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OLDER AMERICANS IN RURAL AREAS

GOVERNMENT

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HEARINGS

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

NINETY-FIRST CONGRESS

SECOND SESSION

PART 11—DOGBONE-CHARLESTON, W. VA.

OCTOBER 27, 1970

Part I. Dogbone, Iowa, September 15, 1970
 Part II. Charleston, West Virginia, October 27, 1970
 Part III. Charleston, West Virginia, October 27, 1970
 Part IV. New Albany, Indiana, September 15, 1970
 Part V. Greenwood, Mississippi, October 1, 1970
 Part VI. Little Rock, Arkansas, October 19, 1970
 Part VII. Hannett, Idaho, February 23, 1970
 Part VIII. Boise, Idaho, February 24, 1970
 Part IX. Washington, D.C., May 28, 1970
 Part X. Washington, D.C., June 2, 1970
 Part XI. Dogbone-Charleston, W. Va., October 27, 1970
 Part XII. Dogbone-Charleston, W. Va., October 28, 1970



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- Part 12. Wallace-Clarksburg, W. Va., October 28, 1970

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OLDER AMERICANS IN RURAL AREAS

(Dogbone-Charleston, W. Va.)

TUESDAY, OCTOBER 27, 1970

U.S. SENATE,
SPECIAL COMMITTEE ON AGING.
Dogbone, W. Va.

The special committee met at 10:30 a.m., pursuant to call, in the community center of Dogbone, Senator Jennings Randolph presiding.

Present, Senator Randolph.

Also present, Representative Ken Hechler.

Staff members present, Phillip McGance, legislative assistant to Senator Randolph; Dolores Cutler, professional staff member; and Peggy Fecik, clerk.

OPENING STATEMENT BY SENATOR JENNINGS RANDOLPH, PRESIDING

Senator RANDOLPH. In the U.S. Senate and in the U.S. House of Representatives the sessions, whether they are at 9 o'clock or 10 o'clock or 11 o'clock in the morning or at noon, open with prayers by our chaplains. Oftentimes there are visiting ministers, the chaplains, Dr. Elson or Dr. Latch, asking those who come from the States to Washington from time to time to open our sessions for legislative business with prayer.

I had the opportunity, Ken, of asking a young man who is 21 and a student at West Virginia Wesleyan to give the prayer in the Senate a few weeks ago. In talking with me he said that he is the pastor for five rural churches in central West Virginia of the United Methodist faith and one church—I will place all of this in the record—the youngest member of his congregation is 92 years of age. So that person is a senior citizen or an elderly worshiper or whatever you want to call him.

When this young man went for the first time in his Volkswagen into this rural section to conduct the services there was a heavy snowstorm and he was 35 or 40 minutes late in arriving. As he was removing his coat and shaking the snow from his shoulders to open the service, one of these ladies in her 90's said, "Preacher, start the meeting; I'm living on borrowed time." [Laughter.]

Well, now, I want you to know that this morning we are all here together living and there is no borrowed time; there is time—an interesting time, a challenging time. I want you to believe as we begin the hearing today that this is not just another day, this is a new day.

I am pleased to see the younger people here today with those of us who are older.

I have mentioned the sessions, Ken, that begin with prayer, and insofar as I know we will do something that has never been done before in the United States and that is to have a committee hearing open with prayer. I know of no subcommittee or no hearing by committee in the Senate that has ever had a prayer to open that hearing. I mentioned the Methodist minister, so it is OK to have our prayer this morning by a Baptist minister.

Rev. D. C. Bowman, are you here?

Reverend BOWMAN. Yes, I am.

Senator RANDOLPH. If you will just stand, Reverend Bowman. I think you have been a minister for 39 years.

Reverend BOWMAN. That is right.

Senator RANDOLPH. You are 65 years of age?

Reverend BOWMAN. Yes.

Senator RANDOLPH. So you can qualify as an elderly minister.

Reverend BOWMAN. Right.

Senator RANDOLPH. Would you just give us these words that you would want to.

Reverend BOWMAN. Almighty God, our loving heavenly Father, as we have come to this place for the very purpose, realizing that Thou hast made men upright in heart and stature, our divine Father, we pray Thee now to bless this congregation that is gathered from many places in the State of West Virginia.

Almighty God, our heavenly Father, may what is done be done in the spirit of love, in the spirit of grace and the power of Almighty God. Our heavenly Father, help these men, oh God, to bring about a great unity that our faith, our Father, may be mutual and our hopes and our faith anchored in the Lord Jesus Christ.

Father, help us to maintain and keep this great heritage that our forefathers thought to give us, our Father, that we would hold up the great flag that men of the world may see it and realize that Thou, our Father, was in it and Thou gave us His inheritance. May we be strong in faith and love to Thee and each other, our Father, and remain united against the force of evil and that the Gospel be preached and salvation brought to our lost world.

Bless this gathering, our Father, in Jesus' name and help us to keep, our Father, this heritage that we have got today. May we be thankful in heart that we have met today for this great purpose. We ask these blessings in Jesus' name and for His precious sake. Amen.

Senator RANDOLPH. Amen.

I am very glad that Representative Hechler has joined us this morning as a participant and a leader in our hearing here at Dogbone, in Lincoln County, W. Va.

We have in the Senate of the United States a special committee on aging and I have come to conduct an official hearing of that committee here in this section of our State.

We are thinking particularly of the problems of the elderly, of our older Americans in rural areas. There are many problems, and we will discuss them and we will be helped by those who are members of our panel here today.

We are going to stress transportation needs, and I think I can understand those better now from coming up the road. I certainly had a taste of the need for road improvement as we came to this community building.

We are going to talk, I know, about the hindrance, the creation of barriers to the travel of older persons who should not be moored to just one location but they, as young people, need and want to often move about. This is good for them, good for all of us to be able to exchange our thoughts by visiting with others.

Now we are going to try to meet the needs of the elderly, not just by being here in Dogbone but also from your suggestions. We are going to talk about health care and nutrition and services, social services in a degree, the contacts that you have with your relatives and with your friends.

So our hearing is going to be an important part of the committee study. Those of us on the committee and the various subcommittees are trying to bring together the information to develop legislation which becomes law to help so many, many people to continue to live useful lives even though they are older and less active than those that are in regular employment and leaders in civic affairs.

Now I am not going to make a statement as such. We do have the people here that form our panel. I am going to ask some of them how they got here and so forth this morning. I have a complete statement which is available, I believe, for distribution but in the interest of time because—I did stop to chat this morning with the students at the Martin Elementary School—we are beginning a little late.

If those of you who are not participating would write down some of your thoughts and any suggestions that you have; we will make them a part of our printed record.

So those who do not have the opportunity to discuss matters here today, if you have statements we will include those in our record.

