be implemented through the contractual provisions proposed to make grants available to "any public or nonprofit private agency, organization, or institution." Without this kind of help, the scope and variety of programs needed will undoubtedly not be attained. With this help programs such as the Senior Service Corps, requiring professionals and volunteers, provision for training, establishment of offices, all these would directly benefit from, and in fact might not be possible without the availability of sufficient funds to initiate and maintain them.

We therefore respectfully urge favorable consideration of the Older Americans Act of 1963.

STATE OF UTAH,
DEPARTMENT OF PUBLIC WELFARE,
OFFICE OF THE COMMISSION,
Salt Lake City, September 26, 1963.

HON. JOHN H. DENT,
*Chairman, Subcommittee on Education,
House of Representatives, Washington, D.C.*

DEAR REPRESENTATIVE DENT: The Public Welfare Commission has carefully reviewed H.R. 7957, the "Older Americans" bill and H.R. 5840 and S. 1357, the "Senior Citizens Community Planning and Services Act" and desires that the following statement be included in the record of your subcommittee:

The Public Welfare Commission of the State of Utah is opposed to the enactment of H.R. 7957, "Older Americans" bill for the following reasons:

1. *Duplication.*—The present welfare administration is structured to enable rendering of any additional services required by the aged population, both indigent and nonindigent.

Creation of a new unit of Administration of Aging would duplicate many basic functions of the Welfare Administration because it is impossible to divorce the problems of aging from any welfare program.

2. *Segmenting the problems of aging.*—By segmenting the Administration of Aging and treating the total problem in parts, a now nonexistent need for coordination and cooperation is created. The strength of the present program lies in the fact that it is administered through a single unit and is therefore well integrated.

3. *Additional expense.*—The Public Welfare Commission can see no need to increase administrative expenditures for an entirely new administrative operation. Creation of such an Administration of Aging will not eliminate within the Welfare Administration the need for an office of aging or a similar activity within the welfare program. The contemplated Administration of Aging would merely add one more expense which in our opinion is completely unnecessary.

4. *Emphasis is detrimental to aged and others.*—Public Welfare services are a reflection of social conscience which places responsibility for problems of human need upon structured social service administration fully supported and sanctioned by legislation.

To deal with the aging population as a select group is contrary to the purpose for which funds are appropriated and to the philosophy of the American people—that social services shall be extended to all persons in need, regardless of age, and shall be administered in a well structured, orderly, impartial manner.

Support of "Senior Citizens Planning and Services Act"—H.R. 5840 and S. 1357

The Public Welfare Commission of the State of Utah strongly supports H.R. 5840 which provides needed grant features but no change in administrative or organizational structure.

It is the opinion of this Commission that new grant programs can be administered more efficiently and effectively through the present administrative structure.

We respectfully urge your consideration of the facts herein set forth concerning this most vital legislation.

Sincerely yours,

MISS LORRAINE COOK, *Commissioner.*

AMERICAN ASSOCIATION OF HOMES FOR THE AGING,
New York, N.Y., September 12, 1963.

HON. JOHN DENT,
*Chairman, Select Subcommittee on Education, Committee on Education and
Labor, House of Representatives, Washington, D.C.*

DEAR MR. DENT: The American Association of Homes for the Aging is the national membership organization of nonprofit voluntary and governmental homes for the aged. It provides its members with a means of identifying and solving problems of mutual concern and thus protects and advances the interests of the individuals they serve.

The association has sprung from a genuine need for exchange of experience, technical assistance, help with staff training and education, and representation on the national scene so that homes for the aged can more effectively serve the growing number of older men and women in need of residential care.

We are grateful for the opportunity to write in reference to House bill H.R. 7957. While this association has not taken a position in support of or in opposition to this bill, our goals and program and concern for services to older people may be of assistance to the Congress in illuminating some aspects of the bill.

Consonant with this association's program we would support in principle the declaration of objectives as outlined in the bill. The growing concern for improving standards of service for people in nonprofit institutions calls for many of the proposals covered in this bill. The aspects of the bill which provide for grants for community planning, training of personnel, and conducting research activities, will be validly welcomed by nonprofit homes for the aged. There is much need for study, cooperation among many community resources, and development of demonstration projects which these aspects of the bill could provide. For example, pressing need for activity in the following areas has frequently been brought to the attention of this association from various parts of the country: a study of the relationship between nonprofit homes and other community resources available to older people; a definitive study of the care of senile residents of homes for the aged; the development of a sound and uniformly accepted system of computing the costs of institutional care of older people; an imaginative program of personnel recruitment and training for the ever-growing professions in the field of institutional care.

