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NEEDS FOR SERVICES REVEALED BY OPERATION MEDICARE ALERT

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HEARING

BEFORE THE

SUBCOMMITTEE ON FEDERAL, STATE, AND COMMUNITY SERVICES

OF THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

SECOND SESSION

JUNE 2, 1966



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CHAPTER IV

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and expansion. It begins with the first European settlers in the early 17th century, who established colonies along the Atlantic coast. These colonies were founded for various reasons, including the search for religious freedom and economic opportunity. Over time, the colonies grew in number and size, and they began to assert their independence from British rule. The American Revolution, which began in 1775, was a pivotal moment in the nation's history. It resulted in the Declaration of Independence in 1776 and the establishment of the United States as a sovereign nation. The new nation faced many challenges, including the War of 1812 and the Civil War. The Civil War, which lasted from 1861 to 1865, was a defining moment in the nation's history. It resulted in the abolition of slavery and the preservation of the Union. The Reconstruction period, which followed the Civil War, was a time of great change and struggle. It was a period of rebuilding the South and integrating African Americans into the nation's political and social life. The Reconstruction period ended in 1877, and the South was left in a state of economic and social devastation. The late 19th and early 20th centuries were a time of rapid industrialization and westward expansion. The United States emerged as a world power, and it played a leading role in the development of the modern world. The 20th century has been a time of great change and challenge. It has seen the rise of the United States as a superpower, the end of the Cold War, and the emergence of a new global order. The United States continues to play a leading role in the world, and its history remains a source of inspiration and pride for its people.

NEEDS FOR SERVICES REVEALED BY OPERATION MEDICARE ALERT

THURSDAY, JUNE 2, 1966

U.S. SENATE,
SUBCOMMITTEE ON FEDERAL, STATE, AND COMMUNITY
SERVICES OF THE SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to call, in room G-308 (auditorium), New Senate Office Building, Senator Edward M. Kennedy (chairman of the subcommittee) presiding.

Present: Senators Kennedy, Yarborough, Young, Randolph, Prouty, and Allott.

Committee staff members present: J. William Norman, staff director; John Guy Miller, minority staff director; and Patricia G. Slinkard, chief clerk.

Senator KENNEDY. The subcommittee will come to order.

Today, this Subcommittee on Federal, State, and Community Services of the Special Committee on Aging is pleased to welcome Mr. Sargent Shriver, Director of the Office of Economic Opportunity, Dr. Harold Sheppard of the Upjohn Research Institute and member of the Office of Economic Opportunity Task Force on Programs for Older Persons, and the many public spirited elderly citizens who participated in Medicare Alert.

Both the Office of Economic Opportunity and the thousands who were involved in Medicare Alert are to be complimented on the success of the program. As the Medicare books closed last Monday night, it was estimated that 90 percent of the eligible citizens were enrolled in the voluntary Medicare program.

This special session of the subcommittee was called today for many interrelated reasons.

Basically, it is important for this committee, and indeed the Senate, to hear from the elderly the problems of the elderly with less than adequate financial means. We have representatives with us today of the 14,000 older persons who entered the homes, the rooms, and even the shacks of the 7 million poor over the age of 65.

What the Medicare Alert people saw and experienced is worth telling not only because it may be dramatic and emotional but also because we have yet to shake the belief that the American aged are provided for by one means or another.

The picture that many of us have of the elderly is more influenced by what we hope is the case than what is in fact the case. One out of five of all the poor are elderly. These poor are quiet, more hidden,

and cause fewer overt social problems than the rest. If their condition resulted in crime, or demonstrations, or was considered detrimental to technological advance or the growth of the economy, the Nation would take notice and action would result.

Of equal importance today are the questions of what can be done with the older Americans who took part in Medicare Alert and how the experience gathered under that program can be utilized. Through Medicare Alert we have discovered a new source of dedicated and capable people that could be directed for the public good.

It is fair to say that Medicare Alert has not only done more for the elderly than any other Federal service activity, but it has also raised the hopes of the elderly that they, too, can participate in the national program to eliminate poverty. It is important that their hopes not be lightly treated and that we move ahead and call for greater elderly assistance in meeting our national needs.

This committee recently concluded extensive hearings on the War on Poverty as it affects older Americans. A committee report¹ will soon be released containing many recommendations which, if followed, would constitute a major advance in this area. Yet the nagging question of the role of the elderly in the poverty program remains.

In my own view, the Office of Economic Opportunity has been one of the most outstanding agencies of Government since its inception in 1964. The problems that it has faced would have crippled lesser agencies and men, yet the War on Poverty continues—and it continues with great success. But the elderly have always felt an exclusion from this national effort, despite statements to the contrary from the OEO, and continuous congressional interest.

It is my hope that our first witness, Mr. Shriver, will once again clarify the position of the OEO on this matter. If the lack of full emphasis on the elderly in the poverty program is a matter of inadequate financing then it is the responsibility of Congress to rectify that situation. If OEO feels that regardless of funding, the elderly poor should be treated in other agencies and by other legislated means, that, too, will clarify congressional responsibility.

Whatever the approach needed it is apparent that a basic decision must be made in the very near future to assure us that the concerns and needs of a major segment of our population will be met.

I want to state that the committee is delighted to have Mr. Shriver, the Director of the Office of Economic Opportunity, once again before the committee and also Harold Sheppard, who is the staff social scientist of the Upjohn Institute for Employment Research in Washington.

We welcome you to the committee. We appreciate the interest that you have demonstrated in the past and we are particularly delighted to welcome you and your associates.

Mr. Shriver, would you be kind enough to introduce your associates who are with you here today.

¹ "The War on Poverty As It Affects Older Americans," S. Rept. 1287, June 20, 1966, available from the Senate Special Committee on Aging, Washington, D.C.

STATEMENT OF SARGENT SHRIVER, DIRECTOR, OFFICE OF ECONOMIC OPPORTUNITY; ACCOMPANIED BY HYMAN H. BOOKBINDER, ASSISTANT DIRECTOR, NATIONAL COUNCILS AND ORGANIZATIONS; DONALD HESS, ASSISTANT DIRECTOR, POLICY PLANNING; WALTER WILLIAMS, ECONOMIST, RESEARCH AND PLANS DIVISION, R.P.P. & E.; ROBERT McCAN, CONSULTANT ON AGING, COMMUNITY ACTION PROGRAM

Mr. SHRIVER. Yes, Mr. Chairman.

Let me express my pleasure at being here personally and introduce to you on my right Mr. Hyman Bookbinder, who is Assistant Director of OEO in charge of our relationships with national organizations and councils, public officials, the poor, and of existing groups of that type in our national life.

On my left is Don Hess, who is in charge of program planning within the community action part of the War Against Poverty.

Next to him is Walt Williams, who has been for quite a while working for us in this particular area of the aging, and next to Walt is Bob McCAN, who has also been serving at OEO on the problems of the aging and related matters.

Senator KENNEDY. Very good.

(Mr. Shriver's prepared statement follows:)

PREPARED STATEMENT OF DIRECTOR R. SARGENT SHRIVER

Mr. Chairman, President Lyndon Johnson proclaimed May as Senior Citizen's Month. At the close of this period of special emphasis, I join with others in paying respect to 18½ million older Americans. All of us need to be appreciative of the contributions of our seniors and sensitive to the special needs of this age group.

Across the land the American people are thinking about the problems of aging. America cares, America is concerned, America is dedicated to improving the lot of its senior citizens. But most of all, as Director of the Anti-Poverty Program, I am concerned with the unmet needs of the millions of Americans over age 65 who are economically deprived and often socially alienated. When one is older and poor, he tends to be rejected by those in the mainstream of life.

All of us too easily overlook this vast group of the hidden poor. I wish to do three things, Mr. Chairman, in my testimony today: I shall report on progress being made within OEO in providing for older Americans. I shall set the problems of older poor Americans in a larger perspective. I shall share with you the present emphasis on programming for this age group which our staff feels is appropriate for the present circumstances.

The Office of Economic Opportunity has been doing a great deal since my last report to you on January 19. Let me share some highlights of what is being accomplished for older Americans.

HEALTH AIDE PROGRAM

The Community Action Program is about to embark on a major Health Aides Program. The project which is just beginning will be funded for approximately \$20 million. This is a program to recruit, select, train, and place nonprofessional workers. The project will employ poor persons who are 45 years and older, including a large number of the older poor. Moreover, a significant proportion of the services provided by the health aides will be directed to the senior citizens who are home-bound.

The nonprofessional health aide could work not only in the home, but in other settings as well in the neighborhood health center and in multipurpose centers as family agents helping families to locate and obtain needed health services; in health departments as assistants to health educators, social workers, sanitarians, laboratory workers, family planning workers; in a variety of institutions and agencies as aides to those working with the mentally retarded, with crippled children, with alcoholics or narcotics addicts. And this list represents only the beginning of the possibilities for new career opportunities.

OPERATION MEDICARE ALERT

As you know, Mr. Chairman, this program was designed to use older persons as aides in a massive effort to tell older Americans about Medicare. We worked in closest cooperation with the Social Security Administration in a joint venture.

This program, by older persons and for older persons, is the largest single program we have sponsored within Community Action apart from Head Start. This is true in terms of the number of Community Action Agencies that participated and in terms of the number of recipients directly benefited.

There were 467 Operation Medicare Alert projects in 47 states, Guam and Puerto Rico. Eleven of these were on Indian reservations.

This was an army of 12,471 paid older workers, along with 21,178 other senior persons who volunteered their services. These dedicated and active elders contacted 4,300,027 older persons to suggest that they consider signing for Medicare benefits. These workers arranged 9,356 meetings, which were attended by 308,375 older persons. Finally, they referred 55,597 persons to other anti-poverty programs for needed help.

Our staff is making a detailed analysis of reports from all of the Operation Medicare Alert projects. The social knowledge that is gained can help government agencies form realistic public policy.

The program made us aware of two basic needs: The desire of large numbers of senior persons for meaningful part-time employment, and the plight of many older persons who face the prospect of illness and dependency without anyone who can be counted on to care. A specific problem most often mentioned to Medicare Alert teams was the high cost of drugs that they needed.

From a preliminary report, it is evident that workers often experienced shock, surprise, and dismay at conditions they observed. Mary Stamper, a Kentucky woman, expressed a widely shared feeling when she said, "Although we got into some funny situations, others were sad, and some nights it was difficult to get to sleep remembering some of the things we had seen."

Out of the 218 reports examined to date, 80% of the agencies reported a ferment in their thinking about the traditional institutional ways to meet the problems among the aged in their communities. The most pressing needs appear to be in the area of health programs, neighborhood centers with friendly visitors, housing, and employment programs.

Medicare Alert workers proved that they were resourceful and productive. One project director described the workers' problems as one of "too much dedication" so that they would "over-extend themselves at times." The Director of the Social Services Agency of Greater Trenton in New Jersey said, "One of the few short-comings we found in their performance was their lack of fear for their own safety."

The experience of meaningful activity, even for a limited time, had beneficial effects on their personalities. A California director described these effects as follows: "Although the canvassers had great difficulties, they had a purpose and the experience was good for them physically, and having a job to do was uplifting mentally."

Adverse circumstances were almost overwhelming. The project was conducted during the ice and snow of February and March. Yet, the elderly workers walked and drove thousands of miles on the back roads of Maine and Arkansas, as well as the glazed streets of New Haven and Tulsa. They climbed millions of drafty stairs in the tenements of New York and San Francisco. Operation Medicare Alert disproved the oft-quoted saying:

"An aged man is but a paltry thing
A tattered coat upon a stick"

FOSTER GRANDPARENT PROGRAM

Now, Mr. Chairman, let me speak about Foster Grandparent Program. This program employs poor persons above the age of 60 to work on a personal basis with emotionally deprived, mentally retarded, and physically handicapped children. Many of these projects are experimental and go outside of full care institutions into public school settings and day care facilities.

As of my last report to you, there were 21 funded projects with a total of 2.7 million dollars in grants, employing more than 1,100 older persons.

Since then we have funded an additional 12 Foster Grandparent projects for \$2.5 million. These projects will employ 1,067 older persons and will bring the total funded projects to 33.

Money has been allocated through Section 205 discretionary funds so that there would be a total dollar amount of 11.5 million for this Fiscal year.

We have contracted with an independent research organization to evaluate the program. An interim evaluation has indicated that the Foster Grandparents Program has given many older persons a new sense of usefulness and an increased self-esteem.

The *earning* of money was especially satisfying, but the social meaning of the work was most important to these older citizens. Of course, they derived immense emotional gratification from the children's attachment to them.

Now, as to the impact of Foster Grandparents Program on the children.

A competent researcher in the socio-health field reported seeing Foster Grandparents handle infants with a care and understanding that exceeded average hospital staff members.

These substitute grandparents are able to get responses from infants who lay in cribs all day without moving. Children who ordinarily would not walk or talk because there was nobody with the time to devote to them are now walking and talking. Although these are preliminary and informal impressions only, the report is definitely positive in the value of the Foster Grandparent program to both its beneficiaries and our senior citizens.

Two anecdotes from the Denton, Texas program illustrate what is happening. "Ned spent his time facing into a corner and cried when approached. He had to be dragged kicking and crying to the dining room. The first change observed after his contacts with a foster grandparent was that he sat in the corner, *facing the room*. He has now learned to patty-cake, reach out his hands and goes to the dining room quietly, holding Foster Grandma's hand."

"Keith was known as 'the screamer.' It was an all day pattern. After contact with the foster grandparent, the screaming gradually stopped. He has begun to eat with a spoon and shows marked improvement. The staff has now revised its opinion and believes he may have a high potential."

Has the program been well received by the host institutions? Yes, A report from Denver, Colorado is typical: "Both our hospitals have said that they anticipated far more problems than have occurred. We felt that we had 'arrived' when doctors at Colorado General were writing on their orders: "Please assign a grandparent to this child." This report continued, "Stevie, a bright two-year old, in Colorado General was admitted with the diagnosis of "battered child syndrome." He had a skull fracture and massive skin lesions, which were treated like burns. He had to have painful treatment and had to have someone hold his hand when he walked for fear that a fall might injure his head again. After substained contact with a foster grandparent, he seemed to stabilize his affection. * * *"

Mr. Thomas A. Tucker, President of the National Association for Retarded Children, has appraised the program in this way:

"Reports received at our headquarters from various parts of the nation indicate that the Foster Grandparents Program is meeting a vital need. Many mentally retarded children are, through no fault of their own, the victims of neglect and apathy. Your programs help to provide the individual care, affection and understanding necessary to help many of these mentally retarded children become productive, well-adjusted tax-paying citizens."

OPERATION GREEN THUMB

This project was designed to employ retired poor farmers in highway beautification and is in operation. Green Thumb workers have planted more than 30,000 trees and shrubs and have worked on dozens of roadside parks in Oregon,

Minnesota, Arkansas, and New Jersey. The average income of these men before coming into the program was \$900 per year, and the average age is 67. Many are in their mid-seventies; the oldest worker is 88. Most of them are able to put many younger people to the challenge with the amount of work they produce. State agencies have been most cooperative in supplying materials and equipment; and the cost of this project is being equally divided between OEO and State highway departments. Look at a typical Green Thumb worker: Mr. Ray Pake, in Oregon, has farmed most of his life. He was receiving \$35 per month Social Security and \$50 from Welfare. He is now off the welfare rolls. His eyesight had been poor, but through this project Mr. Pake was examined and provided with new glasses. Mr. Pake is finding new hope in life through his job.

OTHER COMMUNITY ACTION PROGRAMS

Most Community Action Programs are developed at the local community level in response to the felt needs. CAP has been providing Technical Assistance and giving encouragement to communities which choose to *include components specifically designed to serve older Americans*. Here are some representative projects that have been funded through regular Community Action Agency channels:

(A) *Boston, Massachusetts* has recently been funded to establish Senior Citizens Centers in six target areas.

(B) *Dayton, Ohio* has a Senior Citizens Recreation Project in a public housing project with 1,124 participating who are over 65. They are using a team approach—nurses, doctors, counselors, and recreation leaders for arts and crafts. Their services are also available to 40 older persons who do not reside in the housing project.

(C) In *Chicago*, a grant provides Senior Citizens Centers where 3,500 persons over 60 years of age are offered adult education, trips, creative arts, health education, and counseling at a rate of \$6 per beneficiary per month.

(D) In *West Virginia, Monongalia County*, the CAP has a grant to establish a recreation center in the basement of the City library, and five part-time centers in outlying areas.

(E) In *New York City*, the Economic Opportunity Committee of New York has a funded program, sponsored by the Federation of the Handicapped, called *PATH* (Personal Aides to the Handicapped) in which 250 older persons are participating.

Mr. Chairman, what I have just described to you are some of the specialized separate programs requested by communities and sponsored by the Office of Economic Opportunity specifically for the elderly poor.

PROGRAM SERVING ALL AGES

Our concept of the community action programs is to provide a comprehensive set of assistance and benefits for all the poor regardless of age. The older poor, as well as the young, are participants and beneficiaries in such community action programs as health services, homemaker services, food distribution, consumer information, legal services, social and recreational services, and adult basic literacy. Many of these components when put together with their outreach efforts are the main elements of our multi-purpose neighborhood center program of which we expect to have a total of 600 funded by June 30. We are assuring that the multi-purpose neighborhood centers are giving consideration to the poor senior citizens who are especially in need of the Centers' services.

VISTA VOLUNTEERS

Of course, we must not forget that 12% of VISTA volunteers are age 65 or over. This is a pioneering effort to utilize constructively the talents of older people. Some of the volunteers are —

(a) Edgar Slater, an 85 year old man, teaching Crow Indians a comprehensive manual arts course.

(b) George Cottell, 71, working with the Department of Welfare in Hartford, Connecticut, assisting in job placement and providing encouragement to other elderly persons.

(c) Margery Dritea, 68, working in a State mental hospital in West Virginia helping patients through music.

(d) Mrs. Maurice Frink, 75, teaching preschool children at Fort Defiance, Arizona.

Now, let me share with you a perspective from which we view problems of the older poor American. While there is much that remains to be done for the poor senior citizen, our Nation is making a major effort in meeting the economic and social needs of the aged. For example, in the Fiscal 1967 budget, it is estimated that the Federal government poverty expenditures will total \$21 billion. Of this amount, it is estimated that more than 40% will benefit persons over 65 years of age.

To give a sharper focus on this, let us look at 1964, the last year for which detailed data on the number of poor are available. In that year, the 5.4 million aged poor represented $\frac{1}{6}$ of the total poor. While we do not have sufficient data to show how much of the Federal poverty dollar went to this group, it was at least twice the proportion of the poor population. This was prior to the landmark enactment of Medicare and the OASDI and OAA increases of 1965. Further, in 1964, other poor groups' needs were even greater than those of the aged. For example, the income deficit—the amount of income needed to reach the poverty level—of all families with children under 18 was $2\frac{3}{4}$ times that of all of the aged poor.

Older people have special maintenance and assistance needs. Many older people are very poor. But, in our concern for all poor people, we must recognize the existence of competing needs relative to a limited supply of poverty dollars. While our nation is doing a great deal for older Americans relative to other poor groups, much remains to be done. In order to bring all older people out of poverty by our minimum standards, we would have to spend in calendar 1966 an estimated additional \$2.7 billion. To bring all of our poor above the poverty income line, we would have to spend nearly \$12 billion a year.

Congress charged the Administration on Aging of the Department of Health, Education, and Welfare with the general responsibility for older Americans. We believe that the new Commissioner, Mr. William Bechill, and his staff are highly qualified. I am confident the Congress will assure that this agency's authorization and appropriation will be adequate. We are cooperating with and supporting other agencies of the government that have responsibilities for the aged such as the Social Security Administration, the Welfare Administration, and the Public Health Service.

A final aspect of the perspective which must be considered is the fact that OEO has a primary mission of attacking the causes of poverty. We want to prevent poverty rather than merely treating poverty's symptoms. Prevention of poverty in the older years is much more difficult to achieve.

The Administration has supported legislation to broaden benefits of Social Security and we have encouraged full participation in the Medicare program. The Congress has already taken a first step by blanketing in people over 72 and making them eligible for benefits.

While the Congress has placed emphasis on youth-type programs in the OEO legislation, such as Head Start, Job Corps, and Neighborhood Youth Corps, the Congress has recognized that the OEO program is not just a youth program, but it must serve all who are poor. In fact, the Smathers Amendment has given specific legislative direction to include the elderly. Section 610 of the Act reads: "It is the intention of Congress that whenever feasible the special problems of the elderly poor shall be considered in the development, conduct, and administration of programs under this Act."

A summary of all Community Action Programs reveals that we will spend approximately \$50 million for programs that benefit the older Americans this fiscal year. These include 561 separate grants, employing about 19,000 older persons and benefiting some 4.4 million. These figures include the Operation Medicare Alert Program.

We consider this number of participants and beneficiaries, along with the dollar value of programs, to be a fair proportion considering the appalling magnitude of the needs for programs by the 32 million poor we are trying desperately to help with a mere budget of \$1.5 billion for Fiscal Year 1966.

At this point, Mr. Chairman, I would like to interject a comment about our FY 1967 program. The effect of the House Committee Bill which was reported out on May 17, is to reduce funding for the Community Action Programs by more than \$100 million below the President's Budget request. The changes have a restrictive effect on the proposed Fiscal Year 1967 program for the aged. We proposed

a modest \$70 million for FY 1967, which corresponds to the \$50 million program provided in Fiscal Year 1966.

In summary, we have developed specific projects designed to serve older persons. Our local CAA's have used their initiative and allotted their guideline funds for programs in many instances. Finally, most CAA's include those in later life in the entire gamut of program activities.

Now let me move to the third general area: *the direction of our efforts for the next fiscal year.*

We shall make every effort to include older persons in existing programs. We are re-evaluating existing programs with this in mind and we are studying new methods which will insure larger participation by older Americans.

We shall participate in a high level conference at Notre Dame University in August, meeting with selected authorities in the field of aging, to further refine our long range goals in this area.

By memos, surveys and on-site visits we shall assist CAA's in establishing meaningful and effective programs for older Americans to the maximum extent feasible, consistent with local initiative and available dollars.

We shall continue to make private and public agencies who also have responsibilities for the aged aware of the special problems faced by older Americans. We shall increase our efforts to make all of our staff at the local, regional and federal levels aware of the needs to include older persons in a great variety of programs. We shall continue to work with other federal agencies to alleviate the special conditions of older Americans which prevent them from having economic security and social support.

The President on April 8 asked the Secretary of Health, Education, and Welfare, to study the possibility of improving Social Security across-the-board, for the aged as well as other groups. We will continue to work with Health, Education, and Welfare, and other agencies which have primary responsibility for the income maintenance, health, housing, and other programs which represent the bulk of the \$26 billion the Federal Government will spend in Fiscal Year 1967 for the aged.

CONCLUSION

In conclusion, Mr. Chairman, we are concerned for older Americans in poverty. We are aware of the problems and special needs of this age group. We shall do all that we can within the perspective of our orientation and the dollar limitation imposed upon us. The greatest assistance for the elderly must come from the primary mission agencies, especially those providing income maintenance. Only when we restore the dignity of sufficient income will the aged poor begin to rejoin the community. The local Community Action Agency may help them in this process through health centers, legal aid, neighborhood centers, and other components of Community Action Programs.

Thus, money income is part of a broader strategy to help the aged rejoin the community. We, therefore, will certainly support these agencies in developing their programs, to serve older poor Americans, and we shall make every effort to integrate this special age group into the total efforts of the War on Poverty.

Senator KENNEDY. We have your testimony. Would you proceed?

Mr. SHRIVER. Yes.

Mr. Chairman, I welcome this chance to discuss with you and the other members of the committee the questions involved with poverty and older Americans.

As you well know, President Johnson proclaimed May as "Senior Citizen's Month." At the close of this period of special emphasis, I would like to join with others in paying particular respect to 18½ million Americans over 65 years of age. All of us need to be appreciative of the contribution of our seniors and sensitive to the special needs of this age group.

The present administration has been keenly aware of the problems of our older Americans. Let me cite some statistics here to point up the accomplishments so far on behalf of the aged:

In 1965 Federal programs for the aged totaled more than \$19 billion.

In 1966, they will total nearly \$22 billion.

In 1967, with the full impact of Medicare and increased Social Security, they will reach \$25 billion. The sum of \$25 billion is four times greater than the entire Federal budget in 1940, just a generation ago.

Twenty-two major measures enacted for the benefit of our senior citizens capped by the Medicare Act and the Older Americans Act. On April 11, 1965, President Johnson said:

The aged must be integrated into American life as full partners in the Great Society.

The statistics I have cited above show how much of that promise has already been fulfilled.

As Director of the Antipoverty Program, I am concerned with the unmet needs of the millions of Americans over age 65 who are economically deprived and often socially alienated. When a person is older and poor, he tends to be rejected by those in the mainstream of life.

All of us too easily overlook this vast group of the hidden poor, which you referred to yourself. And so today, Mr. Chairman, I would like to do three things in this testimony. I would like to try to report on the progress we have been making in OEO with respect to the older poor Americans and I shall try to set the problems of the older poor Americans in a larger perspective, and I shall try to share with you the present emphasis on programing for this age group which our staff feels is appropriate under the existing circumstances.

We have been doing some things, not as much as we would like to do, but some things since I last testified before this committee on the 19th of January. Let me share some of these highlights with you.

First of all, our Community Action Program, which is represented here by Mr. Hess on my left, is about to embark on a major health-aide program involving the elderly. This project which is just beginning will be funded we hope for approximately \$20 million.

This is a program to recruit, select, train, and place nonprofessional workers. The project will employ many poor persons who are 45 years and older, including a large number of the older poor. Moreover, a significant proportion of the services provided by the health aides will be directed to the senior citizens who are homebound.

The nonprofessional health aide could work not only in the home, but in other settings as well: in the neighborhood health center and in multipurpose centers as family agents helping families to locate and obtain needed health services; in health departments as assistants to health educators, social workers, sanitarians, laboratory workers, family planning workers; in a variety of institutions and agencies as aides to those working with the mentally retarded, with crippled children, with alcoholics or narcotics addicts. And this list represents only the beginning of the possibilities for new career opportunities opening up, we hope, through the health aides program which, as I said, will employ a large number of older persons.

One might ask at this point why we start at age 45 rather than at a more elderly age if we are really focusing on the elderly poor. The reason is that a number of the jobs which we hope to develop in the health-aide program do require a substantial amount of physical strength.

For example, in a hospital with the strength needed to actually lift a patient and move a patient on or off of a stretcher or to carry a heavy weight some distance in the work that is required in the hospital, we believe that by starting at 45 we have a chance, therefore, to get a number of persons who would have that physical capacity, but by starting at 45 we do not mean to imply that we are going to emphasize the age groups, let us say, from 45 to 55.

We are looking forward to emphasizing, as I said earlier, the elderly poor rather than just those at that earlier age.

The second thing, which you just referred to, Mr. Chairman, is the Operation Medicare Alert. As you know, this program was designed to use older persons as aides in a massive effort to tell other older Americans about Medicare. We worked in closest cooperation with the Social Security Administration in a joint venture.

This program, by older persons and for older persons, is the largest single program we have sponsored within community action, apart from Headstart. This is true in terms of the number of community action agencies that participated and in terms of the number of recipients directly benefited.

For example, there were 467 Medicare Alert projects in 47 States, Guam, and Puerto Rico. Eleven of these were on Indian reservations.

We had an army of 12,471 paid older workers, along with 21,178 other senior persons who volunteered their services. These dedicated and active elders contacted 4,300,027 older persons to suggest that they consider signing for Medicare benefits and to help them to sign up for those benefits.

These workers arranged for 9,356 meetings, which were attended by 308,375 older persons. Finally, they referred 55,597 persons to other antipoverty programs for needed help.

Our staff is now making a detailed analysis of reports from all of the Operation Medicare Alert projects. The social knowledge that is gained can help Government agencies form realistic public policy.

The program made us aware of two basic needs: the desire of large numbers of senior persons for meaningful part-time employment, and the plight of many older persons who face the prospect of illness and dependency without anyone who can be counted on to care. A specific problem most often mentioned to Medicare Alert teams was the high cost of drugs that they needed.

From a preliminary report, it is evident that workers often experienced shock, surprise, and dismay at conditions they observed. Mary Stamper, a Kentucky woman, expressed a widely shared feeling when she said:

Although we got into some funny situations, others were sad, and some nights it was difficult to get to sleep remembering some of the things we had seen.

Out of the 218 reports examined to date, 80 percent of the agencies reported a ferment in their thinking about the traditional institutional ways to meet the problems among the aged in their communities. The most pressing needs appear to be in the area of health programs, neighborhood centers with friendly visitors, housing, and employment programs.

Medicare Alert workers proved that they were resourceful and productive. One project director described the workers' problems as one of "too much dedication," so that they would "overextend themselves

at times." The director of the Social Services Agency of Greater Trenton in New Jersey said:

One of the few short-comings we found in their performance was their lack of fear for their own safety.

The experience of meaningful activity, even for a limited time, had beneficial effects on their personalities. A California director described these effects as follows:

Although the canvassers had great difficulties, they had a purpose and the experience was good for them physically, and having a job to do was uplifting mentally.

Adverse circumstances were almost overwhelming. The project was conducted during the ice and snow of February and March. Yet, the elderly workers walked and drove thousands of miles on the back-roads of Maine and Arkansas, as well as the glazed streets of New Haven and Tulsa.

They climbed millions of drafty stairs in the tenements of New York and San Francisco. Operation Medicare Alert disproved the oft-quoted saying:

An aged man is but a paltry thing,
A tattered coat upon a stick.¹

Now, Mr. Chairman, let me speak about our Foster Grandparent Program. This program employs poor persons above the age of 60 to work on a personal basis with emotionally deprived, mentally retarded, and physically handicapped children. Many of these projects are experimental and go outside of full care institutions into public school settings and day care facilities.

As of my last report to you in January, I said there were 21 such projects which we had funded for a total of \$2.7 million, employing more than 1,100 older persons. These programs, as I said, have operated now for about 6 months.

On the basis of what we found out through those programs we recently funded an additional 12 foster grandparent projects for \$2.5 million. These projects will employ 1,067 older persons and will bring the total funded projects to 33.

Money has been allocated through section 205 discretionary funds so that there will be a total dollar amount of 11.5 million for this fiscal year. The current pressure on CAP funds, however, make it necessary to defer a portion of the planned funding until July.

We have contracted with an independent research organization to evaluate the program. An interim evaluation has indicated that the Foster Grandparents Program has given many older persons a new sense of usefulness and an increased self-esteem.

The earning of money was especially satisfying, but the social meaning of the work was extremely important to these older citizens. Of course, they derived immense emotional gratification from the children's attachment to them.

We also made some investigations of the impact of the work done by older people on the children. Let me just say in parenthesis here that when we started this program there was a substantial amount of authoritative opinion which believed that older persons—that is, people over 60—should not be encouraged to go to work and help out these small children, especially infants.

¹ Yeats, William Butler, "Sailing to Byzantium," 1928.

It was believed by some experts in that field of social welfare work that younger women and younger men should be employed, that people over 40 were not really qualified emotionally and otherwise to deal with these foundlings and other young children. So when we started the Foster Grandparent Program it was not as if there was no opposition to it.

The opposition may not have been very vocal, but there was a professional doubt that the foster grandparents idea would be a successful one. Consequently, the preliminary research that we have done is extremely encouraging to us.

One competent researcher reported that foster grandparents handled infants with a care and understanding that exceeded in some cases average hospital staff members.

These substitute grandparents are able to get responses from infants who lay in cribs all day without moving with nobody practically to handle them. Children who ordinarily would not walk or talk because there was nobody with the time to devote to them are now walking and talking. Although these are preliminary and informal impressions only, the report is definitely positive in the value of the Foster Grandparent Program to both its beneficiaries and our senior citizens.

Two anecdotes from the Denton, Tex., program illustrate what is happening:

Ned spent his time facing into a corner and cried when approached. He had to be dragged kicking and crying to the dining room. The first change observed after his contacts with a foster grandparent was that he sat in the corner, *facing the room*. He has now learned to patty-cake, reach out his hands and goes to the dining room quietly, holding Foster Grandma's hand.

Keith was known as "the screamer." It was an all day pattern. After contact with the foster grandparent, the screaming gradually stopped. He has begun to eat with a spoon and shows marked improvement. The staff has now revised its opinion and believes he may have a high potential.

We have examples from up in New England from foster grandparents who are making clothes for these babies, and the foster grandparents, no question about it, look upon these children almost as though they were their own.

Has the program been well received by the host institutions? Yes; a report from Denver, Colo., is typical:

Both our hospitals have said that they anticipated far more problems than have occurred.

We felt that we had reached the apogee when doctors at Colorado General were writing on their orders:

Please assign a grandparent to this child.

This report continued:

Stevie, a bright two-year old, in Colorado General was admitted with the diagnosis of "battered child syndrome." He had a skull fracture and massive skin lesions, which were treated like burns. He had to have painful treatment and had to have someone hold his hand when he walked for fear that a fall might injure his head again. After sustained contact with a foster grandparent, he seemed to stabilize his affection. * * *

Mr. Thomas A. Tucker, president of the National Association for Retarded Children, has appraised the program in this way:

Reports received at our headquarters from various parts of the nation indicate that the Foster Grandparents Program is meeting a vital need. Many mentally

retarded children are, through no fault of their own, the victims of neglect and apathy. Your programs help to provide the individual care, affection and understanding necessary to help many of these mentally retarded children become productive, well-adjusted tax-paying citizens.

A third program that we have started, not on a very large scale yet, but it was an experimental program, as many of our programs are, is called Operation Green Thumb.

This project was designed to employ retired poor farmers in highway beautification and is in operation. Green Thumb workers have planted more than 30,000 trees and shrubs and have worked on dozens of roadside parks in Oregon, Minnesota, Arkansas, and New Jersey.

The average income of these men before coming into the program was \$900 per year, and the average age is 67. Many are in their mid-seventies; the oldest worker is 88. Their average income, which a few short months ago was \$900 per annum has now been increased by \$1,500. Most of them are able to put many younger people to the challenge with the amount of work they produce.

State agencies, I might say, have been most cooperative in supplying materials and equipment; the cost of this project is being equally divided between OEO and State highway departments.

Some people who became Green Thumb workers are now off of welfare rolls, where heretofore they were on welfare rolls, and they have found a great new meaning to life. They have gotten medical assistance they didn't have before.

Look at a typical Green Thumb worker: Mr. Ray Pake, in Oregon, has farmed most of his life. He was receiving \$35 per month Social Security and \$50 from welfare. He is now off the welfare rolls. His eyesight had been poor, but through this project Mr. Pake was examined and provided with new glasses. Mr. Pake is finding new hope in life through his job.

One thing that is often overlooked that we do is the general work that reaches older people through Community Action Programs. That phrase "community action" is such a vague phrase that it is difficult for everybody immediately to understand it.

Community action affects not just younger people or middle-aged people, but it affects all people, including older people.

Most Community Action Programs are developed at the local community level in response to the felt needs. CAP has been providing technical assistance and giving encouragement to communities which choose to include components specifically designed to serve older Americans.

Here are some representative projects that have been funded through regular community action agency channels:

(a) Boston, Mass., in your own State, has recently been funded to establish senior citizens centers in six target areas, one in the north end, one in the south end, one in Roxbury, one in Charlestown, one in East Boston, and one in Parker Hill.

These six centers will provide adult education, information, and referral services of other social agencies and health services for the elderly, retraining many elderly for employment, and homemaker services.

Those are services whereby somebody goes out into the homes of the elderly to help them. This comes under our title of community action, and unless it were specifically pointed out as a method of get-

ting to the elderly, many people might think that community action has no or very little significance for the elderly.

It has great significance and can have even greater significance provided local Community Action Agencies request this type of financing which Boston has requested and received.