Representative Hechler, as you know that is the practice, very often, to include those statements in the printed public record. I think that will show that we want to have your thoughts.

I am very happy, as I said earlier, that Representative Hechler is present. I would like before I call on the first of our panel witnesses for you to give a greeting or make comment on the purpose of our hearings. Speak as you desire.

STATEMENT BY HON. KEN HECHLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WEST VIRGINIA

Representative HECHLER. Thank you, Senator Randolph.

I want to congratulate all of those from this area that are present for this hearing and also congratulate Senator Randolph for calling the hearing.

Senator Randolph mentioned the roads of Lincoln County. Lincoln County is an unfortunate stepchild that gets elbowed to the end of the table when the appetites of the two bigger brother from Kanawha County and Cabell County hog all the food because there are 469 miles of unpaved roads in Lincoln County and only 183 miles of paved roads. I figured out the percentage and that is 28 percent are paved, whereas in the State of West Virginia statewide there are 42 percent

of the roads paved. So when we are concerned about transportation we have to consider the fact that, in the quality of its roads, Lincoln County is indeed a stepchild.

The proportion of elderly people in West Virginia, as everyone knows, is larger than in the Nation and in Lincoln County it is larger than in the rest of West Virginia. In this county where Chuck Yeager was born, the man who broke the sound barrier, you cannot even get a sick old lady to the hospital without driving for hours sometimes over muddy and rutted roads.

You know per capita income in Lincoln County is only \$1,463 as against the State average of \$2,610. We used to say maybe Clay County might be lower but no longer. Lincoln County is 55th in the State in income, and a lot of this is due to our lack of transportation. There are many things that can and must and should be done but, Senator, I would like to bring home one little fact.

The 1970 preliminary census shows that Lincoln County has a population of 18,411. I went back a couple years ago to 1910, and do you know what the population was then? 20,419! So in 60 years Lincoln County has actually lost people. Of course these people who get jobs in other States, they come back here in their retirement years which increases the average of the population.

We must do something to improve the transportation. I will quickly run over three or four ideas. First I think the State legislature ought to pass legislation to allow the use of schoolbuses during school hours to transport elderly people to the social security office, to the clinics, and to the areas where they need to go.

No. 2, I think there ought to be some additional work on upgrading the rural roads. There ought to be a new two-lane highway cut up from Hamlin 10 miles north to Interstate 64. This is one of the few counties that has no access to Interstate 64, nor does it have any access to Appalachian highways now being built.

In addition to that, we ought to take the kinks out of Route 34. Many improvements ought to be made in our bus and transportation service.

I think also if we had a midway regional airport in Putnam County it would help the economy of this area and would help bring back many of the people from other States that have gone off to other jobs and would help improve this county and would help keep the families together. It is so important that we keep these families together.

When younger Lincoln Countians can have the economic opportunity to return to their families, it will help in the many problems which these isolated older people confront.

The wonderful people of Lincoln and southern Wayne Counties are cut off and isolated, neglected and abandoned by the railroads, ignored by the roadbuilders, showered with a surplus of undelivered promises by the politicians, stranded when their sons and daughters leave the State for better jobs, and today they are even left penniless to die without even a burial allowance. I have just been informed that the 6-percent cutback ordered by the Governor has resulted in denial of all burial payments which were formerly provided for those receiving welfare assistance.

The stark statistics underline even more the serious economic plight of the people of Lincoln County, and of course the elderly suffer more

than any other group. The June 1970 unemployment figures show that 12.3 percent of Lincoln County's population is unemployed, as against a statewide figure of 7 percent. A total of 4,023 persons in Lincoln County receive welfare checks, which is 21.9 percent of the population—as against West Virginia's statewide average of 8.1 percent. Food stamps are received by 5,053 Lincoln Countians, which is 27.44 percent of Lincoln County's population—as against 15.66 percent statewide in West Virginia.

I was shocked to discover that even in the routing of Interstate 64, Lincoln County was shortchanged. Take a straight ruler and place it on the map south of Huntington where Interstate 64 runs, and extend it due east toward Charleston. You'll find that the most direct route for Interstate 64 would have been through Lincoln County, instead of the humpbacked northern loop which then crosses and recrosses the Kanawha River to end up in the spaghetti or macaroni mish-mash to which the roadbuilders have sentenced our beautiful capital city of Charleston. The saddest words of tongue and pen are that Interstate 64 should have been routed through Lincoln County where the population is light, land is relatively cheap, and they could have avoided that infamous hole on the Huntington golf course that they had to move an entire river to save, and then wound up south of Charleston in the Marmet area to save crossing and recrossing the Kanawha River and gouging out the center of Charleston.

Mr. Chairman, all that poor planning and high burden on West Virginia's taxpayers has already been perpetrated, so we must look to the future. Right now the situation is getting desperate. Unemployment in Lincoln County is reminiscent of the early 1930's or late 1950's, and is reaching crisis proportions. The cost of living is skyrocketing.

Better transportation is a golden key to progress for the older people of Lincoln County, and I hope that those who testify from personal experience here this morning will help underline that fact.

Thank you, Mr. Chairman.

Senator RANDOLPH. Thank you, sir.

We are going to have the counsel this morning of many people. To begin our program of discussion is our panel leader, Mrs. Joan Ross, executive director of the Southwestern Community Action Council, Inc. Also as I recall, Joan, you were the director of the national council on aging study, the project called FIND. You might tell us about that briefly in a moment.

Hal S. McComas, you are the county coordinator of the Lincoln County Opportunity Co. We are gratified at the leadership that Mrs. Ross and Mr. McComas have been giving to us in the preparation for this hearing and in the panel discussion which will follow.

So Mrs. Ross if you will give your statement at this time to begin our discussion.

STATEMENT OF JOAN ROSS, EXECUTIVE DIRECTOR, SOUTHWESTERN COMMUNITY ACTION COUNCIL, INC.

Mrs. Ross. Thank you both very much.

I read through my speech last night and I timed it. They asked us to take 5 to 7 minutes because we want to give the older people as much

time as possible. When I timed my speech last night I realized that it took 8 minutes, but I want to build a good picture of what I am going to say, so I hope you will forgive me the 8 minutes.

The problems of the elderly in rural West Virginia are really no different from those in eastern Kentucky or the hills of North Carolina, Tennessee, or other States. The lack of indoor running water, toilets, telephones, health facilities, decent housing, poor transportation, and so forth, is not unique. There is not much difference in living in a Muddy Gap in North Carolina from a Muddy Gap in West Virginia, but, being one of the many that do live in this condition does not make it any easier for the isolated older person, living up a hollow, whose children have moved away, leaving him to endure in quiet resignation hardships that often stagger the imagination.