Since some aspects of the bill's provision for grant payments are relatively untried, it may well be that methods used will be crucial. We would suggest serious consideration of close cooperation between voluntary organizations and public agencies. Sound cooperation between governmental and voluntary agencies is a basic goal of communal planning. The American Association of Homes for the Aging supports such cooperation as an effective instrument in improving services to residents of nonprofit institutions for the aged.

Sincerely,

Rev. Canon HERBERT C. LAZENBY, *President.*

AMERICAN MEDICAL ASSOCIATION,
Chicago, Ill., September 23, 1963.

HON. JOHN H. DENT,

Chairman, Select Subcommittee on Education, Committee on Education and Labor, House of Representatives, Washington, D.C.

DEAR CONGRESSMAN DENT: On behalf of the American Medical Association, I would like to present our views with respect to H.R. 297 and related bills of the 88th Congress, concerned with the creation of a separate Federal Office on Aging. We understand that these proposals are now under consideration by your subcommittee.

Many departments of the Federal Government, in their own particular area of interest, now participate in or stimulate State and local programs for the aging in such areas as health or medical care, housing, recreation, adult education, and retraining. These activities by Federal agencies are already being coordinated by the Office of Aging of the Welfare Department—Department of Health, Education, and Welfare, or the President's Council on Aging.

In view of these already existing Federal mechanisms to coordinate activities in this field, no need exists for a new and separate Federal bureau or agency on aging.

I appreciate this opportunity to present the views of the American Medical Association on this most important subject, and request that this letter be made a part of the record of your hearings.

Sincerely,

F. J. L. BLASINGAME, M.D.

STATEMENT OF WILLIAM BECHILL, EXECUTIVE SECRETARY, AND MRS. A. M. G. RUSSELL, CHAIRMAN, CITIZENS' ADVISORY COMMITTEE ON AGING, STATE OF CALIFORNIA

INTRODUCTION

Mr. Chairman and members of the committee, I appreciated your invitation to testify before you today and regret that I could not submit this statement in person. This is important legislation for California if you consider that 1 out of every 11 older Americans lives in California. Today, there are more than 1,500,000 Californians age 65 and, by 1980, their number will increase to 2,450,-

000. This includes significant increases in those reaching age 75 and age 85, as our enclosed tables indicate. Thus, any legislation designed to give high priority to their needs and to stimulate additional community and State action is extremely important to the State of California and its citizens. And, if consideration is given to even larger numbers of middle-aged persons in California's population who are beginning to look ahead to their future retirement, these figures increase dramatically.

As a final introductory comment, I would like to point out that I am authorized and joined by our chairman, Mrs. A. M. G. Russell, in submitting this statement of support for the objectives and provisions of the new Fogarty-McNamara bill. The members of the Citizens' Advisory Committee on Aging will not be able to take official action as a group regarding H.R. 7957 until their meeting tomorrow, and we will be glad to submit for the record any recommendations which are made.

PROGRESS IN CALIFORNIA

In many respects, the State of California and its local communities can be proud of the progress which has been made, especially in recent years, to insure that the older person in California continues to have an independent and useful role in community life. This has been due to many factors, including the enactment of an outstanding legislative program recommended by Governor Brown in 1961, and subsequent legislation based on this program; the increased citizen support stimulated by the Governors' conference on aging and the White House Conference on Aging; the expansion or development of existing and local government; and the sustained and dedicated interest of many statewide and local voluntary organizations in working toward expanded and more appropriate facilities and programs for our growing older population. The fact is that there is already a significant personal and fiscal commitment on the part of California and its citizens in programs and services in the field of aging that has given California a national reputation for both leadership and action.

As encouraging and as favorable as this progress has been, we do not believe that we have been able to keep pace with the needs that are known to exist. Neither have we been able to develop the range of services that are desirable in sufficient quantity or quality. This is not merely our personal opinion. It is also shared by each member of the committee and by the leadership of many community organizations, including those representing senior citizens, with which we work throughout California.