(b) Dayton, Ohio, has a senior citizens recreation project in a public housing project with 1,124 participating who are over 65. They are using a team approach—nurses, doctors, counselors, and recreation leaders for arts and crafts. Their services are also available to 40 older persons who do not reside in the housing project.

(c) In Chicago, a grant provides senior citizens centers where 3,500 persons over 60 years of age are offered adult education, trips, creative arts, health education, and counseling at a rate of \$6 per beneficiary per month.

(d) In West Virginia, Monongalia County, the CAP there, Senator Randolph, has a grant to establish a recreation center in the basement of the city library, and five part-time centers in outlying areas specifically for the elderly.

(e) In New York City, the Economic Opportunity Committee of New York has a funded program, sponsored by the Federation of the Handicapped, called PATH (Personal Aides to the Handicapped) in which 250 older persons are participating.

Mr. Chairman, what I have just described to you are some of the specialized separate programs requested by communities and sponsored by the Office of Economic Opportunity specifically for the elderly poor.

There are many, many more of these specific programs within the umbrella of community action which do reach the elderly, but they are not under some simple title like say Headstart and, therefore, they are not as easy to dramatize, but the work that they do in our judgment is extremely important.

Our concept of the Community Action Programs is to provide a comprehensive set of assistance and benefits for all the poor regardless of age. The older poor, as well as the young, are participants and beneficiaries in such Community Action Programs as health services, home-maker services, food distribution, consumer information, legal services, social and recreational services, and adult basic literacy.

Many of these components when put together with their outreach efforts are the main elements of our multipurpose neighborhood center program of which we expect to have a total of 600 funded by June 30. We are assuring that the multipurpose neighborhood centers are giving consideration to the poor senior citizens who are especially in need of the centers' services.

A neighborhood center doesn't serve just young people or adults in the 30- to 40-year age group. It serves all the people in the community, including, of course, the senior citizens, so that those 600 centers all over America will be helping.

These also are financed through community action funds.

Finally, I think we ought to recognize the outstanding work done by older people who have become VISTA volunteers.

Of course, we must not forget that 12 percent of VISTA volunteers are age 65 or over. There are 350 VISTA volunteers over 65 years of age right now. This is a pioneering effort to utilize constructively the talents of older people. Some of the volunteers are—

(a) Edgar Slater, an 85-year-old man, teaching Crow Indians a comprehensive manual arts course.

(b) George Cottell, 71, working with the department of welfare in Hartford, Conn., assisting in job placement and providing encouragement to other elderly persons.

(c) Margery Dritea, 68, working in a State mental hospital in West Virginia helping patients through music.

(d) Mrs. Maurice Frink, 75, teaching preschool children at Fort Defiance, Ariz.

Now, let me share with you a perspective from which we view problems of the older poor American. While there is much that remains to be done for the poor senior citizen, our Nation is making a major effort in meeting the economic and social needs of the aged.

For example, in the fiscal 1967 budget presented to Congress, it is estimated that the Federal Government poverty expenditures as a whole, not just what we do in our agency, will total \$21 billion. Of this amount, it is estimated that more than 40 percent will benefit persons over 65 years of age.

To give a sharper focus on this, let us look at 1964, the last year for which detailed data on the number of poor are available. In that year, the 5.4 million aged poor represented one-sixth of the total poor. While we do not have sufficient data to show how much of the Federal poverty dollar went to this group, it was at least twice their proportion of the poor population.

This was prior to the landmark enactment of Medicare and the OASDI and OAA increases of 1965. Further, in 1964, other poor groups' needs were even greater than those of the aged.

For example, the income deficit—the amount of income needed to reach the poverty level—of all families with children under 18 was $2\frac{1}{2}$ times that of all of the aged poor.

In other words, the income deficit for the aged poor was \$2.7 billion, whereas the income deficit for all of the poor was \$12 billion. In other words, for all the poor to get out of poverty, their income deficit was \$12 billion.

Older people have special maintenance and assistance needs. Many older people are very poor. But, in our concern for all poor people, which is our responsibility, we must recognize the existence of competing needs relative to a limited supply of poverty dollars, certainly with respect to our agency.

While our Nation is doing a great deal for older Americans relative to other poor groups, much remains to be done. In order to bring all older people out of poverty by our minimum standards, we would have had to spend in calendar 1964 an estimated additional \$2.7 billion. To bring all of our poor, as I said a minute ago, above the poverty income line, we would have had to spend nearly \$12 billion a year, for the aged poor approximately \$2.7 billion.

Congress has charged the Administration on Aging of the Department of Health, Education, and Welfare with the general responsibility for older Americans. We believe that the new Commissioner, Mr. William Bechill, and his staff are highly qualified.

I am confident the Congress will assure that this agency's authorization and appropriation will be adequate. We are cooperating with and supporting other agencies of the Government that have responsi-

bilities for the aged, such as the Social Security Administration, the Welfare Administration, and the Public Health Service, to the best of our ability.

A final aspect of the perspective which must be considered is the fact that OEO has a primary mission of attacking the causes of poverty. We want to prevent poverty rather than merely treating poverty's symptoms. Prevention of poverty in the older years is much more difficult to achieve than prevention of poverty among the children.

This Administration has supported legislation to broaden the benefits of Social Security and we at OEO have encouraged full participation in the Medicare program. We even, as I testified back in January, urged that Social Security be improved as a way of helping the elderly. The Congress has already taken a first step by blanketing in people over 72 and making them eligible for benefits.

While the Congress has placed emphasis on youth type programs in the OEO legislation, such as Headstart, Job Corps, Neighborhood Youth Corps, and college work-study, the Congress has recognized that the OEO program is not just a youth program, but it must serve all who are poor.

In fact, the Smathers amendment has given specific legislative direction to include the elderly. Section 610 of the act reads:

It is the intention of Congress that whenever feasible the special problem of the elderly poor shall be considered in the development, conduct, and administration of programs under this Act.

A summary of all Community Action Programs reveals that we will spend approximately \$50 million for programs that benefit the older Americans this fiscal year. These include 561 separate grants, employing about 19,000 older persons, and benefiting some 4.4 million. These figures include the Operation Medicare Alert program.

We consider this number of participants and beneficiaries, along with the dollar value of programs, to be a fair proportion considering the appalling magnitude of the needs for programs by the 32 million poor we are trying desperately to help with a mere budget of \$1.5 billion for fiscal year 1966.

At this point, Mr. Chairman, I would like to interject a comment about our fiscal year 1967 program. The effect of the House Education and Labor Committee bill, which was reported out on May 17, is to reduce funding for the Community Action Programs by more than \$100 million below the President's budget request.

The changes have a restrictive effect on the proposed fiscal year 1967 program for the aged. We proposed, for example, a modest \$70 million for fiscal year 1967, which corresponds to the \$50 million program provided in fiscal year 1966, but if we don't even have the \$70 million we are not going to be able to do as much in 1967 as we have done in 1966.

In summary, we have developed specific projects designed to serve older persons. Our local CAA's have used their initiative and allotted their guideline funds for programs in many instances. Finally, most CAA's include those in later life in the entire gamut of program activities.

Now let me move to the third general area: the direction of our efforts for the next fiscal year.

We shall make every effort to include older persons in existing programs. We are reevaluating existing programs with this in mind and we are studying new methods which will insure larger participation by older Americans.

We shall participate in a high-level conference at Notre Dame University in August, meeting with selected authorities in the field of aging, to further refine our long-range goals in this area.

By memos, surveys and on-site visits we shall assist CAA's in establishing meaningful and effective programs for older Americans to the maximum extent feasible, consistent with local initiative and available dollars.

We shall continue to make private and public agencies who also have responsibilities for the aged aware of the special problems faced by older Americans. We shall increase our efforts to make all of our staff at the local, regional, and Federal levels aware of the need to include older persons in a great variety of programs. We shall continue to work with other Federal agencies to alleviate the special conditions of older Americans which prevent them from having economic security and social support.

The President on April 8 asked the Secretary of Health, Education, and Welfare to study the possibility of improving Social Security across the board, for the aged as well as other groups. We will continue to work with Health, Education, and Welfare, and other agencies which have primary responsibility for income maintenance (including Social Security), health, housing, and other programs which represent the bulk of the \$26 billion the Federal Government will spend in Fiscal year 1967 for the aged.

In conclusion, Mr. Chairman, we are concerned for older Americans in poverty. We are aware of the problems and special needs of this age group. We shall do all that we can within the perspective of our orientation and the dollar limitation imposed upon us.

The greatest assistance for the elderly must come from the primary mission agencies, especially those providing income maintenance. Only when we restore the dignity of sufficient income will the aged poor begin to rejoin the community. The local Community Action Agency may help them in this process through health centers, legal aid, neighborhood centers, and other components of Community Action Programs.

Thus, money income is part of a broader strategy to help the aged rejoin the community. We, therefore, will certainly support these agencies in developing their programs to serve older poor Americans, and we shall make every effort to integrate this special age group into the total efforts of the War on Poverty.

We will do everything that we know how to do within the limits of the moneys that are available to us in this coming Fiscal year.

I can't conclude, however, without saying that the bulk of the work that has to be done for the elderly I am afraid will have to be done by other agencies as long as we have as little money as we have to meet the needs of all the poor.

Income maintenance is, let us say, objective No. 1. The services through our multipurpose centers of health services, legal aid, and other components of community action will be helpful, but money, income, is a much more important part of the broader strategy to help the aged.

We, therefore, support all these other agencies which are testifying before you now and will testify in the future and we hope that we will be able to offer constructive assistance to them in bringing new hope to the aged poor in our Nation.

Thank you very much.

Senator KENNEDY. Mr. Shriver, I want to thank you for an extremely comprehensive presentation, as always.

I would first of all like to discuss with you some of the administrative and institutional problems which are presented by the program and then review briefly some of the things which have been outlined in your testimony.

One of the recommendations made by the Special Committee on Aging is that the OEO, by administrative action, establish a better priority system by appointing an individual in OEO who would have complete responsibility for the aging programs.

What would be your reaction to such a recommendation made by the Aging Committee?

Mr. SHRIVER. We favor that recommendation, Senator Kennedy. We, in fact, have requested a number of people to take on that responsibility for us and we have had a little difficulty from time to time, but I am happy to say that Dan Schuller, who is up in the State of New Jersey and who has proved to be very effective in that State working in the antipoverty program, has accepted our invitation and is coming down to do exactly that at OEO. He starts, in fact, next month.

Senator KENNEDY. What would be his access to the Director of the OEO?

Mr. SHRIVER. He would be a part of the community action operation in OEO; the Director of Community Action is himself a Presidential appointment, so the line of command would be to the Director of Community Action and from that man to the Director of OEO.

Senator KENNEDY. He will be under the Director of Community Action?

Mr. SHRIVER. That is correct. He would be within Community Action where most of the work that we do with respect to the elderly is concentrated.

For example, Medicare Alert was in Community Action. Medicare Alert was carried out by 460, I think it was, 467, Community Action Agencies across the country.

It is a vehicle for doing a great many things. For example, our legal service programs, Headstart, Upward Bound, and all of those work out of the Community Action operation.

Senator KENNEDY. The recommendation that would come from the committee would be for an Assistant Director. I would observe from your comment that the person who would assume that responsibility would not have that title, or would he?

Mr. SHRIVER. No, sir; the Assistant Directors of OEO are like Mr. Bookbinder. We try to keep the assistant directors of operational units in the operational units, and the staff personnel like the general counsel or public affairs or Mr. Bookbinder's office at the staff level.

Let me give you an idea of what I mean. The people who are interested in the rural problem would like to have somebody who is a specialist in rural affairs report directly to the Director of OEO. The

older people want that. The young people want that. The Indians want that.

Everybody seems to want to have a person who reports directly to the Director of OEO.

We have tried to make those persons operational rather than staff and we have placed them in the operational line of command rather than in the staff, so you have in Community Action a Director of Head-start who reports to the head of Community Action and through the head of Community Action to the Director of OEO.

You have a director of Upward Bound. You have a director of legal services. The analogy has been drawn to the Defense Department where you have the Polaris missile project, for example. It has its own budget, its own director, its own policies, but it is, I think, within the Navy Department and reports up through that Department.

We have a comparable structure in OEO.

Senator KENNEDY. How many people are working generally within OEO on the problems of the elderly poor?

Mr. SHRIVER. There never would be too many, I would hope. We have had no more than two or three at any one point in our history, but let me indicate that we have had only three people working on the problems of the American Indians. Yet the program that OEO has mounted with respect to the American Indians has been extremely effective we believe, certainly has been extremely popular and well received by the American Indians, so it is not primarily the number of people who work on the staff.

It is what they do, and in the case of the Indian program, which is in a sense comparable, there are about 700,000 Indians I think, reservation Indians, and two people today are handling the entire OEO program with respect to the Indians.

Senator KENNEDY. I think there is no question that it would be much easier to departmentalize the Indian program than the program directed toward the elderly poor. I think there is a notable distinction there.

Mr. SHRIVER. There are a variety of ways of doing these from an administrative point of view. We have a program now which will be very popular called Upward Bound. It is a program which this year will reach an expenditure of about \$26 million and it will bring 25,000 high school students to campuses of various universities this summer and then we stay in touch with them all the next academic year.

That program within OEO has been handled by, I am almost sure, not more than five people. What was done there was this.

We have five people on our staff, but we contracted with a new organization called Educational Services Organization and they did a great deal of the leg work that was needed to be done.

They had a great many people who were experienced in academic operations. Similarly, here with the elderly poor we have contracted with the Administration on Aging over in HEW to do a substantial amount of the work for OEO.

My theory has been to try and keep OEO in terms of personnel as small as possible and when there is an agency of the Government like the Administration on Aging established by Congress to utilize it to the maximum.

Senator KENNEDY. I think certainly the goal is a worthy one. What is of concern to many of us is the nature of and the sense of priorities which have been given to the problems of the elderly poor versus the degrees of priorities which have been given to the other programs.

We raise the question of the sense of priorities which are given to staff personnel because we wonder whether there is a sufficient priority being given to needs of the elderly poor.

In your testimony you talked about the various programs which have taken place, Medicare Alert, Foster Grandparents Program, Green Thumb, and VISTA.

In Medicare Alert program, which, I understand, was extremely successful, there were some 14,000 elderly people involved.

Another program which you mentioned is the Foster Grandparent Program. In this case we are talking about figures from a thousand to perhaps as high as 2,000 if the new funding is realized in the not too distant future.

It is difficult to get a figure of the involvement of those that have been active in the Green Thumb, and in VISTA. I believe you mentioned some 350 people.

Now, from the testimony that we have heard it seems that there are 1 million elderly poor that are prepared and are competent to assist in some way.

What is of concern to all of us is the fact that we are not just talking about a few hundred people undertaking a variety of programs. And when we raise the question of staff and priority systems we do it to a considerable extent because of the apparent inadequate utilization of these senior citizens.

Mr. SHRIVER. Well, I share the frustration. As I said when I was over here the last time, I plead guilty to the fact that we have not been able to think up simple ways or effective ways to utilize these 1 million aged people that you just referred to.

Let me explain that at \$3,000 a year if you were to give them employment at the poverty, so-called, cutoff, statistical cutoff, that would cost the Congress \$3 billion.

If you gave them part-time employment which was only, let us say a thousand dollars a year in income for services rendered, those million people, that would cost Congress a billion dollars.

I am not opposed to that. Don't misunderstand me. It just is that we don't have anything like that kind of a budget nor anything like that kind of an authorization. I don't mean for money, but I mean even for programs.

Senator KENNEDY. On page 11 you say in your testimony:

Now, let me share with you a perspective from which we view problems of the older poor American. While there is much that remains to be done for the poor senior citizen, our Nation is making a major effort in meeting the economic and social needs of the aged. For example, in the Fiscal 1967 budget, it is estimated that the Federal government poverty expenditures will total \$21 billion. Of this amount, it is estimated that more than 40% will benefit persons over 65 years of age.

The problem that concerns me is that, on the one hand, your testimony reveals that there is an extraordinary expenditure of Federal funds, and, on the other hand, you testified that the principal reason for the inadequacy of these programs is a lack of money. If there is

a dramatic need because of the lack of funds that information ought to be presented to Congress and explained.

If we were to read just this testimony and the following pages about the great amount of money that is being expended and used I think there are those who would interpret this to mean that we are doing a sufficient amount at the present time.

Mr. SHRIVER. I agree with that statement.

Let me, however, just submit for the record, if I might, what that \$21 billion is composed of, and \$21 billion still in my judgment is a major effort by the Federal Government.

Now, of the \$21 billion, \$12.7 billion goes to employment of direct cash benefits to the elderly.

Senator KENNEDY. Is that \$12.7 direct cash? Are you talking about Social Security?

Mr. SHRIVER. That is right.

Senator KENNEDY. I would certainly say that a reasonable case could be made with regard to Social Security, that it represents a return of funds to individuals who have made payments over a considerable period of time. In one sense, the Social Security Administration is under or is within the Federal Government, but I think it certainly would mislead one to think that this is an effort which is really being made by the Federal Government as such.

I think the expenditure of that \$12.7 billion is money which quite rightfully belongs to these individuals.

Mr. SHRIVER. I don't disagree with that either. All I was trying to do was to itemize what there is in the budget that the Congress already passed on which constitutes, at least in some people's minds, a major effort.

It is \$21.4 billion. I am not saying that it isn't justified. I think it is justified personally. There are \$2.8 billion in health benefits. There are \$2.8 billion in educational benefits. There are \$3.1 billion in other benefits which I could get all itemized for you.

I am not trying to say that that is enough. All I am trying to say is that there is that amount of money and that is what I was referring to when I said that the Federal Government, you as the Congress, are already using a lot of money in this field.

Now, the second part of the question is, well, what about the million people who are elderly who would like to do something part time or full time. They are not reached except indirectly by all these programs and they could do more. There is no question about that.

But, when we are talking about a million people I think we just have to stand still for a second and say, "Now, what can you do for a million people that will be of any significance to the individuals involved?"

If you are talking about \$500 a year or if you are talking about a thousand dollars a year added income for a million people in return for work performed, part time or full time, you are talking about one, two, or three billion dollars.

Senator KENNEDY. If that is what is needed—and I think there are few people in the Federal Government who really understand what is needed—then I think that those recommendations certainly should be forthcoming so the Congress can understand and fulfill its responsibilities in solving the problem.

If the question really is funds or money then we should have a recommendation in that area. Congress could then make the determination.

Mr. SHRIVER. I, on page 12 of my statement, did express the opinion that in order to bring all older people out of poverty by our minimum standards, you have to spend in calendar 1967, let us say, \$2.7 billion additional.

Now, we are not proposing that that is a proper thing to do, in the first place because it is not within the President's budget and we don't have the authority to make any such proposal; second, because how that money would be expended has not been studied in the Executive Branch, so far as I know, in any great detail although we try to work in OEO with other agencies.

It hasn't so far as I know been studied, but by arithmetic, if you are going to take so many elderly people of a certain income over into a different income bracket, you are going to have to spend \$2.7 billion to do that.

Senator KENNEDY. I have some other questions, but I would like to yield to Senator Young.

Senator YOUNG. Mr. Chairman, thank you.

Director Shriver, I really have no questions to ask of you. I want to tell you, you made a most impressive statement and I am simply wondering if you are going to continue to do all you can to encourage this VISTA volunteer program.

It seems to me that is a very fine program, that you should enroll more people if possible into it.

Mr. SHRIVER. Once again I agree. We are trying to increase that program as rapidly as we can, again within the money that we have. There will be on the 30th of June 3,500 people in VISTA actively in the field or in training. About 2,200 are in the field right now.

Again, it depends on what we are able to obtain from Congress in terms of appropriations. The House bill has increased the suggested authorization for VISTA substantially—up to \$31 million from only \$17.5 million this year. That is a pretty substantial jump, but it still won't do all that I am sure you would like to have it do or that I would.

Senator YOUNG. Also your Community Action Programs in my State and elsewhere, I think, are going great. I want to compliment you on that.

Mr. SHRIVER. Thank you.

Senator YOUNG. I have no other questions.

Senator KENNEDY. Senator Allott?

Senator Prouty?

Senator Randolph?

Senator RANDOLPH. Thank you, Mr. Chairman.

Mr. Shriver, on May 24 in Jefferson County, W. Va., the annual meeting banquet of the Jefferson County Chamber of Commerce was held at Harpers Ferry.

Addressing that meeting was Holmes Alexander. He is a columnist. Do you know Mr. Alexander personally or do you know that he is a newspaper columnist?

Mr. SHRIVER. Yes, sir; I do. I do know him as a columnist and I happen to know him personally.

Senator RANDOLPH. Mr. Alexander said in speaking of the War on Poverty: "The cure is worse than the disease."

He also said, and I quote from the Spirit of Jefferson-Farmers' Advocate, issue of May 26, 1966:

The War on Poverty is for the warriors and not the poor.

Mr. SHRIVER. Lawyers?

Senator RANDOLPH. Warriors.

Mr. SHRIVER. Oh, warriors. I thought you said lawyers. Some people have said that.

Senator RANDOLPH. I have given you these two quotes from his speech. Of course, in the State of West Virginia we feel that generally the War on Poverty has been a successful program. We believe that the results have been in the affirmative.

Would you care to comment on these two statements that I have read to you which were given in the State of West Virginia last week at an important business banquet?

Mr. SHRIVER. Well, I would say that they are typical of a certain group of journalists who have been saying things comparable to that for quite a while.

I would inquire frankly whether Mr. Holmes Alexander had the time when he was in Harpers Ferry to go to the Job Corps camp next to Harpers Ferry and talk to some of the youngsters who are poor and who are being helped by the War against Poverty in Harpers Ferry or in the area surrounding Harpers Ferry.

I think if he had done that he might have had a different attitude about the effect of the War on Poverty because in the Job Corps Center just outside of Harpers Ferry there is a substantial number of poor kids who are getting a new chance and they are profiting by it.

I don't know frankly what War against Poverty projects Holmes Alexander has personally inspected. I wouldn't be surprised if he hadn't seen any. He could, on the other hand, have seen some and some of them are not as successful as they ought to be.

But I think if he would take out a week and come with me which I would be happy to invite him to do, I can show him a lot of results with the victims as well as the warriors.

Senator RANDOLPH. Mr. Shriver, this news article which I have quoted is on the front page of the Spirit of Jefferson issue of May 26. Also on the front page is a photograph in connection with a story which deals with the Job Corps Center at Harpers Ferry to which you made mention.

The headline is "Driver Training Course Inaugurated at Job Corps Center; Corpsmen Are Promoted; Relations Council Formed."

There was some opposition to the location of a Job Corps Center in Jefferson County. But we today feel that the Job Corps Center now established in that county is a successful project and we believe that the very large majority of the citizens in the county are not only appreciative of the work being done, but are cooperative with the project.

The work being done there, of course, is very important to the development of the Harpers Ferry National Historical Park, and I am grateful for your comment today. I have usually had an invitation to that annual banquet, but this year with Holmes Alexander as a speaker I didn't receive the invitation. There might have been

a feeling that they knew what he was going to say and didn't want to embarrass the Senator from West Virginia who has supported the program, although at times calling your attention to mistakes and errors which I felt were being made.

Mr. SHRIVER. As you know, Senator, I have some relatives in Harpers Ferry myself, one of whom serves in the State Legislature of West Virginia even now, and I have visited there many times and like it very much in Harpers Ferry although it is true, as you know, that in Harpers Ferry there always has been a difference of opinion about things.

I think Harpers Ferry was the scene of the hanging of John Brown and maybe Holmes Alexander was down there anticipating something like that, but maybe next year you and I can both get down to that Jefferson County dinner and if invited I would be happy to go with you.

Senator RANDOLPH. John Brown wasn't hung in Harpers Ferry, but in Charles Town.

Mr. SHRIVER. Excuse me. You are right; nearby, Charles Town, right across the river.

Senator RANDOLPH. The county across the river a few miles away.

But when I first introduced the bill to establish the historical park there, of course, there were persons who said that I was simply attempting to immortalize the spirit of John Brown, so you do have differences of opinion, and the park came into existence. We had almost 800,000 persons that visited that park during 1965.

I am glad we can, oh, in a sense be facetious this morning in reference to some of this subject matter, but I think it is important to you to know that there are some persons who are very active in opposition in the spoken and written word to the War on Poverty. It is highly important that you as the director and your associates and those of us within the Congress recognize that there are these differences of opinion. Where we find reasons to comment or to criticize it is our responsibility as elected legislators to do that. I wish to say again that I am glad that I had the opportunity and that I accepted the responsibility of supporting with my voice and vote the program on poverty. In the State of West Virginia I think the results are on the plus side. I might add that at the present time we have about 50 workers in the VISTA program. We will have between 80 and 100 in the near future.

Mr. SHRIVER. May I add one other thing just for the record, Mr. Chairman?

On this business about the War against Poverty being more for the benefit of the warriors than for the poor, there has been a great deal of inaccurate information put out about that.

Just for the purpose of this hearing it might be helpful to note that we have surveyed about 75 percent of all the Community Action Agencies in America. In those agencies, which I think number 586 out of 700, it turns out that there are 175 people who receive more than \$15,000 a year. Of the 175, half of them are in the 7 largest cities of the United States, so when we hear about people being paid exorbitant salaries or that the warriors are getting all the money, I think it is well to remember that there are only 175 people in all the Community Action Agencies in the United States receiving more than \$15,000 and half of them are in 7 big cities.

Another charge was made not long ago that there were something like 15 or 30, or some figure like that, people in the War against Poverty making more money than General Westmoreland. That was another total fabrication. There isn't anybody in the War against Poverty making more money than General Westmoreland.

I don't think that anybody should be making any more money than he is making, but the fact is that nobody is. Yet that charge, that calumny, was repeated across the country in newspapers and on the radio and television, and those kinds of statements which have a rather dramatic and emotional appeal are the kinds that it is extremely difficult to kill.

They keep getting repeated and repeated and repeated, but they are not true, so those are the kinds of things, alleged facts, on the basis of which some people come along and make statements like Holmes Alexander made there.

Thank you.

Senator RANDOLPH. Thank you, Mr. Director, and thank you, Mr. Chairman.

Senator KENNEDY. Senator Yarborough.

Senator YARBOROUGH. Mr. Chairman, I want to congratulate the chairman of this special subcommittee for this hearing that he has called and I think it is very helpful here in this Subcommittee on Federal, State, and Community Services to coordinate action. I think it is very timely. I want to congratulate the able Director of the Office of Economic Opportunity.

I think with the small amount of money that he has received he has done a terrific job. I note here that he had a budget for the Fiscal year 1966 of a mere billion and a half dollars to try to help 32 million poor to earn more money to help themselves.

A billion and a half dollars, Mr. Chairman, is a lot of money, but when we break it down it is less than \$48 a person and \$48 a person for the poor with all the administrative costs is very, very little money to raise the living standards of these people.

Of course, this Office of Economic Opportunity covers many things. There are some 80 Conservation Job Corps Centers. I never see anything about them in the press.

Senator YARBOROUGH. That is the first time I ever heard of an attack on the Conservation Job Corps Center. They have been so successful. All of the attacks I had previously read had been on the urban type Job Corps, but when you take the total number of attacks in the county there have been very few they have been able to single out for attacks.

I recall when this Economic Opportunity Act was passed a great deal of gibing had gone on over the country, a great deal of slurs cast at it. I predicted within 5 years the people that cast those slurs would be eating those words.

Some of the very people in the communities that I have been in who slurred at it at first have stopped now and some are serving on local committees. I have had business leaders, who first were critical of it, phone me and say, "Why on earth aren't they allocating funds for this city. We need it desperately for this city."

Through VISTA volunteers, the adult educational program, and many other ways this Economic Opportunity Act with a small amount

of less than \$48 per person has done, I think in many fields, a fabulous job, a great beginning.

Above all it has stirred the imagination of the people.

I think, Mr. Shriver, that you are getting over to the people of this country that something can be done about poverty. I am convinced that when this act passed most people read in the Bible that you will have the poor with you always and they thought nothing could be done.

I believe that it is coming, and if there is not a majority opinion on that side now there will be shortly with the progress you have made with this limited amount of money per person, that the majority of the American people are realizing that something can be done about poverty, and the work you started in my opinion will never end with this Government.

I think that enough people are interested in their local services, and through the community action programs and the youth programs, that this work will be carried on.

Now, in the field of the elderly I want to congratulate you for these programs that you have set out here, the points of how you can work on this. I will not take time to repeat them. You have summarized them. I deplore with you the action of the House committee in reducing the amount of money and particularly in cutting that modest \$70 million that is proposed.

They cut this poverty program \$100 million below the President's budget, which, in view of our overseas commitment, the Budget Bureau itself had a very, very low budget for the great work that is being undertaken.

I hope we in the Senate can restore that and I would like to see more done in this regard.

I note talking about the problems of the elderly that some say lack of concern or lack of respect of whether the elderly are wanted or not. I have never seen a wealthy elderly person who wasn't wanted, so I think some of the want that people have for the elderly depends on wealth.

Maybe it is money that talks instead of people, but I have never seen a very wealthy elderly person, regardless of how elderly, shunted aside. They get more and more attention as they get old, so I feel there is a little bit of monetary advantage.

I want to relate here a personal experience I had. I was in a very difficult political campaign in Texas one time and we had a day's workshop and symposium and I was speaking before the eastern region of the State to stir our supporters up.

It was just 2 weeks before the election. At the end of this day-long session—and we had the campaign managers and we had publicity men, and they were young and supposed to be pretty brilliant—I had a 91-year-old man come up to me and say, "Judge, I have listened all day. You haven't covered this."

And nobody had thought of it. It was one of the most vital points in that campaign, and when that 91-year-old man came up and gave us one of the vital things that had been overlooked—this was in the middle of a second primary—I decided then if I could just get all the people over 65 on my side we could do all right with the rest of the people.

We were losing campaigns, so I learned from it. That is just one experience of how brilliant people are often. You cannot tell by the age of a man what his intellectual capacity is. Some people age much faster than others. Some have a high mental activity at very late ages, and we need to capture that intellectual activity.

We don't expect any Olympic champions of people after 65, but that doesn't mean that the intellectual capacity has declined so greatly, and if we can capture that mental capability of people past 65 and turn it into productive channels, use many of them, those people over 65, in these antipoverty programs, I think that we will capture a lot of talent the Nation is now losing.

I congratulate you on what you are planning for the elderly, not just for them, but for the country, to utilize their talents and capabilities in this whole program, but I congratulate you above all on the overall direction.

The VISTA volunteers program is catching the imagination of people more and more.

On the Headstart program, I have had uniform approbation of it everywhere. Everyone that has ever been in contact with the Headstart program is thrilled by it and what it promises for the future. I see the whole American educational system is so impressed it is now saying we must begin the education of the young at the age of 4 instead of the age of 6 years. I think some of their experience in the VISTA volunteer program is one reason why the American educational part of our economy has come to this conclusion.

Thank you, Mr. Chairman.

Senator KENNEDY. Senator Prouty?

Senator PROUTY. Thank you, Mr. Chairman.

I might say first that, while I am a member of the Special Committee on Aging, I am not a member of this particular subcommittee. However, I am grateful to the Chairman for permitting me to ask a question or two.

When you appear before the Labor and Public Welfare Committee, Mr. Shriver, I shall have many questions with respect to various aspects of the activities of the OEO.

This morning we are concerned primarily with the problems of the aged so I shall confine myself to that particular field. I had expressed the opinion in the past that this particular program is not designed primarily to help the elderly citizens in this country. I have felt that they can receive a much higher degree of benefit and real help through the Social Security program.

This year I offered an amendment in the Senate which was approved by one vote and which would place everyone 70 years of age or older whether they qualified or not under the Social Security System. The minimum benefit for Social Security beneficiaries would be \$44 in the case of the single person, \$66 in the case of a married couple. That is by no means ample.

I might point out that in the Dominion of Canada every person who reaches the age of 70 receives \$75 a month. That is little enough, but it seems to me that we in this country, a great wealthy nation such as ours, can do far more than we have in the past.

Now, what the elderly citizen in this country needs more than anything else is money in their pockets, money with which to buy the

bare necessities of life. I think the best means of accomplishing this is through the Social Security program.

I offered this amendment which passed the Senate. It went to conference where it was watered down considerably. When it was returned to the Senate, it provided a minimum of \$35 a month or \$52.50 for a married couple, which would be reduced, however, by the amount of any public pensions they might be receiving. I might point out that many retired schoolteachers have been receiving as little as \$15 or \$20 a month which is obviously ridiculous if we think that anyone can sustain himself and maintain the bare necessities of life on an amount as small as that. Also, the conferees provided that only those persons who are or who will attain age 72 before 1968 will be eligible to receive benefits without any requirement of Social Security coverage.

We made a first step, however, and the Senate and the House finally approved that version. I intend to offer other legislation before this session is over which will increase the Social Security benefits substantially and bring everyone under the Social Security program at age 70.

I think that is the only way we are going to help our elderly citizens, and I think in the past, Mr. Shriver, you have been frank and honest enough to say that under the present provision of the OEO it is not possible for as much to be done for the poor as both of us would like to see done. I think if we are going to be realistic, what we need to do in this country is to provide ample retirement benefits for our elderly citizens so that they can maintain at least a reasonable standard of living.

I think that is the only way we are going to solve this problem. This may do a lot to help some of our younger people. I hope it will. But in my judgment it is not going to be very beneficial to our elderly citizens, at least in its present form.

Thank you.

Senator KENNEDY. Senator Allott.

Senator ALLOTT. Thank you, Mr. Chairman. Like my colleague, I am not a member of this subcommittee, though I am a member of the Special Committee on Aging. I would like to make a remark or two underscoring some of the things that Senator Prouty has said because I, too, feel very strongly about the lack of income for elderly people. I supported the amendment which he offered in the Senate earlier this year. This goes back many, many years in my own State to my support of old-age pension systems which for many years were the highest in the country, as you well know.

I don't know whether at the moment it is the highest old-age pension system in the country or not, but for many years it was the highest pension system in the country. I felt that certainly out of our sales tax and out of certain other excise taxes which we earmarked by constitutional amendment, we could take care of our elderly in a decent manner. I think we did and have done, as far as that particular system is concerned, an excellent job as well as providing a medical program for our aged who were under this old-age pension system.

I must say that I have tried to interest some people in this committee in a study, especially since the passage of Medicare. I have talked with the chairman of the Labor and Public Welfare Committee, of which I was formerly a member, as well as others in trying to produce a systematic study as to the programming of the brick and mortar, the doc-

tors, technicians, and others that will be needed to implement that system. So far we have not been able to get that help. As I look at your statement and the discussion here this morning—and I will not take long because I have a meeting at 11:30—it seems to me that without an adequate income, which the Government has temporarily placed at \$3,000, you can't expect the elderly to live in any kind of decency.

I wish I could, without exposing the names of the people, present some of the letters I have received from some of our older people complaining bitterly about the rise in the cost of living while we expect them to live on the benefits of Social Security or public welfare.

I think the needs of the elderly go beyond this. Congress has placed the cutoff on Social Security earnings at \$1,500. When I was on the Labor Committee 12 years ago, I sponsored legislation to increase it—it was then \$1,200—but I was unsuccessful in doing it.

It seems to me the aged fall into certain categories. First of all, there are those who have been forced to retire by the retirement rules or regulations of their own company, or their pension rules, union contracts or whatever.

Many of these people do not wish to retire. Therefore, in this category it seems to me one of the efforts we should make is to enable these people to earn enough above their pensions or Social Security in order that they can come up to a decent and respectable living income. This is a place where I think Congress could make a very constructive effort.

Then there are those who are retired who really have no desire to do anything else but retire. I wouldn't attempt to estimate the percentage, but they are all human, and they are all different. There are those who just wish to retire.

But there are also those who have a definite spiritual need or "inside need" to do something constructive in their community. These are the people I admire most. They are not willing to be shoved aside from the mainstream of community life.