Southwestern has been involved in many activities that deal with the elderly and I am not going to enumerate them all. The first program that Southwestern conducted as a multicounty community action agency was a project called FIND. I am going to go with you through some of the results.

We did a random sampling survey of 4,500 people in the counties of Cabell, Wayne, and Lincoln. A subsampling of a total of 1,000 of the three countries tabulated, and Friday we pulled a subsampling of 508 from Wayne and Lincoln.

The figures reinforced the picture of destitution that too many older rural West Virginians live in. Figures like almost one-third—30.9 percent—had no running water. This was a random sampling survey of all the elderly people, not just the poor in Wayne and Lincoln County. One-third had no running water.

Half had no indoor toilets and 54.5 percent had no hot water. Now these figures are terrible, but consider what it means to you if you are 72, have arthritis, you are beginning to get cataracts, and the temperature is 10 degrees with freezing sleet falling. Then what do you do with no running water, no indoor toilet, no hot water?

You live up a dirt road in a hollow and are among the 50.2 percent that have to take medication and who have trouble getting it because of transportation—63.1 percent said they had trouble getting their medication because of the problems of transportation. Public transportation is virtually nonexistent, and if a friend can take you to get the medication you will probably be charged anywhere from \$5 to \$22 for the services.

Your monthly income could well be \$56 a month. You could also be among the 53.74 percent who said their income just didn't cover their expenses.

The figures continue to support the problems of the rural elderly: 56.3 percent could not do their own housework (combine this with no running water, no indoor toilets!); 51.3 percent needed help in dressing (one couple that we surveyed in Wayne County had wrapped blanketing around their legs and tied it with ropes to keep warm); 30.2 percent could not shop for themselves (the nearest store could be 7 miles away if you live up a hollow and you are among the 27 percent who can't afford at all the amount that your neighbor charges to take you for groceries); 64 percent said they needed help in maintaining or repairing their homes, which you don't have enough money to cover (although the LKLP project in eastern Kentucky which is

federally funded is a success, you cannot find any Federal agency that would help you do this in West Virginia); 70.7 percent said they had financial problems, and 80.4 percent were not working (in Lincoln County unemployment runs as high at times as 12 percent).

Again, with all the problems that I have listed, is it really feasible to expect these older people to work part time?

Another deterrent to employment, in addition to the problems above, even for supplemental income, is the educational background—50.5 percent did not finish primary school and 33.66 percent only finished the eighth grade. Now, realistically, opportunities for people in circumstances like these in Lincoln County just aren't too great.

Although the survey was done 20 months ago, it is not unreasonable to say that the picture has not significantly changed except that during this period there have been social security raises.

At the time that we did the survey, 78 percent of the people had incomes of \$2,000 a year or less. This would probably be a little bit more because of the social security increases. At that time, 52.7 percent were living on \$1,000 a year or less. These figures also included the spouse's income where a husband and wife were living together and in some cases included two sources of income if the older person, the respondent to the survey, had two sources of income.

Now Southwestern—as I said, I am not going to go into all of this—has tried the best they can to meet as many needs as they can through a variety of programs. Most of them are like using bandaids when major surgery is needed; they just are not meeting the overall problem.

We operate a senior community services project in all three counties—providing personal service aides, senior center aides, and a variety of individual placements. Our multipurpose centers in the three counties include programing for the older residents in their respective communities. In Huntington at the Action, Inc. senior citizens center we have a meals program for homebound disadvantaged older persons which Mrs. Rose Webb will be discussing with you.

We are continuing to try to coordinate our efforts with the Commission on Aging and the Wayne County Committee on Aging in Wayne County to do something about housing in Wayne County. Sam McComas, the coordinator from Lincoln County, is going to talk with you specifically about what is being done in Lincoln County.

One thing I do want to say is, that the programs we are trying to develop in the rural areas—we want to benefit the elderly, but the elderly are not the only ones who need help. If you live up a hollow and your road washes out, it does not make any difference if you are rich or if you are poor or if you are young or if you are old, you still can't get out of that hollow.

If you need medical services and you live up a hollow and there aren't any medical services for anyone in the county or any health services to speak of for anyone in the county, it does not make any difference if you are old or young or rich or poor if the service is not there to get. Dr. McClellan is going to be talking with us some more on this.

We have allowed all our programs that have money written into the budgets for transportation to provide emergency transportation, even though this is more or less frowned upon by the funding agencies if the program is not specifically geared to provide this, because we felt that this is a priority need—to get the people out to help that they need or to bring the help in to them.

As Mr. Hechler pointed out, one of the problems of Lincoln and Wayne is that they are in between, so to speak, regions that are getting a lot of attention, both are next to Charleston and to Huntington, as well as Beckley, Logan, and Man. So, everybody seems to assume that they have all the answers, they have all the readily available solutions, when in reality they are right in the middle and nobody is taking care of these counties.

Southwestern has only surveyed the three counties, but undoubtedly the picture is the same in many of the other rural counties in West Virginia. Far too many older rural West Virginians are living out their lives in quiet, uncomplaining hopelessness and I feel that we can do better.

Thank you. [Applause.]

Senator RANDOLPH. I am very happy to have those of you here express your appreciation of the witnesses by applause; don't feel that you should not do this. We want you to express yourselves, and this is a way in which you can do it. I wanted to applaud myself but I thought as chairman I should not do that.

Representative HECHLER. May I applaud for you?

Senator RANDOLPH. You may; yes.

I am not sure whether I should ask questions of Joan at this point. I may a little later because I think we need to move ahead.

Hal, you give your statement at this time.

STATEMENT OF HAL S. McCOMAS, COUNTY COORDINATOR, LINCOLN COUNTY OPPORTUNITY CO.

Mr. McCOMAS. Mrs. Ross has given some insight as to the finding of the project FIND survey and to problems characteristic of not only Lincoln County but Cabell and Wayne. At this time, in view of the fact that we have further statements this morning which address themselves to more specific cases in Lincoln County, and too, in keeping with Senator Randolph's suggestions regarding our discussion area today, I would like to briefly address myself to the effectiveness of Federal programs in Lincoln County for the aged and what direction we will be taking hopefully in the future.

Our particular agency at this time is sponsoring a neighborhood service system account, community organization account, a senior citizens program, and emergency food program, and a manpower program; namely, Operation Mainstream. We have involved the older Lincoln County residents when possible and when feasible at every point. I would like to cite some examples, if I may.

Last year over \$9,000 was channeled into Lincoln County through the coordination of the Lincoln County Mountain Artisans for the sewing work being done by women in Lincoln County. Ten of the 75 ladies were over 65 years of age. Forty of the 75 ladies were over 50 years of age. I think a sampling of their sewing work is here this morning which has been brought by one of our panel members. Perhaps you might want to take a look at it a little later.