Part of the reason for these comments lies in the fact that it is a challenge to California and its local communities to maintain the basic services needed in every field of civic or governmental activity as the result of the phenomenal growth of our total population. This feature of growth has particularly major impact on any efforts in the field of aging in California whether on a statewide or community basis.

Another, and equally crucial factor, is that much of the efforts to date, whether on a local, State, and Federal level, while responsible for a great deal of action and accomplishment, have not provided the level of leadership or funds necessary for effective coordination and use of existing resources, community and State planning, research and demonstration focused upon more effective ways and means of helping older people, training of professional and volunteer personnel (including older people themselves) and expansion of facilities.

PREVIOUS ENDORSEMENT OF SIMILAR FEDERAL LEGISLATION

The Citizens' Advisory Committee on Aging, as an advisory body in State government to the Governor on the needs of California's older population, has consistently endorsed the enactment of both State and Federal legislation for expansion of services, planning, and development of facilities for older persons in the States and local communities. We have felt that this is of primary importance since we believe that all levels of government must share in the responsibility.

In California, we took this step initially in 1956, when the Citizens' Advisory Committee on Aging was established by legislative action. One of the committee's foremost responsibilities has been to provide technical consultation and information to local communities, industry, labor, the churches, and others in

the development of programs and services for older people. In 1961, another significant step was taken by the enactment by the 1961 legislature of the Community Services for Older Persons Act, and we are proud to mention that Congressman Hawkins was the assembly coauthor of this pioneering legislation.

This grant program provides State matching funds on a 50-50 basis to local communities for the development of such community services for older persons as the staffing of senior citizen centers, voluntary services, community coordination and organization, community homemaker and home nursing care, information and referral services, inservice training of professional and voluntary personnel, and community planning for needed facilities. Frankly, it is still a pilot program, but it is interesting to note that the annual appropriation for the program was increased by the 1963 legislature to \$175,000. It is also interesting to note that the total amount of matching local contribution now exceeds more than the 50-percent requirement which is certainly evidence of the type of stimulation that such grant programs can have on community responsibility and action. In California, the program is administered by the State department of social welfare with the committee acting as an advisory body to assist in the evaluation of criteria and in evaluating proposals submitted by local communities. At the present time, there are 26 local projects in operation and a brief summary of these are enclosed for your information.

Because of this background, the committee, and many others in California, were very pleased with the introduction by Congressman Mills and Senator Smathers at the request of President Kennedy, of the Senior Citizens' Community Planning and Services Act of 1963, last April. As you know, the Mills-Smathers bill includes a five-part grant program for grants to the States for community planning services, research and demonstration, training, construction and equipment of multipurpose recreational centers, and the stimulation of employment opportunities. This bill and its provisions have attracted widespread attention throughout California from several community planning groups, senior citizen clubs, and others working in the field of aging. In May, the committee introduced, in principle, the purposes of each of the five parts of the Mills-Smathers bill as essential and needed legislation.

At the same time, the introduction last month by Representative Fogarty and Senator McNamara of the Older Americans Act of 1963, focused attention again on the importance of an agency in the Federal Government with sufficient authority, funds, and flexibility to develop the more coordinated and strengthened Federal program on aging that was recommended during the White House Conference on Aging and since by many State commissions on aging, National and community voluntary organizations, and National and State senior citizen organizations.

Thus, it seems to us that there are definite advantages to the enactment of legislation which would incorporate both the major features of the Fogarty-McNamara and the administration bill.

As to the specific provisions of H.R. 7957, we would like to conclude with the following comments:

1. *We support the establishment of an Administration on Aging in the Department of Health, Education, and Welfare.*—We endorse the provisions of H.R. 7957 to establish an Administration on Aging in the Department of Health, Education, and Welfare. Historically, the Department has been responsible for much of the leadership provided by the Federal Government in programs in aging, and the present programs under its jurisdiction affect the greatest number of older people than any other department of the Federal Government. We commend both Congressman Fogarty and Senator McNamara for proposing this as a practical alternative to the creation of an independent Federal Commission on Aging.

We believe that this is essential in this crucial period of national awareness of the various concerns and problems of older people. We believe that it is a period which requires the type of organization which is not identified with any single aspect of aging or single program, but, rather, has the freedom and flexibility to be concerned with the development and planning of services and facilities in as broad a field of endeavor as possible.