The Foster Grandparents Program I think is one of the greatest opportunities that has been demonstrated to give them an opportunity to be a part of the mainstream of the community.

There are other things in community life. We found, for example, that when we raised the nonpenalty Social Security earnings ceiling from \$1,200 to \$1,500, people who had been working every day just in order to be a part of their community for \$1,200 a year found that their wages suddenly went up to \$1,500. They do contribute and they are able to contribute and will contribute a substantial part to not only the economic life but the spiritual life of a community.

In summing this up, it all comes down to two things: first of all, I think we would all agree that we have no right to ask the elderly to live on a starvation income. I have suggested one or two ways that I think will help.

The second thing is that we should find a way—and it ties into the first—of increasing the amount they can earn. But more importantly, we must find ways to permit them to be a part—a vital and active part—of the total community, thereby affording us the opportunity to draw upon their experience and wisdom. It is the wisdom which comes with age that must be imparted in the younger generation, to temper the younger generation, if you will, with the experience and

wisdom that they have acquired through their long years of service, to their employers, to the communities, to their churches.

I think these things are all vital. It breaks down into two parts, an adequate income, and an adequate opportunity for those who are capable of doing so, who wish to do so, of participating in the mainstream of their community life. Would you like to comment on this?

Mr. SHRIVER. Only to say, Senator, that is what we are trying to do. Yes; I would agree. What we are trying to do through the Foster Grandparents and other programs is to come up with some ways in which people can be given constructive work that will provide money to those who, as you said, are capable of doing it.

Senator ALLOTT. What do you think, Mr. Shriver, about your program, for example, as compared with rather drastic reform—at least it is drastic in the minds of most people—of the Social Security System to attack the first problem—the raising of income through Social Security or other means?

Mr. SHRIVER. Well, I testified earlier here to the effect that I feel that to the extent that income of the elderly can be increased, while retaining the character of the Social Security Administration, I feel that is what everybody would be in favor of doing.

I certainly am. But the Social Security System, as you know better than I, is an insurance system and in order for it to have fiscal integrity it has to be maintained in a certain way and I am sure that you would be among the first to want to keep it fiscally responsible.

Senator ALLOTT. I have made my attempt to keep it fiscally responsible, but the chief actuary of the Social Security System testified before the House committee that it would take \$322 billion in cash contributions to bring the Social Security fund into an actuarial balance. Of course, you and I know that serving on the Appropriations Committee I have had a vital interest in this.

The same thing is true with the Civil Service Retirement Fund where, as of July 1, the Federal Government will owe the fund \$43 billion in cash.

So I do have a general interest in these things, but on the subject before us, I would sincerely hope that we could take some substantial steps to permit our elderly citizens to earn enough so that they could raise themselves out of the poverty situation which many of them find themselves in.

As far as your Foster Grandparents Program, I think it is a fine idea. It is one way by which we can give these people an opportunity to contribute; where they are not just contributing economic assistance or economic aid to somebody, but are fulfilling a spiritual need to feel that they are a part of the community, and are contributing to it.

Thank you, Mr. Chairman.

Senator KENNEDY. I would just make one comment on what has been said by Senator Prouty and Senator Allott. I think, that if we are really serious about the utilization of the Social Security System, that we have to be prepared to recognize that the way that this is going to be done is through general contributions, general tax contributions to the Social Security system.

We can talk and say that we want to use the Social Security system to see that this thing is done.

I support that idea and I am certainly going to be in the front ranks of the fight. However, I think we are also going to have to be pre-

pared to recognize that it is going to change the whole concept of Social Security and that there are going to have to be general contributions to it from the general tax revenues.

I certainly hope that those who want to see this program realized are prepared to accept increasing it through the Social Security system.

Senator ALLOTT. May I say this, Mr. Chairman?

Senator KENNEDY. Yes.

Senator ALLOTT. I agree with you that drastic or major increases in the Social Security system can only be made, at this point, through general tax contributions, because we are very near the saturation point with respect to the usual methods of financing.

Senator KENNEDY. I had just one final question I wanted to ask you because it is relevant to what has been talked about here and I think perhaps you touched on it on page 12 of your testimony in that second paragraph near the bottom where you said "in order to bring all older people out of poverty by our minimum standards, we would have to spend in calendar 1966 an estimated additional \$2.7 billion. To bring all of our poor above the poverty income line, we would have to spend nearly \$12 billion a year."

Were you referring at that point to some of the matters which have been discussed here in the last half hour or so with regard to raising income levels by direct contributions?

Mr. SHRIVER. I was just citing the economic fact that if you had—

Senator KENNEDY. How would you spend that? When you say, "to bring all of our poor above the poverty income line, we would have to spend nearly \$12 billion a year," were you talking about direct contributions or were you referring to services?

Mr. SHRIVER. \$12 billion, that figure would include all the poor, both the young and the old, and, second, it is merely an arithmetical computation based on the average income of all the people who are poor and what would be necessary to raise that income above the cutoff, the statistical cutoff point of \$3,000 for a family of four.

Senator KENNEDY. I would interpret your formal presentation to be an acceptance of the usefulness of the approach of making direct contributions to individuals to supplement their income, to raise it to the minimum poverty line standard.

Mr. SHRIVER. I certainly recognize the usefulness of it, Senator, but actually that is not within the scope of my responsibility. Our responsibility in the War Against Poverty is to develop ways in which people can be assisted to help themselves out of poverty.

This statistics, therefore, is merely a method of describing what the deficit is in terms of finances. Let me put it another way. If you actually spent \$12 billion a year and you just had what we call transfer payments, at the end of any one year—if you stopped doing that—the people who had been getting the money would lapse back into poverty.

Our effort is to try to develop techniques whereby, even if you did stop, they would not fall into poverty because they had gained the job skills, the education, the attitude, et cetera, which will enable them to keep themselves out of poverty.

We call that the reentry problem. For example, after World War II, after a big defense boom, a lot of people had to be laid off. They slipped back into poverty. We are trying to take some steps that would minimize that reentry.

Senator RANDOLPH. Mr. Chairman, with Director Shriver present, I want to make a concluding comment. We have approximately 400 persons in the audience today. These people are senior citizens of our country. There has grown up in the Nation a rather stereotyped, let's say, charge against older persons that they are living in idleness and dependency and unproductivity. This isn't really true because there is an alertness of mind, not so much strength of body often, but there is a sensitivity of spirit in our older population. When we have the charge thrown at our senior citizens that they are unproductive, we must realize that, of the total income of the senior citizens of the United States, one-third of that amount comes through work that these people are doing. I think this is very important. I am grateful for the opportunity to be at the hearing this morning. I am not a member of this subcommittee, but I am chairman of the Subcommittee on Employment and Retirement Incomes of the Special Committee on Aging.

I would like to say especially for our guests that our subcommittee has held extensive hearings on the subject of increasing employment opportunities for the elderly. I would suggest that you write, if you are interested as individuals, to our Special Committee on Aging and have the value of testimony which was set forth in these hearings.

We have made a report from the subcommittee and then from the Special Committee on Aging on this specific problem of increasing employment opportunities for the elderly. Mr. Chairman, I am very grateful that you gave me this opportunity to bring this matter to the attention of our guests at today's hearing.

Senator KENNEDY. I want to thank you very much, Senator Randolph.

Senator YARBOROUGH. Mr. Chairman, the statement has been made here this morning that some of the elderly receive in Federal pensions, as I understand the statement, \$15 a month. I don't mean you witnesses here. It was made from the bench up here.

The lowest pension that retired Federal workers receive is that for the widows of retired Federal workers and some of those who retired before 1948 under the then imperfect retirement systems, were receiving very low pay, some very low pensions.

So, we passed a law here 2 years ago raising the pay of any widow of a retired Federal employee to a minimum of \$50 a month, or \$600 a year. The Post Office and Civil Service Committee has just reported out a bill with an amendment not in the House bill to raise again the pensions of all widows of retired Federal employees because of the lowness, some being as low as \$50 a month or \$600 a year and that goes up.

We can add 10 percent to that. Sargent Shriver's statement points out that in this fiscal year 1967 the Federal Government will spend \$26 billion on programs for the aged and that there are 18½ million aged in the country. That represents an average expenditure by the Federal Government, as I get it, of about \$1,405 a year on the average person of the aged.

That does not include State expenditures. That does not include the private income of the aged from other sources. I do not mean that it is enough. I am just pointing out that from the Federal standpoint, Federal employees, the Federal Government is not paying any of its retired employees as low as \$15 a month and I have heard that

statement made here this morning by one of my colleagues, but I didn't have an opportunity to go into it at that time.

We are doing better than that and we will do better. I am supporting legislation to increase payments to the elderly on old age pensions. Those in most States have a welfare level, and my State, unfortunately, is one of the low ones, but it averages about \$80 a month and there are very few States in the Union where that level monthly payment would be less than \$80 a month; very, very few States in the Union.

That isn't enough. We are working to increase that, with the old age assistance, with retired Federal employees and other matters, but I take it that is not the main thrust of the poverty program, anti-poverty program.

In the Office of Economic Opportunity that you direct, Mr. Shriver, you are trying to give these people greater opportunities in life, to use their creative and their productive capabilities only to earn money outside of these stipends of payments by the Federal Government.

Whether it be Old Age Assistance, Social Security, retired Federal employee, or by whatever means the payment comes, I think the thrust of your effort is to give them intellectual encouragement and hope that they can use their productive talents to the end of their days and that is where I think the great benefit of your program comes and I congratulate you on this leadership for it.

I think your statement shows you fully realize that. You are adding to the payments, made a hope for productive life and that is a great thing.

Senator KENNEDY. Mr. Shriver, we want to thank you and your staff. You have been generous with your testimony. We have kept you now for a considerable period of time. You have been extremely responsive to the questions and I want to thank you and every one of you in behalf of the members of the committee for coming and for your helpful presentations.

I think every member of this committee is a complete supporter of the poverty program. We appreciate the new priorities you are giving within the poverty program to the particular problems of our senior citizens.

Your testimony today indicates that some progress has been made. We are anxious about future progress and we understand that you share this anxiety. We hope that we can continue to see in the weeks and months ahead similar progress made in a wide variety of forms.

Thank you very much for appearing today.

Mr. SHRIVER. Thank you very much, Senator. In leaving, I would like to express my appreciation to the people who are here today who participated in Medicare Alert. That certainly is one of the most exciting and successful programs that we inaugurated.

I would like to also say that I appreciate the work which has been done for us by the special committee that has been working with us under the chairmanship of Chuck Odell and his successor, I hope, Dr. Hal Sheppard.

Senator KENNEDY. Very good. We have Dr. Harold Sheppard, the staff social scientist of the Upjohn Institute for Employment Research in Washington.

We are delighted to have him here. To those of you who have been kind enough to come and participate, I want to say how much we appreciate your interest and your attendance here today.

Dr. Sheppard, we want to welcome you to this committee. You are no stranger to the chairman and to the members of the committee and we appreciate your coming here today and want you to proceed with your testimony.

STATEMENT OF DR. HAROLD SHEPPARD, MEMBER, ADVISORY COMMITTEE ON OLDER AMERICANS AND MEMBER, OEO TASK FORCE ON PROGRAMS FOR OLDER PERSONS

Dr. SHEPPARD. Thank you, Senator.

Senator KENNEDY. We have your prepared statement. It will be included in the record, if you would like to summarize.

Dr. SHEPPARD. Thank you.

I will do my best because I think it is more important to hear from the people in the audience than to listen to another so-called expert.

First of all, let me say that my prepared testimony will have to be interpreted in light of Mr. Shriver's testimony and whatever modifications it calls for because I think—and I am very happy to see that that the comments made by Mr. Shriver today were—and I hope he takes it in the right spirit—much better than the presentation made in January when they were just beginning to take an interest in this problem—they have come a long way.

I also want to mention that there are other people in the audience who might be able to answer some questions relating to my testimony much better than I as we go along, but I will try to hurry.

The major points in my testimony today are—

(1) That because of its earmarked appropriations and because of its severe limitation in staff, OEO is not presently capable of launching a meaningful attack on problems of the older poor;

(2) That even without such restrictions, there is a possibility that its basic philosophy and orientation work against such a hope, although I do see some changes now in the light of Mr. Shriver's testimony; and

(3) That the recent experiences under Medicare Alert warrant a serious reevaluation of OEO's philosophy and orientation.

Some of that was described by Mr. Shriver himself. Now in my testimony is something that relates to that perspective and I would like to quickly go through some factual items. This relates to the fact that it is not completely true that the causes of poverty lie only in infancy and youth. It is possible to attack it at other levels in the life cycle.

Only 9.4 percent of poor family heads, including men and women, age 55 to 64 were working at all in 1964. We, therefore, need to know much more about the 2.7 million people in that age group who are poor; what are their earning potentials and their training potentials.

This means that the chances for low income of individuals in late middle age—say the 55 to 64 age group—threatens poverty in what we ordinarily call the aged years. There are explanations for this

that I won't get into. Let me mention another factual point, or at least a proposition, that forced early retirement also increases the threat of poverty in old age.

Even for today's younger workers, as another point, we do not cope with the possibility that their training received while they are young may become obsolete when they become older.

I would argue that such training is an additional form of social insurance beyond, say, unemployment compensation before their retirement years. I should also point out that 45 percent of the recipients of the temporary long-term unemployment compensation program in 1961-62 were people 45 years of age or older.

This means that the older unemployed worker exhausts his regular unemployment compensation to a greater extent than younger workers.

Here, too, is a cause of poverty.

Senator YARBOROUGH. Doctor, what percentage was that?

Dr. SHEPPARD. Forty-five percent.

In last Sunday's Washington Post, there was an article that revived public interest in the term, "The Establishment." The article was about foreign affairs and the personnel in America who constitute The Establishment in that domain of human problems.

Today we might also speak of an Establishment in the war against poverty, although in this context it is possible for one man's Establishment to be another man's outgroup. One of the main themes in my testimony is that in the opinion of many representatives of older Americans, and older Americans themselves, gerontologists are definitely not part of the OEO Establishment.

At times I have attributed this exclusivism to a cultural bias against the aged, but such an explanation is really too difficult to verify when stated in general terms. A better, but somewhat similar, explanation may be found in the fact that a substantial number of the drafters, dreamers, and designers of the original ideas and proposed legislation for the war against poverty—starting in the early part of the 1960's and coming into 1964, and here I might mention that I was part of that group—were dedicated men and women who were pre-occupied with the problems of juvenile delinquents; with the felt need of young college students to serve some useful social purpose in developing societies overseas; with the role that could be played by modern-day CCC camps for less privileged youths.

Many of these individuals naturally found themselves employed in the war against poverty that was finally declared by the President and Congress.

In a word, the architects and the ultimate operators of the machinery for the War Against Poverty were primarily recruited from the ranks of professionals and others who had trained themselves—through class work or through experience—in the facts, figures, theories, and solutions related to essentially only one segment of American society.

It was thus inevitable, I suppose, that such individuals—the members of the youth Establishment—should develop what the philosopher, John Dewey, called an occupational psychosis, or what the economist, Thorstein Veblen, called a trained incapacity to see anything beyond what they were trained in their occupations to see. When confronted after long, sometimes unwelcome and persistent reminders about the

existence of poverty among older Americans, the Establishment's youth professionals are quick to point—or paint—with a broad brush, and I should perhaps qualify that to say at least until recently—to the peculiar age distribution and the low labor force participation rates of senior citizens as a total proof that the problem of America's aged poor is a pure and simple one of income maintenance.

In other words, they argue that providing economic opportunities to the over-60 population is out of the question, and that the total solution, therefore, is in the direction of substantial, radical improvements in Social Security benefit levels.

I am, of course, not arguing against such improvements. I, too, believe that our current income maintenance amounts are far too below the floor of security they were originally designed to be. And our current system for financing the benefits may need some basic revisions, as the Senator has already pointed out.

What I am trying to say is that the trained incapacity of the youth Establishment seems to prevent its members from becoming sophisticated regarding the nuances and qualifications of—the exceptions to—the broad generalization about the age distribution and labor force participation of older Americans.

We are all ignorant, Will Rogers once said, only about different things. For some time OEO seemed to persist in its ignorance about the field of social gerontology.

Before I go any further in this type of discussion, Mr. Chairman, I want to add hurriedly that in addition to this as an explanation for some of the shortcomings cited by senior citizen's organizations, I think we might have to find another explanation—in Congress which, by earmarking funds for certain purposes only—and Mr. Shriver has pointed this out—may have prevented OEO from doing more for the aged in the first place, even if it had energetically sought to do so. And since the original authorization and appropriations, these categorical mandates have been even further delimited. This is especially true in the CA program.

The one broad area in which there was some potential for dealing with older Americans, namely, the Community Action Program, has apparently been restricted in its discretionary ability to cope with poverty among the aged.

Let me return to my previous line of discussion. Gerontologists would, of course, agree that for most older Americans, there is either no desire, or no ability, to seek employment as a means of solving their poverty income problem. But this does not justify the hasty, sloppy conclusion that, therefore, the only solution is some sort of improvement in retirement income maintenance.

The aged poor are not one big homogeneous mass of humanity in this respect.

In this connection, the Task Force on Programs for Older Persons nearly 1 year ago, in August 1965, estimated very carefully that at least 1 million older Americans could work if jobs and training were made available, including part-time jobs.

The Task Force report was submitted at that time to OEO, with very little, if any, feedback. I consider 1 million to be a large number, and in these days when there is much talk about labor shortages and unmet social, public needs, the figure represents, to me, an untapped manpower source for our economy and society.

Finally, if there is any doubt about the potentials of such older poor, the experience under Medicare Alert should suffice to quell and silence them. You will no doubt hear more about this later on in these hearings, from the actual participants in Medicare Alert themselves.

I have been told that altogether 14,000 senior citizens with low incomes responded enthusiastically and worked effectively to find and instruct other older men and women about their rights and benefits under the new health care program.

OEO itself was surprised, to put it mildly, by the number of communities seeking funds to enlist their older citizens in this reach-and-teach-out to other older citizens. OEO originally scheduled a small number of such projects, with a \$2 million budget. They finally ended up with about 480 projects, spending more than \$7 million for this program. To repeat, this was a surprising experience within OEO.

There was no surprise, however, among the officers of such organizations as the National Council on Aging, the National Council of Senior Citizens, and the American Association of Retired Persons.

It only confirmed their understanding and expectations about the nature of hundreds of thousands of senior citizens—that many of them want to serve, that many of them want to and can work. The limited experience under Foster Grandparents also testifies to such potentials and, as you know, this was an extremely limited program.

I hope, very urgently and seriously, that current plans for an extensive home health aide program, under OEO auspices, will not fail to concentrate on similar sources in the older poor population for the much needed manpower in this long neglected area of human services. This hope should not be left to chance.

Medicare Alert not only demonstrated what is possible regarding the useful contributions that senior Americans can make in the form of actual, paid employment for them while at the same time performing a needed social purpose: it also exposed to these Medicare Alert employees the deplorable conditions of living for the many older poor persons they contacted in the course of their door-to-door reaching out to such persons.

Many of the reports I have seen indicate this very strongly. I would like to cite from one report, by an Arizona organization responsible for a local Medicare Alert program, what it had to say about the kinds of unmet needs revealed in the course of the project:

Among other things, a need for—

- (1) The coordination of planning and programing for the aged.
- (2) An effective means for communicating with the needy aged.
- (3) An effective neighborhood based case-finding effort.
- (4) Employment of capable aged persons desiring to supplement their low incomes.
- (5) The provision of services not now available through existing agencies such as—
 - (a) Shopping services;
 - (b) Homemaking services;
 - (c) Home maintenance services;
 - (d) Friendly visiting services;
 - (e) Protective services re wills, legal services, guardianship, et cetera.

Also the daily diaries or logs of the participants in this program contain some provocative experiences. I leave out the names here:

Could not sign, R—— B—— was very ill, nobody was taking care of him so I talked to Reverend A—— so that the county nurse would come after him. I checked to see—yes, the county nurse came after him. Today they called the neighbors to come after him but neighbors refused to take him back because they are unable to take care of him. His age, 87 years old.

Another report, from a Negro:

When I visited many homes in the northern area, I was assisted by many white neighbors in finding houses, addresses, and street numbers. These mothers, children and next-door-neighbors all pitched in and helped. To me, this represented good public relations and friendly cooperation because I am a Negro aide worker.

The report also mentioned, and I think this is important for the committee, the lack of cooperation from some nursing homes which would not allow Medicare Alert aides to discuss Medicare benefits with patients. On the positive side, the report goes on to comment very favorably about the extensive support given the project by radio, TV, and the newspapers, along with other community organizations.

Here again is definitive demonstration that if Washington agencies once make a decision to do something worthwhile for our country's aged, the local communities will respond with positive interest.

This leads me further to comment that it is time to stop demonstrating this or that project idea on a small-scale basis, and I call this to the attention of not only the agencies, but Congress, and move on decisively to making a large-scale, permanent institution out of what has already been learned from demonstration pilot projects. This not only applies in the field of aging, but in other programs.

Project FIND—a proposal submitted to OEO many months ago by the National Council on Aging—is one example of what could be developed into such an institution, with acceptability as high as that of Operation Headstart. Indeed, many of the Medicare Alert aides have already indicated a willingness to continue in some type of Community Action Program dealing with the elderly.

Such continuity cannot be maintained on a hit-or-miss volunteer basis, however. And it cannot be launched by a one-man staff within OEO either. I want to come back to this later.

If along with other persons active in the field of gerontology, I seem to be harping and harping on an old tune, it is only because we seek to convert problems into solutions. Many people seem to accept the deeply imbedded notion that because of the many deficiencies that beset older Americans, they cannot have any potentials.

I would rather submit that many deficiencies attributed to various types of individuals are but one side of a coin—the other side being the deficiencies of society and its institutions.

Such deficiencies consist of governmental and community failure to provide concrete recognition—in the form of structured opportunities—of the continued useful function that can be performed by many, many older Americans. The time is ripe, I repeat, given the great demand for more manpower and given the admission of so many unmet public needs, to create these opportunities.

I have already mentioned that OEO still has, after its 2 years of operations, only one staff person, to my knowledge, devoted to projects for older citizens. And just as serious, the position itself, in my

opinion, is too far down the totem pole of authority and communication to make any impact on top-level policy and decisionmaking.

The person in such a position can say or do little, if anything, about VISTA, title V, and other programs outside of CAP, and very little within CAP. Perhaps Congress could provide Mr. Shriver with the authority and the funds to remedy both shortcomings. Other persons have speculated, incidentally, as to whether or not it might be better to give this assignment to the Department of Labor as an adult version of a Neighborhood Youth Corps.

I am also aware of the legislative proposals of Senator Williams, of New Jersey, and of Senator Smathers, both of whom have introduced two different versions of a Senior Citizens Community Service Corps. I might add that this idea was an early recommendation of the Committee on Aging in its first year, under the chairmanship of the late Senator McNamara, and when Senator John F. Kennedy was also a member of that committee.

Because of the professional interest of the Administration on Aging, it might be best to lodge the basic operation of such a program in that new agency, with some effective—I repeat, effective—prodding on OEO to make sure that older poor get their fair share of participation in the Service Corps.

Mr. Chairman, this completes my basic testimony, but I would like to request that a recent article on the 1959-64 changes in the composition of the poor in America be included as part of my testimony.

It was written by Miss Mollie Orshansky of the Social Security Administration, and published in the April 1966 issue of the Social Security Bulletin.¹

As you know, Miss Orshansky is the recognized authority on the definition and measurement of poverty as used by OEO. The article is important because it singles out the subgroups in our population which have increased or decreased in numbers and proportions as far as poverty is concerned, in the 5 years since 1959.

It reveals, for example, that while the total number of poor declined in that period, the number of unrelated aged individuals and families with an aged head made up less than one-third of all the poor.

Five years later, they constituted nearly 36 percent of all the poor. The data once again show the vital need for truly meaningful levels of income maintenance for older Americans, and I know that Senator Kennedy of Massachusetts is deeply concerned about that.

But since the aged are not one homogeneous mass, I would also urge a serious look at the significant minority of older citizens who could still be engaged in useful and remunerative activities, if only we came forward with appropriate programs to provide such activities.

I am sure that the men and women who will follow me today in these hearings, some or all of them associated with the National Council of Senior Citizens, can give you a much more direct and personal account, from an eyewitness standpoint, of the experience gained from Medicare Alert—and of what it proves about the continuing potential of major segments of our country's aging population.

Thank you.

Senator KENNEDY. I want to congratulate you on a very fine statement. I think it was responsive, it was concise, it was based upon

¹ The article is reproduced in the appendix, beginning on p. 79.

years of interest and extraordinary background and experience in this area. I think that you have certainly shed light on a number of the questions and problems that this subcommittee is considering.

I want to mention how impressed I was with the content of the presentation. I just have a few questions because the hour is getting extremely late.

You are a member of the Citizen's Task Force. Could you describe the relationship between the Citizen's Task Force and OEO?

Senator YARBOROUGH. Mr. Chairman, may I interrupt one moment?

The Labor and Public Welfare Committee has just gone into executive session to vote on bills and I must go. May I make one statement? Pardon the interruption for just a moment.

Senator KENNEDY. Yes.

Senator YARBOROUGH. Dr. Sheppard, I think this is a very stimulating statement. I benefited greatly by it. If you do not have compiled now, I hope we may have compiled a list of works by authors over 65 years of age that have been written, say, in the past 20 or 25 years, or 10, paintings considered worthy of being good art of the value of \$1,000 apiece we will say and all inventions by people over 65 years of age in the last 10 years.

I agree with your point. From my experience the aged people just prove it to the public through works of art, inventions, and maybe other fields. Thank you, Mr. Chairman.

I regret I have to leave. I want to congratulate the chairman on the meeting that I think is going to do great good in this field.

Senator KENNEDY. Thank you.

Dr. SHEPPARD. I will try to answer it quickly and at the risk of indulging in some generalizations myself that need qualifications. I think I am correct in reflecting the feelings of frustration on the part of most if not all of the members of that Task Force on the older poor in OEO.

Many of these people came from all parts of the country to meet in Washington and devoted a lot of time and effort in preparing the report along with the valuable assistance of a man named Louis Ravin, who was assigned by HEW to us for 90 days.

We feel we just didn't get enough feedback after having submitted that report and that there was not enough interplay with enough people in OEO to discuss some of our basic project recommendations and to assure that the kind of orientation I talked about in my testimony became assimilated into the thinking and the behavior of the people in that agency.

Let me repeat that I want to qualify that with the feeling that maybe a little of it has finally rubbed off in the light of what Mr. Shriver had to say today, but that is the purpose of this kind of hearing.

I think you ought to have them every month—that is a partly facetious remark—in order to make sure that agencies do their jobs. This is the name of the game as far as I can tell and I hope that the Task Force in the future will be called upon to play a much more important role in the operations of that agency.

Senator KENNEDY. One of the things that you mentioned in your testimony is the importance of increasing the incomes of elderly citizens. I imagine you are also including the need for services as well. Is this a dual approach as far as you are concerned?

Dr. SHEPPARD. You mean services to the aged?

Senator KENNEDY. Yes, services for the elderly provided by them. As I understand it, you are not only concerned with the importance of supplementing income to senior citizens, but you are also concerned with the importance of providing services for them as well as providing opportunities for seniors to assist the rest of society.

Dr. SHEPPARD. Yes. I might mention that I am also a member of the HEW Advisory Committee on Older Americans, and also on a review panel for grants from that agency, the Administration on Aging, for senior citizens centers, for example, and they are coming in by the hundreds.

It reflects a vacuum in so many local communities of community service centers or senior citizens centers, multiservice centers.

Senator KENNEDY. Are you satisfied with the present machinery which involves several departments with the problems of the elderly?

Some problems are dealt with in HEW, some in OEO, some throughout the other departments. Do you think that effective programs can be developed under the present organization structure, or would you recommend a separate department to handle the affairs of the aging?

Dr. SHEPPARD. You are almost giving the answer, Senator. I remember that when I was on the Committee on Aging we had hoped that there would be an agency reporting directly to the President. It became resolved in the form of the present Administration on Aging in HEW.

I also have to say that I was once a bureaucrat myself in the Department of Commerce in ARA, as you remember. One of our assignments was to coordinate the activity of the other agencies insofar as they bear on the problems of depressed areas.

It is awfully hard to get one agency coordinated by another agency. It is very frustrating. I wish there were some way, given the fact we have crossed the Rubicon, that we could give some authority, for example, to the Administration on Aging to have effective prodding clout on the decisionmaking and the fund allocations and operations and activities of other agencies relating to the problems of the aged.

I don't know how you solve that legislatively, but certain mandates could be written into the law with stronger teeth perhaps.

Senator KENNEDY. So it is really not just a question of emphasis, but also of content. I hope you will review the current state of the law to find out whether there are ways of improving it.

Could you comment on the effectiveness of the Administration on Aging in the Department of Health, Education, and Welfare?

Dr. SHEPPARD. I first have to say it is a rather young organization and if it fails to be effective it will partly be a result of the failure of the advisory committee to prod them to prod others, and I will try to do my best in that respect.

Senator KENNEDY. Let me ask you one question: you mentioned in your testimony about the statistics that show a growing number of aged poor. Could you elaborate a little bit on this?

Dr. SHEPPARD. Yes. This is very briefly in the article by Miss Orshansky. From 1959 to 1964 there was an increase in numbers, of 2.7 to 3.2 million aged persons now living in poverty, whereas the total poverty population went down from 54.7 in 1959 to 49.8 in 1964. The general poverty population went down.

Using the criteria we all know about for the total population of poor, it went up for the aged population.

Senator KENNEDY. It went up from, is that it, 2.3 to 2.7?

Dr. SHEPPARD. 2.7 to 3.2, and I think there is only one other major group in the poverty population that increased and that was the children in large families. It was those two opposite age groups, the over 65 and children in large families.

Well, in another document I have written, Senator, I said that only millionaires can afford to have large families. The only adverse effect is a lower amount of inheritance for the millionaire's children, but families in the low-income groups in our present society simply cannot afford to have four or five or more children.

Senator KENNEDY. I want to thank you very much, Dr. Sheppard, for appearing here and for your responses to our questions. I appreciate your coming here to testify.

Both in the field of aging, in which you have been so deeply interested, and in the other area you mentioned, you have developed a broad background which has been extremely helpful to all the Members of Congress and I want to express our appreciation to you.

Dr. SHEPPARD. I have to run to the Civil Rights Conference now. I'm in a panel discussion there.

Senator KENNEDY. OK. Good luck to you.

(Dr. Sheppard's prepared statement follows:)

PREPARED STATEMENT OF DR. HAROLD L. SHEPPARD, MEMBER, ADVISORY COMMITTEE ON OLDER AMERICANS, HEW; OEO TASK FORCE ON PROGRAMS FOR OLDER PERSONS; EXECUTIVE COMMITTEE, NATIONAL COUNCIL ON AGING

Mr. Chairman, the major points in my testimony today are: 1) that because of its earmarked appropriations and because of its severe limitation in staff, OEO is not presently capable of launching a meaningful attack on problems of the older poor; 2) that even without such restrictions, its basic philosophy and orientation work against such a hope; and 3) that the recent experiences under Medicare Alert warrant a serious reevaluation of OEO's philosophy and orientation.

In last Sunday's *Washington Post*, there was an article that revived public interest in the term, The Establishment. The article was about foreign affairs and the personnel in America who constitute The Establishment in that domain of human problems. Today we might also speak of an Establishment in the War Against Poverty, although in this context it is possible for one man's Establishment to be another man's Outgroup. One of the main themes in my testimony is that in the muffled opinion of many representatives of older Americans, gerontologists are definitely not part of the OEO Establishment.

At times I have attributed this exclusivism to a cultural bias against the aged, but such an explanation is really too difficult to verify when stated in general terms. A better, but somewhat similar, explanation may be found in the fact that a substantial number of the drafters, dreamers, and designers of the original ideas and proposed legislation for the war against poverty—starting in the early 1960's—were dedicated men and women who were preoccupied with the problems of juvenile delinquents; with the felt need of young college students to serve some useful social purpose in developing societies overseas; with the role that could be played by modern-day CCC camps for less privileged youths. Many of these individuals naturally found themselves employed in the war against poverty that was finally declared by the President and Congress.

In a word, the architects and the ultimate operators of the machinery for the war against poverty were primarily recruited from the ranks of professionals and others who had trained themselves—through classwork or through experience—in the facts, figures, theories, and solutions related to essentially only one segment of American Society.

It was thus inevitable, I suppose, that such individuals—the members of the Youth Establishment—should develop what John Dewey called an occupational psychosis, or what Thorstein Veblen called a trained incapacity to see anything beyond what they were trained in their occupations to see. When confronted, after long, sometimes unwelcome and persistent reminders about the existence of poverty among older Americans, the Establishment's youth professionals are

quick to point—or paint—with a broad brush—to the peculiar age distribution and the low labor force participation rates of senior citizens as a total proof that *the* problem of America's aged poor is a pure and simple one of income maintenance. In other words, they argue that providing economic opportunities to the over-60 population is out of the question, and that *the* total solution, therefore, is in the direction of substantial, radical improvements in Social Security benefit levels.

I am, of course, not arguing against such improvements. I, too, believe that our current income maintenance amounts are far too below the floor of security they were originally designed to be. And our current system for financing the benefits may need some basic revisions.

What I am trying to say is that the trained incapacity of the Youth Establishment seems to prevent its members from becoming sophisticated regarding the nuances and qualifications of—the exceptions to—the broad generalization about the age distribution and labor force participation of older Americans. We're all ignorant, said Will Rogers, only about different things. And OEO seems to persist in its ignorance about the field of social gerontology.

Before I go any further, Mr. Chairman, let me hasten to state that in addition to this trained incapacity, another explanation must be found in Congress which, by earmarking funds for certain purposes only, may have prevented OEO from doing more for the aged in the first place, even if it had energetically sought to do so. And since the original authorization and appropriations, these categorical mandates have been even further delineated. The one broad area in which there was some potential for dealing with older Americans, namely, the Community Action Program, has apparently been restricted in its discretionary ability to cope with poverty among the aged.

Let me return to my previous line of discussion. Gerontologists would, of course, agree that for *most* older Americans, there is either no desire, or no ability, to seek employment as a means of solving their poverty income problem. But this does not justify the hasty, sloppy conclusion that therefore, the *only* solution is some sort of improvement in retirement income maintenance. The aged poor are not one big homogeneous mass of humanity in this respect.

In this connection, the Task Force on Programs for Older Persons nearly one year ago, in August 1965, estimated very carefully that at least one million older Americans could work if jobs and training were made available, including part-time jobs. The Task Force report was submitted at that time to OEO, with very little, if any, feedback. I consider one million to be a large number, and in these days when there is much talk about labor shortages and unmet social, public needs, the figure represents an untapped manpower source for our economy and society.

If there is any doubt about the potentials of such older poor, the experience under Medicare Alert should suffice to quell and silence them. You will no doubt hear more about that in these hearings, from the actual participants in Medicare Alert themselves. I have been told that altogether 14,000 senior citizens with low incomes responded enthusiastically and worked effectively to find and instruct other older men and women about their rights and benefits under the new health care program. OEO itself was surprised, to put it mildly, by the number of communities seeking funds to enlist their older citizens in this reach-and-teach-out to other older citizens. OEO originally scheduled a small number of such projects, with a \$2 million budget. They ended up with about 480 projects, spending more than \$7 million. To repeat, this was a surprising experience within OEO. There was no surprise, however, among the officers of such organizations as the National Council on Aging, the National Council of Senior Citizens, and the American Association of Retired Persons. It only confirmed their understanding and expectations about the nature of hundreds of thousands of senior citizens—that many of them want to serve, that many of them want to and can work. The limited experience under Foster Grandparents also testifies to such potentials. I repeat that this program is an extremely limited one.