A second example: 394 elderly received food vouchers referred to the emergency food program last year.

Third, with the initiation of our senior citizens program 13 months ago, a register of needs has been established and as of last August

over 150 names had been added to this register. The purpose of this register is to allow the senior citizen aides who are assigned to the multipurpose center to make home visitations to the elderly in Lincoln County and make referrals to the Welfare Department, Food Stamp, Social Security, et cetera. As a result of this activity, last year over 43 families in Lincoln County had an opportunity to improve or supplement their family income.

I think, for the first year of the senior citizen operation in Lincoln County, the numbers of the referrals made by this particular program is impressive. For example, 130 referrals were made to Welfare, 100 were made to the Food Stamp office, 15 people were referred to Operation Mainstream. As of last August—I am not sure as to the figure now—12 of those men of the 60 men working on the Operation Mainstream program were over 55 years of age.

Fourth, 32 senior citizens had dental work performed by this agency's dental program last year absolutely free of charge. That 32 is certainly not indicative of the great need which exists in Lincoln County.

Fifth, more than 100 people 55-and-over participated in nutrition classes in our county last year through the 07 account.

Sixth, I would like to mention that, although funded only 6 months ago, our Operation Mainstream program has not only improved upon but created new recreational facilities in the county, and has recently addressed itself to home beautification in the county. At this point the program has built porches, put roofs on houses, installed gaslines, and a number of other activities for elderly people in the county.

To this point I have mentioned briefly some of the highlights or activities which we are concerned with in dealing with the older Lincoln Countians. I would like to indicate what changes or innovations for the elderly we would like to pursue in the coming months.

1. We are exploring the possibilities of initiating a meals-on-wheels program or the provision of meals in target areas for the elderly.

2. In order that our senior citizens program becomes self-supporting in 3 years as required by the Federal Government, we are again exploring the possibilities of developing a bakery service whereby the profits from this service would be channeled back into the senior citizens program for its continuance.

3. Through the recent formation of Appalachian Craftsmen—and I might add this corporation is very close to my heart because I regard it as a real potential in pumping revenue into Lincoln County—we hope to involve the elderly skilled craftsmen in Lincoln County in the production of arts and crafts. I would suggest personally to the congressional representatives of West Virginia today that they can offer a real service by supporting the sale of arts and crafts from rural areas in our State and Federal parks and our recreation centers in the State.

Some particular problems experienced in the conduct of our senior citizens' activities have been the following:

1. The Federal reduction of the allowable costs for in-kind contribution as a part of our senior citizens program. For example, at this point we are operating 60-40; in other words, 60 percent Federal allocation, 40 percent in local in-kind contribution. We find it very difficult to mobilize local resources in an area known for its poverty.

For example, it is very difficult to acquire a rate of $6\frac{2}{3}$ percent of program equipment value to the point that we are able to balance up the budget with the Federal allocation.

2. Our request for GSA vehicles for the implementation and consideration of a meals-on-wheels program and other activities has been stopped somewhere in the governmental machinery.

3. Primary emphasis last year in the establishment of our first senior citizens program was placed on activities in the multipurpose center. We have concluded since that time that this was perhaps a weakness, and we have expanded our senior citizens program to operate activities in all eight target center areas in Lincoln County.

This concludes my statement. [Applause.]

Senator RANDOLPH. Thank you very much, Hal.

Joan, in your statement you mentioned that Federal programs, those administering them, seem to frown on a service or services that concern transportation. Would you enlarge on that statement?

Mrs. Ross. We have been told by analysts and consultants not to provide transportation for transportation's sake. If it relates to the program, we can provide it. We operate according to a budget and what is called a work program, but transportation for the sake of transportation is not to be provided in this budget unless it directly relates to the work program.

Senator RANDOLPH. Thank you very much.

You also talked about the programs within your FIND operation. Those individuals we will call aides; what did they do?

Mrs. Ross. There are a number of them here today who have come just to listen, and some of them will be participating as part of the panel. These were persons 55 years of age and older who did the random sampling survey. In the end, after we completed the 4,500, they talked with a total of over 6,000 older people in the three counties. We use the survey as a mechanism to get the people transportation and services. These were older people, who through all kinds of weather, did this survey.

Senator RANDOLPH. At this point I want to go off the record.

(Discussion off the record.)

Senator RANDOLPH. On the record.

Hal, I want to ask a few questions that are raised by your very stimulating statement.

Do you know how many persons in Lincoln County, for example, are 65 years and older, and perhaps a percentage of those that are 55 years and older? You mentioned some of these.

Mr. McCOMAS. I understand as a result of the census feedback which I had received through the West Virginia employment security that the percentage of people 55 and over in Lincoln County is approaching 10 percent, perhaps greater, but I do not have the specific figure.

Senator RANDOLPH. Even that appropriation will be helpful.

Louise Gerrard is here. Louise, you are the executive director of the West Virginia Commission on Aging. I want you at this time to respond to the question that I have asked, but also to take this opportunity of presenting some persons who have accompanied you here for the hearing if you desire to do that.

Dr. GERRARD. I would like that very much.

Senator RANDOLPH. If you would, Dr. Gerrard, sit or stand, as you wish, and help us with this question and help develop some of this matter.

**STATEMENT OF DR. LOUISE B. GERRARD, EXECUTIVE DIRECTOR,
WEST VIRGINIA COMMISSION ON AGING, CHARLESTON, W. VA.**

Dr. GERRARD. In the 1960 census there were 1,700 people 65-and-over in Lincoln County. The Commission on Aging is particularly concerned about counties such as Lincoln. As Hal said, we have a 60-40 matching ratio this year for the second-year program, and the Lincoln County center was unable to come up with its matching money. We feel the program is an excellent one and we resent the fact that there has to be this kind of matching. We feel there should be provisions for low-income programs so that they do not have to come up with so much matching money. With your permission we will go into that more this afternoon. This is a fine program in Lincoln County, and we are very proud of it.

Senator RANDOLPH. You are saying, in effect, that a law must have built-in flexibilities, that it must be able to accommodate such a program as Lincoln County, for instance?

Dr. GERRARD. Senator, we have the same matching ratio as Westchester County or any wealthy county in the East, and we think it is absolutely unfair.

Senator RANDOLPH. I agree with you, and we will see what we can do about this situation.

Dr. GERRARD. Thank you.

Senator RANDOLPH. Now we will move along quickly.

Dr. GERRARD. Senator Randolph, members of the Commission staff. You are holding your hearings in West Virginia at a particularly important time. Men and women from every county in the State participated in White House community forums last month, part of the nationwide preparation for the White House Conference on Aging. More than 5,500 older West Virginians signed our register sheets and contributed to the discussion on the special needs of our people. Some hesitated to participate in the forums because, they said, they were tired of talking when no one was listening. But they came to the forums and spoke out because they knew you were going to hold hearings this month and would learn what they said.