Such an organization would parallel the present organization of the Citizens' Advisory Committee on Aging as an independent unit of the California Health and Welfare Agency which also includes our State departments of mental hygiene, public health, rehabilitation, and social welfare.

2. *We endorse the need and priority represented in H.R. 7959 for Federal grant to the States for community planning and demonstration grants and for grants to public and private nonprofit agencies and organizations for research and development and training of qualified personnel.*—Despite the efforts underway and in operation in California, we know of no single community in California which is satisfied with the extent and range of services actually available to their older residents. This would apply to either health or social services, physical restoration services, employment, housing, recreational and educational opportunities, and sufficient opportunities for participation in voluntary and civic activities. Recent public hearings and meetings of the committee in such communities as Long Beach, Los Angeles, Napa, Sacramento, San Bernardino, San Francisco, and Santa Rosa documented all too clearly the many current gaps in service and the need for more effective organization and coordination at both the State and local level, and by both public and private groups, in planning of services and programs for older people.

Grants to the States for this purpose, together with research, demonstration, and training grants, could be used in California to meet such needs as expressed by community representatives during our recent hearings. These included central information and referral services, more adequate facilities and programs, for free-time activities, low- and moderate-cost housing, staffing of existing and new programs and facilities, increased opportunities and training of volunteers, educational instruction in preretirement programs, leadership training for older persons, increased full-time and part-time employment, community planning and coordination, and other services designed either to protect the older person from unnecessary hazards as well as to broaden their ability to contribute to the community.

3. *We urge amendment of H.R. 7957 to include grants for the construction of multipurpose recreational activity centers and for stimulation of employment opportunities.*—We favor the broadening of H.R. 7957 to include the recommendations of the President that are represented in parts D and E of H.R. 5840, the Senior Citizens Community Planning and Services Act of 1963.

California has been the pioneer in the development of senior center programs. We have some of the most outstanding and nationally known centers in the country such as, for example, the Little House Center in Menlo Park, the Aquatic Park Senior Center in San Francisco, the Pasadena Senior Center, the Santa Monica Senior Center, Bakersfield Community House, Town House of Carmel, the Santa Cruz Senior Center, the Felicia Mayhood Center in Los Angeles, and the Chula Vista Center in San Diego County. But these are the exception rather than the rule.

At the present time there are over 1,000 single senior activity programs in more than 100 California communities. However, many of these are unable to function more frequently than weekly, biweekly, or even monthly, due to the lack of facilities in which to meet, or because of the lack of adequate staff and use of volunteers. In many communities there is an expressed but unmet need for leisure-time activities for older persons. Then senior activity center has demonstrated its value to contributing to a better life for the older person and the community. It should be a part of the basic framework of any community program. Substantial interest has been expressed to the Committee regarding Federal grants for such facilities, and we are certain that more local governments, or a private nonprofit group, or combination of both working together would work toward providing the financial and service support for adequate facilities if such grants were available.

Similarly, we believe that grants to stimulate employment opportunities for older people, including those who have reached age 65, is important. The Committee believes that there is too much pessimism being expressed about the ability and capacity of this country to provide employment to older people affected by either automation or technological change or those who wish to work, and need to work, after the age of 65. This attitude is not the official policy of the State of California, and thanks to the leadership of Governor Brown and the legislature, California has made a concerted effort in recent years to expand the counseling and placement services of our department of employment, to outlaw age discrimination in employment, and to provide more training and em-

ployment opportunities. Most of these efforts, however, have been directed to persons under age 65. We believe that one significant value of grants for this purpose would be to demonstrate how, and in what specific ways, employment opportunities could be made available to those over 65 who for both economic and psychological reasons are interested in remaining employed, either on a full- or part-time basis, or in a second career, or serving their community. For lack of such programs and opportunities, we are wasting the skills and talents of many older people who wish and are able to remain productive members of our society.

4. *We urge consideration of amendments to section 303(a) of the bill which would clearly delineate congressional intent regarding the State agency responsible for administering or supervising the administration of the State plan pertaining to grants for community planning, services, and training.*—It is sound administrative practice to require that each State submit a plan to qualify for grants or community planning, services, and training. We especially endorse the requirements of State and community participation since a Federal grant program in aging should be a catalyst rather than a substitute for State and community action and responsibility. We similarly endorse the inclusion of the representatives of State and local public or nonprofit private agencies in the administration and development of this State plan. This corresponds to much of the planning that occurred in the States under the White House Conference on Aging Act grants.