I hope, however, that current plans for an extensive Home Health Aide program, under OEO auspices, will not fail to concentrate on similar sources in the older poor population for the much needed manpower in this long neglected area of human services. This hope should not be left to chance.

Medicare Alert not only demonstrated what is possible regarding the useful contributions that senior Americans can make in the form of actual, paid employment for them while at the same time performing a needed social purpose: it also exposed to these Medicare Alert employees the deplorable condi-

tions of living for the many older poor persons they contacted in the course of their door-to-door reaching out to such persons. Many of the reports I have seen indicate this very strongly. Let me cite from one report, by an Arizona organization responsible for a local Medicare Alert program, what it had to say about the kinds of unmet needs revealed in the course of the project:

Among other things, a need for—

- (1) The coordination of planning and programming for the aged.
- (2) An effective means for communicating with the needy aged.
- (3) An effective neighborhood-based case finding effort.
- (4) Employment of capable aged persons desiring to supplement their low incomes.
- (5) The provision of services not now available through existing agencies such as—
 - (a) Shopping services.
 - (b) Homemaking services.
 - (c) Home maintenance services.
 - (d) Friendly visiting services.
 - (e) Protective services re: wills, legal service, guardianship, etc.

The daily logs of the participants in this program contain some provocative experiences, for example:

"Could not sign, R—— B—— was very ill. Nobody was taking care of him so I talked to Reverend A—— so that the County Nurse would come after him. I checked to see—yes, the County Nurse came after him. Today they called the neighbors to come after him but neighbors refuse to take him back because they are unable to take care of him. His age, 87 years old."

Another report, from a Negro:

"When I visited many homes in the northern area, I was assisted by many white neighbors in finding houses, addresses and street numbers. These mothers, children and next-door neighbors all pitched in and helped. To me, this represented good public relations and friendly cooperation because I am a Negro aide worker."

The report also mentioned the lack of cooperation from some nursing homes which would not allow Medicare Alert aides to discuss Medicare benefits with patients. However, the report goes on to comment very favorably about the extensive support given the project by radio, TV, and the newspapers, along with other community organizations.

Here again is definitive demonstration that if Washington agencies once make a decision to do something worthwhile for our country's aged, the local communities will respond with positive interest.

This leads me further to comment that it is time to stop demonstrating this or that project idea on a small-scale basis, and move on decisively to making a large-scale, permanent institution out of what has already been learned from demonstration, pilot projects. "Project FIND" is one example of what could be developed into such an institution, with acceptability as high as that of Operation Head Start. Indeed, many of the Medicare Alert Aides have already indicated a willingness to continue in some type of Community Action Program dealing with the elderly. Such continuity cannot be maintained on a hit-or-miss volunteer basis, however. And it cannot be launched by a one-man staff within OEO either. I'll return to this point shortly.

If, along with other persons active in the field of gerontology, I seem to be harping and harping on an old tune, it is only because we seek to convert problems into solutions. Many people seem to accept the deeply imbedded notion that because of the many deficiencies that beset older Americans, they cannot have any potentials. I would submit that many deficiencies attributed to various types of individuals are but one side of a coin—the other side being the deficiencies of society and its institutions. Such deficiencies consist of governmental and community failure to provide concrete recognition—in the form of structured opportunities—of the continued useful function that can be performed by many, many older Americans. The time is ripe, given the great demand for more manpower and given the admission of so many unmet public needs, to create these opportunities.

I regret very much that OEO still has, after its two years of operations, only one staff person, to my knowledge, devoted to projects for older citizens. And just as serious, the position itself, in my opinion, is too far down the totem pole of authority and communication to make any impact on top-level policy and decision-making. He can say or do little, if anything, about VISTA, Title V, and other programs outside of CAP, and very little within CAP. Perhaps

Congress could provide Mr. Shriver with the authority and the funds to remedy both shortcomings.

I am also aware of the legislative proposals of Senator Williams of New Jersey, and of Senator Smathers, both of whom have introduced two different versions of a Senior Citizens Community Service Corps. I might add that this idea was an early recommendation of the Committee on Aging in its first year, under the chairmanship of the late Senator McNamara, and when Senator John F. Kennedy was also a member of that Committee. Because of the professional interest of the Administration on Aging, it might be best to lodge the basic operation of such a program in that new agency, with some effective—I repeat, effective—prodding on OEO to make sure that older poor get their fair share of participation in the Service Corps.

Mr. Chairman, this completes my basic testimony, but I would like to request that a recent article on the 1959-1964 changes in the composition of the poor in America be included as part of my testimony. It was written by Miss Mollie Orshansky of the Social Security Administration, and published in the April, 1966, issue of the *Social Security Bulletin*. As you know, Miss Orshansky is the recognized authority on the definition and measurement of poverty as used by OEO. The article is important because it singles out the subgroups in our population which have increased or decreased in numbers and proportions as far as poverty is concerned, in the five years since 1959. It reveals, for example, that while the total number of poor declined in that period, the number of unrelated aged poor individuals increased. In 1959, unrelated aged individuals and families with an aged head made up less than one-third of all the poor. Five years later, they constituted nearly 36 percent of all the poor. The data once again show the vital need for truly meaningful levels of income maintenance for older Americans, and I know that Senator Kennedy of Massachusetts is deeply concerned about that. But since the aged are not one homogeneous mass, I would also urge a serious look at the significant minority of older citizens who could still be engaged in useful and remunerative activities, if only we came forward with appropriate programs to provide such activities.

I am sure that the men and women who will follow me today in these hearings, some or all of them associated with the National Council of Senior Citizens, can give you a much more direct and personal account, from an eye-witness standpoint, of the experience gained from Medicare Alert—and of what it proves about the continuing potential of major segments of our country's aging population. Thank you.

Senator KENNEDY. The first panel includes Mr. Walter Newburgher of New York City, president of the Congress of Senior Citizens of Greater New York, Mrs. Lillian Allan, Jersey City, N.J., chairman of the Hudson City Senior Citizens Club, Mr. Leroy Reed and Mrs. Fulton Hines, Greater Plainfield Senior Citizens Center, Plainfield, N.J.

Mrs. Allan, would you be kind enough to begin with your presentation? I welcome all of you. You have been extremely patient in remaining with us this noontime. I am sure this will be an extremely interesting part of the hearing, and we hope you will bear with us for the remainder of the hour.

Mrs. Allan, if you will, proceed.

STATEMENT OF MRS. LILLIAN ALLAN, CHAIRMAN, HUDSON CITY SENIOR CITIZENS CLUB, JERSEY CITY, N.J.

Mrs. ALLAN. Mr. Chairman, my name is Mrs. Lillian Allan, and I am the chairman of Hudson City Senior Citizens Recreation Club in Jersey City, N.J. We are an affiliate of the National Council of Senior Citizens.

Senator Kennedy, the idea of urging the older people to sign up for part B of Medicare through house-to-house visits was begun in my

club long before the Operation Medicare Alert project was announced by the Office of Economic Opportunity.

My club responded to an appeal by President John W. Edelman of the National Council of Senior Citizens who was a member of the OEO task force which recommended the Medicare Alert idea last August. I believe Mr. Edelman despaired of OEO initiating this program so he asked clubs to try and do it on a voluntary basis. As you know, the OEO program finally did not begin until January or February 1966.

I want to show you this page of our national council newspaper, Senior Citizens News, dated last November. It is headed "Urge All Elderly Sign Up for Supplementary Insurance Plan."

One small paragraph says, "Reach the shut-ins. However, in every community there are shut-ins or others outside elderly club life who need helpful advice about this complicated legislation."

Mr. Edelman urged us to put this article up on club notice boards and he asked us to go out and find the "shut-ins" in the community and tell them to sign up for Medicare. Our people went out into the streets in rain and snow. They were often blue with the cold—and sometimes, thank goodness, they got coffee from the old people they visited.

Some of these club members—who were all unpaid volunteers at that time—were later invited to join the official Community Action Program for Medicare Alert which started in February 1966.

Loneliness, loneliness, loneliness—this is the word which best describes what our club members came up against when they sought to locate the old people to urge them to sign up for Medicare.

We found people hidden away in cold, lonely rooms, deserted by their children, often ignored by their neighbors. They were frightened old people—and they yearned for companionship.

I want to tell you, Senator Kennedy, about the sad experience of one of our club members. She found an old gentleman who was just so happy to have a visitor that he was very distressed when she had to leave to visit others. He urged her to come back to visit him. She intended to do so as soon as she could—and she explained to him that when her Medicare Alert project was over she would call again and chat with him. She said he seemed intensely lonely.

Imagine her distress when she read a newspaper shortly after the Medicare Alert ended. She was actually getting herself ready to go and visit the old man when she read in the newspaper that he had hanged himself. This is a terrible example of the effect of loneliness on the aged.

The members of my senior citizens club hope that you and your committee—as well as Senator Harrison A. Williams, of New Jersey, another good friend of older people, will urge the Congress to take the necessary steps to help the elderly by appropriating money for effective programs.

Older people need more income, to be sure—but they also need vital services. The Nation is not doing enough in this direction—and we feel that Congress is doing too much talking about this and not taking enough action. Congress should get after the agencies of Government to be imaginative in devising good programs for the elderly—and they should see that these agencies get money appropriated for this necessary work.

Senator KENNEDY. Mrs. Allan, I want to thank you for your very moving testimony. From your experience in Medicare Alert, did you find that some of those who participated in the program had the opportunity to help provide services for other seniors?

Mrs. ALLAN. Yes. I would like to cite one example. I received a telephone call and they said, "Mrs. Allan, a member of our church had a stroke. Do any of your senior citizen members want a job?"

I said, I believe I had one of our members who had some training as a nurse and I called her. The person that has a stroke required 24 hours a day service. My member now helps this woman by being there from 11 p.m. to 7 a.m., 7 days a week, and she has been working at this job for 2 weeks. I would say that friendly visitors are a very necessary part of the senior citizens corps program.

I would also like to say that health aides are another. There are people living in hospitals who have had strokes that do not get fed their meals. The food is placed on a table beside the bed and there is nobody there to feed them. This is a service that the senior citizens could do very easily. They could also be in the children's wards of the hospitals. When children are sick they need love and security, someone to play with them and make them forget that they are in a hospital.

In conclusion, I would like to agree with Sargent Shriver that this should be a Community Action Program. We have a very good Community Action Program, the Hudson City Neighborhood Organization Council.

I am chairman of the committee on aging in this council. I will go back to Jersey City and tell my hundred members to get busy and write letters to Congress and tell them to release money for jobs for senior citizens. I make no bones about it.

That is what I came to Washington for.

Senator KENNEDY. Mrs. Hines, would you like to make any comment? I think Mrs. Allan has spoken extremely eloquently and with a good deal of candor.

STATEMENT OF MRS. FULTON HINES, GREATER PLAINFIELD SENIOR CITIZENS CENTER, PLAINFIELD, N.J.

Mrs. HINES. Senator Kennedy, my name is Mrs. Fulton Hines. I live in Plainfield, N.J.; I am 63 years old, and I am an assistant teacher at the Kings' Daughters Day Nursery in Plainfield. I have worked with Medicare Alert and survey for housing for senior citizens. Having lived in Plainfield all of my life, I felt I knew a little bit about the conditions in Plainfield, but in that survey I was shocked at what I found in the living conditions amongst the poor elderly citizens.

There were older women that were living under constant fear, fear that you would approach their landlord or you would approach the real estate dealer to tell of this survey that we were making and you could see they just would not communicate with you, some of them, and you would go to the landlord and the landlord would retort, "If they are not satisfied, why don't they move?" I said, "From one hole in the wall to another?"

A lot of the places are not fit for human beings of any kind. The landlords refuse to repair them. They leak. They have electric wires running all around. The people paint and try to paper themselves. One woman works 2 weeks to pay her rent and the response from these

women is that they would be tickled to death to have senior housing for themselves where they could feel like human beings.

They are able to work, not full time, but what they are paying in the places that they live would more than adequately pay for senior housing.

I also visited a man who is 70. He is a master carpenter and a stonemason. He is retired. He is living in a cellar, not a basement apartment, but a cellar, that he had made into a little place for himself, and he is willing and was tickled to death that we suggested that he start a class for the younger people to display the skills that he has and the training because he is a master worker.

There are so many conditions that you can just go on and on and relate the conditions. So we are here to appeal to those in authority to do something for the senior citizens because they need it. They are not in a position to ask for these themselves, all of them, but they have talent, they have ability, they have vision, and they have experience. So please give them a chance and do something for them.

Senator KENNEDY. Do you feel that if incomes were raised to the minimum figures which have been outlined in the poverty program, do you feel that a number of the conditions which you described with regard to housing, would be eliminated or modified? Could you comment on that?

Mrs. HINES. You mean in their Social Security or retirement?

Senator KENNEDY. Yes.

Mrs. HINES. That, as I see it, is well and good. That would supplement it, but I feel just to give them more money and to tell them to stay in a back room or just be isolated and lonely is not the solution because they have talents and they should be allowed to use them. Let them earn. Let them get out and act. They want to do that.

Senator KENNEDY. As Dr. Sheppard has testified, the question of supplementing income is one extremely important and fundamental aspect of a comprehensive program.

The other aspect includes programs to provide services for the seniors as well as opportunities for them to participate in constructive, positive, and imaginative ways in the society of which they are a part.

Mrs. HINES. Yes, sir.

Senator KENNEDY. I want to thank your group very much for their appearance here before the committee.

I think your testimony has been extremely helpful.

(Mrs. Hines' prepared statement follows:)

PREPARED STATEMENT OF MRS. FULTON HINES (AGE 63) PLAINFIELD, N.J.
(ASSISTANT TEACHER AT KING'S DAUGHTERS DAY NURSERY)

Mr. Chairman, my name is Mrs. Fulton Hines. I live in Plainfield, N.J.; I am 63 years old, and I am an Assistant Teacher at King's Daughters Day Nursery. I served as a Community Aide in the Medicare Alert Operation and I am continuing in the extended program which we have been using in order to study the housing problems and the needs of our elderly citizens.

I have spent practically all my adult life in Plainfield and I thought I knew something of the conditions and the way people lived in our community but, Mr. Chairman, I knew nothing of the very bad living conditions of the elderly poor in Plainfield.

Our survey has us interviewing these older poor people and trying to learn of their interest in low-cost housing for senior citizens. Time and again I found that these poor people were actually afraid to discuss the conditions in which they

were living. They were afraid that the landlord, the owner or the agent, would learn of their discomfort and their unhappiness and might force them out.

Two such senior citizens told me that they would not talk to me and that I should talk to the landlord. I was brushed off by him. These people in my community are being penalized because they are old and poor. The rents they have to pay are higher than those paid by younger people. And, Mr. Chairman, some of these quarters are really fire traps.

One lady told me that she worked two weeks to pay her rent—or half of her income. The attitude of the landlord was: "Why doesn't she get a better job?" Mr. Chairman, our senior citizens do need help. They need low-cost housing where they would have no fears of being run out on the streets because some landlord doesn't like their right to free speech. These people need new hope. They are entitled to this hope. We found that for the older people working for Medicare, and even those whom we interviewed, that hope was renewed. Mr. Chairman, people need something to do. One man I know who is 70, lives in a cellar. He has turned this cellar into his living quarters. He is a master carpenter, he is a stonemason. In short he has skills. He still does odd jobs, but would it not be a fine thing if these skills could be taught to younger people? The difference between retirement, even with Social Security and a pension, and part-time work is the difference between living and dying. Thank you.

Senator KENNEDY. Would either Mr. Newburgher or Mr. Reed care to comment?

STATEMENT OF WALTER NEWBURGHER, PRESIDENT OF THE CONGRESS OF SENIOR CITIZENS OF GREATER NEW YORK

Mr. NEWBURGHER. Yes, I would like to make a statement, Mr. Chairman.

My name is Walter Newburgher. I am president of the Congress of Senior Citizens of Greater New York. I appreciate the opportunity to bring to you the views expressed by our membership.

The Congress of Senior Citizens, the largest organization of the aged in the New York area affiliated with the National Council of Senior Citizens, is composed of the members of a cross section of New York senior citizen centers, sponsored by church groups, unions, and social agencies.

There are 97 individual clubs affiliated with us with a total membership of over 60,000 older people. The officers of our organization are all volunteers. We have no paid staff. We devote ourselves to the well-being of the older adults in our community and one of our principal aims is to provide a means through which the skills, experiences, talents, and wisdom of elderly people can be used productively for the benefit of the larger community.

It is obvious, therefore, that we are deeply concerned with those among our membership who are financially depressed and because of their age find themselves excluded from productive employment in our modern economy.

Naturally, we hailed the project Medicare Alert, not only as a means of enrolling many thousands into the Medicare program but also because it gave the very poor among the aged an opportunity to earn a few much-needed dollars. We felt that Medicare Alert was intended to supplement their meager income and would be a limited but salutary weapon in the War on Poverty.

Because of our role in the city, a number of our leaders, including myself, were appointed to the citywide committee that planned the implementation of this program. Regrettably, only some 22 pockets of poverty were set as priority areas for funded Medicare Alert programs.

In other areas, where many older people live who are also of very limited means, no official program was organized. The Congress of Senior Citizens, however, recognized the urgency of ferreting out the many unaware of Medicare and, cognizant of the limited time to meet the original deadline, immediately activated itself. We sent speakers into every affiliated club, made arrangements with representatives of social security to attend some of these rallies, and I can truthfully say that our totally voluntary activities brought a great influx of senior citizens into the Medicare fold.

Both Medicare Alert programs, the one implemented by official agencies, and the voluntary one, emphasized the value of this program to the recipient and the dispenser of the advice. Many hundreds of elderly received income from the program, hundreds more received the personal gratification of participating in a worthwhile effort, of being useful to their fellow man, and, of course, thousands were enabled to enroll in the Medicare program.

It should be noted, however, that for many, just having a visitor who took an interest in their welfare was also of great value. In community after community reports came back from people who were told, "No one has knocked on my door for 6 months." This program helped us reach many of the loneliest of our elderly, the most needy and isolated.

The overwhelming majority of our senior citizens abhor the thought of charity. These are the people who throughout their working days have been able to support themselves and their families and who now on the eve of their lives find the door closed to permanent employment.

These are the people who have weathered the great depression and who are now facing an inflationary spiral, so it cannot be considered surprising that senior citizens today comprise 20 percent of all the poor in the Nation.

What is, however, surprising, is that the poverty program is completely disregarding their obvious needs. There has been response in our area for these needs neither from the local organization—the New York City Economic Opportunity Committee—nor from the regional OEO, and we must accept the concept that the discrimination against the aged originates with the National Office of Economic Opportunity.

It is a shocking fact that with the exception of Medicare Alert, which is now ended, and the Foster Grandparents project which only employed a few dozen people—not a single significant permanent program has been funded to this day to serve the elderly of New York City.

This in spite of the fact that some of the proposals were suggested and submitted almost 2 years ago. I do not believe that the project mentioned by Mr. Shriver, the Project PATH, could be classified as a significant project. Actually, it trained about 50 people in a city of almost a million people over 65.

The OEO simply does not respond to the suggestions of the senior centers, of the settlement houses, or of the organizations of the elderly, to the many requests for employment opportunities and services, nor has it acted on a fine project suggested by the National Council on the Aging as a permanent followup to Medicare Alert, a project mentioned several times here today, called Project FIND.

It is reasonable to say, therefore, that as far as the aged are concerned, the War on Poverty has not yet produced a battle; no, not even a skirmish.

The Community Council of Greater New York has functioned for more than 40 years as a citywide association of over 1,000 health and welfare organizations. Its focus has been the coordination and joint planning of services to meet old and new needs. In the field of aging, responsibility is given to the Citizens Committee on Aging.

I have recently been elected to serve on the executive board of that committee. This fine organization comprised of leading citizens in New York, compassionately concerned with the well-being of the aged, was recently given to understand, as they pressed for programs for the elderly, that the regional OEO did not want to finance aged programs out of Community Action Program funds.

Mr. Chairman, the senior citizens do not aspire to preferential treatment; however, they believe they are entitled to equal treatment and that is what I believe they ought to get. I am firmly convinced that they can never achieve equitable status unless they are involved in the poverty program.

It is my belief that it is imperative that they be given opportunities to serve on the boards of the program. If this becomes a reality they could be of great value to formulate the policy of the program, not only in relationship to the older groups but help in solving the problems of all poverty groups in the Nation.

Another phase of the War on Poverty in relation to the aged, and keeping in mind that they represent 20 percent of all the poor in the land, should be immediate action to substantially increase the present inadequate social security benefits. This would be a salutary method to strike a major blow toward eradicating poverty in our Nation.

Mr. Chairman, all older people require services and programs to meet their economic and social needs. I have emphasized here particularly the special problems that confront our poor older people because they need priority in getting our help. We look to you to help us achieve this.

Senator KENNEDY. I want to thank you for a forceful and forthright statement.

Did you have a comment, Mr. Reed?

**STATEMENT OF LEROY REED, GREATER PLAINFIELD SENIOR
CITIZENS CENTER, PLAINFIELD, N.J.**

Mr. REED. My name is Leroy Reed. I was born in West Virginia, Charles Town. I was working on the senior citizens Medicare Alert Program and have been in Plainfield for 55 years and I myself, Senator, did not know of these conditions in Plainfield, that houses were worse than I can describe and the people are being misused so that the money they get for welfare or social security, the landlord gets most of the money and I am satisfied that the welfare department knows about this and that these people are living under those conditions.

They can't say anything about it. Some of the people, three of the women I know in particular, live in one house, \$95 a month. They use one bathroom, one stove, and they have to live.

Not by choice, but circumstances put them in that condition. That is only one. There are people that have cold-water flats, cooking on coal stoves to heat and to cook with.

When Medicare came about they thought something was coming. They were so proud because they thought that the community leaders would take over and do something, and I am speaking particularly of the churches.

We went with these pamphlets just asking them to tell the senior citizens what is going on, what to do to sign up for Medicare or pertaining to houses. Not one of the ministers in my town I am speaking of had the time to do it. They weren't interested, but these are the people that put the brick in that church and poured the mortar, but they are past now and they are not thought of by the leaders.

Our trouble—mostly my people I am speaking of—is in the church leaders. They are being taken over. They pay. In one particular church, and I have to say this, the minister charges his own members \$50 to marry the couple and they went to another minister and he said \$25, but this minister says, "Well, he can't come to my church and marry, so you will have to give me the \$50 or marry outside."

So that teaches us why we are not getting over to the poor people because our community leaders when we go to them they don't have time to talk to us and they are bleeding the people and the people are ignorant.

These are some of the things that are happening to our people.

Senator KENNEDY. I want to thank you very much, Mr. Reed.

That is what we are attempting to do today. We want to listen to the seniors themselves who work, who are interested in and who have provided some degree of leadership in their communities. I think the testimony today has been most beneficial.

I want to thank all of you on the panel for your appearance and for your helpful testimony.

Mr. NEWBURGHER. Thank you.

(Mr. Reed's prepared statement follows:)

PREPARED STATEMENT OF MR. LEROY REED, MEDICARE ALERT TEAM CAPTAIN

Mr. Chairman, my name is Leroy Reed. I am 69 years old; I was born in West Virginia and I have lived in Plainfield, New Jersey, for the last 55 years. I was a Team Captain in the Medicare Alert program and I continued to work on the extension. We are surveying both the need and the interest for low-cost housing among the senior citizens.

I am, Mr. Chairman, myself a poor man, but you can believe me I did not know or even understand how really bad the living quarters of our old people are until I saw with my own eyes their so-called homes. I found old people living in cold-water flats with coal stoves for heating and cooking, conditions I thought went out after the depression.

Many of these senior citizens were paying rent for just plain dumps. That is the best way I can describe some of the places I saw. And, Mr. Chairman, I saw the fear in their eyes when they talked of their problems to an outsider like me.

Many of those I talked to had to pay more rent than public welfare allows in the grants. And I am sure the welfare department knows very well what is going on. And I am equally sure that they close their eyes to these conditions.

Some of these old poor live with relatives or even with friends and they told me that they had little or nothing left either from their welfare checks or from their small Social Security allowance. And those people with whom they have been living take those allotments for their rent and their board, leaving nothing for these poor people. They do not have the means to buy under-

clothes. They live like animals in our rich nation. I think that many business men who deal with these older citizens do their best to get as much out of them as they can. I found these old poor sharing bathroom and kitchen facilities with others.

They don't live this way by choice, they just do not have the means to live any better. That is all they can afford.

I am now getting about five phone calls a week from some of those I talked to during the survey. They ask me what they can do to get better living conditions. They want to know when the housing program will be started. This is a small hope for some of them.

These people were hopeful that with the Medicare Alert program, the community leaders would really take an interest in their problems. To my surprise I found little support from the churches and yet, Mr. Chairman, these were the people who put the bricks and mortar into those buildings where younger and more comfortable groups of people now worship.

Our older people need to feel free. They should not have fear. We see too many leaders using them for their own selfish purposes.

They can only be free if they have enough money to take care of their needs in their old age.

I wonder if you or I could take the punishment that is given these people under similar conditions? Their needs are not great but they do need to be helped. They don't need and don't want charity, they need and want the community to care.

Senator KENNEDY. Our second panel is made up of Mrs. Frances Maletz and Mr. Lawrence Cook, Washington, D.C., Operation Medicare Alert Program of the National Council of Senior Citizens, and John A. Algee, M.D., Adult Health and Geriatrics Clinic, District of Columbia.

Since the hour is getting late and we have two additional panels, I would like to request that your statements be included in their entirety in the record. If you would be kind enough to summarize briefly the contents of your statements, I would appreciate it.

STATEMENT OF MRS. FRANCES MALETZ, OPERATION MEDICARE ALERT PROGRAM OF THE NATIONAL COUNCIL OF SENIOR CITIZENS, WASHINGTON, D.C.

Mrs. MALETZ. Mr. Chairman, my name is Mrs. Rueben Maletz. I am 73 years of age and I live at 3808 Jennifer Street N.W., Washington, D.C.

Do you wish me to continue?

Senator KENNEDY. Could you summarize and I will put your statement in the record.

Mrs. MALETZ. I was born in Boston as were all my children.

Senator KENNEDY. You were born in Boston, Mass.?

We extend a special warm welcome. Do you still have some relatives up there?

Mrs. MALETZ. Oh, yes, yes, quite a number. Senator Kennedy, I would like to say at this time that I remember very well the wedding of your parents. I remember how exciting it was to see the lovely bridesmaids in their flowing dresses and their big hats. I was a spectator outside the church. Senator, my father knew "Honey Fitz" Fitzgerald, your grandfather.

I have been concerned with Medicare legislation for some time. I am a member of the National Council of Senior Citizens and, like many others, when the opportunity to participate in Medicare Alert arose, I was eager to join.

First, may I say that I wanted to earn the several additional quarters I needed for my Social Security. Like many other older people, I do not ever expect to be dependent on my children, even though they have assured me that I have no worries.

For anyone who is ill, or has had a severe accident, the value of Medicare for older people is obvious. Spending 60 or 70 days in the hospital recovering from an unfortunate accident can drain off financial resources completely.

In my experience as a team captain in the far northwest of Washington, D.C., we found that loneliness and withdrawal among older people knew no social or economic standards. The community aides went from home to home, apartment to apartment, and reported each more beautiful than the previous one, and the loneliness of the elderly people more pathetic in each case.

Our community aides, white and Negro alike, were welcomed by these elderly citizens regardless of their racial or economic backgrounds; and, Mr. Chairman, the community aides working in my area were primarily poor who needed the additional income.

There was no evidence of discrimination or prejudice among the many thousands they visited. On the contrary, they were cordially welcomed and invited in, and, during the winter months (I started in February) they were offered hot drinks and other refreshments in the most cordial way.

In fact, they had to excuse themselves in order to continue their work rather than to spend a pleasant 2 or 3 hours socially with them.

For myself, I recognize that I, too, had begun to withdraw, I had always been active; I raised a family. But with my family grown, I began to recognize that some mornings I didn't want to get up. This work gave me a new lease on life. I renewed my interest in people and the community.

Our people do not want this program to end. They have regained their spark and they feel the need to be a part of the community in the fullest meaning. We want more work. We do not desire—and I think I speak for most of the people who work on Medicare Alert—any high pay. We want 10 hours per week and we would be quite happy with the \$1.50 per hour or whatever the minimum wage is. We want to feel independent and we want to feel useful.

The question is always asked: "What can we do for older Americans?" I suppose in a way the answer is: "It depends on where they live." In the area in which I live, Mr. Chairman, there is little economic poverty. But there are great pockets of poverty of the spirit, and the result is loneliness and withdrawal.

There is no doubt in my mind that the problem of loneliness is one of the most difficult human problems. We need programs to handle this problem and research to overcome it. If you can stay active, you forget your aches, your pains, and your loneliness.

Older people must somehow be drawn back into the mainstream.

Mr. Chairman, I thank you.

Senator KENNEDY. I want to thank you, Mrs. Maletz, for your appearance here and your presentation. I think that you summarized very well the sentiments which I know are held by many hundreds of thousands and even millions of seniors. I want to say how much this committee appreciates your appearance here.

STATEMENT OF LAWRENCE COOK, OPERATION MEDICARE ALERT
PROGRAM OF THE NATIONAL COUNCIL OF SENIOR CITIZENS,
WASHINGTON, D.C.

Mr. Cook. Mr. Chairman, my name is Lawrence Cook. I am 67 and a retired Government worker. I worked as a team captain of the Medicare Alert program.

Senator KENNEDY. We can include your statement if you would like to summarize it very briefly.

Mr. Cook. As an older American who has a mother, aged 93, living with him and a wife who works part time, primarily to contribute to the support of her 88-year-old father, whose sole income is his \$44 Social Security check, I was keenly aware of the problems of many of the people we contacted in our survey.

First, with Social Security benefits ranging from \$44 to \$80 a month, we found people who were paying rents alone averaging \$65 to \$80 a month, which leaves them nothing for other expenses.

Second. Many were confined to their homes with pitifully little outside communication. They were eager and grateful for the few moments of contact our survey afforded them.

The solution in my judgment is assurance of adequate income sufficient for a decent living, free of absolute dependence upon children who, though anxious to help them live in dignity, are often financially unable to do so.

Establishment of services designed to bring some personal contact to those confined to their homes.

Provide more recreation centers conveniently located, senior citizens' clubs, social centers in the churches for these people who need to be returned to the land of the living.

Senator KENNEDY. Thank you, Mr. Cook.

(Mr. Cook's prepared statement follows:)

PREPARED STATEMENT OF MR. LAWRENCE COOK

Mr. Chairman, my name is Lawrence Cook; I am 67 and I live at 1203 Tewkesbury Place, N.W. I am retired from the Government; I was an engineering technician at the Bureau of Standards. I retired last December and was fortunate in being able to join the Medicare Alert program in February as a Community Aide. In May, on the extension of the program, I was named a Team Captain for the Northeast.

I am one of the growing number of older Americans who has a mother living with them. She is 93. My father-in-law, aged 89, lives with my sister-in-law, my wife's sister. His income is \$40 which he receives from Social Security benefits. In principle then, we support our parents. Thus when I joined the Medicare Alert program, I had already been personally involved in the problems of the elderly poor. My mother is reasonably active. So is my father-in-law. But the fact is that they are both *house-ridden*. My early experience with Medicare Alert took me into the northwest area in the vicinity of the Walter Reed Hospital. It was obvious then that the major problem for senior citizens was a lack of financial resources. Social Security did not give them sufficient benefits and they had to look to their own children for additional support, obviously creating great personal hardships on both the parents and the children. Being dependent, Mr. Chairman, strips people of self-respect. They lose pride and they grow old in the twilight of their lives, turning away from the world in which they had made their contribution faithfully and honestly.

In the northeast, the loneliness of poverty creates a vacuum. There is a lack of communication as well as poverty of the spirit. These people did not even know of Medicare. They were completely cut off from the community. There was a total lack of communication. Housing, diet, living conditions were awful.

We found they suffered from poor medical services. If they had money for public transportation to go to the public clinics, they had long and difficult waiting periods and seemed to receive little satisfaction. The problems in the northeast are really acute. Our workers themselves had serious financial problems as well as serious health problems. The elderly poor in the lower income brackets are caught in a jam. These are the people whose income is too high for Public Assistance, but too low to enjoy any of the comforts we have been taught to expect in this affluent society. In the northwest, where many of the southern migrants settled, it was bad. But the far northeast is truly dreadful. Again, we found that in the northwest Social Security benefits were around \$40-\$80 per month, with rent \$65-\$80 per month. Obviously, Mr. Chairman, living for the elderly poor is harsh.

What are some of the solutions? In my judgment communication is primary: The establishment of social centers in churches, and recreation areas convenient to these people who need to be returned to the land of the living. Senior citizens clubs must be formed. And still, the lack of financial resources must be recognized.

STATEMENT OF JOHN A. ALGEE, M.D., ADULT HEALTH AND GERIATRICS CLINIC, DISTRICT OF COLUMBIA

Dr. ALGEE. Mr. Chairman, I am Dr. John Algee.

In summary of my statement I in effect said that, as a result of being affiliated with people who worked on Medicare Alert, in examining some of the patients or personnel we felt that it was of great help to them to work again.

Also, as a result of working in geriatrics we are best concerned with some of the problems of the elderly and it is very interesting to hear speakers who preceded me say that one of the problems that they noted was a considerable amount of depression that is seen in elderly people.

I feel that I have been quite concerned with this and I feel that one of our big problems is the fact that we do not offer anything to bring the people out of their homes or any kind of a program in the community which will make the people respond to the environment.

I think that as a result of some of the persons working on Medicare Alert we were able to note that the incidence of their coming to the doctor was decreased. They were much better. They had less physical and psychological problems, so on the whole I felt that Medicare Alert to the people who I was affiliated with was a good venture, but I do feel that more moneys are needed by the community to support and bring our elderly citizens back into the mainstream of community life.

I thank you.

Senator KENNEDY. You are aware of Operation FIND and the program of Operation FIND?

Dr. ALGEE. Yes; I am aware of Operation FIND.

Senator KENNEDY. Do you think this is the kind of program that helps mobilize the efforts and the interests of many of the seniors who worked in Operation Medicare Alert? Do programs such as this encourage seniors to be active, productive, and helpful to other seniors?

Dr. ALGEE. I think at this time that this is one step in the right direction. As a result of Medicare Alert I think that the entry was made into making people more aware of what is actually happening with our senior citizens.

I think with Program FIND we can supplement and implement some of the thinking and some of the problems. We can sort of alleviate the problem if we want these people back into our work force.

(Dr. Algee's prepared statement follows:)

PREPARED STATEMENT OF DR. JOHN A. ALGEE

Mr. Chairman, my name is John Alfred Algee. For the past two years, I have been with the District of Columbia Adult Health and Geriatrics Clinic.

I am 34 and was born in Kentucky. I received my Bachelor of Science degree from Langston University, Oklahoma, my Master of Science degree from the University of Illinois, and my M.D. in internal medicine from Howard University. I served as an intern and resident at Freedmen's and D.C. General Hospitals.

Because of background in geriatrics, it was inevitable that we in the Clinic should become involved in the Medicare Alert program.

We recommended people for Community Aides in the program. We found, speaking purely from a professional point of view—and Mr. Chairman, may I point out at this time that I speak only as a doctor vitally concerned with the discipline of geriatrics—that older people in our care needed less attention and less medication once they were engaged as Community Aides in Medicare Alert.

We found, for example, that many were just too busy to see the doctor. Because they were back working again, they had no time for aches and pains. The need for psychological and medical support diminished as the work load of these Community Aides involved them in the community life.

I was invited to speak at public meetings and on TV and radio on the Medicare Alert program. I said on these occasions and I say now the Medicare Alert program had great therapeutic value for the elderly.

Again and again, the Community Aides working on Medicare Alert told me of their shock at finding so many elderly persons living in abject poverty worse than their own and, bear in mind, Mr. Chairman, most of the Community Aides in Medicare Alert were the elderly poor.