They also had the assurance of the Commission on Aging that their views would be heard; that we would be working for change where change is necessary. The Commission on Aging has given your committee the preliminary findings of the community forums in West Virginia, and we would appreciate having them made part of the record.

In the few minutes I have before introduction of this afternoon's panel, let me outline the consensus which appeared in the 307 separate forums in West Virginia. I should point out that when people were too frail to get to a forum, or when transportation posed an impossible problem, volunteers went to them, so the views expressed are those of isolated individuals as well as those who came to the meetings.

Transportation is a significant problem for our older people, and not only those who live in rural areas. The roads in West Virginia have improved significantly the last several years, but this improve-

ment is an aid primarily to those who drive cars. Some of our older men and women have given up their cars because they can no longer get insurance—in spite of good driving records—or cannot afford the insurance rates which have gone up steadily for them. Some have given up their cars because they can no longer afford them or know they should not drive, although for someone living in an area with no public transportation, giving up a car is like giving up all chance for an active life.

Public transportation is virtually nonexistent in most rural areas of our State, and what does exist is apt to be expensive and irregular. In town, bus schedules are constantly being cut back: no evenings, no Sundays—even during church hours—perhaps only one bus early in the morning, another late in the afternoon or evening.

Taxis are expensive—if there are taxis, and operate only in limited areas. They charge extra to haul groceries.

Walking is hazardous, particularly in rural communities. There are few sidewalks, and the shoulder of the road may be poorly marked, narrow, and rough. Yet every time you drive these roads, you will see older men and women going to the store, or returning home, carrying their packages, with traffic speeding by. Walking this way is difficult enough for a young person, but if you are hard of hearing, or find it difficult to see more than a few feet ahead, this can be a terrifying experience. On a foggy or dark day, going to the store is out of the question. Crossing the road is almost a suicide trip in some sections, with traffic moving in both directions, some of it around blind hilly curves. Some of our people actually go hungry on certain days because they can't get to the store.

Getting to a doctor's office or a clinic can be so expensive that older people just don't go, although they need professional care. Specific examples will be given you at these hearings. I will repeat only the case of one man in a rural area who itemized for us his trip to the doctor, a trip which took one-third of his whole month's social security check: \$9.50 for the driver, \$1 for the driver's lunch because there was an all-day wait at the doctor's office, \$11 for the doctor's examination and laboratory tests, \$9.53 for two prescriptions. Total for the day: \$31.03, none of it covered by medicare. Time: 10½ hours from the time he left home at 7:30 in the morning to when he returned, exhausted and even sicker, at 6 in the evening. The doctor told him to come back in 2 weeks, but the man could not afford another visit that month.

I was startled, at the first forum I attended, to hear participants say that their spiritual needs should be a subheading under transportation. They were unable to fulfill their spiritual needs, they said, because they had no way of getting to church. When we began to receive similar reports from other forums, however, it became clear to the clergy who attended the sessions that the churches would have to reexamine their whole approach to the elderly. Too many churches, it was said, welcome everyone who gets to church, but make no special effort to see that the older members have a way of getting there, except perhaps, at Christmas, Easter, and Mother's Day. Some churches put a note in the church bulletin that all those needing rides should call a certain number. Some of our people, with the special sensitivity of age, have hesitated to call, or have felt they were imposing, and there-

fore have not been getting to church in spite of a real spiritual hunger and the habit of church-going stretching back a lifetime. The West Virginia Council of Churches and many individual groups are taking up the problems of older West Virginians as a special challenge, because the spiritual needs of our people have been reported with such great forcefulness at our White House forums.

Most of our rural elderly live in places where the schoolbuses reach. Often, these buses are the only public vehicles. After their regular morning trips, schoolbuses stand idle in schoolyards all over the State for the rest of the day. Why, our elderly ask, can't we use the buses? The drivers could make regular, announced runs, to the clinic, or the Welfare office, the stores, or senior centers.

Some school superintendents have said that there are State laws prohibiting use of the buses for such purposes, or that insurance regulations make it impossible.

The Commission on Aging has received an informal opinion from the attorney general that there is no constitutional prohibition to the use of schoolbuses for the purpose of driving older residents at off-hours. We are going to request the 1971 legislature to authorize individual school boards to make arrangements with local senior citizen groups to carry older people in school vehicles. Financial arrangements would be made by the individual counties for the cost of insurance and personnel, as well as added expenses of the vehicles. We hope we will be successful in getting this legislation, and in persuading county schools to cooperate. Use of schoolbuses would make a tremendous difference to our older people all over the State.

Our people feel social security payments are too little and too late. They ask for higher minimum payments, with automatic cost-of-living adjustment. They want wives covered earlier than age 62. Too many of our older men are trying to support themselves and their wives on one social security check. When the check is \$65 or \$70 a month, this simply cannot be done, no matter how well they try to manage their money. Many forum participants asked a much lower age of eligibility for widows. When a woman of 55 or so loses her husband who had been drawing a social security check, she is often literally without income from any source.

Most men and women 65 and over in our State have only their social security incomes, nothing from private pensions or annuities. Many of those who do have private pensions find these are smaller than had been anticipated, and, as with social security, seriously deficient because they are not tied to the cost of living. Even our middle-income elderly, who have retired after having enjoyed professional careers, voiced their feelings of insecurity because of inadequate income in what are supposed to be their golden years.

Our people feel Medicare is seriously deficient. Monthly payments are out of line with the small cash income our older men and women receive each month. There was much talk at the forums about the need for preventive care, for coverage for prescription drugs, and office visits. Our people want medicare to cover dentures, eyeglasses, and hearing aids. They are concerned about the lack of nursing homes and personal-care homes at fees they can afford, and they are suffering because they cannot get the medical care they need, when they need it. There are not enough doctors and nurses for people of any age, nor

the public transportation to get to professional help. The same week as the forums, there was an announcement of the retirement of an 82-year-old physician, the only doctor in one entire county. When asked what she was going to do, one of his patients said: "I guess I'll pray a lot."

Our people are concerned about keeping up their homes once they have retired. They hope the 1971 State legislature will approve a proposed constitutional amendment on homestead exemption, thus making it possible for many of our elderly to remain in their homes. They are concerned about the difficulty of getting rental housing, and of getting repairs in order to maintain their dwellings in decency, if not comfort. One woman at our forums said her greatest wish was to have an indoor bathroom, at least in winter. Other requests were just as modest, but, to our older people, just as far away from reality. There were complaints about public housing being built away from public transportation, stores, and medical services. Our senior groups, even when well organized, are seldom consulted by housing authorities before a site is selected and plans drawn up.