However, we would urge consideration of language that would amend lines 15-20 of section 303(a) to read: "establishes a single State agency on aging or designates the existing State agency primarily responsible for coordination of State programs and activities related to the purposes of this title as the sole agency for administering or supervising the administration of the plan."

This language is consistent with a recommendation adopted by the section on State organization during the White House Conference on Aging; namely, that there be a permanent State unit on aging to provide statewide leadership in programs for the aging. Permanent State units have been established in 33 States, Puerto Rico, and the Virgin Islands, and we believe that this broad requirement would support the principle of coordinated community and statewide planning that is one of the key objectives of the bill.

5. *There is an urgent need for this legislation and it should be enacted this year.*—We cannot emphasize too strongly the important effect that this legislation would have in encouraging sound policies and programs for older people throughout the country. In our opinion, the next 5 years will be the most critical period that we will face, on National, State, or community level, in developing the facilities and services which will be required by an expanding older population. As individuals, as members of families, as citizens of a community, older people will legitimately want and should have the full range of opportunities so eloquently set forth in the declaration of objectives of the bill.

In California itself, we know that there must be a redoubling of our present efforts in future years just to maintain our present level of State and community programs and services. As the attached population table indicates, the percentage of our population 65 and over will increase by 80 percent from 1960 to 1980, with even more dramatic increases in percentage of persons living to age 75 and 85. When we consider that education for retirement is a major concern in our society today, the increase in the number of persons, age 50 and over, in the immediate preretirement period, is even more dramatic.

Grants of the type proposed in this bill would enable the States and local communities, and their citizens, to really move out in a thoughtful way to both better meet the current of our older people as well as to plan intelligently for the future. And, that future, as described to us currently by many older people in California, should be one which permits, to the maximum degree possible, the opportunity to lead self-sufficient lives, have ample opportunity for continued participation and responsibility as family and community members, a decent standard of living and environment, and available services which are effective in times of personal crisis or as change takes place in living arrangements, physical abilities, or family composition.

These have been our goals in California, and this legislation would help us reach them sooner and more effectively.

Community services for older persons projects (senate bill 437 and assembly bill 1670 progress report) (1963-64 budget)

No.	Community	Funds provide	Service program	State funds
25	Tulare.....	Center director.....	Community service.....	\$1,500
30	San Mateo.....	Consultant and staff.....	Legal and financial planning study.	7,500
38	Albany.....	Center director.....	Senior activities program.....	2,400
41	North Bakersfield.....	do.....	Drop-in center.....	3,624
42	Palo Alto.....	Director and instructor.....	Program development.....	5,219
43	Oakland.....	Caseworkers.....	Counseling services.....	8,550
45	San Francisco.....	Caseworker and staff.....	Group and casework services.....	10,850
49	Los Angeles.....	Homemaker staff.....	Homemaker supervision and evaluation.	111,685
58	Napa.....	Nurses and homemakers.....	Homemaker service.....	8,000
70	Los Angeles.....	Caseworker and staff.....	Friendly visiting for public assistance recipients.	14,284
91	Tulare.....	Nursing staff.....	Rehabilitation service.....	12,713
129	Sacramento.....	Homemaker-supervisor.....	Homemaker demonstration.....	40,348
131	Los Angeles.....	Specialist and staff.....	Leadership training.....	4,259
132	San Diego.....	Coordinator and staff.....	Community organization.....	8,520
134	Hayward.....	Project coordinator.....	Senior volunteers visit rest homes.	3,850
136	San Francisco.....	Casework staff.....	Decentralized center program services.	16,812
137	Pasadena.....	do.....	Home finding, information and referral.	9,936
139	San Jose.....	Project director and staff.....	Coordinate programs through information and referral.	22,295
142	San Francisco.....	Groupworker physical education instructor.	Group and physical education services.	5,500
144	Sacramento.....	Director and staff.....	Senior volunteer services.....	4,500
152	Los Angeles.....	Supervisor and staff.....	Counseling and referral.....	15,632
153	San Diego.....	Project director.....	Public assistance recipient services.	9,432
156	San Francisco.....	Coordinator and staff.....	Coordinated activities.....	41,578
157	Richmond.....	Director-volunteer senior center.	Provides service and program opportunities.	1,434
163	Monterey.....	Director and staff.....	Home nursing service.....	10,114
164	Fresno.....	Director recreation.....	Services and program.....	5,000