I might add that seeing so many people worse off than they themselves were gave the Medicare Alert workers a deep feeling of compassion and made them recognize their own plight could be worse.

Speaking as a public health physician, I would like to say that the problems highlighted by Medicare Alert are not unknown to officialdom, that solutions are being sought to these problems. However, there is a question of available resources.

I would like now, Mr. Chairman, to give you examples.

One Community Aide who worked as a team captain is a retired Government Supervisor. She is 71, suffering from arthritis which was residual from an earlier bout with polio. Psychologically, until she entered into the Medicare Alert program and directed the work of a team in the Southeast section of Washington, she was a regular patient of mine. She needed no medical support during the time she was engaged in Medicare Alert. She got about and enjoyed her activities and returned to the mainstream. Now, her work has ended and geriatric problems have again returned.

In the Northwest section of Washington, a patient of mine suffering from diabetes and glaucoma complicated by the effect of a colostomy needed working time under Social Security to qualify for Social Security benefits. By working as a Community Aide on Medicare Alert, she gained the needed qualifying time and is now eligible for desired Social Security benefits. She worked well and is already much better off physically and mentally as well as financially. Hence she is now much less a burden to the welfare department.

Mr. Chairman, as a medical man, I would like to say, based on my experience, that those people who were directly involved as Community Aides in Medicare Alert were greatly improved in their personal outlook. The need for medical care diminished because these elderly poor were back in the work force.

There is a tendency, as we in geriatrics know, to sit in a closet and reminisce about the world as it was and withdraw from the world as it is. There is something deadening about looking back too much, but we tend more and more to look backward as we become less capable of dealing with the world of the present.

Mr. Chairman, in my humble opinion, not enough is being done to help people over 40 cope with the alterations time brings.

Senator KENNEDY. I want to thank all of you very much for your appearance here. I appreciate your taking the time to appear and for being as patient with us as you have been.

I thank you both.

Mrs. MALETZ. Thank you.

Senator KENNEDY. I want to express my great appreciation for the splendid attendance and compliment everyone who is here for their courtesy to the witnesses who have appeared before the subcommittee and to the Members of the Senate. You have been an extremely interested and attentive group. I think having your participation at this meeting has added immeasurably not only to the atmosphere but also has served to call attention to the degree of interest which exists in this area. I personally want to express my appreciation to each and every one of you who has given of your time to attend this meeting.

Let me just say as well that one of our splendid witnesses mentioned congressional action. Certainly this is something I am deeply interested in. I think you have heard spoken the sentiments of a number of my colleagues. I agree with you that this is a time for action. I am happy to have the opportunity to work with you who represent many hundreds of thousands of seniors around the country to assure that speedy action is taken.

I know some of you have to leave. It is getting late. This is our final panel this morning.

I understand our third and fourth panels are here. They include Mr. and Mrs. Henry Gilman from the Florida League of Senior Citizens; Mr. Edward Robinson, who is from the Detroit Metropolitan Council of Senior Citizens; Mr. James Carbray, who represents the Steelworkers International Union, Huntington Park, in Los Angeles; Mr. Arthur Capone of Revere, Massachusetts, and Mr. T. H. Lynch of Duquesne, Pa.

I understand that each of you has submitted a statement which we will include in the record. If you would like to make a brief summary comment or additional personal comment we would be delighted to hear them. We can start with Mrs. Gilman.

Mrs. Gilman.

STATEMENTS OF MR. AND MRS. HENRY I. GILMAN, FLORIDA LEAGUE OF SENIOR CITIZENS, MIAMI BEACH, FLA.

Mrs. GILMAN. Mr. Gilman will do the talking.

Mr. GILMAN. I am Henry I. Gilman. I am going to try to condense 3 to 4 months on our Medicare Alert program within 3 minutes and if possibly can I will let you know.

Senator KENNEDY. Mrs. Gilman, you just come right in now if you think he is missing a relevant point. Please feel free to interrupt.

Mrs. GILMAN. I will do that.

Mr. GILMAN. Mr. Chairman, Senator Kennedy and members of the committee, it is through the efforts of James Cuff O'Brien, executive director, Older and Retired Workers, United Steelworkers of America, and assistant to the president of the National Council of Senior Citizens, who has done so much to unite the senior citizens, that I am here today and feel highly honored to represent the State of Florida and Miami Beach for the Medicare Alert program.

I am Henry I. Gilman, 79 years of age and chairman of several senior citizen groups in south Florida. I was raised in Roxbury and Brookline, Mass., a graduate of Boston English High, and I spent 2 years at Harvard. I came to Florida 30 years ago for my health.

For weeks, we carried on our car a homemade car top sign for

Medicare Alert, a copy which you will notice on our right, long before Mrs. Gilman was a captain of this program. On her appointment, I donated my services to this cause. We worked as a team and had 10 paid workers. We contacted and enrolled for the supplementary medical plan over 1,000 people 65 or older, and have signed 97 percent of the senior citizens participating in Miami, Fla.

Knocking door to door for a 6-week period, we contacted over 21,000 senior citizens and ran into some real experiences that presented a true picture of poverty. Many hotels, motels, and apartment homes refused us entry. One small community even threatened to put our whole crew in jail, but we were told that if we brought a signed letter from OEO, they would permit us in the town. This is one of the striking cases that we had.

Case No. 714—Mrs. Gilman and I entered an apartment building, and after contacting several residents, we came to an apartment where the door was partially open. We knocked and were told to enter. It was an efficiency apartment on the ground floor and seemed to be in a tidy condition. As we approached the resident, we noticed he was in a wheelchair with a blanket over the lower part of his body—I knew he evidently had no legs—looking around I saw a pair of artificial legs in a corner. We told Mr. X who we were and why we were there. He then told me he would be happy to sign up for Medicare as he was 72 years of age, had a Social Security number, but had no way of getting to the office to sign up.

Upon further inquiry, we found out that at one time he had quite a bit of money, but hospitals, doctors, and surgeons had consumed all but a few dollars which he used to buy the artificial legs. When I asked him why he was not using them, he said that after he purchased them, he found out that he needed several hundred dollars for rehabilitation, which he did not have. He said he would rather die than ask for charity. We found a way to help this unfortunate man.

I have several other cases but those will go on record.

Thank you, Senator Kennedy.

Senator KENNEDY. You have touched on the problems of the Medicare program. I'm sure you all realize that it is a part of the law and there are a number of wonderful features of that legislation. Of course there are a number of other provisions which have to be strengthened, expanded, or developed.

We are talking this morning about the need for a comprehensive program of assistance. Certainly your contribution in demonstrating the needs in the health care field was significant and important. This is a matter which we in Congress have to constantly review. I am delighted with your statement.

Mr. GILMAN. Thank you, thank you, Senator.

(Mr. Gilman's prepared statement follows:)

PREPARED STATEMENT OF MR. HENRY J. GILMAN

Mr. Chairman and Members of the Committee, I am Henry I. Gilman, 79 years of age and chairman of several Senior Citizens groups in South Florida. I was raised in Roxbury and Brookline, Mass., a graduate of Boston English High, and I spent two years at Harvard. I came to Florida 30 years ago for my health.

For weeks, we carried on our car a homemade car top sign for "Medicare Alert", long before the appointment of my wife, Goldie, as a Captain of this program. On her appointment, I donated my services to this cause. We worked as a team and had 10 paid workers. We contacted and enrolled for the supplementary medical plan over 1,000 people 65 or older.

Knocking door to door for the 6-week period, we contacted over 21,000 senior citizens and ran into some real experiences that presented a true picture of poverty. Many hotels, motels and apartment homes refused us entry. One small community even threatened to put our whole crew in jail, but we were told that if we brought a signed letter from OEO, they would permit us in the town.

Here is one case history:

Case 714—Mrs. Gilman and I entered an apartment building, and after contacting several residents, we came to an apartment where the door was partially open. We knocked and were told to enter. It was an efficiency apartment on the ground floor and seemed to be in a tidy condition. As we approached the resident, we noticed he was in a wheel chair with a blanket over the lower part of his body—I knew he evidently had no legs—looking around I saw a pair of artificial legs in a corner. We told Mr. X who we were and why we were there. He then told me he would be happy to sign up for Medicare as he was 72 years of age, had a Social Security number, but had no way of getting to the office to sign up.

Upon further inquiry, we found out that at one time he had quite a bit of money, but hospitals, doctors and surgeons had consumed all but a few dollars which he used to buy the artificial legs. When I asked him why he was not using them, he said that after he purchased them, he found out that he needed several hundred dollars for rehabilitation, which he did not have. He said he would rather die than ask for charity. We found a way to help this unfortunate man.

There were, of course, many other equally poignant cases of older people—proud older people—who needed help but who were not being helped because nobody knew what they needed.

It is a desperate shame that this great nation of ours does not have better programs to help these poor people who have helped build America and made it great and who now find themselves cast aside like an old shoe.

I don't want to take up more of your time—but I would like to submit, for the record of these hearings, a brief report of four other case histories which develop the crying need for outreach services to the elderly.

The fact is, Senator Kennedy, that Operation Medicare Alert all over the country enabled us to bring many thousands of these tragedies to light. But for every one that we discovered—there were probably many more we failed to see. It would be folly for America to ignore the needs of the elderly which have been so clearly demonstrated by "Operation Medicare Alert."

OTHER CASE HISTORIES

Case 924: Mrs. R. lives in an efficiency with two other women. When we asked her if she had signed up for the B supplementary plan, she said she did not as the Social Security office was too far away for her to walk to, and she said she may have received a card to sign, but must have thrown it away as she could not read. We asked her what she was receiving from the Social Security office and she said \$60.00 and that she had to take a certain tablet three times daily which cost her 90¢ a day, leaving her with little money. I contacted her doctor, received a new prescription and found out that we could get these tablets from our wholesale druggist at 12¢ each, which gave her a little extra money to use for essentials.

Case 642: This case was about a husband in a nursing home—he was a victim of strokes and he asked us to contact his wife, which we did. At first she was reluctant to talk as she did not want to antagonize the management of the nursing home since she had to work to try to take care of all the expenses. She told us that it cost her \$300 per month to take care of him and that she had sold practically all of her furnishings in order to pay her bills and she was very much discouraged. The management of the nursing home finally reduced her monthly rate \$50, so she was paying \$250 per month and that helped her as all she was making was \$80 a week.

Case 371: This is a most unusual case as the man is 82 years old—a man with citations from hospitals and children's homes for the large donations he had contributed to them. He was a very successful businessman and after giving away the greatest part of his life savings, suddenly had a stroke and a heart attack. In the past 14 years, doctors and hospitals have taken what little he had left—he needs home treatment and can't afford it. He refuses to accept charity. This man can't live long without therapeutic treatment. We signed

him up for the supplementary B plan. He has a Social Security number but has never received any Social Security checks as he was self employed.

Case 722: This case is of a couple—husband 74 and crippled with rheumatoid arthritis, hardly able to walk; wife 72, who has glaucoma and is 80 percent blind. How they manage to take care of one another is almost a miracle. They have a little savings left and friends are trying to get them into a convalescent home, but so far no success as they do not have sufficient funds to pay for any length of time. Doctors and hospitals have consumed most of their life savings. This case is being investigated by Welfare and I am sure they will be taken care of.

STATEMENT OF JAMES CARBRAY, WHITTIER, CALIF.

Mr. CARBRAY. Mr. Chairman, my name is James Carbray. I am a resident of Whittier, Calif., an official of the Steelworkers International Union.

I am going to present to you, Senator, a copy of the Feedback Report compiled in Los Angeles County, compiled by the people in charge of the Medicare Alert program, which I think you will find sets forth the needs of the family, the needs of the elderly in particular, the problems they are confronted with in relation to family services, health services in particular, and included herein is an eight-page document of conditions that were discovered by the people who were registering under the Medicare Alert program.

Some of these, frankly, are heartbreaking. I won't quote them. But California, like some other States, is one of those areas wherein some of the people on public assistance, for example, all people on public assistance who received a 7-percent increase in Social Security under the amended act had the same equivalent amount of money deducted from their State-aid contribution checks.

This immediately threw a roadblock into the hearts of many people. They felt no matter what they did, they were jeopardizing their present State-aid subsistence payment.

Senator KENNEDY. I think this is a very important point.

I would like to make part of the record those States which followed that practice. I think it is important to know the States that made these kinds of deductions. You could submit it at a later time if you have that information handy. Otherwise our staff can compile it.

Mr. CARBRAY. I don't have it all.

Senator KENNEDY. The staff will have that and we will put it in the record at this point.

(The information was given in an article in the Senior Citizens News, for July 1966, pp. 4 and 5, the official newspaper of the National Council of Senior Citizens, which article follows:)

STATES STILL DENY AGED BENEFITS GRANTED BY CONGRESS LAST YEAR

WASHINGTON, July 1.—A half million elderly poor are still being denied the benefit of the 7 per cent increase in their Social Security checks enacted by Congress a year ago this month, John W. Edelman, president of the National Council of Senior Citizens, has charged.

Social Security checks that go to an estimated 1,000,000 men and women are so small the recipients must ask for relief, Edelman points out. Their Social Security increases averaged from \$4 to \$5 a month.

Congress tried to protect these men and women, Edelman said, by providing in the 1965 Social Security amendments that States may disregard up to \$5 a month of income used in determining eligibility for relief.

The income factor is important because it can affect what the Federal Government grants the States to help them finance public assistance.

ELDERLY HURT IN 24 STATES

Edelman said 15 States lend their less fortunate citizens a helping hand by taking advantage of the \$5 monthly income exemption under the 1965 Social Security amendments.

Another 24 States have notified the National Council of Senior Citizens they do not intend to avail themselves of this provision of the law and have slashed public assistance payments in the amount of the Social Security increase for relief clients who collect Social Security, Edelman revealed.

To justify their position, relief administrators in the States that withhold the Social Security increase from relief clients argue that to do otherwise would be unfair to their clients who get no Social Security, Edelman noted. He had this comment:

"That argument may hold water for States that have spread some or all the increase among relief recipients generally but, by their own admission, 17 of the 24 States reporting to the National Council of Senior Citizens, have not done so.

"In other words, these States believe in economizing at the expense of their poorest citizens."

NCSO ASKED THE STATES

Reports by relief administrators on what they are doing about the Social Security increase resulted from a questionnaire distributed by the National Council of Senior Citizens to 33 States.

The 33 States are listed by the Department of Health, Education, and Welfare as having decided to withhold the amount of the Social Security increase from relief clients. The Senior Citizens' Council heard from 24 of the 33 States.

States Which Hindered

In their replies to the questionnaire, these States reported withholding the Social Security increase from relief clients without making any substantial compensatory adjustment:

Alaska, Arizona, California, Illinois, Louisiana, Maryland, Minnesota, Mississippi, Montana, New Mexico, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Texas and Utah.

States Which Helped

While withholding the amount of the Social Security increase, these States reported making substantial compensatory adjustments in recognition of the increase:

Alabama, Colorado, Kansas, Kentucky, Maine, New Hampshire, and Rhode Island.

In its report on the Social Security increase, the Department of HEW's Bureau of Family Services said these States have taken advantage of the \$5 monthly income exemption allowing relief clients to keep their Social Security increase:

Arkansas, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Massachusetts, Missouri, Nevada, Pennsylvania, South Dakota, Vermont and Wyoming. Iowa was added to this group after issuance of the HEW report.

Made No Decision

According to this report, these units had made no determination on withholding the Social Security increase from relief clients when the HEW report was issued: District of Columbia, Michigan, Oklahoma, South Carolina, Tennessee and Wisconsin.

In addition to the 25 States that answered the senior citizens' questionnaire, the Department of HEW's Bureau of Family Services listed these units as reporting they withhold the Social Security increase from relief clients: Connecticut, Nebraska, Puerto Rico, Virgin Islands, Virginia, Washington and West Virginia.

However, these States and territories failed to reply to the Senior Citizens' Council questionnaire which was directed to them on two separate occasions.

Below are comments of relief administrators who answered this questionnaire. Shown in parentheses is HEW's estimate of the number of Social Security beneficiaries on relief in each State:

Alabama (43,602), Ruben K. King, Commissioner of the Department of Pensions and Security: "Although we have not been able to disregard income, the monthly allowance for old age pensions and aid to the permanently and totally disabled was increased by \$4."

Arizona (5,296), John O. Graham, Commissioner of Public Welfare: "This department cannot make any adjustments under State law to disregard any income.

"The State law provides a grant-plus-income maximum of \$100 for one person, \$155 for two persons and \$220 for three or more persons in the same household. In event the Social Security benefit is increased, the old age assistance would be decreased in like amount . . . Undoubtedly, a bill will be introduced in the 1967 legislature to disregard \$5 of income."

California (159,808), Thomas Pyott, Chief, Aged Services Bureau: "State statutes do not permit implementation of any program (to disregard extra income for relief clients) except in the case of aid to the blind. . . . However, California law does provide for annual cost of living adjustments in all adult assistance programs and adjustments were made effective Dec. 1, 1965 . . .

"During the last four years, basic and maximum old age assistance grants have increased \$13.50 a month. Basic and maximum aid to the blind grants have increased \$17.70 a month. Similar increases have been made in the program of aid to the disabled.

"The Legislature last year defeated a bill to take advantage of the \$5 additional income exemption. A similar bill is pending in the Legislature now."

Colorado (21,124), Department of Public Welfare: "An interpretation of the State Constitution indicates all (relief clients' extra) income must be deducted. However, the old age pension grant was increased \$2 to \$118 a month and grants in other categories were increased."

Illinois (21,782), Harold O. Swank, Director, Department of Public Aid: "Illinois does not intend to disregard the \$5 allowable under the (1965 Social Security) amendments.

"This State was and is operating its old age assistance program on the basis of 100 per cent payment of its budgetary standard which is designed to meet full needs of all recipients.

"To disregard any item of income would create an indefensible discrepancy between recipients of Social Security benefits and those not on Social Security . . .

"It (Illinois' standard of assistance) has been revised upward on several occasions and in several respects since the Federal amendments permitting States to disregard income. For example, the amount allowed for food has been adjusted upward in accordance with our rule that a 3 per cent increase in prices calls for a similar increase in budgets. This has happened once in the past year and will probably occur again shortly."

Kansas (8,341), Department of Social Welfare: "Kansas will not implement the Federal law allowing States to disregard \$5 additional income but we granted increases in allowances effective Aug. 1, 1966."

Kentucky (18,635), C. Leslie Dawson, Commissioner, Department of Economic Security: "Kentucky did not implement the option to disregard the \$5 a month of income in determining need of public assistance recipients.

"It would appear inequitable to disregard their income if comparable increases could not be made for the needy aged who fail to qualify for this benefit.

"However, we have implemented many program improvements within the past six months. More sizeable increases in cases of individuals with special needs will be effectuated by removal of all maximums on payments and granting 100 per cent need.

"We are extending the option for disregarding earned income of the aged from \$10 and half the balance of the first \$50 to \$20 and half the balance of the first \$80 as we believe recipients gain both monetary and social value from an earning situation."

Louisiana (54,602), Department of Public Welfare: "Because of inadequate funds, we will not implement the Social Security provision permitting States to disregard up to \$5 of any income in determining need of public assistance recipients."

Maine (5,876), Pauline A. Smith, Director of Family Services: "We took advantage of the 7 per cent increase in (Social Security) benefits by adding a household maintenance allowance to our standard budget for each recipient in our aid to the aged, blind and disabled category and each family in the category of aid to families with dependent children. The amount was \$5 a month.

"However, we have not implemented the Federal exemption of income up to \$5 a month and do not contemplate doing so."

Maryland (3,216), Raleigh C. Hobson, Director of the Department of Public Welfare: "In Maryland, we have not been able to revise the policy so as to disregard up to \$5 a month in income of public assistance recipients since available funds did not make this possible.

"Effective Jan. 1, 1966, because of funds available from revised Federal matching in public assistance categories, we were able to increase allowable standards for clothing, fuel and household items . . ."

Minnesota (17,658), Department of Public Welfare: "We have not implemented the authorization for an increase up to \$5 a month in income of public assistance recipients. It is our intention to ask the Legislature next year to implement fully the 1965 amendments to the Social Security Act."

Mississippi (26,925), Evelyn Gandy, Commissioner of Public Welfare: "We will not implement the Social Security provision allowing States to disregard up to \$5 in income of public assistance recipients because of a lack of funds and because State law does not include this provision."

"We will make effective in December, 1966, an increase of \$5 for each recipient or each person in the budget by means of a wholesale change in adult category assistance checks . . ."

Montana (2,345), Department of Public Welfare: "We will not implement the Social Security provision permitting States to disregard up to \$5 a month in relief recipients' income as we would have to also disregard the \$5 for recipients not on Social Security and we would not have funds to do so . . ."

New Hampshire (2,095), George E. Murphy, Director of the Division of Welfare: "We have not implemented the Federal exemption because this requires legislative action. Food standards have been adjusted upward in assistance programs by 8 per cent."

New Mexico (2,964), Leo T. Murphy, Director of Public Welfare: "The State appropriation to this department in 1965 and 1966 was not sufficient to meet the additional cost of implementing the Federal exemption."

"The cost of disregarding the first \$5 a month of any income in determining need for public assistance will be included in our next budget request."

New Jersey (6,243), Irving J. Engleman, Director of the Division of Welfare: "New Jersey has not adopted the policy of disregarding up to \$5 a month of income in determining need of public assistance recipients."

"Our standards for public assistance grants were increased last year shortly before the Federal action to increase Social Security and permit certain income exemptions. We are currently reviewing, updating and costing standards, taking into account increased living costs . . ."

"We believe the existing Federal system which permits artificial ceilings, percentage reductions, outdated, unpriced standards and consequent inadequate grants, should concentrate on correcting the gross existing inequities rather than on devices which serve to perpetuate and increase such inequities."

New York (24,009), Department of Social Welfare: "New York does not disregard extra income up to \$5 a month for public assistance recipients. To do so would be inequitable to those not receiving Social Security benefits. However, basic needs of public assistance recipients have been increased to allow 5.9 per cent more for fuel and utility allowance."

North Carolina, (10,933), Mrs. Myra J. Mitchiner, Director, Division of Public Assistance: "The State Board of Public Welfare has decided not to implement the authorization to disregard up to \$5 a month of income in determining the need of public assistance recipients."

"We are in the process of updating public assistance budget for recipients in all categories with a view to increasing payments to all individuals receiving assistance."

North Dakota (1,729), Donald K. Johnson, Director, Division of Public Assistance: "All States are required to go into a simplified (public assistance) budgeting procedure by July 1, 1966 . . . From preliminary studies, it now appears grants in aid to the blind will increase at least 8 per cent and grants in aid for dependent children will increase at least 10 per cent on the average."

"We believe in view of this very substantial increase we were justified in not electing the option to disregard up to \$5 per month of public assistance recipients' income. We also felt an increase for Social Security beneficiaries on public assistance would be unfair to other public assistance recipients."

Ohio (34,870), Department of Public Welfare: "We do not intend to use the authority given States to disregard up to \$5 a month in the income of public assistance recipients. Requirements for all recipients were increased \$4 a month last November."

Oregon (5,659), Andrew F. Juras, Administrator, Public Welfare Commission: "We feel strongly that to disregard \$5 a month income for those fortunate enough to be entitled to it would be unfair to other public assistance recipients."

"We have announced we intend to urge the next Legislature to give us enough money to increase the standards for all our grants. Our food standards have not been raised for 13 years and are highly unrealistic in terms of today's prices . . ."

Rhode Island (3,086), Augustine W. Riccio, director, Department of Social Welfare: "In our assessment of the 1965 Social Security Act amendments, we concluded it would be far more significant to concentrate on an overall increase in assistance to all public assistance recipients than exclude up to \$5 a month in the determination of need for Social Security benefits. To this end, \$1,656,725 has been provided to increase standards of assistance to all public assistance recipients. The increases are based on guidelines of approximately \$7.50 per adult recipient and \$1.90 per child recipient."

Texas (87,864), Department of Public Welfare: "State law requires consideration of all income and resources with Social Security benefits being considered like any other income. As a result, the 1965 Social Security exemption of income up to \$5 a month for public assistance recipients is not being implemented."

Utah (1,764), Ward C. Holbrook, Chairman, Department of Public Welfare: "Grants to Utah public welfare recipients are fixed by state law. Provisions of our law do not provide for cost of living increases. An increase of \$2 a month was granted our old age recipients July 1, 1965, and we are planning to make another increase of \$2 a month July 1, 1966. This is the only leeway we have to meet the problem of enabling Social Security beneficiaries to realize something from the 1965 increase in their benefits."

Mr. CARBRAY. I felt that this was one of the most important things that we ran into out on the coast.

Senator KENNEDY. Is California one of those States?

Mr. CARBRAY. California is one of those States. I might indicate to you, Mr. Chairman, that there is presently a bill before the State legislature to alleviate this particular problem, but until the ballots are counted following next Tuesday's primary, you know, nobody is going to do any work on legislation.

However, I think that this is one of the instances where we find without any equivocation where State or local statutes or ordinances are serving only to defeat the purposes of Federal legislation and the intent of Congress, and I think that whatever influence the Administration has in eliminating this particular problem ought to be utilized.

I am going to present all of this to you, Senator Kennedy. It gives you a breakdown of the half million doors that were knocked on in Los Angeles County, the 70,000 elderly who were contacted, the registration in excess of 30,000, and the majority of this I can assure you was done by volunteers.

When I received a call from Mr. Edelman requesting that I give him some information regarding the program on the west coast which could be used by his office and the National Council of Senior Citizens, I was more than happy to contact the friend that I have in the agency out there and request this.

I will make all of this available for your record, Senator Kennedy, and thank you very much for the opportunity of making this appearance.

Senator KENNEDY. I will look forward to reading through that. The point that you raised is extremely worthwhile and obviously such legislation runs completely at odds with the intent of Congress.

Mr. CARBRAY. That is right.

Senator KENNEDY. I think that is a matter which we should not only consider, but it is something that we should really act on as well.

Mr. CARBRAY. You will notice in the report of the community aides the reaction to this policy by the people involved.

Senator KENNEDY. I understand that Massachusetts is not one of those States.

Mr. CARBRAY. It is not one of those. Neither is Florida.

Mrs. GILMAN. Florida is one.

(Mr. Carbray's prepared statement and report follow :)

PREPARED STATEMENT OF MR. JAMES CARBRAY

Mr. Chairman, my name is James Carbray and I live in Whittier, California. I am the West Coast coordinator for retired steelworkers activities—an official of the Steelworkers International Union.

The retired steelworkers association clubs provided volunteer registrars for the Operation Medicare Alert program in Los Angeles County. Consequently I am able to talk about our experiences in this program, and I was in constant touch with the Economic and Youth Opportunity agency in Los Angeles which operated the program.

A check of individuals and agencies who participated in the recent "Medicare Alert" program brought to light many facts heretofore unrecognized as related to the fears, anxieties and apprehension of thousands of our senior citizens throughout California which are generally applicable throughout other Western States.

Specifically in California, we find that seniors who are recipients of State or County Aid and who, due to prevailing State laws or local ordinances were subjected to a reduction in their Aid check in the amount of the 7% increase in their Social Security benefits. The reaction to this policy by those seniors affected when contacted during the Medicare Alert program was one of fear and doubt. Many felt registration for Medicare would in some way jeopardize their present Aid status and in many cases, in spite of detailed explanation and assurances by the "Alert" representative, these people would refuse to register and in many instances refused to be interviewed. This is a glaring example of where prevailing State laws or local ordinances serve only to defeat the purpose of Federal social legislation and the intent of Congress.

We found several complaints by those interviewed that Social Case Workers employed by Local Public Assistance Agencies actually discouraged recipients from registering for Medicare.

We found that the older poor receiving public assistance are, due to totally inadequate resources, forced to live in sub-standard housing located in "blighted" areas.

Some of our "Alert" registrars found wholly inadequate facilities for the preparation of food such as open gas burner plates, no oven facilities and in many instances, no facilities for heating water. Some registrars were advised by neighbors of those they sought to interview, not to waste time by trying to make contact as no one would respond to a "Knock at the Door" as they feared any form of interview as a probable threat to their public assistance.

Mr. Chairman, for the printed record of these hearings, I would like to submit the following documents:

A copy of Operation Medicare Alert feedback in Los Angeles which, in capsule form, tells why elderly people want to work and what their greatest needs are. It also tells in a few words what the elderly thought about Medicare Alert.

Comments of community aides—highlights of some of the experiences of those who worked on the program.

Report of volunteers Robacker and Hinkson.

OPERATION MEDICARE ALERT FEEDBACK

Project objectives:

1. Register persons 65+ years old throughout Los Angeles County for Medicare by 3/31/66.
2. Employ 300 part-time elderly poor as registrants.
3. Seek out needs of elderly.

Base of operations:

Operation Medicare Alert centers throughout Los Angeles County. Twenty centers opened between February 17 and March 3.

Field activities:

1. Knocked on 500,000 doors.
2. Contacted 70,000 elderly people 65+ years old.

3. Registered approximately 30,000 for Medicare.

Greatest needs of elderly :

1. Medical care including hearing aids, dental and optical needs.
2. Financial and employment.
3. Homemaker services.
4. Isolation.
5. Housing.
6. Language barrier.
7. Lack of information regarding resources for the elderly.

Why elderly people want to work :

1. Forced to because of need to supplement income.
2. For something to do, but want to be compensated. They want to feel they are useful and needed.
3. A need for something to do that is constructive other than recreation type of activity.

What elderly thought about Operation Medicare Alert :

1. I feel useful.
2. It helped me financially.
3. I feel better mentally and physically.
4. I'm still employable.
5. Found others who were in greater need.

COMMENTS OF COMMUNITY AIDES

I visited a family of nine members last week. The house had only five rooms. Sanitary conditions were very poor, clothing very dirty and worn, and the children seem to have been undernourished. I learned later the father has been out of work for two years, and doesn't get enough help from the social agencies to live a more normal life.—Exposition Area

Most of the aged are lonely and want to talk to someone. I found one lady alone in her apartment crying. She said that she had no close friends in California. Language barrier is the number one cause of loneliness since it impedes communication with others. Many are blind, sick, living in one room with no one to help them.—Culver City Area.

I found a lady with cataracts in both eyes. She could only see light and dark. This lady needed surgery.—Hollywood Area

I found a man, age 88, with a sign on his door which read as follows: Knock and walk in I cannot hear. I found this man to have an urgent need for hearing aids.—Hollywood Area

There was a woman, age 87, living with her sick and helpless sister. They were not getting proper food due to the fact they could not go out to the store. They depended wholly on their neighbors which is a hit and miss arrangement. The worst needs I found were loneliness, medical and surgical needs and poor living conditions.—Hollywood Area

In Redondo Beach I found an elderly woman occupying a single room in a rather swank beach-front house. They told me that she was paying \$185 a month in rent, including board. She appeared very unhappy and was suffering from arthritis in her hands and legs. Although she had both television and radio in her room, her landlady was very reluctant in letting her have an electric heater in her room. There was no one to take her to see a physician.—Culver City Area

A couple, Mexican-American, was living in a very old dilapidated house. They spoke no English and were not able to sign their names on the Medicare application. The house was very sparsely furnished, but they appeared to be quite satisfied with conditions as they were.—Culver City Area

This man lives in zone 16. Ever since I met him he stays on my mind. He lives with his daughter. When she opened the door, I found an old man without legs, without artificial limbs, sitting in a wheel chair in a small dark hall. His head was bent down, his eyes closed, and saliva running out of his mouth.

When I explained that I needed a signature from him for Medicare, she rolled him to the kitchen table. She was harsh and impatient with the man. After the man made his mark, the daughter explained how hard it is for her to take care of the senile man. She did it because "after all he brought me up." But she is bitter about it and the old man knows it. I wonder if this man had

artificial legs and proper care, whether he could not come back to an almost normal life.—Exposition Park Area

This is a family of Mexican origin. A boy nine years old opened the door. With him were three pre-school children. The mother had gone to General Hospital for the day. The nine year old had missed school to take care of the three younger children. Resumé of most urgent needs:

- (1) Medical help, especially money for drugs
- (2) Education of persons who have to take care of mentally or physically ill relatives
- (3) Baby-sitting service when mothers have to visit hospitals and children are unattended or places where children could be taken for free care for that day.—Exposition Park Area

I visited a real old lady who lives with her daughter and son-in-law. She told me that her daughter and son-in-law just don't care about her. When she told me her story, she was in tears. She begged me to find out if there was any way of getting someone to help her with her needs; such as helping her to take a bath or going to the store and helping her to do her cooking. This lady is really sick.—Glendale Area

I met a lady who was so sick that she couldn't talk. She didn't have anybody to take care of her.—Glendale Area

I went to a home where a lady couldn't hear very well. She told me that she was very sick and all alone in the daytime. Her husband worked during the day. She also told me that she doesn't understand anything about this Medicare, and she wanted me to come back at night when her husband is home. I believe this person needs legal aid and Medicare.—Glendale Area

A lot of people need glasses and dental work. Some do not know where to get help. I called on a woman yesterday who was 83 years old. She was getting widow pension from the Veterans Association. She had a daughter who is forty years old. The mother said her daughter is an imbecile, and she was getting money from the Veterans Association for her upkeep. But all of this was not enough. She was applying to the County for help. She had the papers but no one to fill them out. I filled them out for her which took about three-fourths of an hour. Then I signed her up for Medicare and she thanked me for doing this.—Hollywood Area

A feeble old lady lives alone in a very old house that was condemned. She received eviction notice and had no place to go. She was so nervous she was unable to fill out her Medicare card or look for another place to live.—Watts Area

Mr. C. is nearly blind, hard of hearing, has had a stroke, can hardly walk, lives alone and has difficulty in shopping and paying bills.—Watts Area

One old lady lives with relatives and cares for her invalid grandchild. She is in need of food, clothing, and money for rent.—Watts Area

Mr. and Mrs. are old. Their house is in bad condition and needs cleaning. Neither is able to manage the home and they need transportation and help.—Watts Area

In the majority of cases I find most of them are very lonely. Daily company would give them a big lift. Daily contact, in person or phone or some other means, would alleviate a large percentage of this condition. Outside of television and radio, which helps considerably, a local community service could probably be established.—Culver City Area

In my recent contacts I have come across the husband past 65 but still working. The wife will be 65 later this year. She is totally blind and needs help in cleaning the apartment.—Exposition Park Area

On a call I found that the man was unable to work because of heart condition. He said that the case worker said he lives in too good an apartment so his welfare was reduced by \$15 to \$18 a month. He checked the welfare and Social Security and found that he was already covered by Medicare, but it was necessary for him to sign for it.—Exposition Park Area

Most of the people have complaints about glasses and dental care. They are not so interested in Medicare, because they cannot afford to pay \$3 a month for it. Many have very little furniture in their homes.—Culver City Area

I met two bedridden men. One lives in one room which is in need of repairs and better sanitary conditions. He refused help. The other lives in better quarters. He said he has private hospitalization, but he would consider Medicare.—Exposition Park Area

I met a wealthy man who blessed the Government for its effort to care for the poor and helpless.—Exposition Park Area

I found grandparents supporting their three grandchildren who said they could use more financial aid. They are not receiving enough from the State.—Exposition Park Area

Some homes that I visited could stand repairs; others have beautiful homes. Most prevalent needs are medical, better housing and financial.—Exposition Park Area

While working on spot calls the last few days of the first program, a call made in Lawndale discovered a woman living in a home with her son. She was in a wheel chair and, apparently, for this reason, there were no rugs on the floor. She was obviously being neglected in personal care. Her body was covered with sores. She needed someone to clean up the dirty dishes, feed her and help her to keep clean. She was shut in with her windows overlooking fences and broken down cars, to say nothing about the garbage cans in the other yards. She had lived there several years, yet did not know the people who live two doors down by name.—Culver City Area

The most common and interesting need of the elderly of the foreign speaking families was their need for outside of the home activities. One in particular was Japanese and had no recreational outlets because she could not speak English. She wanted to know if there was a Senior Citizens Center where some of the persons spoke her language.—Culver City Area

A woman eighty years old lives with her grandchildren who work everyday leaving her alone to care for herself. She attempts to care for herself but in so doing she caught a dishtowel on fire and sustained a bad burn, and she ruined the carpet after turning the faucet on letting the water overflow. The grandchildren can find no one to care for her for the small sum they can afford to pay.—Central Area

An elderly couple both are partially disabled. The wife is very heavy and can hardly get around due to trouble with her feet. The husband is very weak from several operations. They need someone to shop for them and help with the housework.—Central Area

Both are very depressed feeling life is no longer worth living. One man living alone in the most unsanitary conditions, spends most of his time in bed. He doesn't have adequate personal or bed clothing. He has a dog and cat who lives in the one room with him. He is not physically able to clean the place and once in a while a neighbor fixes him something to eat.—Central Area

The most urgent needs seem to be help in the home, personal counseling, companionship and reassurance to feel it's worthwhile living.—Central Area

Mrs. R. went to the mail box to mail a letter before going on a Senior Citizen Bus Trip and fell breaking her hip. She was rushed to the hospital leaving a blind sister at home.