Seated to my left is Dr. B. C. Harrington, of Elkins, who was a founder of the Commission on Aging, one of its first chairmen, and now a very active member of the board and a founder of the Randolph County Center, which is one of the largest centers in the State.

SENATOR RANDOLPH. Yes. Would you take a moment, Doctor—and I know you well enough to say "a moment"—and just bring a greeting. We would like the record to reflect your greeting.

DR. HARRINGTON. From the northern part of the State I certainly bring you greetings. I think you look about the same as our people, and you look pretty fine. We have become very much interested in the older population. We think the older people in the State are just wonderfully adapted to citizenship in the great State with the great future.

The outlook of people is what we are trying to change, and I say "we" because I am approaching my 80th year, believe it or not. I am still quite interested in what is going to be in the future rather than in the past.

I believe that our center is doing great work in our county. We have three satellite groups in rural areas and we are going to branch out and help people in neighboring counties.

I am grateful for being included in this visit. I think that if I stayed here I would find a lot of friends. I can't stay here but being from a remote area and a member of the Commission I am going to do my best to see that Dr. Gerrard and our associates get together and work hard to bring about a change in the public, in the government, and in our own lives.

Thank you. [Applause.]

SENATOR RANDOLPH. Thank you, Doctor.

DR. GERRARD. Senator, Mrs. Sara Evans of Fairmont is here also. She is the Secretary of the Commission on Aging.

SENATOR RANDOLPH. Mrs. Evans, just as Dr. Harrington spoke for 2 or 3 minutes, I would like for you to also say what you would like in the way of greeting because you come from another section.

Mrs. EVANS. Thank you, Senator Randolph.

We, too, have the same problems. I am from Marion County and we have many of the same problems you do. I am most hopeful that from these forums that we will come up with some fruitful programs that will help all of us.

Senator RANDOLPH. Thank you very much, Mrs. Evans.

Dr. Gerrard.

Dr. GERRARD. Reverend Yost who is head of the Lutheran Ministry for the Aging for Pennsylvania and West Virginia is doing a great deal to bring the churches closer to the senior citizens group.

Senator RANDOLPH. Reverend Yost is from over in Mineral County in the Keyser section. We are very grateful for his presence.

I met with Reverend Yost, Dr. Gerrard, Dr. Harrington, Mrs. Evans, and others at an early morning breakfast conference in Charleston. I want to say for these persons who are on the Commission and others that they are intensely interested in not just talking, but trying to act in programs that will be helpful.

Would you say just a word? I would like for you to.

Reverend Yost. Thank you, Senator. I am very happy to be here. My primary responsibility is to develop ways by which we can cause the church to become more involved in reaching out and helping our elderly citizens. I am here primarily to learn, and I would prefer to do that today. Thank you for the opportunity of being here and the opportunity of hearing this.

Senator RANDOLPH. Thank you very, very much.

(Applause.)

Senator RANDOLPH. Hal, you mentioned the transportation problems as did Joan. We have many worthwhile programs and I wonder what is the measure in which they are hindered because of the transportation deficiencies?

Mr. McCOMAS. I am glad you mentioned that. Currently, this year, our budget was reduced overall approximately 22 percent. This was after the final submission of our budget to OEO. For example, moneys allocated for travel in this year's 07 and 08 accounts have been reduced \$1,200. Overall travel category allowances were reduced \$3,545 from last year's budget. The moneys which have been allocated to the senior citizens program itself have been adequate for the transportation of those staff members, but in terms of staff members in the 07 and 08 accounts taking people to meetings and whatnot in target areas it is very, very difficult.

As a matter of fact, at present our staff members have much trouble in meeting expenses, much less taking people to the doctor, for example, for taking people to the hospital—people who cannot afford transportation. I know for a fact that this has taken place many times by staff members where they will take these people with money out of their own pocket.

Senator RANDOLPH. Hal, before you finish, you mentioned the stimulation that Members of the Congress and people generally can give to the marketing of the arts and crafts of the elderly who produce these very unique articles. I often go into Appalachian Spring, a store on Wisconsin Avenue in Washington, D.C., and we have persons from West Virginia, Tennessee, and several other States who come there and give demonstrations of the products they are fashioning. This store which is operated by one West Virginian and others who are

from other States is a very successful venture. It is not just another place to buy something, it has a tremendous appeal for people.

We have two such stores, perhaps a third store, in the Nation's Capital that are featuring hand-made products from the so-called Appalachian States. So what you say is very important, that we want to give people the knowledge of where these articles can be purchased.

This leads me to another question. In the State of West Virginia, through our Department of Commerce, what is being done or could be done to coordinate the efforts that you speak of in these programs of arts and crafts and the selling of these articles? We know they are being made, we must sell them. Do you have a suggestion?

Mr. McCOMAS. Well, to my knowledge West Virginia's Department of Commerce has a West Virginia Arts and Craft Guild which is for the stimulation of the production of arts and crafts in West Virginia. The reason I made the suggestion that this idea be supported with Lincoln County, having the lowest per capita income in the State of West Virginia and certainly one of the poorest counties in the United States, perhaps emphasis placed on items made in Lincoln County could do something to eliminate this problem.

Other than the West Virginia Arts and Craft Guild, and I understand that it is really in its infancy, it has a great deal of potential yet to develop, but this is what I had referred to. If we place emphasis on items made in rural Appalachia, those items indicative of Appalachia—for instance, one thought is there will be a dam pretty soon over in the Wayne area which is at this time being controlled or developed by the Corps of Engineers. What about the possibility of selling Lincoln County, Cabell County, and Wayne County arts and crafts at this dam and the proceeds going back into the county instead of bidding them out to an outside concessionaire?

Senator RANDOLPH. Ken, would you want to make comment on that specific idea?

Representative HECHLER. Yes; that is an excellent idea. Hal, and I am certainly going to do everything I can in cooperation with Senator Randolph to see that that is carried through.

I would also add the suggestion that the State department of natural resources, I think, should be brought in somewhere, as the State parks are concerned, and to make sure that they are aware of the need, the possibility, and the advantage of the things that you mentioned.

Mr. McCOMAS. Here again we are just in the process of developing this corporation known as Appalachian Craftsmen. We are now taking a survey of the skills which are characteristic of this area. We have not made all of the necessary contacts with the West Virginia Department of Commerce and the Department of Natural Resources, but certainly these are things we want to keep in mind.

Representative HECHLER. There is not only one dam, there are two dams in Wayne County—East Lynn and Beech Fork.

Senator RANDOLPH. I will have to correct the Representative as well as Hal. They are not dams, they are lakes.

Representative HECHLER. They are dams but they produce lakes.