¹ Projects currently operating:

Assembly bill 1670 projects, 6, total.....	\$239,622
Senate bill 437 projects, 20, total.....	145,713

Grand total..... 385,335

Current 1963-64 funds, senate bill 437:

State.....	128,858.00
Local (cash, services, facilities, etc.).....	166,316.64

Total..... 295,164.64

Older Californians, population 1960 and 1980

[In thousands]

	July 1, 1960			July 1, 1980		
	Total	Male	Female	Total	Male	Female
Total civilian population.....	15,567	7,610	7,957	27,880	13,671	14,209
50 to 54.....	831	416	415	1,426	696	730
55 to 59.....	727	354	363	1,357	644	713
60 to 64.....	594	292	312	1,101	515	586
65 to 69.....	509	282	277	882	399	463
70 to 74.....	397	178	219	649	279	370
75 to 79.....	257	111	146	453	183	270
80 to 84.....	132	53	79	268	98	170
85 and over.....	73	26	47	191	64	127
80 and over.....	205	79	126	459	162	297
75 and over.....	462	190	272	912	345	567
70 and over.....	859	368	491	1,561	624	937
65 and over.....	1,368	600	768	2,443	1,023	1,420
60 and over.....	1,962	882	1,080	3,544	1,538	2,006
55 and over.....	2,679	1,236	1,443	4,901	2,182	2,719
50 and over.....	2,310	1,652	1,858	6,327	2,878	3,449

Source: California's population, 1963, published by Department of Finance, State of California.

STATEMENT OF DR. MARY C. MULVEY, HONORARY PRESIDENT AND BOARD MEMBER
OF RHODE ISLAND STATE COUNCIL OF SENIOR CITIZENS

It is a pleasure to support "The Older Americans Act of 1963."

Congressman John E. Fogarty, author of the bill, dedicated to the initiation and progress of programs for older adults, was also author of the White House Conference on Aging Act which was held in January 1961, for the purpose of planning and implementing long-range development programs for older people. Two years ago he introduced another bill which proposed a U.S. Commission on Aging, which is a manifestation of his consistent purpose in developing a growth plan for the aging similar in scope to the already widely discussed, but not so widely implemented, plans and recommendations emanating from the White House Conference on Aging. Congressman Fogarty's present bill to create an Administration of Aging within the U.S. Department of Health, Education, and Welfare, headed by a Commissioner of Aging who would be appointed by the President of the United States is worthy of enactment. Its provisions for grants to the States for community planning and coordination, demonstration programs and training of personnel, and also grants to public and nonprofit private agencies for study, development, demonstration, and evaluation projects recognize the needs of importance for older adults. If and when these needs are met, our older persons will be brought to a position of dignity and fulfillment; and the Federal organization primarily responsible for programs in aging will be brought, in part at least, to a position of excellence.

Since the White House Conference on Aging of January 1961, responsible individuals throughout the country have been hard at work trying to implement the recommendations emanating therefrom. These persons are representative of many areas of concern—education, civic life, health and medical care, housing, employment, economics, legislation, welfare, church, recreation, research, etc.—and are generally accustomed to developing long-range plans within their own endeavors. To inform the individuals concerned as well as the public at large about these efforts and objectives, and to coordinate these efforts, it is necessary to establish units or agencies on aging at the State and local levels whose sole responsibility would be to promote and coordinate programs for and with older adults. These individuals and/or State and local units on aging are confronted with all the problems associated with meeting the needs of ever-increasing numbers of elderly, an increasingly complex business and industrial life, and the ever-challenging network of problems and needs of society as a whole.