Now they say both sisters will have to go to a rest home. The blind sister is able to cook and do everything around the house. They feel if they can contact someone or some agency to help them out during the day, they will be able to stay in their apartment. Although the sister that is hurt will probably be in a wheel chair for many months, they figure they will be able to manage.—Exposition Park Area

I visited a man 72 who lives in a house made of boards and stones. Inside the house were a bed on boxes, a broken table, broken chairs, repaired lamp with a broken cord. He asked me if I could go over to the store to buy something for him. I did. When I came back, he asked me how much I spent. I told him 52 cents. Actually I spent about \$1.75. I knew he had no money because he counted out every penny he had. It was about 80 cents. He was waiting for his Social Security check. I figured he needed the food more than I needed the few cents I spent.—Glendale Area

The claims that I have processed during the past three weeks have mostly been patients in a nursing home or Convalescent hospital who are well taken care of by Old-Age Security, private funds or relatives.—Culver City Area

Prior to March 31, 1966 while working out of the senior citizens office in Torrence, I encountered homes that were in bad need of repair, elderly men and women living alone who could use help with keeping their homes clean, and with the preparation of a well-balanced meal. One case, in particular, an elderly lady had a mentally retarded son. She was quite deaf, her hands and feet were crippled, and she was getting around in a broken-down wheel chair. The house was filthy and run down. Their clothing was both worn and soiled.—Culver City Area

Extreme poverty is most prevalent in one area. The meager income is from either Social Security or the State. The housing is dilapidated. The filthy tena-

ment dwellings are in need of many repairs. Many should be condemned as a residence. People residing there, in many cases, are disillusioned and bitter about their existence and critical of any assistance at present. In better areas, people on Social Security, who own their homes, bitterly complained about high taxation and their inability to meet these conditions. Sickness is prevalent in many cases and there are many complaints about the high cost of medication. Some residential hotels for these people are in very bad condition, and are in need of inspection.—Watts Area

A 95 year old man living alone needs clothes, food, and dentures. He seems healthy. The neighbors feed him. His house needs painting and plumbing work.—Watts Area

A lady in her seventies had a stroke. She needs someone to help with her housework and shopping.—Watts Area

Two sisters both quite aged live alone. The day I visited them one was ill and could hardly move about. The other had fallen down that morning and hurt her back. They need someone to care for them.—Watts Area

This 76 year old lady was almost blind and almost deaf. She had very little assistance and should use a wheel chair.—Exposition Park Area

One gentleman, 71 years old, appeared very nervous and was living in a small house which had few conveniences. On other calls, I have noticed few utilities and poor housekeeping.—Exposition Park Area

A diabetic victim with both legs amputated living alone certainly needs help with house cleaning and buying food.—Culver City Area

A woman living on public assistance needs better and more reasonable rent. She pays \$76 monthly in a hotel room. I would suggest Mar Vista Gardens for this particular lady where housing is nicer and cheaper.—Culver City Area

A woman receiving public assistance is an alcoholic, and she has dropsy.—Culver City Area

I recall one subject who was greatly provoked. An increase of \$4 monthly in Social Security benefit resulted in reduction of pension from another source of \$25 monthly.—Exposition Park Area

An oriental subject was not available when I called on him. His neighbor told me he was in an insane institution, although he did not know where. Intelligent communication with the neighbor was extremely difficult.—Exposition Park Area

It appears that about one-half of the people receiving Social Security are still working.—Exposition Park Area

I met an elderly man living alone with his retarded son. He applied for Medicare, and asked if there was any way his son could obtain help.—Glendale Area

There is an elderly foreign woman, living alone and in very poor health. She said she was very lonely because her son and neighbors paid no attention to her.—Glendale Area

At one house, a mother living with a daughter had no glasses. She used her daughter's glasses to make the cross necessary for the application signature. Her daughter signed her own name and I witnessed her signature.

When I turned and asked the mother if she had glasses, she told me "No." (the daughter interpreting). Her eyes were tearing from the use of the daughter's glasses, and I noticed they were red and blurry. The daughter said, "How can she be fitted for glasses when she cannot read the chart one is asked to read?" I am sure there is a way to fit foreign people although they cannot read the chart.—Hollywood Area

The most crying need that I found was for help in cleaning up the dark, dirty, unaired homes of people who live alone. Yards are uncut, trash piled high, screens torn or broken. The whole place is in a state of dilapidation. These people are not well enough to do for themselves and either have no one to help or their families are neglecting them. I do not know if they are properly fed or clothed or are in need of medical attention, but I would assume as much.—Culver City Area

I found one lady, crippled with arthritis, not on Social Security or Old-Age Security, who was cutting her own lawn when she could hardly walk on her stiff limbs. She hires someone to take her to the doctor once a month and bring her groceries. She was mentally alert and took pride in her place, but she could surely use a little help.—Culver City Area

A World War I veteran and retired postal worker wanted to get into veterans housing to live. His nerves are shattered and he lives with his daughter, her husband and three small children under eight years of age. The noise, dirt and condition of the home was deplorable.—Glendale Area

A lady of 74 years wants someone to live with her. She will give room and board free for help; such as shopping, cooking meals, cleaning and general companionship from the party. She has arthritis, but is not helpless.—Glendale Area

I met an old man staying in a rest home. The owner or caretaker threatened to put him out if he signed for Medicare.—Watts Area

One woman lives in a house behind store buildings who uses a wood stove which is very dangerous.—Watts Area

I visited small and large homes for senior citizens. The larger of these homes consisted of sixty-eight patients with two persons per room. Some were senile, some couldn't write to sign their names, seventy-five percent of them were depressed and confused and all complained about the food. In a smaller home, there were about eight elderly women. The facilities were good and the food was good. One woman in her late eighties started crying when asked to sign a Medicare form due to being confused. I estimate that twenty-five percent of those called on seemed to think Medicare would not work due to the large flood of people to see doctors July 1.

They said they have trouble now getting medical care, particularly in getting doctors to call at their homes.—Culver City Area

I found this place in a terrible condition. From the outside one would think no one lived there. The windows were broken and fixed with boards. The weeds were knee high. This man needs surgical appliances as he is unable to go to the rest room.—Watts Area

Some of the people I contacted need medical aid, teeth, glasses, companionship and help, such as helping them to dress and bathe. One lady was sixty-nine years of age. She is a registered nurse who works nights. She takes care of her paralyzed sister. She said she had been swindled out of a lot of money left by her parents. Eventually she intends to retire from work, but would like some help to care for her sister. She signed for Medicare.—Exposition Park Area

I have been working in Bel Air, West Los Angeles and Pacific Palisades. I found most of the people I called on did not wish to sign up for Medicare.—Culver City Area

Most of the people I called on were in the wealthy class. A brother and two sisters all over eighty years of age were living together. Neither had ever been married.—Culver City Area

I called on a person that had broken both hips and was in the hospital for five months. She now lives with her sister. She is also blind but she gets around in a wheel chair. She signed up for Medicare. She is ninety-two years old.—Glendale Area

REPORT OF "MEDICARE ALERT"

(Volunteers: Carl Robacker and Richard Hinkson, of Senior Steelworkers Association)

Beginning on March 10, 1966, and continuing thru March 29, 1966 we contacted those individuals indicated on the list provided us by Mr. Lorine Reader of Bell Gardens-Social Security office. The area of operation was the cities of Maywood, Bell, Cudahy, Bell Gardens and Huntington Park and involved in excess of 300 miles of driving.

A majority of those contacted were very cooperative and responded accordingly when the program was explained to them. However, we found considerable apprehension on the part of many Senior Citizens who are recipients of County and State Aid, some of whom refused to register due to fear that it would in some way endanger their County and State Aid and the fact that many had been subjected to the deduction of their 7% Social Security increase from their checks. We found an obvious sense of fear among many due to this practice even to the extent that some would refuse to come to the door. We found considerable confusion among many due to lack of information as to the merits of the program.

CARL ROBACKER.
RICHARD HINKSON.

Date April 1, 1966.

**STATEMENT OF EDWARD L. ROBINSON, OF WYANDOTTE, MICH.,
VICE PRESIDENT OF THE DETROIT METROPOLITAN COUNCIL OF
SENIOR CITIZENS**

Mr. ROBINSON. Mr. Chairman, my name is Ed Robinson, Vice President of the Detroit Metropolitan Council of Senior Citizens and I was a team captain in Operation Medicare Alert in Wyandotte.

Senator KENNEDY. Didn't I have a chance to meet you when I was out at the hearing which we had in Saginaw not long ago?

Mr. ROBINSON. Yes, I was there.

Senator KENNEDY. That is right. I recognized you.¹

Mr. ROBINSON. You remember that little old man who said that Social Security checks were the biggest payroll around Saginaw, Mich., for there were so many of us but the checks were too small?

Senator KENNEDY. That's right.

Mr. ROBINSON. This little 4 foot 6 inch man said if we didn't do something we were all going to move out and Saginaw would lose its biggest business.

Senator KENNEDY. I am delighted to welcome you back.

Mr. ROBINSON. I would like, Mr. Chairman, to tell of the need for decent housing for thousands of low income senior citizens living in the Detroit area.

Vast areas in Detroit have been cleared under the urban renewal program. However, no low-cost housing projects have been erected on the cleared land. Instead, a number of high rise apartment buildings occupy this land. Rents in these buildings start at \$125 and go to \$250 a month or higher, far too high for people who once lived in the cleared areas. Even the nonprofit Four Freedoms high rise apartment, sponsored by the United Auto Workers, charges from \$85 to \$135 a month rent.

After building four freeways through Detroit, they have now started condemning property for a fifth, the Jefferson freeway, which will run right through the northwest section, an area largely populated by senior citizens.

We finally got the Detroit City Council to consider building two or three senior citizens' low-cost housing projects in this area so retirees could continue to live where they had put down roots.

Opposition, based largely, in my opinion, on racial prejudice because of the possibility of some nonwhite families living in these buildings, has appeared, but we are still hopeful.

When I left Detroit coming out here, I heard that the Detroit City Council had decided not to put any project in this area. We had a terrific fight there last week. When I got up facing 400 of them, I said, "I know that down deep in your heart the reason you are down here is because you are afraid some senior citizens of wrong color will get this."

I said, "I have lived out there in that northwest section for 43 years, and I have been approached by these clubs, and they asked me to contribute \$5 a year and they would keep the colored people out." Now

¹ Pp. 313-315, pt. 4. "Services for Senior Citizens," hearings of Subcommittee on Federal, State, and Community Services, Senate Special Committee on Aging, 88th Cong., 2d sess. (Mar. 2, 1964).

I advised these clubs they should change the purpose of their clubs to read, "to keep the colored out and also the poor senior citizens."

Mr. Chairman, large numbers of senior citizens are losing their homes due to urban renewal and most of them cannot afford to buy new homes at today's prices or pay the rents charged in the new high rise apartments. Workers in the Medicare Alert program in the Wyandotte area talked to many senior citizens in this situation.

I can cite as an example the case of Anna Cada and Margaret De Coster, widows living together in a tiny house at 1231 Cedar Street, Wyandotte. Here is a letter I received from them recently. With your permission, Mr. Chairman, I would like to quote from the letter.

It is written in their own handwriting, as you can see:

DEAR SIR: Am writing to ask if you can tell me when the senior citizens will be able to get some help with their rents.

I am living in a little house that is very close to the ground and is very damp and is much worse when it rains.

There is no hot water or bath tub, so we have to do the best we can without hot water or tub. The people we rent from are on Social Security, too, and cannot fix the house as it will cost too much money, something they haven't got, so when we move they are going to tear it down. The Government acts very much like they don't want to help people that need it in this country, but let some other country ask for help and they go all out to help. And look at the money they are throwing away trying to get to the moon. For what? The man in the moon or the people from other countries didn't put these men in office. It was the senior citizens and their familys.

I think charity should start at home, and that we should get a little help here. Thank you for any help you can get for us.

ANNA CADA,
MARGARET DE COSTER.

I would like to put in that copy and send the original to President Johnson. I am sure he would be glad to get that.

These two ladies, Mr. Chairman, would have moved into a cooperative apartment house for senior citizens recently erected in Wyandotte, but the lowest rent there for a studio apartment is \$75 a month. Many other seniors living on small incomes would also like to move to this apartment, but they simply can't afford the rent. It is difficult, Mr. Chairman, to find a suitable place to put low-cost housing. I mentioned opposition to development of low-cost housing for senior citizens displaced by the Jefferson Freeway.

Just the other day, Supervisor Papp of Taylor Township, in the Detroit area, said he tried to get low-cost housing for seniors, but ran into violent opposition wherever a site was proposed. Garden City, in the Detroit area, has had the problem.

We seniors still have hope, however, for we have a friend who comes from Texas. I was born and raised in Texas. I know that west of the Pecos River is a vast area inhabited mostly by rattlesnakes and jack-rabbits. I am sure we could get permission to build low-cost housing for senior citizens west of the Pecos, but many of us seniors are hard of hearing and it would, in my opinion, be necessary for Congress to appropriate enough to round up those west Texas rattlesnakes and put on bigger and louder rattlers so we seniors could hear them before they strike.

Seriously, Mr. Chairman, since it is difficult to find a suitable place to put low-cost housing, I think rent supplements are most important. I know of a number of churches, cooperatives, and labor unions that

might be willing to sponsor construction of small housing units for seniors in neighborhoods where the needy low-income seniors live.

I have spoken of the Wyandotte cooperative apartment house which the two ladies now living in substandard housing might move to if they could pay more rent. This is an 11-story building containing 160 apartments.

It was opened a few weeks ago. Senator Phil Hart officiated at its dedication. He gave a fine dedication speech in which he expressed the hope that many more apartments like it could be built in the Detroit area for the benefit of our senior citizens.

When the Rent Supplement Act was passed, the manager of the Wyandotte cooperative apartment house told Wyandotte senior citizens the legislation might make it possible for them to rent apartments there. When Congress failed to appropriate sufficient funds for the rent subsidy program, he had the painful duty of telling the seniors the deal was off.

Many seniors were bitterly disappointed. Twenty apartments in this building are still unrented.

Mr. Chairman, I hope the chances for a continuing rent subsidy program are now improving. I see that the House of Representatives has passed the rent subsidy appropriation bill for the coming year and that is now before the Senate. I hope the Senate will do its part and pass this urgently needed appropriation.

Thank you, Mr. Chairman.

(Mr. Robinson's prepared statement follows:)

PREPARED STATEMENT OF MR. EDWARD L. ROBINSON, OF WYANDOTTE, MICH.

Mr. Chairman, my name is Edward L. Robinson. I am Vice-president of the Detroit Metropolitan Council of Senior Citizens and was a team captain in Operation Medicare Alert. Until forced to retire because of illness, I was a salesman. During a routine medical examination, my doctor found I was suffering from duodenal cancer. The operation he recommended saved my life.

I would like, Mr. Chairman, to tell of the need for decent housing for thousands of low income senior citizens living in the Detroit area.

Vast areas in Detroit have been cleared under the urban renewal program. However, no low cost housing projects have been erected on the cleared land.

Instead, a number of high rise apartment buildings occupy this land. Rents in these buildings start at \$125 and go to \$250 a month or higher, far too high for people who once lived in the cleared areas. Even the non-profit Four Freedoms high rise, sponsored by the United Auto Workers charges from \$85 to \$135 a month rent.

After building four freeways through Detroit, they have now started condemning property for a fifth, the Jefferson freeway, which will run right through an area largely populated by senior citizens.

We finally got the Detroit City Council to consider building two or three senior citizens' low cost housing projects in this area so retirees could continue to live where they had put down roots.

Opposition, based largely, in my opinion, on racial prejudice because of the possibility of some non-white families living in these buildings, has appeared, but we are still hopeful.

Mr. Chairman, large numbers of our senior citizens are losing their homes due to urban renewal and most of them cannot afford to buy new homes at today's prices or pay the rents charged in the new high rise apartments. Workers in the Medicare Alert program in the Wyandotte area talked to many senior citizens in this situation.

I can cite as an example the case of Anna Cada and Margaret De Coster, widows living together in a tiny house at 1231 Cedar Street, Wyandotte. Here is a letter I received from them recently. With your permission, Mr. Chairman, I would like to quote from it. They wrote:

"We live in a house that is very close to the ground and very damp, especially when it rains. There is no hot water or bathtub. The people we rent from are on Social Security like us and just haven't the money to fix our house, which is badly in need of repair. The owners say, when we move, they will tear the house down.

"We think it is time our Government helped its senior citizens find proper places to live. When some foreign country asks for help, this country comes to their aid and, while we don't object to helping foreign people in need, the men in Washington ought to remember they weren't elected by foreigners. U.S. voters, our senior citizens, elected them."

Mr. Chairman, I asked these ladies what rent they could afford. They told me that together they pay \$25 a month and could not afford to pay a great deal more.

These two ladies could, Mr. Chairman, move into a cooperative senior citizens apartment house recently erected in Wyandotte, but the lowest rent there, for a studio apartment, is \$75 a month. Many other seniors living on small incomes would also like to move into this apartment house, but simply can't afford to.

It is difficult, Mr. Chairman, to find a suitable place to put low cost housing. I mentioned opposition to development of low cost housing for senior citizens displaced by the Jefferson freeway.

Just the other day, Supervisor Papp of Taylor Township, in the Detroit area, said he tried to get low cost housing for seniors, but ran into violent opposition wherever a site was proposed. Garden City, in the Detroit area, has had the problem.

We seniors still have hope, however, for we have a friend who comes from Texas. I was born and raised in Texas. I know that west of the Pecos River is a vast area inhabited mostly by rattlesnakes and jackrabbits. I am sure we could get permission to build low cost housing for senior citizens west of the Pecos, but many of us seniors are hard of hearing and it would, in my opinion, be necessary for Congress to appropriate enough to round up those West Texas rattlesnakes and put on bigger and louder rattlers so we seniors could hear them before they strike.

Seriously, Mr. Chairman, since it is difficult to find a suitable place to put low cost housing, I think rent supplements are most important. I know of a number of churches, cooperatives and labor unions that might be willing to sponsor construction of small housing units for seniors in neighborhoods where the needy low income seniors live.

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Mr. Chairman, I hope the chances for a continuing rent subsidy program are now improving. I see that the House of Representatives has passed the rent subsidy appropriation bill for the coming year and that is now before the Senate. I hope the Senate will do its part and pass this urgently needed appropriation. Thank you, Mr. Chairman.

Senator KENNEDY. I want to thank you, Mr. Robinson.

The matters which you related about seniors being dislocated by urban renewal programs, highway programs, and other programs, is a matter of deep concern to me. We have in Massachusetts the west end project which was one of the earlier projects under urban renewal. It dislocated countless numbers of families. The statistics were extremely compelling and indicated that when citizens are dislocated by urban renewal or a highway program, the amount of money which

is necessary for rent increases by an extraordinary amount. We were able to document this quite dramatically in recent programs.

As you point out, a number of those people who are displaced are seniors who are living on a rather fixed budget and such displacement does work to their disadvantage.

This past week I introduced amendments for the Public Works Committee to consider concerning the setting up of a relocation agency to make adjustments both with regard to individuals and businesses which are displaced. The amendments are designed to help and assist individuals and businesses which are displaced by these kinds of programs.

I share your concern with regard to the practical experiences of relocation.

I want to thank you. I am going to have to ask if both you gentlemen would be kind enough to submit your statements for the record. If you would do that I certainly would appreciate it.

STATEMENT OF T. H. LYNCH, DUQUESNE, PA.

Mr. LYNCH. Mr. Chairman, my name is T. H. Lynch, 77 years of age. I am an ex-railroad worker, retired railroad worker. I was on the Medicare Alert program as a volunteer in Allegheny County, Pa. I submit this statement to you.

(Mr. Lynch's prepared statement follows:)

PREPARED STATEMENT OF MR. T. H. LYNCH, DUQUESNE, PA.

Mr. Chairman, my name is T. H. Lynch. I am 77, my address is 46 North Street, Duquesne, Pa. I have been a miner and a roustabout. I have worked on railroads in the northwest. I am a retired railway worker and a member of the United Steel Workers Union. I was a volunteer in the Medicare Alert program in Allegheny County, Pa. Our experience showed that the program received cooperation as well as distrust. Early in the Medicare Alert program there was some confusion; people just didn't understand the benefits that they would receive from Medicare. But I think I could say that 90% of the aged cooperated. The elderly could see a future which would relieve many of their worries and it was obvious that they had been living in bad conditions for a long time.

In the heart of one of the towns I visited a building in which two old people, a man and a woman, lived in separate apartments. There was a store on the ground floor. There was an office above it, and down the hall, which was dimly lit, these people lived. There were no fire escapes and this was a brick structure. This building is just a fire trap and the old people would just be cremated. When that door leading to the office above the store is locked at night, that's it. The old man who lives alone, uses crutches and I watched him and it took him five minutes to get outside to the street. This is how some elderly poor live. I visited a two-story shack which was heated by a gas space heater on the first floor. There were no vents and the fumes were so overpowering that I had to leave because I felt that I would be overcome.

On another street there was an old lady living alone, I imagine she was in her 80's. I learned that twice, when she was sick she had made her way out into the street and asked people to help her because she needed a doctor. When I suggested that maybe a visiting nurse could help, she said she didn't want any nurse visiting her and yet I could see she needed help. The visiting nurse had never been there. She had stacks of papers from Social Security. I looked over them and found among these papers her Medicare card. She had not realized that she had signed for it and was covered. At another home, where a man and wife lived, the place was so dilapidated that termites had eaten out the doors. After the Medicare Alert program ended, I went back to see if I could help repair that home. I put my ladder down and climbed up and could see that the porch was not safe either on top or beneath. It was an eyesore to the community, but officials had done nothing about it.

In McKees' Rocks, one of our Aides visited a lonely old lady who was convinced that the water was really gasoline, and she would not drink it. The Aide took a hearty drink of the water and this poor old lady was so relieved when she found out that she could drink the water.

Senator KENNEDY. Thank you very, very much.

STATEMENT OF ARTHUR CAPONE, REVERE, MASS.

Mr. CAPONE. And I have nothing to add, Senator Kennedy. I think what I would have said has been well covered. There is only one part, however, that I think I ought to mention. We have a segment of the elderly in Revere who are satisfied with their lot.

I was on the Medicare Alert program, as you probably know. They were quite satisfied with their lot. Everybody has painted a depressing picture, but we did find some who were satisfied and were quite content.

Senator KENNEDY. They were living, I imagine, a rather balanced life.

Mr. CAPONE. That is right. Usually those are ones who live with their children, by the way, not the isolated ones. We had the isolated ones, of course, who had exactly the same problems as were reported here, loneliness, lack of companionship, and one thing I want to say is our workers, especially volunteer workers that we have had, would like to get additional work. They really appreciate that kind of work and would if the budget permitted earn a little extra money.

I was a little confused at the termination of Mr. Shriver's evidence and your questioning of certain parts of his testimony regarding the place of the Social Security program and the OEO program. My personal view of the work of both these agencies does not appear to create any kind of conflict. Actually, I feel the two programs complement one another.

Social Security, to my mind, is a means of supplying an adequate or minimum financial aid to the retired and the aged, whereas OEO is concerned with the social and psychological up-grading of the retired and the aged. Our concept of OEO at "CAPRI," Community Action Programs of Revere, Inc., is to help people help themselves, to reactivate them into the normal stream of life and make life more meaningful to themselves and the community.

As the result of the Medicare Alert program, we were deeply impressed at the desire of our aides and volunteers who worked with us to become involved in the problems of the needy and the aged.

(Mr. Capone's prepared statement follows:)

PREPARED STATEMENT OF MR. ARTHUR CAPONE (AGE 68), 161 PROSPECT AVENUE, REVERE, MASSACHUSETTS (RETIRED PROBATION OFFICER AND FORMER TEACHER)

Mr. Chairman, during the Operation Medicare Alert program I served as Project Director in Revere, Mass. I still serve as Assistant Director in the Community Action Program in Revere.

I don't have to tell you, Senator Kennedy, that Revere is far down the economic ladder. The results of our house-to-house canvasses revealed loneliness, poverty and dejection among the elderly, who lived alone.

Those who were able to live with their children were, of course, much more contented with their lot.

I can honestly tell you, Senator, that while we are not unfamiliar with the problems of the elderly, we didn't really understand the depths of loneliness—and the widespread need for companionship which exists among older people—until our work on "Operation Medicare Alert".

We found—just as we understand others found in different parts of the country—that many older people were afraid to open their doors. They are so disengaged from society they rarely leave their homes. They live in pitiful isolation and are not even aware of the community services which are available and could be helpful to them.

When our workers did get inside to speak with them—and they seemed to appreciate the fact that their visitors were older people like themselves—they showed themselves as being literally starving for companionship. Our workers knew they were helping these old people just by talking to them.

These people could in many cases—with the proper programs—be encouraged to rejoin the fellowship of community life.

We found elderly living in lonely rooms almost adjoining each other—yet they had little or no contact.

Revere Community Action Program is now seeking funds to initiate a program of outreach so that we can bring a little happiness to these sad, lonely people.

Fortunately, in our community we have no shortage of active elderly who are willing to work to help those less fortunate older people.

But we need money to operate these programs. Many of the active elderly are also poor and they are eager to earn the \$1.50 per hour even if it is only for three or four hours a day. We hope, Senator Kennedy, that you can help us in urging the Federal Government to provide adequate financing for useful programs on behalf of the Senior Citizens.

Many of them, as you well know, need increased Social Security and increased public assistance.

But many others need only involvement in society—and we must help these too.

Senator KENNEDY. I want to thank all of you. You have been here now for some 3 hours. You have been most kind and generous and I appreciate your giving us the benefit of your understanding in all of these areas. It has been extremely helpful and interesting and the session this morning has certainly been worthwhile.

I want to commend all of you for your interest and your help in developing a good deal of this information. I find these panels extremely informative and helpful in relating what the true situation is and the needs, desires, and hopes of the people who are being affected. I want to thank each and every one of you and express my appreciation for all the members of the committee.

There being no further business, the subcommittee stands in adjournment subject to the call of the Chair.

(Whereupon, at 1:20 p.m., the subcommittee adjourned, to reconvene subject to call of the Chair.)

APPENDIX

RECOUNTING THE POOR—A FIVE-YEAR REVIEW ¹

By Mollie Orshansky ²

Reprinted from the Social Security Bulletin, April 1966, U.S. Department of Health, Education, and Welfare, Social Security Administration

In 1965 the Social Security Administration developed two criteria of poverty to assay the relative economic position of different types of households in the United States. The derivation of these criteria and the characteristics of the population they defined as poor in terms of 1963 income have been reported in the Social Security Bulletin.³

The present article reviews the trend from 1959 to 1964 in the numbers identified by these criteria and offers some detail about the poverty roster for 1964. Because the lower of these criteria is being used as the current working definition of poverty, the somewhat less stringent measure has now been designated as the "near poor" level. Persons rated poor or near poor by these measures can be said to be in the "low-income" category. The level of living represented by the low-income threshold is still substantially below the "modest but adequate" level described by the city worker's family budget developed and priced by the Bureau of Labor Statistics. Further data and discussion of the characteristics of the poor and the near poor will appear in subsequent issues of the Bulletin.

By 1964, an extended period of continued economic expansion had brought the income of American households to new highs. Families now had a median money income of \$125 a week compared with \$104 in 1959. Even after allowing for rise in prices, the Nation's families, though on the average no larger, had about \$8 to spend in 1964 for every \$7 available to them 5 years before. Individuals living alone rather than as part of a family unit did as a group even better. Their median income in 1964 was about \$38 a week, about one-sixth higher than it was in 1959 after discounting for higher prices.

But the general satisfaction at this impressive record was tempered by realization that there were still many among us living far below acceptable standards. If one could point with pride, there was yet much to view with alarm.

Poverty that never was a random affliction by 1964 had become even more selective, and some originally highly vulnerable were now even more so. The ranks of the poor were crowded with those who through age, disability, or other handicaps could not find or hold a job. But many households were counted poor even when the worker at the head had not been unemployed.

THE OVERTONES OF POVERTY

Of the 60 million households in March 1965—counting as a separate unit every family group and every person living alone or with nonrelatives only—12 million or 1 out of every 5 had incomes in 1964 so low as to be considered poor by the Social Security Administration's basic poverty index. An additional 4½ million units above this poverty line nevertheless had incomes low enough to be border-

¹ Submitted by Dr. Harold L. Sheppard. See p. 39.

² Office of Research and Statistics. The data were compiled with the assistance of Marcella Swenson.

³ Mollie Orshansky, "Counting the Poor: Another Look at the Poverty Profile," *Social Security Bulletin*, January 1965, and "Who's Who Among the Poor: A Demographic View of Poverty," *Social Security Bulletin*, July 1965.

ing on dire poverty if not already in it. There were thus in the midst of plenty a minimum of 34 million Americans and possibly as many as 50 million who lived with privation as their daily portion. Included in this group were from 21 percent to 31 percent of the Nation's children and from 31 percent to 43 percent of our aged.

These measures of poverty and low income are based on the amounts needed by families of different size and composition to purchase nutritionally adequate diets at minimum cost when no more than a third of the family income is used for food. The lower of the two measures, now generally adopted as the poverty level, is based on the restricted variety of foods suggested in the Department of Agriculture economy food plan for emergency use or when funds are very low. The near-poor level averages about one-third higher in dollar cost. The low-cost food plan from which it is derived has long been used by public and private welfare agencies as a benchmark in developing standards of need.

As a concept, the overall term "low income" may be even less precise than the designation "poor" in connoting a particular level of living. But perhaps no phrase can do this as well as the numbers, which suggest the wide gap between the group identified and those above the threshold. The designation "minimum adequate" might seem more descriptive but is avoided because of the potential confusion with the BLS "modest but adequate" city worker's family budget, which is 50 percent higher than the SSA low-income level.

For many of the poor it was the inability of the family breadwinner to find or keep a job that caused their plight. But 2½ million households, including 6 million children, were on the poverty roll even though the family head worked steadily at a full-time job throughout the year.

To be sure, there has been and continues to be improvement: Five years earlier, with a total population less by some 13 million, the number judged poor by the same poverty index (allowing only for differences in price) was almost 5 million greater. On the other hand, the number with incomes above the poverty index yet below the low-income level—still a far from generous measure—remained almost unchanged. And no upward adjustment was made in either of the measures to take account of the higher standard of living that a rising real income makes possible for the majority. The Nation's poor then are now fewer in number but the difference between what they have and what the rest of us enjoy is greater. Today's poor, as we count them, are accordingly farther away from the mainstream of American good living than those in the poverty inventory 5 years ago.

Even by the stringent definition of poverty, the record of progress is not equally encouraging for all. The nonwhite population, though, along with the majority now in better straits, are barely holding their own—they are surely not catching up: Today no less than in 1959 they experience poverty at a rate more than 3 times that of their white fellow Americans. Indeed for nonwhite youngsters in large families the prospects of a childhood free of poverty are dimmer than they used to be.

The financial fate of the aged who live alone is better than once it was, but it still spells poverty for the majority. Compared with 1959, when aged unrelated individuals accounted for every fifth household on the poverty roster, 1 out of 4 households judged poor in 1964 was that of an aged person—usually a woman—living alone. This shift did not signify that as a group such persons now had less income than formerly but rather that more of them were seizing the opportunity to live alone.

Although the chances that a household headed by a woman will be poor are now less than they used to be, the improvement has not been so marked as for units headed by a man. Moreover, the proportion of families with children but without a father in the home has been growing. Thus the persons in poor households with a woman at the head numbered 5½ million in 1964, about the same total as in 1959; but though such households accounted for 40 percent of those labeled poor in 1959, the proportion had risen to 46 percent by 1964.

The farm population continues as another persistent pocket of poverty, and the number of children and other members of large families living in poverty was even greater in 1964 than it had been earlier.

In aggregate dollar terms, the amount required to close the poverty gap—that is, the estimated difference between the actual income of the poor and the income required—was \$11.7 billion in 1964 or about \$2 billion less in 1964 than in 1959. But the improvement reflected chiefly the fact that there were now fewer poor than before, not that those in poverty were any less needy than the poor of earlier years.

One exception was the aged, for whom the dollar gap of those in poverty did tend to be smaller than in 1959. Persons aged 65 or older as a group derive a sizable share of their income from public programs rather than earnings. The expanding program of social security with higher benefits has helped some move out of poverty and others not quite so fortunate are nevertheless rendered less poor.

For many of the younger population depending for their livelihood primarily on their own employment or that of other family members, the difficulties of the large or broken family, the problems of unemployment or employment at low pay, the inhibiting effect on earning power of inadequate education, and the special disadvantage of the Negro continued to consign them to poverty status. For some situations corrective programs were only getting under way; for others, none had yet been devised.

TRENDS IN POVERTY, 1959-64

As the official War on Poverty gains momentum, measuring the effectiveness of the various weapons becomes important. One phase involves setting the target for action by determining the extent of poverty today among the various population groups. Another aspect will be estimating how much improvement special programs add to what might take place anyway. For this purpose it is necessary to see what has happened in the past. The relevant income data for such analysis are available in sufficient detail only as far back as 1959.

Choosing the Criterion

Drawing the poverty line is not yet a task in which it is possible to achieve consensus, particularly when the line is above the level of mere subsistence, as it is in the United States. The difficulties are increased when the definition is to be used to measure progress over a span of time. Statistical nicety will be better served if the criterion selected remains invariant. The realities of everyday living suggest it cannot be—at least not for very long. Though the change in consumption patterns from any one year to the next might be minuscule, over the long run the upgrading that goes with the developing United States economy will be too great to be ignored. Research in consumer economics is not yet at a stage precise enough to specify just how long the long run is.

For the present analysis of trends in poverty during the period 1959-64, the poverty thresholds were adjusted only to take account of price change in the per capita cost of the food plans that are their core. The measure of poverty used is defined by the SSA variable income criterion, taking into account family size, composition, and farm-non-farm residence, and the proportions of income required to purchase a minimum adequate diet. Indexes have been computed at two standards, one for poverty and one for low-income status requiring approximately a third more in funds. The poverty level index has been adopted by the Council of Economic Advisers and the Office of Economic Opportunity as a rough guide pending further research. Under this scale, four-person nonfarm families in 1964 as a group are defined as poor if their money income for the year is less than \$3,130 and in low-income status if they have less than \$4,075. For farm families the poverty line is 70 percent lower.

The poverty index priced at the level for 1964 implied an average expenditure for food of 70 cents a day per person—2.2 percent higher than in 1959. The low-cost index in 1964 implied about 90 cents a day for food outlay per person or 5.3 percent higher than the earlier figure.