Senator RANDOLPH. We don't even call them dams and reservoirs, we call them lakes. They are all a part of a project and your Senator is going to take credit this morning for changing all of this. Who wants

to go to a dam? Who wants to go to a reservoir? A person wants to go to a lake because he sees there the possibilities of fishing and boating and swimming and water skiing as well as the flood control aspects. So now all over the United States these dams and reservoirs are being called lakes.

Just to show that it takes a long while for people to change their thinking, I have battered at the doors of the U.S. Corps of Engineers for 3 years just to get them to stop calling them dams and reservoirs and now they have issued a public order, they are called lakes. I want you to know that. [Applause.]

If you look on the maps, you won't see dams and reservoirs in the future, they will be lakes. That means a body of water has an appeal for people, they can use this.

I don't want to be critical except I do want you, Hal, to outline in detail the program that you are talking about, the status of this program. Be definitive so that we can know just what you are thinking of.

I know that I helped set up the project in Washington, D.C., at L'Enfant Plaza where I had the person give us a large room in a very attractive building and we had the people come in with the West Virginia crafts and arts. Perhaps that should be tried again, Ken, on a more continuing basis than just a period when people are encouraged to come. I hope we can do that.

Mr. McCOMAS. It is rather difficult to spell out the facts step by step. I only suggest that the congressional representatives be receptive to the idea in that it has great potential.

Senator RANDOLPH. It certainly does, indeed, and I think, Ken, we would be receptive to it.

Representative HECHLER. Yes.

Senator RANDOLPH. Pete Justice of Hamlin.

Pete, I want you to be very much at ease this morning and be relaxed and just talk to us in the way that you think would be helpful.

STATEMENT OF PETE JUSTICE, HAMLIN, W. VA.

Mr. JUSTICE. I think that the elderly people are forgot in our rural areas where they have no adequate housing, poor roads, practically little or no transportation and their income is very, very low.

I was employed through Southwestern Community Action Corp., in a program that is called home improvement. This week and part of last week we have been working on an elderly person's house that their income ranges from \$39 to \$40 a month. Their floor was on the ground and we picked it up and put it on a foundation, put windows in the house and fixed the house up in fairly good condition.

Senator RANDOLPH. Where is that?

Mr. JUSTICE. That is in the upper end of Wayne County above Crum.

Senator RANDOLPH. And you are from Crum?

Mr. JUSTICE. I am from Crum, W. Va., yes.

I feel that the poor people, especially the old and most of them widowed—I counted about 40 some elderly people and I will say 40 percent of them were widows that are living on from \$37 to \$39 a month. In the building of this house the cheapest lumber that we can

buy is rough lumber which is \$80 a thousand. These elderly people live on \$40 a month. They bought 500 feet of lumber to rebuild this house which cost them \$40. That was a month's income. So I think that the elderly people are the forgotten people in our community and in our rural areas.

I think that the main idea is to get transportation into these elderly people in these rural districts and get them on a basis that they could partly survive. They hardly survive, some of them. They are elderly, they are disabled, and some of them are about half blind and they just cannot exist on the way they are having to live at the present.

That is about all I have to say. Thank you.

Senator RANDOLPH. How old are you, Pete?

Mr. JUSTICE. Sixty-two years old.

Senator RANDOLPH. And you are helping other people, aren't you?

Mr. JUSTICE. Working on a home improvement program as a carpenter building these houses that are falling down for these elderly people. We are putting lofts in, we are putting windows in, and where the sides are falling out we are putting in new sides. Where the floor has gone down to the ground, we picked that up and put it on a foundation and fixed it up for these elderly people to live in.

Senator RANDOLPH. I want to say for the record, God bless people like Pete Justice. We need many, many hundreds of thousands of people in this country like you, Pete.

Senator RANDOLPH. Ken, do you want to make any comment or ask a question at this point?

Representative HECHLER. Pete, if you have just a minute I wanted to get your reaction to the suggestion I made that maybe instead of letting the school buses sits at the school all day that perhaps sometime during the school hours we could make arrangements to use these buses to provide needed transportation to clinics and centers and the Social Security office downtown, grocery stores and things like that. I just wondered what your reaction to that would be.

Mr. JUSTICE. I think that would be very fine if we could get that much transportation for the elderly people, but there are some of these places where these elderly people live that are in hollows where they cannot use a schoolbus. They are up in these hollows where the roads are not sufficient for a schoolbus to travel over them. That would be fine, but I would suggest that we would need more than that.

Senator RANDOLPH. How do you get about, Pete? You are disabled to a degree.

Mr. JUSTICE. I drive my own car, 1963 Chevy II. I drive my own car back and forth to work.

Senator RANDOLPH. And you take people with you at times?

Mr. JUSTICE. Yes, I pick people up on my own expense and take them to the doctor and back to the hospital and to get their food and so forth.

Senator RANDOLPH. Thank you very much.

Mr. JUSTICE. Thank you. (Applause).

Senator RANDOLPH. Dr. G. O. McClellan of West Hamlin.

STATEMENT OF G. O. McCLELLAN, M.D., WEST HAMLIN, W. VA.

Dr. McCLELLAN. Good morning.

Senator RANDOLPH. Doctor, I used to know you in other years?

Dr. McCLELLAN. That is right.

Senator RANDOLPH. Glad to see you.

Dr. McCLELLAN. I came here, I guess, primarily to learn more than I did to inform people. However, I am a native of Lincoln County and I have been here more than 39 years in the county practicing. I have that distinction of being 39—for more than 21 years.

I know something about the conditions of Lincoln County. I have been practicing medicine at West Hamlin for more than 33 years. I have seen changes take place in the county in various ways. I have seen the population decrease in number. I have seen the work increase in amount. I have seen the younger people being exported, and I think that is a cheap export from Lincoln County, the younger people.

When we have seen that, we see another condition and that is that the percentage of the older people will naturally become larger. I imagine if we were going above the age of 50 we would have at last half the people 50 or above in this county. Of course that is due to the conditions that exist. There is very little industry to attract the younger people.

Now the transportation, the roads have improved since I came to this county. I used to drive a jeep as Hechler does, and I have been over a lot of rougher roads than this here. In fact, I have driven in places where they didn't have roads. I have visited in many of the homes.

I can confirm many of the things that Mrs. Ross has said about the conditions of the homes. I have gone into homes where the conditions were very pathetic. I have seen conditions that were deplorable; I would hate to even describe the homes of Lincoln County.

Senator RANDOLPH. Doctor, would those conditions be due to a lack of money or a lack of education more than a lack of desire to improve the conditions?

Dr. McCLELLAN. In many cases lack of money, in some cases of course it was a lack of education. Many of the people in this county are not very well educated as we have indicated. As Mrs. Ross has indicated in her statistics there, many of them have not passed the eighth grade. Some of them have not even attended 2 to 3 years in school.