To help in developing realistic plans and programs and in marshaling the resources, it is necessary to create an aging unit at the Federal level with prestige and broadness of operating framework to a degree that the agency's personnel will not be unduly restricted within narrow boundaries of compartmentalization. The present Office of Aging is "buried" within the Welfare Administration which is an agency within the Department of Health, Education, and Welfare. The "Older Americans Act of 1963" proposes to set up an Administration of Aging which would raise its status significantly, allow it to operate with more latitude and flexibility, and remove the stigma of welfare from the image of the older person. The image of the older person as being dependent economically, socially, and healthwise, in a lonely setting, becomes increasingly more unrealistic in modern society. While welfare is necessary, and the sole resource of some of our elderly, the modern older person—thanks to our efforts in many instances—more often selects the independent role if and when he has his choice, and rejects the dependent and welfare recipient role as his goal. Likewise he usually rejects welfare-sponsored programs.

The needs of older people are real and growing. The organization at the Federal level needs the support of individuals and groups, both public and private, and at all levels—national, regional, State, and local. If we cannot, at the present time, realize, through legislation, a U.S. Commission on Aging as proposed by Congressman Fogarty and Senator McNamara 2 years ago, then the kind of organization proposed by Congressman Fogarty and Senator McNamara in the present proposal, "The Older Americans Act of 1963," seems well suited to command the support of the wide range of persons and institutions necessary to realize the "good life" for our senior citizens. The present operating "home" of the Office of Aging within the Welfare Administration seriously affects its effectiveness. The image of the Office of Aging is not acceptable to its many publics, and thus its full potential cannot be achieved. The important areas of service demand a broad framework of operation. Viewed from this perspective

the Federal-State-local partnership has great significance and great promise for the future happiness and productivity of our older adults.

We support all the provisions of the Fogarty-McNamara "The Older Americans Act of 1963" and urge you to expedite its passage.

Thank you. Kindly include this statement in the written proceedings of the hearings.

TESTIMONY OF MRS. EONE HARGER, DIRECTOR, NEW JERSEY DIVISION ON AGING

Thank you for inviting me to present testimony concerning H.R. 7957, which would establish, within the Department of Health, Education, and Welfare, an Administration of Aging.

In April of 1962, I presented to the General Subcommittee on Education testimony concerning H.R. 10014 which would have established a U.S. Commission on Aging attached to the Office of the President, reinforced by a broadly representative citizens' advisory council and an interdepartmental committee to coordinate functions relative to aging within the framework of the Federal Government. At that time, Assistant Secretary Wilbur Cohen, of the Department of Health, Education, and Welfare, objected to the independent commission approach. Following his testimony, I predicted that the Office of Aging which was then attached to the Office of the Secretary of Health, Education, and Welfare, would be moved out of the Office of the Secretary and transferred to an operating agency, saying:

"Inevitably, it would be relegated to an operating agency, and I fear it would be the Bureau of Assistance (now Family Services)."

This, in essence, is what happened 8 months later. While under the new Welfare Administration, the Office of Aging does a commendable job of reporting what exists or is proposed, I feel it labors under two insurmountable handicaps—one is the philosophy of administration that caused it to be placed within the Welfare Administration, and the second is its placement within the Government structure which limits its leadership potential in the development of a national policy. Although the Welfare Administration is much more than a financial assistance program, it cannot give the focus to the meaning of aging which is needed at this point in time. Urgent as are some specific problems such as nursing homes, chronic disease, and medical payments, even greater is the need to determine basic questions related to aging and formulate a national policy adequate to answer these questions. While we lengthen life and make it healthier, we mandatorily cut off work opportunities and almost universally equate 65 as an "end of the road"—a concept that someone has called a nursing home mentality. The very energy with which we have been attacking special problems seems to have at the same time done a disservice to the majority of older people by so emphasizing the stereotype of illness and poverty that it is the universal image of aging and 65. We are segregating a new group in our society—creating a subculture confined in special housing, segregated clubs, and retirement villages.

To correct this distorted image, there must be leadership at the Federal level to set goals for the 80 percent and more of people who are over 65 who do not and never will need nursing homes, or institutional living. We need to seek ways to permit the 10 percent of our total population that is over age 65 to be accepted as citizens who look forward to 10 to 15 years of meaningful living. I have consistently been for an independent Commission on Aging attached to the Office of the President which would provide this focus for long enough to achieve a national policy and program that puts us on a high road so far as the aging (not aged) are concerned. Once we have educated, not only various levels of Government, but other organized parts of our society, to recognize the validity of mature living, then such a commission might well be dissolved and the operating agencies could carry on the operating programs appropriate to their responsibility. As I suggested previously, this might be included in legislation.