The weighted averages of the poverty and low-income thresholds in 1960 and in 1964 for different types of families are shown in table 1:

TABLE 1.—Weighted average of poverty and low-income criteria¹ for families of different composition, by household size, sex of head, and farm or nonfarm residence, March 1960 and 1965

Number of family members	Weighted average of incomes at poverty level						Weighted average of incomes at low-income level					
	Nonfarm			Farm			Nonfarm			Farm		
	Total	Male head	Female head	Total	Male head	Female head	Total	Male head	Female head	Total	Male head	Female head
Population, March 1960												
1 member, total.....	\$1,510	\$1,575	\$1,470	\$1,065	\$1,100	\$1,020	\$1,775	\$1,855	\$1,725	\$1,200	\$1,300	\$1,200
Head under age 65.....	1,545	1,615	1,495	1,105	1,130	1,045	1,820	1,905	1,760	1,300	1,385	1,230
Head aged 65 or over.....	1,435	1,450	1,430	1,005	1,015	1,005	1,820	1,715	1,675	1,300	1,300	1,170
2 members, total.....	1,950	1,960	1,895	1,360	1,365	1,315	2,550	2,565	2,440	1,700	1,700	1,565
Head under age 65.....	2,010	2,020	1,940	1,410	1,415	1,355	2,620	2,645	2,490	1,845	1,845	1,740
Head aged 65 or over.....	1,810	1,810	1,805	1,270	1,270	1,275	2,375	2,385	2,340	1,665	1,665	1,600
3 members.....	2,390	2,400	2,300	1,670	1,675	1,595	3,055	3,065	2,965	2,140	2,140	2,060
4 members.....	3,060	3,060	3,040	2,150	2,150	2,140	3,870	3,875	3,790	2,720	2,720	2,665
5 members.....	3,605	3,605	3,580	2,530	2,530	2,545	4,520	4,525	4,445	3,175	3,175	3,115
6 members.....	4,055	4,055	4,055	2,840	2,840	2,850	5,085	5,090	5,020	3,565	3,565	3,515
7 or more members.....	4,985	4,985	4,900	3,485	3,490	3,435	6,190	6,195	6,070	4,325	4,325	4,260
Population, March 1965												
1 member, total.....	\$1,540	\$1,605	\$1,500	\$1,085	\$1,110	\$1,045	\$1,865	\$1,950	\$1,810	\$1,315	\$1,350	\$1,265
Head under age 65.....	1,580	1,650	1,525	1,125	1,155	1,070	1,920	2,005	1,850	1,365	1,405	1,295
Head aged 65 or over.....	1,470	1,480	1,465	1,030	1,030	1,020	1,775	1,805	1,780	1,260	1,265	1,235
2 members, total.....	1,990	1,990	1,935	1,385	1,390	1,320	2,675	2,700	2,590	1,850	1,850	1,765
Head under age 65.....	2,050	2,065	1,975	1,440	1,445	1,360	2,760	2,785	2,615	1,940	1,940	1,815
Head aged 65 or over.....	1,850	1,850	1,845	1,295	1,300	1,290	2,500	2,510	2,460	1,760	1,760	1,720
3 members.....	2,440	2,455	2,350	1,705	1,710	1,645	3,210	3,225	3,125	2,245	2,250	2,170
4 members.....	3,130	3,130	3,110	2,195	2,195	2,175	4,075	4,080	3,980	2,865	2,865	2,815
5 members.....	3,685	3,685	3,650	2,905	2,900	2,890	5,340	5,350	5,245	3,945	3,945	3,815
6 members.....	4,140	4,140	4,120	3,550	3,550	3,540	6,085	6,090	5,965	4,755	4,755	4,600
7 or more members.....	5,090	5,100	5,000	4,550	4,555	4,500	7,500	7,515	7,375	5,330	5,335	5,160

¹ Required income in 1959 or in 1964 according to SSA poverty or low-income index for a family of given size and composition. Family incomes weighted together in accordance with percentage distribution of total units, by number of related children and sex of head, as of Current Population Survey, March 1960 and March 1965.

Between 1959 and 1964 both the income received by consumers and the prices of goods they bought continued to climb, but the income went up faster. Inevitably then the poverty thresholds, adjusted only to the extent of price change, were farther below the general levels of income at the end of the period than at the beginning. The median income of four-person families in 1964, was \$7,490, nearly 2½ times the poverty nonfarm threshold of \$3,130. In 1959, by contrast, the median income of \$6,070 for four-person families was just twice the poverty index criterion.

Accordingly, the poverty line for a nonfarm family of four, which in 1959 was half the median income for all families this size, by 1964 was 58 percent less than what the average family had in the way of income. Many of the poor, of course, had incomes considerably below the poverty threshold. Because prices and standards of living tend to move with prevailing income, families in poverty in 1964 could thus find themselves more readily outbid and outspent than families labeled poor in 1959. To this extent comparing the poor in 1964 with those in 1959 may overstate the reduction in their number and understate the degree of deprivation.

Measures of Change

Really to know how well we do in combating poverty would imply knowing about changes in the content of living and the increased opportunities for escaping poverty made possible for particular kinds of families. The only indicator currently available as a gauge, however, is the size of the poverty roster.

There are other difficulties in evaluating progress in the fight against poverty simply by looking at numbers. As economic and social conditions change, family living arrangements change also. With a little more income, or better prospects for earnings, some who once shared the home of another may be encouraged to take up housekeeping on their own—electing privacy even at the risk of poverty. Persons may be counted poor as members of units thus formed who previously were considered members of the nonpoor families whose households (and income) they shared. Are they indeed poorer now that they are on their own than they were then, or do we need a better way to identify those with financial resources too little for adequate self-support?

The fact that fewer family groups, particularly those with young children, now live as a subfamily in a relative's home typifies the changes that are difficult to adjust for in counting the poor. One out of two parent-child groups living as a subfamily in 1964 had insufficient income to meet the poverty standard on their own. The majority of these were among our hidden poor—that is, they were living with a family above the poverty line. In 1959, 3 out of 5 parent-child subfamilies had too little income to meet the poverty level criterion. But what may be equally significant is that the total number of subfamilies decreased during the period as the number of families increased.

In 1959, among every 1,000 families with any young children in the home there were included 40 parent-child groups living as relatives of the head or his immediate family. By 1964, such parent-child families numbered 33 per 1,000 of all families with children. Fewer young families were thus obliged to compensate for their own inadequate income by sharing with a relative, but, as with the aged, it is not possible to say for how many the new status added a poor family to the roster in place of a subfamily whose poverty was not registered before.

The Poverty Tally

For the 1959-64 period as a whole, the incidence of poverty measured by the poverty index declined from 22 percent to 18 percent of the population, the equivalent of six-tenths of a percentage point a year. From 1959 to 1962, a period which included a recession, the poverty tally declined by an average of 633,000 persons a year. During the subsequent 2 years of expansion the average decrease was 1,450,000 a year.⁴ The temporary reverse in 1960 reflects in part that this was the trough of the depression, but it must be remembered that the statistics are derived from small population samples. Changes from one year to the next thus can reflect some sampling variability in the basic data as well as a real difference in the economic pulse.

⁴ *Annual Report of the Council of Economic Advisors*, January 1966, page 112.

With the single exception of the year 1960, the ranks of the poor decreased steadily between 1959 and 1964, as indicated below:

Year	Total number of persons ¹ (in millions)	Persons in households with low income—			
		Poor		Near poor	
		Number (in millions)	Percent	Number (in millions)	Percent
1959.....	176.5	38.9	22.1	15.8	9.0
1960.....	179.5	40.1	22.3	14.7	8.2
1961.....	181.4	38.1	21.1	14.8	8.2
1962.....	184.4	37.0	20.1	15.8	8.5
1963.....	187.2	35.3	18.9	15.7	8.4
1964.....	189.2	34.1	18.0	15.7	8.3

¹ Noninstitutional population as of March of following year.

What is perhaps more striking than the steady reduction in the number of the very poor is the failure to reduce the number just above the minimum poverty line: There are today, just as there were in 1959, about 15¼ million persons in households with income that is above the poverty level but still below what might be considered a reasonable minimum. It will be noticed that from 1959 to 1960, as the count of the poor rose, the number just above the poverty line did drop, only to climb again the following year as the poverty rolls started down. This reciprocal trend suggests that there may be a sizable group in the population living always on the margin—wavering between dire poverty and a level only slightly higher but never really free from the threat of privation (tables 2 and 3):

TABLE 2.—Trends in poverty and low-income status, 1959-64: Number and percent of noninstitutional population who are poor or near poor

Type of unit and income level	The poverty and low-income roster					The incidence of poverty and low-income status						
	1959	1960	1961	1962	1963	1964	1959	1960	1961	1962	1963	1964
	Persons poor or near poor ¹ (in millions)					Percent of persons poor or near poor ²						
Total with low income.....	54.7	54.8	52.9	52.8	51.0	49.8	31.0	30.5	29.3	28.6	27.3	26.3
Poor.....	38.9	40.1	38.1	37.0	35.3	34.1	22.1	22.3	21.1	20.1	18.9	18.0
Near poor.....	15.8	14.7	14.8	15.8	15.7	15.7	9.0	8.2	8.2	8.5	8.4	8.3
Unrelated individuals.....	5.6	5.5	5.6	5.6	5.6	5.8	52.5	50.5	49.7	50.3	49.8	47.8
Poor.....	5.1	5.1	5.0	4.9	4.9	5.1	47.4	46.5	44.7	44.2	43.9	42.0
Near poor.....	.5	.4	.6	.7	.7	.7	5.1	4.0	5.0	6.1	5.9	5.8
Under age 65.....	2.9	2.8	2.7	2.7	2.6	2.6	41.4	39.2	38.0	38.6	37.6	35.5
Poor.....	2.6	2.6	2.4	2.4	2.4	2.3	36.8	36.1	33.9	34.5	34.2	31.2
Near poor.....	.3	.2	.3	.3	.2	.3	4.6	3.1	4.1	4.1	3.4	4.3
Aged 65 or over.....	2.7	2.6	2.8	2.9	2.9	3.2	74.2	73.0	71.0	69.4	69.6	67.4
Poor.....	2.5	2.4	2.5	2.5	2.5	2.8	68.1	67.1	64.4	60.0	59.7	59.3
Near poor.....	.2	.2	.3	.4	.4	.4	6.1	5.9	6.6	9.4	9.9	8.1
Persons in families.....	49.1	49.3	47.4	47.3	45.5	44.0	29.7	29.3	27.8	27.2	25.8	24.8
Poor.....	33.9	35.0	33.1	32.2	30.4	28.9	20.4	20.8	19.4	18.5	17.3	16.3
Near poor.....	15.2	14.3	14.3	15.1	15.1	15.1	9.2	8.5	8.4	8.7	8.5	8.5
With no children under age 18.....	9.3	9.3	8.8	8.4	8.6	8.4	22.3	21.9	20.4	19.5	19.6	17.9
Poor.....	6.6	6.5	6.0	5.4	5.5	5.0	15.5	13.3	13.8	12.6	12.5	11.1
Near poor.....	2.8	2.8	2.8	3.0	3.1	3.4	6.8	6.0	6.6	6.9	7.1	6.8
With children under age 18.....	29.8	40.1	38.7	38.9	36.8	36.2	32.1	31.7	30.3	29.8	27.9	27.8
Poor.....	17.4	28.0	27.2	26.7	24.9	24.0	22.1	22.0	21.3	20.5	18.9	16.1
Near poor.....	12.4	12.1	11.5	12.1	11.9	12.2	9.9	9.1	9.0	9.3	9.0	9.7
Adults.....	10.7	10.5	10.2	10.1	10.1	10.1	26.9	26.5	26.5	25.5	23.5	23.0
Poor.....	1.7	1.4	1.2	1.2	1.2	1.5	17.9	18.3	18.9	17.2	16.4	14.6
Near poor.....	5.4	5.1	5.0	5.2	5.1	5.2	3.7	3.7	3.7	3.8	3.5	3.4
Children under age 18.....	28.7	29.5	28.5	28.6	27.1	27.6	37.0	36.4	34.1	33.8	32.1	31.3
Poor.....	16.7	17.2	15.9	15.9	15.3	14.5	26.1	26.2	24.3	23.6	22.5	21.3
Near poor.....	7.0	6.4	6.5	6.9	6.8	6.9	11.0	9.8	9.8	10.2	9.9	9.9

TABLE 2.—Trends in poverty and low-income status, 1959-64: Number and percent of noninstitutional population who are poor or near poor—Cont.

Type of unit and income level	The poverty and low-income roster					The incidence of poverty and low-income status						
	1959	1960	1961	1962	1963	1964	1959	1960	1961	1962	1963	1964
	Households poor or near poor ¹ (in millions)						Percent of households poor or near poor ²					
Total with low income ³	17.7	17.3	17.1	17.0	16.7	16.4	31.7	30.7	29.7	28.3	28.5	27.4
Poor.....	13.4	13.4	13.0	12.6	12.3	11.9	24.0	23.7	22.6	21.8	21.8	19.8
Near poor.....	4.3	3.9	4.1	4.4	4.4	4.5	7.7	7.0	7.1	7.5	7.5	7.6
Families of 2 or more.....	12.0	11.8	11.5	11.5	11.1	10.6	26.7	26.0	24.9	24.4	23.5	22.2
Poor.....	8.3	8.3	8.0	7.8	7.4	6.8	18.4	18.3	17.3	16.5	16.0	14.2
Near poor.....	3.7	3.5	3.5	3.7	3.7	3.8	8.3	7.7	7.6	7.9	7.5	8.0
With no children under age 18.....	4.3	4.3	4.0	3.9	3.9	3.7	23.6	23.2	21.5	20.7	20.7	19.1
Poor.....	3.0	3.0	2.7	2.5	2.5	2.3	16.4	16.3	14.5	13.4	13.2	11.7
Near poor.....	1.3	1.3	1.3	1.4	1.4	1.4	7.3	6.9	7.0	7.3	7.5	7.4
With children under age 18.....	7.7	7.5	7.5	7.5	7.2	6.9	28.8	27.7	28.0	26.9	25.3	24.5
Poor.....	5.3	5.3	5.3	5.2	4.9	4.5	19.7	19.5	19.2	18.6	17.1	16.0
Near poor.....	2.4	2.2	2.2	2.3	2.3	2.4	9.1	8.2	8.8	8.3	8.2	8.5
1 or 2 children.....	3.7	3.4	3.4	3.3	3.1	3.0	21.1	20.3	20.3	18.9	18.0	17.7
Poor.....	2.5	2.3	2.4	2.3	2.1	1.8	14.3	13.6	14.2	13.2	12.0	10.8
Near poor.....	1.2	1.1	1.0	1.0	1.0	1.2	6.9	6.7	6.1	5.7	6.0	6.9
3 or 4 children.....	2.7	2.6	2.6	2.6	2.5	2.3	35.3	33.0	31.7	31.3	29.8	28.0
Poor.....	1.8	1.8	1.8	1.7	1.6	1.5	23.3	22.9	21.9	20.2	19.5	18.8
Near poor.....	.9	.8	.8	.9	.9	.8	12.0	10.1	9.8	11.1	10.3	9.2
5 or more children.....	1.5	1.5	1.5	1.7	1.5	1.6	67.9	68.2	63.0	65.3	58.8	56.6
Poor.....	1.1	1.1	1.1	1.3	1.1	1.1	51.2	54.2	47.1	48.7	43.5	41.0
Near poor.....	.4	.3	.4	.4	.4	.4	16.7	14.0	15.9	16.6	15.3	15.6

¹ Income for the specified year, of family unit or unrelated individual below the SSA index at the poverty level by family size and sex of head or, alternatively, at the somewhat higher low-income level (see pp. 20-21 of this issue). SSA index has been adjusted for price changes during the period.

² The percent that poor or near poor persons (or families) are of total number of persons (or families) in each category in the noninstitutional population. All persons in institutions and children under age 14 who live with a family to no member of which they are

related are not represented in the low income roster because income data are not collected for inmates of institutions of unrelated individuals under age 14. As of March 1965, there were about 200,000 such children and 2,100,000 persons of all ages in institutions.

³ Includes unrelated individuals shown separately above.

Source: Derived from special tabulations from the Current Population Survey for March 1960-65, by the Bureau of the Census for the Social Security Administration.

TABLE 3.—Poverty¹ in 1959 and 1964 among households with children: Number and percent of noninstitutional population who are poor, by sex of head, farm-nonfarm residence, and race

Type of unit	The poor in 1959						The poor in 1964									
	Total in poverty		Sex of head		Residence		Race		Total in poverty		Sex of head		Residence		Race	
		Male	Female	Non-farm	Farm	White	Non-white		Male	Female	Non-farm	Farm	White	Non-white		
Number of persons in poverty (in millions)																
Total	38.9	28.5	10.4	32.1	6.8	28.2	10.7	34.1	23.3	10.8	29.9	4.2	23.8	10.4		
Unrelated individuals	3.1	1.6	3.5	4.7	6.4	24.1	9.8	3.1	1.4	3.7	24.9	4.2	3.2	9.5		
Persons in families	33.9	27.9	5.9	27.4	3.4	13.0	4.2	28.9	21.8	7.1	24.9	4.2	10.6	9.5		
Adults	17.2	14.9	3.0	13.0	3.1	13.0	5.2	14.8	11.4	2.7	12.1	2.0	10.0	3.8		
Children under age 18	16.7	12.7	4.0	13.4	3.3	11.1	5.6	14.8	10.4	4.4	12.8	2.0	9.1	5.7		
Percent of persons in poverty																
Total	22.1	18.3	50.3	20.0	42.9	18.0	54.6	18.0	14.0	45.5	16.9	33.1	14.2	47.9		
Unrelated individuals	47.4	37.0	54.1	46.2	71.9	45.4	59.3	42.0	31.1	49.1	42.3	41.4	40.2	53.0		
Persons in families	20.4	17.8	48.6	18.2	41.9	16.3	54.3	16.3	13.5	43.8	15.1	32.8	12.5	47.4		
Adults	16.9	15.3	34.1	15.1	35.2	14.0	45.1	13.1	11.5	30.2	12.1	27.5	10.8	38.4		
Children under age 18	26.1	21.7	69.9	23.3	51.4	20.1	64.1	21.3	16.7	61.8	19.8	40.6	15.3	59.4		
Number of family units in poverty (in millions)																
Total	13.4	7.9	5.4	11.6	1.8	10.3	3.0	11.9	6.4	5.5	10.9	1.0	9.1	2.8		
Unrelated individuals	5.1	1.6	3.5	4.7	1.4	4.1	.9	5.1	1.4	3.6	4.9	.2	4.2	.9		
Families	8.3	6.3	1.9	6.9	1.4	6.2	2.1	6.8	5.0	1.8	5.9	.9	4.9	1.9		
With no children under age 18	3.0	2.5	.4	2.5	.4	2.4	.5	2.3	1.9	.4	2.0	.3	1.9	.3		
With children under age 18	5.3	3.8	1.5	4.4	1.0	3.7	1.6	4.5	3.1	1.4	3.9	.6	3.0	1.5		
1 to 2 children	2.5	1.6	.9	2.1	.4	1.8	.6	1.6	1.2	.6	1.6	.2	1.3	.5		
3 to 4 children	1.8	1.3	.5	1.5	.3	1.2	.5	1.5	1.0	.5	1.3	.2	1.1	.5		
5 or more children	1.1	.9	.2	.8	.2	.7	.4	1.1	.9	.3	1.0	.2	.6	.5		

TABLE 3.—Poverty¹ in 1959 and 1964 among households with children: Number and percent of noninstitutional population who are poor, by sex of head, farm-nonfarm residence, and race—Continued

Type of unit	The poor in 1959						The poor in 1964									
	Total in poverty		Sex of head		Residence		Race		Total in poverty		Sex of head		Residence		Race	
			Male	Female	Non-farm	Farm	White	Non-white			Male	Female	Non-farm	Farm	White	Non-white
Total.....	24.0	17.7	49.6	22.5	40.8	29.7	52.2	19.8	13.6	43.8	19.3	29.2	17.1	43.1		
Unrelated individuals.....	47.4	37.0	54.1	46.2	71.9	45.4	53.3	42.0	31.2	48.6	42.3	41.4	40.2	53.0		
Families.....	18.4	15.7	43.0	16.7	37.3	13.1	48.6	14.2	11.7	36.6	13.2	27.8	11.5	39.1		
With no children under age 18.....	16.4	15.8	21.1	15.2	28.5	14.6	37.8	11.7	10.9	18.0	11.0	19.4	10.8	22.5		
With children under age 18.....	19.7	13.6	58.7	17.7	42.4	15.5	55.3	16.0	12.2	49.9	14.8	34.4	12.0	47.7		
1 to 2 children.....	14.3	10.2	70.3	12.8	33.6	11.7	42.5	10.8	7.8	36.1	9.9	25.8	8.6	32.1		
3 to 4 children.....	23.3	18.8	77.2	21.3	43.2	18.2	67.2	18.8	13.8	68.6	17.4	38.8	14.4	54.4		
5 or more children.....	51.2	47.0	88.1	47.3	70.9	43.4	71.3	41.0	35.2	83.8	39.2	52.4	29.4	76.1		

Percent of family units in poverty

¹ Income in 1959 or 1964 of unrelated individuals or family below the SSA poverty index.

Indeed, among some types of households, notably aged persons living alone, the proportion within what might be at best a zone of borderline poverty has been steadily growing. For nonwhite households as a group, too, the incidence of borderline poverty over the period increased somewhat, but not steadily year by year (table 4). If this trend should continue it could signify a first step in lifting out of poverty the major disadvantaged groups, but it could indicate that more powerful remedies are needed.

The numbers tell us that the dimension of poverty measured solely by size of the group affected is smaller than it used to be by 5 million persons or 1½ million households. They do not tell us how many in the current count of the poor have been there throughout most of their lives and how many have only recently joined the ranks of the poor.

TABLE 4.—Poverty and low-income status among households in 1959 and 1964: Number and percent of noninstitutional population who are poor and near poor

Type of unit	The poor						The poor and near poor					
	All poor households		White		Nonwhite		All poor households		White		Nonwhite	
	1959	1964	1959	1964	1959	1964	1959	1964	1959	1964	1959	1964
	Number of households (in millions)											
Total	13.4	11.9	10.3	9.1	3.0	2.8	17.7	16.4	14.1	13.0	3.6	3.4
Unrelated individuals	5.1	5.1	4.1	4.2	.9	.9	5.6	5.8	4.6	4.8	1.0	1.0
Under age 65	2.6	2.3	1.9	1.8	.7	.5	2.9	2.6	2.2	2.0	.8	.6
Age 65 or over	2.5	2.8	2.2	2.4	.2	.4	2.7	3.2	2.5	2.8	.2	.2
Families	8.3	6.8	6.2	4.9	2.1	1.9	12.1	10.6	9.5	8.2	2.6	2.4
With no children under age 18	3.0	2.3	2.4	1.9	.5	.3	4.3	3.7	3.6	3.2	.6	.5
With children under age 18	5.3	4.5	3.7	3.0	1.6	1.5	7.8	6.9	5.9	5.0	2.0	1.9
	Percent of total											
Total	24.0	19.8	20.7	17.1	52.2	43.1	31.7	27.4	28.2	24.3	61.3	53.2
Unrelated individuals	47.4	42.0	45.4	40.2	59.3	53.0	52.5	47.8	50.5	46.0	63.8	58.7
Under age 65	36.8	31.2	32.9	28.5	54.8	44.0	41.4	35.5	37.3	32.2	59.9	51.6
Age 65 or over	68.1	59.3	67.2	57.2	78.5	79.3	74.2	67.4	73.6	65.8	80.8	83.0
Families	18.4	14.2	15.1	11.5	49.6	39.1	26.7	22.2	23.2	19.1	60.4	50.7
With no children under age 18	16.4	11.7	14.6	10.8	37.8	22.5	23.6	19.1	21.7	18.0	46.4	32.2
With children under age 18	19.7	16.0	15.5	12.0	55.3	47.7	28.8	24.5	24.3	19.9	67.3	60.4

The Poverty-Prone

One measure of the improvement in economic well-being of the Nation's households is the change in differential risk of poverty among various groups. If we are to approach equality of opportunity, then the degree to which the chances of being poor are evened out among various kinds of households is as important as the reduction in the total number of the poor. To accomplish this end the groups most vulnerable to poverty would need to show greater improvement in order to come closer to the rest. In these terms much remains undone. The unfavorable economic status of nonwhite families compared with white remains, with the gap for large families growing even wider. Similarly the poor situation of families headed by a woman, compared to that for families headed by a man, has if anything worsened.

Among unrelated individuals, another poverty-prone group, the poverty rate declined by about 10 percent between 1959 and 1964, whereas for families of two or more the poverty rate of 14 percent in 1964 was nearly one-fourth lower than that in 1959.

Among families with no children the improvement was greater for nonwhite than for white, but for families with children the reverse was true. Indeed the plight of nonwhite families with 5 or more children had actually deteriorated over the period. In 1964, 76 percent of all nonwhite families with as many as five children were poor, compared with 71 percent in 1959. This heavy incidence of poverty epitomizes the two major hazards to the economic well-being of nonwhite children—the broken family and the low earning power of the father when he is present. Of the half-million nonwhite families with 5 or more children in poverty in 1964, about 1 in 3 had a woman at the head, and another third were headed by a man who had a full-time job throughout the year. Fully half the nonwhite male heads of these large families in poverty worked the year around.

The child growing up in a family with several brothers and sisters continues to run a heavy risk of poverty, particularly if he is in a family already highly vulnerable on other counts—as in the case of the family on a farm, the one headed by a woman, or the nonwhite family no matter where it lives or who is its head. Even in 1964, more than 4 out of 10 families with a nonwhite or female head had less than the income it takes to meet the test of the SSA poverty index, and 3 out of 10 farm families were in the same situation. Indeed, with 68 percent of all families of three or four children headed by a woman who were classed as poor and 83 percent of those with five or more children, it becomes almost tautological to apply the test for low income, which requires a third more income.

All told, there were about 30 percent more families with at least five children under age 18 in the home in 1964 than in 1959, and the family with five or more youngsters in the home was now four times as likely to be poor as the family with one or two.

Among nonwhite families in 1964, one-fourth of all those with even one child in the home were poor and three-fourths of those with as many as five. A fourth of all nonwhite families with five or more children were now headed by a woman, compared with a fifth in 1959. Among white families this large, the proportion headed by a woman increased also from 6.5 to 8.0 percent.

Overall, the situation of the small family improved more than that of the large family, so that families with at least five children accounted for 46 percent of all the youngsters counted as poor in 1964 compared with a corresponding figure of 42 percent in 1959.

Among all households headed by a woman 44 percent were in poverty in 1964; 50 percent of these households were in poverty in 1959. Households headed by a man, who as a rule are better off, also had a reduction in their poverty rate from 18 to 14 percent. Thus, although a woman who serves as family head has a better chance of keeping her family above the poverty line than was true in 1959, the improvement has not been so favorable as for the family headed by a man. In 1964, her family was more than three times as likely to be poor as a family headed by a man. In 1959, the chances her family would be poor were two and three-fourths times that of a man's family.

Our rural population continued to be poorer than their city cousins. Even in 1964, a third of all persons living on farms were in households with a cash income below what the economy scale suggests is necessary. The risk of poverty for the farm dweller was thus twice as great as that prevailing among the rest of the population—despite the fact that the poverty income criteria for the farm family was set at a figure 30 percent lower than the nonfarm family. Although

the poverty rate among farm households for 1964 is considerably less than in 1959, most of the reduction took place in a single year—from 1960 to 1961, when average farm family income (as reported to the Census Bureau) increased by about 15 percent. The incidence of poverty dropped sharply from 38 percent to 32 percent. Since that date it has declined further by 3 percentage points. Among nonfarm households, the poverty rate dropped from 23 percent to 19 percent between 1961 and 1964.

As an age group, persons aged 65 and older have the highest incidence of poverty in the population, and among the aged those who live alone (or with non-relatives only) still rank as the poorest of the poor.

By 1964, in the face of a decline in the total ranks of the poor of nearly 5 million, there were 300,000 more elderly persons living alone in poverty than in 1959. The increase came about because more aged persons, particularly women, were electing to live by themselves. The rate of poverty for aged unrelated individuals had actually gone down—from 68 percent in 1959 to 59 percent in 1964. What is more striking is the fact that many more elderly persons in 1964 than in earlier years had enough money to try getting along by themselves instead of sharing a home with a child (or other relatives) in a household with combined income more nearly adequate for all. The change in living patterns was greater for women than for men, as the following figures for persons aged 65 or older indicate.

Persons	Percent living as unrelated individuals		Percent of unrelated individuals rated poor	
	1959	1964	1959	1964
Total	22.9	25.5	68.1	59.3
Men	15.2	16.2	59.9	47.9
Women	29.3	32.7	71.5	63.7

The Poverty Gap

In addition to changes in the number who are poor, there is another crude measure of progress against poverty—the total dollars of unmet need.

Just how much less than the aggregate estimated need is the actual income of the poor today—that is, in 1964—compared with those judged poor in earlier years? In the very rough terms that the selected income standard permits, it can be estimated that the 34 million persons identified as poor in 1964 would require \$11.7 billion over and above their current money income to purchase the basic requirements implied by the poverty index.⁵ To eliminate completely the poverty-income gap would require therefore the equivalent in 1964 of 2.4 percent of the Nation's personal income, which totaled \$495 billion for the year.

Judged in these terms, the record expansion in the general economy has proceeded about twice as fast as the rate by which the income deficiency of the poor was being reduced. In 1959, when total personal income was \$112 billion less, the unmet financial need of the 39 million poor was \$2 billion more. The aggregate poverty deficit then represented a sum equal to 3.6 percent of total personal income. During a period then, when national personal income was increasing by 29 percent, the number in poverty decreased by 12 percent and their unmet income need by 15 percent.

As a group the poor in 1964 were having to manage on incomes totaling 59 percent of estimated need, compared with 57 percent in 1962 and 56 percent in 1959. In poor households headed by a man, aggregate incomes in 1964 represented 63 percent of requirements, but poor households with a woman at the head had only 52 percent as much as they needed. Five years earlier, in 1959, persons in poverty were living on 60 percent as much as they needed if they were in households with a man at the head, and 46 percent if they were not.

⁵ An earlier estimate of \$11.5 billion for 1963 related to 34.6 million persons judged poor, assuming a farm family requires only 60 percent as much cash as a nonfarm family rather than the 70-percent figure in the current definition. The 70-percent criterion would raise the number in poverty on farms in 1963 by 730,000 and the number for the farm and nonfarm population combined to 35.3 million. No recalculation has been made of the total dollar deficit for 1963 under the increased income requirement for farm households.

To satisfy the low-income test of need—a measure calling for approximately one-third more in income for a family than the poverty index—would entail \$21.2 billion more income for the poor in 1964 than they had, or the equivalent of 4.3 percent of total personal income for the Nation, as the following figures suggest :

[In billions]

Year	Total personal income	Income of the poor	Income deficit of—	
			The poor	The poor and near poor
1959.....	\$383.5	\$17.0	\$13.7	\$22.8
1962.....	442.6	17.2	12.8	22.5
1964.....	495.0	16.4	11.7	21.2

Paralleling the changing composition of the poverty roster, the share of the income deficit that represents needs of the families of women, particularly those with several children, increased. The share representing needs of small families headed by a man went down (table 5). In similar fashion the aggregate need of the aged poor who live alone also rose although not in direct proportion to their growing number.

TABLE 5.—*The poverty gap, 1959 and 1964: Total difference between actual and required income of all households below the poverty level*

Type of household	Poor households				Aggregate dollar deficit			
	Number (in millions)		Percentage distribution		Amount (in billions)		Percentage distribution	
	1959	1964	1959	1964	1959	1964	1959	1964
Total.....	13.4	11.9	100.0	100.0	\$13.7	\$11.7	100.0	100.0
Unrelated individuals.....	5.1	5.1	38.0	42.6	4.0	3.7	29.2	31.6
Men.....	1.6	1.4	11.7	12.1	1.2	1.1	8.8	9.4
Women.....	3.5	3.6	26.3	30.5	2.8	2.6	20.4	22.2
Families, total.....	8.3	6.8	62.0	57.1	9.7	8.0	70.8	68.4
With male head.....	6.3	5.0	47.6	42.0	7.0	5.4	51.1	46.0
No children under age 18.....	2.5	1.9	19.1	15.9	2.0	1.4	14.6	12.3
1 to 3 children under age 18.....	2.4	1.8	17.7	15.4	2.6	1.9	19.0	16.3
4 or more children under age 18.....	1.4	1.3	10.8	10.8	2.4	2.0	17.5	17.3
With female head.....	2.0	1.8	14.4	15.4	2.7	2.6	19.7	22.4
No children under age 18.....	.4	.4	3.1	2.8	.3	.3	2.2	2.3
1 to 3 children under age 18.....	1.2	1.0	8.7	8.0	1.6	1.2	11.7	10.7
4 or more children under age 18.....	.4	.5	2.7	4.2	.8	1.1	5.8	9.4
RACE								
White.....	10.4	9.1	77.5	76.8	9.8	8.4	71.5	70.9
Unrelated individuals.....	4.2	4.2	31.2	35.2	3.2	3.0	23.3	25.6
Families.....	6.2	4.9	46.3	41.6	6.6	5.4	48.2	45.3
Nonwhite.....	3.0	2.8	22.6	23.2	3.9	3.4	28.5	29.1
Unrelated individuals.....	.9	.9	6.9	7.4	.8	.7	5.8	6.0
Families.....	2.1	1.9	15.7	15.8	3.1	2.7	22.7	23.1
AGE OF HEAD								
Under 25.....	1.1	1.0	8.4	8.6	1.2	1.1	8.7	10.0
Unrelated individuals.....	.5	.4	3.9	3.8	.5	.5	3.6	4.4
Families.....	.6	.6	4.5	4.8	.7	.6	5.1	5.6
25 to 64.....	7.9	6.7	58.9	55.7	9.2	7.9	67.2	67.7
Unrelated individuals.....	2.1	1.9	15.6	15.7	1.8	1.6	13.1	13.6
Families.....	5.8	4.8	43.3	40.0	7.4	6.3	54.1	54.1
65 and over.....	4.4	4.2	32.7	35.7	3.3	2.7	24.1	22.2
Unrelated individuals.....	2.5	2.7	18.5	23.1	1.7	1.6	12.4	13.2
Families.....	1.9	1.5	14.2	12.6	1.6	1.1	11.7	9.0

For the most part the smaller aggregate income shortage of the poor in 1964 signified that they were fewer in number than in 1959, not that those who were poor were much better off. The median difference between actual and required income at the poverty level was about \$100 less for unrelated individuals tagged

poor in 1964 than those so labelled in 1959. Only a fourth of the poor in 1964 missed the mark by as much as \$2,000 compared with a third in 1959. Among those living alone the aged poor showed the most improvement.