A first step in developing the philosophy that I have outlined, may be to develop an Administration on Aging within the Department of Health, Education, and Welfare. If this is the only politically achievable arrangement, it would be desirable. However, it must be pointed out that administratively "aging," as so far envisioned, does not carry the same kind of operating responsibility as other Administrations within HEW, so is difficult to equate with them. While I have been concerned with the difficulty of giving adequate na-

tional leadership in matters related to aging from within the Welfare Administration, I have also been puzzled with the apparent change in emphasis this represents. Back in the 1930's, we established a social insurance system to provide payments to the elderly as a matter of right to replace dependency upon public assistance. This has been accepted and is the desired norm for the vast majority of our older people. This concept must be expanded so that older people have not only a right for OASI payments but the right to expect acceptance by an entire society.

States have been struggling to develop programs for older citizens, and most have created commissions on aging to this purpose. They need Federal help in a number of ways. Placement of the Office of Aging within the Welfare Administration had been a disservice to the independent existence of these commissions. As I pointed out in previous testimony, when our own division on aging was established in New Jersey, we were placed in the department of health. We quickly found out that the other departments of State government objected to a line agency like the health department acting in a coordinating role. The legislature removed us from the health department and put us into the New Jersey Department of State which did not have line programs and was considered a neutral location. Since our moving to the State department, we have found that our acceptance and inclusion into other department programs, and functioning on interdepartmental committees, has improved immeasurably. Now that the Office of Aging is removed to Welfare Administration, some State legislators are questioning the need for an independent, nonwelfare oriented State commission on aging.

State offices have also pleaded for better coordination of programs at the Federal level. There has been notable improvement in many areas, but there still is duplication that adds to the burden of those on the receiving end. The recent plunge of the Department of Agriculture into the fields of housing for the elderly and organization of Councils of Aging is an example. White materials on organization for aging are already in existence in quantity, a whole new set saying most of the same things is being developed to bear Department of Agriculture imprints.

As with all new fields of endeavor, the States need to experiment with programs in the field of aging so that the national goals can be implemented. A Federal grant program for this purpose is needed which, of course, raises the question of administration. The President's Council on Aging is not legally qualified to administer grants. As things are presently organized, any such funds would be administered through the Welfare Administration, and their official link is with State welfare departments. This short circuits development of independent State commission programs and once again identifies aging with a welfare image. To change that image takes time, and those on the immediate threshold cannot wait.

May I conclude by repeating that we need Federal legislation to redirect the focus of "aging" and develop a positive concept of life for millions of people 65 years of age and over. We support whatever Federal legislation that can, in fact, achieve this goal.

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1. The first section of the report deals with the general situation of the country. It is a very interesting and comprehensive survey of the country's resources, its population, its climate, and its political and social conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country and its people.

2. The second section of the report deals with the economic situation of the country. It is a very interesting and comprehensive survey of the country's economic resources, its production, its trade, and its financial conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's economic situation.

3. The third section of the report deals with the social situation of the country. It is a very interesting and comprehensive survey of the country's social resources, its population, its education, its health, and its social conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's social situation.

4. The fourth section of the report deals with the political situation of the country. It is a very interesting and comprehensive survey of the country's political resources, its government, its laws, and its political conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's political situation.

5. The fifth section of the report deals with the cultural situation of the country. It is a very interesting and comprehensive survey of the country's cultural resources, its art, its literature, and its cultural conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's cultural situation.

6. The sixth section of the report deals with the military situation of the country. It is a very interesting and comprehensive survey of the country's military resources, its army, its navy, and its military conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's military situation.

7. The seventh section of the report deals with the foreign relations of the country. It is a very interesting and comprehensive survey of the country's foreign relations, its diplomacy, and its international conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's foreign relations.

8. The eighth section of the report deals with the future of the country. It is a very interesting and comprehensive survey of the country's future, its prospects, and its future conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's future.

9. The ninth section of the report deals with the conclusion of the report. It is a very interesting and comprehensive survey of the country's conclusion, its summary, and its final conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's conclusion.

10. The tenth section of the report deals with the appendix of the report. It is a very interesting and comprehensive survey of the country's appendix, its additional material, and its final conditions. The author has done a great deal of research and has gathered a wealth of material which is presented in a clear and concise manner. The report is a valuable contribution to the knowledge of the country's appendix.