For families of two or more, the difference between what they had and what they should have had averaged only \$30 less in 1964 than 5 years earlier and close to a fifth of the group in either year fell short of required income by at least \$2,000. Families with a head aged 65 or older who were poor in 1964 did tend to be somewhat less so in relation to estimated need than those poor in 1959 (table 6):

TABLE 6.—Income deficit of the poor, 1959 and 1964: Distribution of households between actual income and poverty level by sex, race, and age of head

Type of household and characteristic of head	Median deficit		Percent of poor households with specified income deficit below poverty level			
			Under \$500		\$2,000 or more ¹	
	1959	1964	1959	1964	1959	1964
Unrelated individuals						
All poor households.....	\$740	\$640	31.1	37.2	33.5	25.4
Male.....	720	660	33.1	37.8	32.8	30.3
Female.....	740	640	28.8	37.0	33.9	23.4
White.....	720	620	31.2	38.9	33.1	24.4
Nonwhite.....	830	720	25.5	29.6	35.5	29.4
Under age 25.....	1,170	1,250	21.0	10.6	61.1	64.1
Aged 25 to 64.....	850	780	26.4	29.3	41.1	37.3
Aged 64 or over.....	640	530	35.1	37.1	21.6	10.6
Families						
All poor households.....	\$930	\$900	28.5	29.8	17.9	18.5
With male head.....	860	810	31.6	33.8	15.5	15.9
No children under age 18.....	630	590	40.0	44.3	4.8	5.6
1 to 3 children under age 18.....	890	850	31.8	44.2	14.6	13.7
4 or more children under age 18.....	1,470	1,460	17.2	18.6	34.9	33.2
With female head.....	1,190	1,190	17.9	18.4	25.9	25.7
No children under age 18.....	750	590	33.7	38.6	4	1.3
1 to 3 children under age 18.....	1,170	1,160	16.6	17.6	24.3	21.1
4 or more children under age 18.....	2,250	2,110	6.1	5.8	56.4	51.8
White.....	830	800	31.7	33.3	15.1	15.5
Nonwhite.....	1,270	1,200	18.1	10.6	26.1	26.0
With head aged—						
Under 25.....	1,030	1,080	25.6	31.6	13.1	18.0
25 to 64.....	1,050	1,200	25.5	24.7	22.3	23.1
65 or over.....	650	560	38.7	45.2	5.8	4.2

¹ \$1,000 or more for an unrelated individual.

The more favorable position of the aged poor in 1964 reflects in some degree that 3 out of 4 persons aged 65 or older were now receiving social security benefits, compared with only 3 out of 5 in 1959.

The seeming deterioration in economic status of some households—for example, those of unrelated individuals under age 25—is in part a statistical artifact resulting from the way the annual income data are collected. Children now on their own who previously lived with their parents, or women formerly sharing the income of a husband no longer present may report little or no income of their own for the preceding year under existing Census procedures. Young people under age 25 leaving the parental home and setting up housekeeping on their own for the first time—either alone or with a mate—would be particularly likely to report little or no income for the preceding year and thus be classed far below the poverty line.

A similar situation may arise later in life, particularly for women whose family is dissolved during the year through death, desertion, or divorce. But these days when so many women work even with a husband present, and when a variety of public programs provide some support for widows and orphans, it is uncommon for a woman heading a household to have no income of her own from any

source during an entire year. Such a situation means that in all likelihood the family even when intact was poor, although the amount by which income currently falls short of need may be overstated.

SOME FACTS ABOUT THE POOR IN 1964

The description of those below the poverty line in 1964 will be much the same as for those identified as poor in 1963^o except that there were fewer of them. Little if any of the drop of 1,200,000 persons and half a million households from the ranks of the poor can be attributed directly to the "war on poverty" because most of the special programs have only recently become operative. On the other hand, it is also difficult to know how much of the improvement is real—corresponding to the record advance of \$47 billion in the gross national product over the preceding year—and how much may be just some of the change that can occur in a sample from year to year. In any case the statistics for 1964 must serve for a time as the point of departure, the milestone from which progress will be assayed.

Additional information will be needed and indeed new facts about the poor are already being assembled for 1964 that were not available for 1963: Information on their sources of income is being compared with that for families better off financially. Analysis of a sample of families interviewed in both 1963 and 1964 is now under way to determine how many continued in the same economic position in both years, how many changed for better or for worse, and whether the change was associated with a change in the family makeup. It is also being ascertained whether the households of the poor are more likely or less likely than those of the nonpoor to be still living at the same address after the lapse of a year. Some of these new findings will be reported in subsequent issues of the BULLETIN.

Some summary demographic characteristics of the poor are presented here to extend the interim data already released for 1964.

The poverty inventory in 1964, as in 1963, revealed the more critical financial status of the young and the old, compared with those of middle years. Whether one uses the poverty index or the low-income index as the measure, 3 out of 5 of those designated poor or near poor were children not yet aged 18 or people past age 65. For them, as for the 2¼ million mothers of children under age 6, it will in the main have to be solutions other than a job that help them to a higher level of living.

Of the 34.1 million persons who were counted on the poverty roster, 5.4 million or 1 in 7 were at least age 65 and an almost equal number (5.7 million) were preschoolers under age 6. Persons aged 65 or older, with 31 percent of their number living on incomes that were below the poverty level, represent the least favored of all age groups. Almost all these aged poor were either the head of a household or the wife of one and nearly 80 percent of the aged heads of a family of two or more and 85 percent of those heading a 1-person unit did not work at all during 1964.

Among children under age 18, who like the aged must look for support primarily to income other than their own earnings, 1 out of 5 was growing up in a family below the poverty line. Nearly half the youngsters in poverty (45 percent) were in a family with five or more children. Many of the children of the poor could attribute their plight to the low pay of the family breadwinner rather than to his lack of work. Forty-one percent were in a family of a breadwinner employed full time at a steady job all year but yet unable to provide even the minimum called for by the poverty level. This is a level of living that, on an average, can allow a family member no more than 70 cents a day for all his food and \$1.40 for everything else. For a four-person family the poverty criterion represents an average income of \$60 a week.

If the reference standard is raised to the somewhat less stringent low-income test, bringing required weekly income for a four-person family in 1964 to \$78 and assuming outlays for food of 93 cents a day per person, the expanded count includes up to 43 percent of the Nation's aged and 31 percent of all the children (table 7). Yet even this expanded tally does not encompass all who might rightly claim a place among the poor to whom we direct our concern—the 2 million persons aged 65 or older with insufficient income of their own who escaped poverty by living with more fortunate relatives and a million younger members of subfamilies not now counted among the poor but who would be if they had to

^o See Mollie Orshansky, *op. cit.*

rely solely on their own resources. Including these hidden poor brings the number in poverty up to 37 million and the total who are poor or near poor up to 53 million.

TABLE 7.—Persons in poverty and low-income status in 1964,¹ by age and family status

[In millions]

Age and family status	Total non-institutional population ²	Poverty criterion		Low-income criterion			
		Poor	Nonpoor (including near poor)		Poor and near poor	Nonpoor (above low-income level)	
			Total	Hidden poor ³		Total	Hidden poor ³
Number of persons, total.....	189.7	34.1	155.6	2.7	49.8	139.9	2.9
Unrelated individuals.....	12.1	5.1	7.0	-----	5.8	6.3	-----
Under age 65.....	7.5	2.3	5.2	-----	2.6	4.9	-----
Aged 65 and over.....	4.6	2.8	1.8	-----	3.2	1.4	-----
Members of family units.....	177.6	28.9	148.7	2.7	44.0	133.6	2.9
Children under age 18 ⁴	69.4	14.8	54.6	.5	21.7	47.7	.5
Own children of head (or spouse).....	65.9	13.5	52.4	-----	20.0	46.0	-----
Other related children.....	3.4	1.3	2.1	.5	1.7	1.7	.5
Persons aged 18 to 64 ⁵	95.5	11.5	84.0	.4	18.0	77.5	.5
Head.....	41.0	5.3	35.7	-----	8.2	32.8	-----
Wife.....	38.3	4.0	34.3	-----	6.7	31.6	-----
Never-married children aged 18 to 21.....	7.2	.9	6.3	-----	1.4	5.8	-----
Own children of head (or spouse).....	6.6	.8	5.8	-----	1.2	5.5	-----
Other related children.....	.6	.1	.5	-----	.2	.4	-----
Other relative.....	9.0	1.2	7.8	.4	1.8	7.2	.5
Persons aged 65 and over.....	12.7	2.6	10.1	1.8	4.4	8.4	1.8
Head.....	6.7	1.5	5.2	-----	2.4	4.3	-----
Wife.....	3.4	.8	2.6	-----	1.4	2.0	-----
Other relative.....	2.7	.4	2.3	1.8	.6	2.1	1.8

¹ Income of family unit or unrelated individual below the SSA poverty index for family size and sex of head or, alternatively, at the somewhat higher low-income level.

² As of March 1965, there were 2,093,000 persons in institutions, including 276,000 children, under age 18; 1,100,000 persons aged 18 to 64; and 717,000 persons aged 65 or older. These persons as well as the 200,000 children under age 14 who live with a family, to no member of which they are related, are not represented in these indexes because income data are not normally collected for inmates of institutions or unrelated individuals under age 14.

³ Individuals or subfamily members with own income below the poverty or low-income level but living in a family above that level. A subfamily represents a married couple with or without children or a parent and 1 or more children under age 18 residing in a family as relatives of the head.

⁴ Never-married children. Excludes 337,000 children under age 14 (200,000 in households of nonrelatives and 137,000 in institutions), all of whom are likely to be poor.

⁵ Includes any persons under age 18 living in families as family heads, wives, or never-married children.

As many as 10 percent of our aged population—not counting the nearly three-fourths of a million in institutions, many of whom are undoubtedly of limited means—are living in the home of a relative who has enough money to make up for the fact that the aged person has less than the minimum it would take to live alone. All told, there are at least 7¼ million aged, 41 percent in all, whose own resources are less than the poverty criterion assumes is necessary. There are likewise over 300,000 family groups of persons under age 65 including nearly half a million children and almost as many adults who would be poor if they relied only on their own income. These family groups improve their status by living as a subfamily in the household of more fortunate relatives whose combined income is enough to label all of them nonpoor.

In March 1965 there were, all told, 1.3 million subfamilies distributed among the 47.8 million families. About 350,000 subfamilies were married couples, of whom a third had less income in 1964 than the poverty threshold required for two. An additional 450,000 units were father-child or father-mother-child combinations. Of these, nearly 30 percent could not have made it on their own except in poverty. And, finally, of the nearly half a million mother-child subfamilies, 7 in 10 would be counted poor were they to rely solely on their own income. Obviously, finances played a role in the choice of living arrangements: No subfamily with sufficient income to be above the poverty line elected to live

with a poor family. Of subfamilies who would have been poor on their own, however, half of those headed by a man and three-fifths of those headed by a mother kept off the poverty register by living with a nonpoor relative.

Age and Poverty

The heavy poverty burden of the aged results from several factors. Compared with the younger population the aged have a preponderance of women, particularly women living alone. Women at all ages are likely to be poorer than men, and persons living alone are more often poor than those who are part of a family group. Fewer of the aged are in the labor force than is true for the rest of the adult population, and the public program payments that make up a large share of the income of the elderly are almost always smaller than the wages they aim to replace.

The living arrangements of the 17.4 million men and women aged 65 and older in March 1965, when income data for the year 1964 were collected, are shown in table 8. Of those in households with insufficient income to meet the poverty standard, almost two thirds were women, but only half the aged in nonpoor households. Moreover, of the women in the nonpoor units, 2 in 5 were living as the wife of a family head; of the women in poverty, only 1 in 5 was sharing the income of a husband. For those aged who lived in another's household rather than in their own, it was usually a younger relative, and a nonpoor one at that, with whom they were sharing.

TABLE 8.—Living arrangements of aged noninstitutional population in March 1965, by sex and poverty status

Family status of persons aged 65 or older	Number (in millions)			Percentage distribution		
	Total	In poor household ¹	In non-poor household	Total	In poor household ¹	In non-poor household
Persons aged 65 or older, total.....	17.4	5.4	12.0	100.0	100.0	100.0
Living alone ²	4.6	2.8	1.9	26.7	51.3	15.7
Living in family units.....	12.7	2.6	10.1	73.3	48.7	84.3
Head.....	6.7	1.5	5.2	38.4	27.7	43.3
Wife of head.....	3.4	.8	2.6	19.5	14.1	21.9
Other relative.....	2.7	.4	2.3	15.4	6.9	19.1
Poor by own income ³	2.2	.4	1.8	12.4	6.7	14.9
Not poor by own income.....	.5	(4)	.5	3.0	.2	4.2
Men, total.....	7.6	1.9	5.7	44.0	35.4	47.8
Living alone ²	1.3	.6	.7	7.5	11.7	5.6
In family unit.....	6.4	1.3	5.1	36.5	23.7	42.2
Family head.....	5.6	1.2	4.4	32.3	22.2	36.9
Other relative of aged head.....	.2	(4)	.2	1.0	.8	1.0
Other relative of head under age 65.....	.5	(4)	.5	3.2	.7	4.3
Women, total.....	9.7	3.5	6.3	56.0	64.6	52.2
Living alone ²	3.3	2.1	1.2	19.2	39.7	10.1
In family unit.....	6.4	1.3	5.1	36.8	24.9	42.1
Family head.....	1.1	.3	.8	6.1	5.4	6.4
Wife, husband aged 65 or older.....	3.1	.7	2.4	18.0	13.1	20.2
Wife, husband under age 65.....	.3	.1	.2	1.5	1.0	1.7
Other relative of aged head.....	.4	.1	.3	2.5	1.8	2.8
Other relative of head under age 65.....	1.5	.2	1.3	8.7	3.6	11.0
In household with aged head:						
Male.....	10.3	2.6	7.8	59.4	47.8	64.6
Female.....	4.7	2.5	2.2	27.2	46.8	18.4
In household with head under age 65:						
Male.....	1.9	.2	1.7	11.0	3.7	14.3
Female.....	.4	.1	.3	2.4	1.6	2.7

¹ Income in 1964 of person living alone or of family unit below the SSA index poverty.

² Or with nonrelatives only.

³ Income of aged other than relative in 1964 less than \$1,500.

⁴ Less than 50,000.

Four out of 5 of the "other relatives" did not have enough money to live by themselves, except in poverty, but most of these were living with a family group that did have sufficient income to be in the nonpoor category.

More than half the aged poor were living by themselves, the majority of them women, reflecting the high poverty rate prevalent among them. But the status also reflected the fact that more and more people, particularly women, are being enabled to maintain a household in their old age because they now have some income.

In 1959, 97 percent of the men aged 65 or older and 75 percent of the women had some money of their own. By 1964, the proportion with some income reported was 98 percent for men and 82 percent for the women. Over the same period, the number of aged living by themselves (or with nonrelatives only) increased from 22 percent of all those outside institutions to 26 percent. The proportion of those living alone who were poor dropped from two-thirds to three-fifths, but the proportion not poor but near poor rose from 6 percent to 8 percent.

A good many of the aged live as couples and for them also the economic situation improved. In 1959 a third of all two-person families with an aged head were below the poverty level of income. By 1964, the proportion in poverty so defined was only one-fifth. But in both years, there were in addition nearly one-sixth of all aged pairs not poor but with income low enough to be called near poor.

In large measure the better financial status of the aged population parallels the extension of social security protection to more of them, particularly to women. In addition to the increase in the number now entitled to benefit checks, a series of amendments to the Social Security Act have increased the amounts received by beneficiaries, although most of these increases came after 1964. Because beneficiaries now coming on the rolls generally have higher earnings records than those entitled earlier, the average benefit check is higher than it used to be. In December 1964 the average payment to an aged beneficiary was \$79 a month—8 percent higher than the \$74 average benefit in 1959.

By the end of 1964, the 13.7 million aged receiving OASDHI payments represented 3 out of every 4 persons aged 65 or older. Five years earlier, the benefit checks were going to 3 out of 5 aged persons in the population. Much of the expansion in the beneficiary rolls represented the addition of aged women and more of the nonwhite population of both sexes, as the following percentages show:

Sex and race	Percent of aged population receiving OASDHI benefits	
	December 1959	December 1964
Total.....	61	76
Male.....	66	78
White.....	67	79
Nonwhite.....	53	71
Female.....	58	74
White.....	59	75
Nonwhite.....	38	58

By contrast with their relative earnings position, in the social security program the nonwhite population was fast approaching proportional representation. By the end of 1964, 6.5 percent of all aged OASDHI beneficiaries were nonwhite; for all aged persons the proportion was 7.7 percent. The corresponding ratios for 1959 are 5.5 percent and 7.6 percent.

The role of social insurance in promoting self-support and adequate living in retirement is significant although the degree of protection extended is not equally effective for all. Many beneficiaries, particularly those who have no other resources, must live in poverty and many must seek income supplements from old-age assistance, but undoubtedly all are better off than they otherwise would be. And poverty status in a separate household, made possible by a limited income, may seem preferable to the aged beneficiary to shared living with children or other relatives at a higher level. It has been pointed out that such success from the individual point of view may appear as a program failure by increasing the poverty lists.⁷

It has been estimated that about 35 percent of all aged social security beneficiaries in 1965 were living in poverty, as defined by the poverty criteria. An additional 38 percent would have been poor except for their benefit checks. Only about one-fourth could have lived above the poverty line in the absence of social security benefits.⁸

⁷ John C. Beresford and Alice M. Rivlin, "Privacy, Poverty and Old Age," *Demography*, vol. III (in press).

⁸ Ida C. Merriam, *Social Implications of Technological Change—Implications for Income*, delivered at National Council on Aging Seminar on Automation, Manpower & Retirement Policy, Washington, D.C., Oct. 27, 1965.

Many of the households who were poor despite their social security benefits were, of course, less poor than they would have been without them. Analysis now under way suggest that among aged families in poverty, about 1 in 4 of those that included a social security beneficiary needed less than \$250 to bring their income for 1964 up to the poverty threshold and another fourth needed more than \$250 but less than \$500 additional income. Of the families in poverty who received no social security benefits, 3 out of 4 were more than \$500 below the poverty line.

Among elderly persons living alone the effect of social security benefits in alleviating poverty was less striking than for couples. (Women receiving a widow's benefit are receiving little better than half the combined benefit payable to a worker and his wife, although the poverty threshold now in general use assumes a single person will need 80 percent as much as a couple.)

Of the aged living alone in poverty, 45 percent of the social security beneficiaries fell short of the poverty threshold by \$500 or more, compared with 75 percent of the nonbeneficiaries.

In 1962, according to a Social Security Administration survey, retirement benefits under the OASDHI program comprised 30 percent of the aggregate income of aged persons (including any younger spouses); public assistance checks, veterans' benefits, or payments from other public programs accounted for another 16 percent; and earnings made up 32 percent.⁹ In 1964, as reported to the Bureau of the Census, families with an aged head (including some younger persons) derived 25 percent of all their income from social security payments, and about half from earnings. Aged families classed as poor by the poverty index received as a group 60 percent of their income from social security benefits and only 16 percent from earnings. That social security payments were not enough in themselves to protect against poverty is clear. Yet, households with a head aged 65 or older and no earnings in 1964 were much more likely to be poor when no one received any social security benefits than when someone in the family did, as the following figures illustrate:

[Percent]

1964 income status	Family of 2 or more		Unrelated individuals	
	Receiving OASDHI benefits	Not receiving OASDHI benefits	Receiving OASDHI benefits	Not receiving OASDHI benefits
Aged households with earnings				
Poor.....	15	17	33	31
Near poor.....	11	7	10	4
Aged households with no earnings				
Poor.....	33	61	66	75
Near poor.....	25	7	10	7
All aged households				
Poor.....	23	26	59	61
Near poor.....	17	7	10	6

YOUTH AND POVERTY

Nearly 15 million of the 34 million counted poor in 1964 were children under age 18 living in families. Because nonwhite children run a risk of poverty four times that of the white, about 40 percent of the children counted poor were nonwhite. Because large families are so much more prone to poverty than small, families with five or more children contributed 6.7 million youngsters to the count.

⁹ Lenore A. Epstein, "Income of the Aged in 1962: First Findings of the 1963 Survey of the Aged," *Social Security Bulletin*, March 1964, pages 3-24.

For most of the youngsters growing up in poverty, their working years were still in the future and their present security depended primarily on the earnings or other income available to their parents. For 6.1 million of the children counted poor, the status reflected the fact that 1½ million men and one-half million women who were employed full time the year around did not earn enough to support their children. (An additional 400,000 families of fully employed breadwinners with no children were in poverty also.) If the low-income index rather than the poverty criterion is used as a gauge, about 10½ million children in 3 million families must be counted as poor or near poor despite the year-round employment of the working head.

Half the workers whose family was poor even though they were not unemployed during the year were laborers, service workers or farmers, compared with only 1 in 7 of the fully employed workers heading nonpoor families. On the other hand, only 8 percent of the year-round employed but poor family heads had professional, technical, or clerical jobs, jobs generally requiring some higher education. Twenty-nine percent of the year-round workers at the head of non-poor families held such jobs.

The direct bearing of education on job potential and consequently on the risk of poverty reinforces the need for ensuring that young people carry their schooling at least to high school graduation. Many youngsters in poor families now don't do so. The resultant low earning capacity is then aggravated by the fact that school leavers tend to marry early, thus further increasing the odds that they will bring up their own children in poverty.¹⁰

Included in the households of the poor in 1964 were 3 million persons aged 16-21. Half were still in school and nearly one-sixth, no longer in school, had a high school diploma. But more than a third were not in school and were not high school graduates; this group included half the young men who had already taken on the role of a family head. In nonpoor households by contrast only 1 in 7 of the nearly 15 million persons aged 16-21 was neither in school nor a high school graduate (table 9) :

¹⁰ See Alvin L. Schorr, "Family Cycle and Income Development," *Social Security Bulletin*, February 1966.

TABLE 9.—Current school attendance of persons aged 16 to 21 in poor and nonpoor households: Percentage distribution by sex and family relationship, March 1965

School attendance, March 1965	Poor households ¹				Nonpoor households ¹				
	All persons aged 16 to 21	Unrelated individual	Family member		All persons aged 16 to 21	Unrelated individual	Family member		
			Head ²	Wife ³			Head ²	Wife ³	
Total number (in thousands).....	2,960	270	270	370	2,060	280	790	1,900	11,880
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Attending school.....	49.4	35.9	16.1	5.4	63.2	5.7	7.6	2.3	72.6
Not in school, not high school graduate.....	34.8	25.1	52.8	69.5	27.5	21.5	35.2	39.5	8.9
Not in school, high school graduate.....	15.8	39.0	31.1	25.1	9.3	72.8	57.4	58.2	18.5
Male, number (in thousands).....	1,350	80	200	---	1,070	130	740	---	6,440
Percent.....	100.0	100.0	100.0	---	100.0	100.0	100.0	---	100.0
Attending school.....	54.2	(⁵)	12.2	---	62.5	4.0	7.8	---	71.5
Not in school, not high school graduate.....	33.2	(⁵)	52.1	---	30.4	43.6	36.0	---	11.3
Not in school, high school graduate.....	12.6	(⁵)	35.7	---	7.1	52.4	56.2	---	17.2
Female, number (in thousands).....	1,610	190	70	370	980	150	50	1,900	5,440
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Attending school.....	45.3	31.7	(⁵)	5.4	64.0	7.2	(⁵)	2.3	73.9
Not in school, not high school graduate.....	36.1	25.3	(⁵)	69.5	24.4	3.3	(⁵)	39.5	6.1
Not in school, high school graduate.....	18.6	43.0	(⁵)	25.1	11.6	89.5	(⁵)	58.2	20.0

¹ Households are defined here as total of families and unrelated individuals. Poor households are defined as family or unrelated individual with income in 1964 below the SBA poverty index.

² Includes head of subfamily.

³ Includes wife of subfamily head.

⁴ Includes own children of the family head and all never-married relatives aged 16 to 21. Excludes small number of ever-married relatives aged 16 to 21 living neither as spouse nor parent of any other family member.

⁵ Not shown for base less than 100,000.

Data for 1963 showed relatively few teenagers in poor families, suggesting that such families may not hold their youngsters as long as families who are better off. The data for 1964 reenforce the implication. They do indicate, however, a less pronounced relationship between school attendance and family relationship for nonwhite youngsters than for white; Nonwhite boys appear to marry later than white boys regardless of schooling and nonwhite girls are more likely than white girls at an early age to find themselves serving as head of a family. These patterns are undoubtedly related to the poverty proneness of the nonwhite population and the limited earnings opportunity for the men.

That low educational attainment went hand in hand with poverty was true regardless of family status, but youngsters already out on their own were more often poor than those who had not yet left home. Shown below are the poverty rates for persons aged 16-21 in each family status group—that is, the percentage who were in a household with 1964 income below the poverty line.

School attendance in March 1965	Persons aged 16 to 21 poor in 1964 ¹ (percent)			
	Unrelated individual	Family or subfamily head	Wife	Never-married child
Total.....	49	25	16	15
Attending school.....	86	42	32	13
Not in school, not high school graduate.....	53	34	26	35
Not in school, high school graduate.....	34	15	8	8

¹ Income of family or unrelated individuals below SSA poverty index.

Whether it is that they are no longer in school that impels toward marriage or whether it is the desire to marry that interrupts the schooling, it is clear that youngsters who leave school before the twelfth grade take on family responsibility earlier than those who, go to high school and stay on to graduate. Among boys aged 18-19 who have left school without a high school diploma, 1 in 5 is already the head of a family group; of the high school graduates in this age group who are no longer in school, 1 in 9 is a family head; but of the 18- and 19-year-old boys still in school, only 1 percent has taken on family responsibility (table 10):

TABLE 10.—Family status and school attendance of persons aged 16 to 21—Percentage distribution by sex, age, and race, March 1965

Sex, school attendance, and family status	All races					White					Nonwhite					
	Total	16 to 17	18 to 19	20 to 21	Total	16 to 17	18 to 19	20 to 21	Total	16 to 17	18 to 19	20 to 21	Total	16 to 17	18 to 19	20 to 21
	16 to 21				16 to 21				16 to 21				16 to 21			
Male																
Total number (in thousands).....	8,660	3,490	2,650	2,510	7,600	3,070	2,340	2,190	1,060	430	320	320	1,060	430	320	320
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals.....	2.4	.4	2.0	5.6	2.1	.3	1.8	5.0	4.4	.9	4.1	9.6	4.4	.9	4.1	9.6
Family head.....	9.0	.4	5.5	24.7	9.5	.5	3.8	26.0	5.4	0	2.5	13.5	5.4	0	2.5	13.5
Subfamily head.....	1.8	.5	1.4	4.0	1.7	.6	1.5	3.5	2.0	0	0.9	7.7	2.0	0	0.9	7.7
Never-married child ¹	86.8	98.7	91.1	65.7	86.7	98.6	90.9	65.4	87.5	99.1	92.4	67.2	87.5	99.1	92.4	67.2
Attending school, number (in thousands).....	5,400	3,090	1,550	760	4,840	2,730	1,410	700	560	370	140	50	560	370	140	50
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals.....	.8	.4	1.0	2.1	.7	.2	1.1	1.8	1.3	1.1	0	(2)	1.3	1.1	0	(2)
Family head.....	1.1	.1	.5	7.0	1.3	.1	.5	7.5	0	0	0	(2)	0	0	0	(2)
Subfamily head.....	1.4	.3	.3	.6	1.4	.4	.4	.7	0	0	0	(2)	0	0	0	(2)
Never-married child ¹	97.7	99.2	98.2	90.3	97.6	99.3	98.0	89.9	98.7	98.9	100.0	(2)	98.7	98.9	100.0	(2)
Not in school, not high school graduate, number (in thousands).....	1,500	390	480	620	1,170	330	370	460	340	60	110	160	340	60	110	160
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals.....	5.0	.5	3.9	8.7	3.5	.6	2.7	6.3	9.8	(2)	8.1	15.2	9.8	(2)	8.1	15.2
Family head.....	19.9	3.1	16.1	33.4	22.9	3.6	18.7	40.1	9.2	(2)	7.2	14.0	9.2	(2)	7.2	14.0
Subfamily head.....	4.7	2.3	4.0	6.7	4.8	2.7	5.1	5.9	4.8	(2)	0	9.8	4.8	(2)	0	9.8
Never-married child ¹	70.4	94.1	76.0	51.2	68.8	93.0	73.5	47.7	76.2	(2)	84.7	61.0	76.2	(2)	84.7	61.0
Not in school, high school graduate, number (in thousands).....	1,760	10	620	1,130	1,560	10	550	1,080	170	0	70	100	170	0	70	100
Percent.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals.....	5.2	(2)	3.2	6.3	5.3	(2)	2.7	6.6	4.1	(2)	(2)	2.9	4.1	(2)	(2)	2.9
Family head.....	23.8	(2)	9.5	31.8	24.7	(2)	10.7	32.4	15.7	(2)	(2)	26.0	15.7	(2)	(2)	26.0
Subfamily head.....	3.8	(2)	2.4	4.8	3.5	(2)	2.0	4.4	7.0	(2)	(2)	8.6	7.0	(2)	(2)	8.6
Never-married child ¹	67.2	(2)	84.9	57.2	66.5	(2)	84.6	56.6	73.0	(2)	(2)	62.5	73.0	(2)	(2)	62.5

TABLE 10.—Family status and school attendance of persons aged 16 to 21—Percentage distribution by sex, age, and race, March 1965—Continued

Sex, school attendance, and family status	All races					White					Nonwhite					
	Total 16 to 21	16 to 17	18 to 19	20 to 21	Total 16 to 21	16 to 17	18 to 19	20 to 21	Total 16 to 21	16 to 17	18 to 19	20 to 21	Total 16 to 21	16 to 17	18 to 19	20 to 21
	Female															
Total number (in thousands)	9,150	3,440	2,990	2,720	8,020	3,010	2,630	2,390	1,140	430	370	340	1,140	430	370	340
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals	3.6	.8	3.4	7.7	3.7	.9	3.4	7.7	3.5	1.6	2.7	8.3	3.5	1.6	2.7	8.3
Family head	1.0	.3	.7	2.0	.6	.2	.6	1.2	3.4	1.2	1.9	8.0	3.4	1.2	1.9	8.0
Subfamily head	4	0	.6	.7	.3	0	.5	.4	1.0	0	.8	2.7	1.0	0	.8	2.7
Wife of family head	22.7	4.2	21.3	47.7	23.9	4.4	22.5	49.9	14.5	2.6	12.8	32.0	14.5	2.6	12.8	32.0
Wife of other family member	2.1	1.0	2.5	3.0	1.8	.8	2.1	2.6	4.2	1.6	4.9	6.2	4.2	1.6	4.9	6.2
Never-married child 1	70.1	93.7	71.5	38.9	69.7	93.7	70.8	38.2	73.3	94.0	76.8	42.7	73.3	94.0	76.8	42.7
Attending school, number (in thousands)	4,800	3,030	1,320	450	4,230	2,660	1,160	410	570	370	160	40	570	370	160	40
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals	1.5	.7	1.5	6.5	1.4	.8	1.1	5.9	2.3	0	4.3	(2)	2.3	0	4.3	(2)
Family head	.4	.3	0	1.8	.2	.2	.2	.7	1.8	1.4	0	0	1.8	1.4	0	0
Subfamily head	1.1	0	1.1	.4	.1	0	.2	0	0	0	0	0	0	0	0	0
Wife of family head	1.2	.3	1.7	5.1	1.3	.3	1.9	5.7	.5	.8	0	0	.5	.8	0	0
Wife of other family member	1.1	.1	1.4	0	.2	.1	.4	0	0	0	0	0	0	0	0	0
Never-married child 1	96.8	98.6	96.3	86.2	96.9	98.7	96.4	87.2	95.4	97.8	95.7	(2)	95.4	97.8	95.7	(2)
Not in school, not high school graduate, number (in thousands)	1,680	370	630	680	1,370	310	530	530	310	60	110	140	310	60	110	140
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals	3.1	1.3	3.0	4.1	3.1	1.6	3.6	3.4	3.2	(2)	0	7.0	3.2	(2)	0	7.0
Family head	1.9	.5	1.9	2.7	1.3	.6	1.7	1.3	4.5	(2)	2.8	4.2	4.5	(2)	2.8	4.2
Subfamily head	1.1	0	1.6	1.3	.7	0	1.3	.6	2.9	(2)	2.8	4.2	2.9	(2)	2.8	4.2
Wife of family head	53.2	33.9	52.2	64.8	59.1	37.9	57.5	73.5	27.2	(2)	27.4	33.6	27.2	(2)	27.4	33.6
Wife of other family member	6.7	7.5	5.6	7.5	6.1	7.0	5.1	6.0	9.7	(2)	3.7	6.2	9.7	(2)	3.7	6.2
Never-married child 1	33.9	56.8	35.7	19.5	29.7	52.9	30.7	15.2	52.4	(2)	61.3	33.0	52.4	(2)	61.3	33.0
Not in school, high school graduate, number (in thousands)	2,670	40	1,040	1,600	2,420	30	940	1,450	260	10	100	150	260	10	100	150
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unrelated individuals	8.1	(2)	5.9	9.6	8.3	(2)	6.2	9.8	6.6	(2)	3.1	8.4	6.6	(2)	3.1	8.4
Family head	1.4	(2)	.9	1.5	1.4	(2)	.6	1.3	5.9	(2)	4.1	7.1	5.9	(2)	4.1	7.1
Subfamily head	5	(2)	27.6	52.2	43.5	(2)	28.5	53.5	30.5	(2)	18.4	39.0	30.5	(2)	18.4	39.0
Wife of family head	42.3	(2)	31.5	22.0	2.2	(2)	2.6	2.1	7.0	(2)	12.2	1.9	7.0	(2)	12.2	1.9
Wife of other family member	2.0	(2)	3.5	2.0	4.6	(2)	61.6	33.0	49.2	(2)	62.2	41.6	49.2	(2)	62.2	41.6
Never-married child 1	45.1	(2)	61.6	33.8	44.6	(2)	61.6	33.0	49.2	(2)	62.2	41.6	49.2	(2)	62.2	41.6

1 Includes own children of family head and other never-married relatives aged 18-21. 2 Not shown for base less than 100,000.

Among girls the situation is similar: With a high school diploma three-fifths of the girls are still unmarried and living at home by ages 18 and 19 even if no longer in school. If they are still in school, almost all girls this age are "never-married children" in the home of their parents. Only a third of the school leavers, however, are still in the parental home by age 18, and about 60 percent are already a wife or even a family head. Those girls who leave school young and marry early—thus limiting their earning possibilities—apparently marry boys who are poor providers also. A third of the girls aged 16-17 who had left school without graduating from high school and were already wives were living in poverty. Among wives aged 18-19, 1 in 4 of those not a high school graduate was poor compared with 1 in 7 of those who did have a high school diploma. And among wives aged 20-21, 6 percent of the high school graduates were in a family with income that was below the poverty line, compared with 22 percent of the wives who had not completed high school.

The prospects for the young ill-educated poor to better themselves later in life were not good. The evidence is that income differences between men with a high school diploma and those without grow greater, not smaller, with age. The young man with too little education to compete for today's jobs would find it harder and harder to match earnings with needs as his family responsibilities grew.

UNFINISHED BUSINESS

The statistics about the poor presented in this article constitute merely an interim report. Additional data now being compiled will tell more about the complex variables of poverty, but much is still to be learned about how poor families manage and what they must do without. We are still only speculating about the long-term effect of income deprivation, particularly on the young.

The poverty roster today, for all that it is shorter than it once was, bespeaks our past failure to take the steps to end for everyone the scourge of poverty. The task for today is to differentiate and provide for the diverse groups among the poor. Improvement of existing programs for income support can meet the needs of the old, the mothers of young children, and the others who cannot work. For still others it will be better employment opportunity that must be provided: Eliminating discrimination will resolve some of the difficulty for the Negro, the woman, and others now at a disadvantage in the hiring hall. The long-time concern with the insufficient income of our rural population should also bring results.

It is significant, however, that every fourth household counted poor in 1964 was that of a white man under age 65, not living on a farm. One out of 5 poor families of two or more members belonged to a white man who had worked a full week every week in the year. And every third one-person household in poverty represented a white male worker whose full-time employment netted him less than the \$1,500 it takes to stay above the stringent poverty line. A whole complex of new or revised programs may thus be needed to remedy the situation for the large number handicapped not by sex, not by color, not by age, or even by unemployment—but who nevertheless live with poverty because they can't earn enough to support themselves or their family.

And above all there are the children: providing for all of them, irrespective of the circumstances of their parents, the incentive, the means, and the possibility for extending education will not only prevail against the poverty of today but will pay double dividends for the future. Today's children properly attended should see tomorrow's aged better off as well.