The roads, as I say, have improved since I came here but they have not kept pace with the times. Our conditions are such that if the roads were good in Lincoln County, there are not enough medical facilities in the county to care for the people. There are not enough physicians.

Senator RANDOLPH. How many physicians are there practicing in Lincoln?

Dr. McCLELLAN. We have two practicing physicians, myself and Dr. Henson, a man past 85, and then a part-time man. He works, I understand, 40 hours a week at Huntington. There is a man at Alum Creek just on the border of Kanawha County that is practicing and that is the extent of the physicians in the county.

Senator RANDOLPH. Serving some 17,000 persons, Ken? Would that be right?

Representative HECHLER. Yes.

Senator RANDOLPH. These four or five—does that include some part-time physicians?

Dr. McCLELLAN. Yes, one part time.

Now, of course, the conditions are bad because we have to see too many patients. If you were to come to my office and look over the number of people that are registered there in one day, it would rather amaze you sometimes. Sometimes it is close to the 200 mark.

Now it is impossible for any physician to take care of that many people, and what we have to do is to see the ones who are more seriously ill and trust to nonprofessionals those who are not quite so ill—that they might dispense medicine or whatever they can for them. So those are some of the conditions that exist.

What we need here is more medical facilities along with the improvement of transportation. But since we don't have those, of course we certainly should have the improved roads because many of these people are going to have to go to the neighboring counties. Especially here, maybe some of them would go to Boone County, a big portion of them would go to Kanawha County, and over in our section more of them would go to Cabell County where they have better facilities. Of course we have no hospitals in Lincoln County, only one obstetrical clinic and that of course has a limited number of beds.

Senator RANDOLPH. Doctor, you have spoken about the degrees of illness and disability of those who visit your office. Had there been better transportation facilities, could these illnesses have been caught earlier? Have we not had an isolation which affects the health of people?

Dr. McCLELLAN. Yes, this is very true. That is a very good question. Now one of the things we see so often, we see people who have been sick or acutely ill for several days and we sometimes ask, "Why have you waited so long?" They say: "Well, I live in such and such a place, it is only Saturday or Sunday that I can get anyone to bring me to the doctor's office. The people are working during the week and there are only one or two cars in the community and I cannot get to the doctor's office, and therefore we have got to depend on Saturday when they are not working or on Sunday." That is the reason we have to keep Sunday office hours and at night because so many people do not have the opportunity to come during the week.

Now in so many of these communities these elderly people don't have cars because they are not financially able to have cars. Most of the people that have cars are people that are working and they are using their cars for their work, and therefore it is just at night or on the weekends that they are able to get to the doctor's office.

Senator RANDOLPH. You open your office 7 days a week?

Dr. McCLELLAN. Seven days a week, 24 hours a day.

Senator RANDOLPH. I believe that, Doctor.

Dr. McCLELLAN. That is true. We are open 24 hours a day. Of course I am not working 24 hours a day, I have a 13-hour schedule per day except on Sunday.

Senator RANDOLPH. How old are you, Doctor?

Dr. McCLELLAN. I am 39 plus 21. [Laughter.]

Senator RANDOLPH. I thought I would get that answer.

Here is a man that stands on his word. He spoke earlier about his age.

Dr. McCLELLAN. There is one very interesting thing. I think that—

Senator RANDOLPH. Does the disabled elderly person pay the neighbor who has the car, or do they share in the cost, let's say, of the gasoline?

Dr. McCLELLAN. Most of the time you have to pay. Occasionally there will be someone that will contribute this, but most of the time they have to pay because in the community where someone does this

work, they are doing it so often they could not afford to do it without some pay.

Senator RANDOLPH. They contribute then to the cost of the gasoline perhaps?

Dr. McCLELLAN. There is one interesting thing and I think it represents the thought of so many people in the country. Some time ago we put a man on the moon and that got a lot of publicity. One of our patients was in one day after he had been stuck in a mud hole for several hours. He came in and someone said something about, "Well, we got a man on the moon," and he said, "I'm not interested in that. I don't see why they spend so much money sending men to the moon when we have to stay stuck in a mud hole here all day." So I think that pretty well sums up the idea of how a lot of people in the country think.

Senator RANDOLPH. Ken is on the Space and Aeronautics Committee. How much money has been spent on the program, Ken? I am not being facetious now. How much has been spent in our space effort?

Representative HECHLER. Close to \$30 billion has been spent on the space effort. As Dr. McClellan knows, there are a lot of medical benefits that have come from our scientific ventures.

Dr. McCLELLAN. Yes, there have.

Representative HECHLER. I think it has been a good investment.

Senator RANDOLPH. Thank you very much.

Dr. McCLELLAN. I wonder how many miles of road that would have built. [Applause.]

Representative HECHLER. Or how many airports. [Applause.]

Senator RANDOLPH. Ken has a one-track mind insofar as this airport project. You know, I knew when I came to the hearing this morning that someplace along the line, in his opening statement or later, he would be bringing this subject into being. I am not going to debate it this morning, but the \$30 million necessary to build that airport does not need to be spent at this time—we can spend it better on the programs that we are discussing here today.

Our next witness is Mrs. Gustavia Egnor.

STATEMENT OF GUSTAVIA EGNOR, DOGBONE, W. VA.

Mrs. EGNOR. Good morning.

Senator RANDOLPH. I am very happy to have you. You come not from Hamlin or West Hamlin, you come from Dogbone.

Mrs. EGNOR. I live right up the side of a bank.

Senator RANDOLPH. We want you to talk with us.

Mrs. EGNOR. I have lived here most all of my life. I am 68 years old.

I really don't know what I am supposed to talk about but I do know we need some transportation, some roads, some way to get to the doctor's office, some way to get from Dogbone—which we don't have. I don't have anyone to take me unless I have the money to pay, which I hardly ever have the money to pay.

Senator RANDOLPH. Have you any children, Mrs. Egnor?

Mrs. EGNOR. I have seven children. I have some of them here with me but they are all gone except the boy that is blind.

Senator RANDOLPH. You have a quilt with you today that you have made.

Mr. EGNOR. Yes, I have a quilt.
 Senator RANDOLPH. I believe you have made it just from portions of an old coat, is that correct?

Mrs. EGNOR. That is exactly right.

Senator RANDOLPH. How long did it take you, Gustavia, to make this?

Mrs. EGNOR. Oh, not long.

Senator RANDOLPH. What would be the price, Gustavia, of this quilt?

Mrs. EGNOR. Well, I don't know if there is a value on it. I just make it out of scraps and did it between times.

Senator RANDOLPH. Ken, is there any question that you want to ask?

Representative HECHLER. Mrs. Egnor, have you or any of your neighbors had trouble getting to the doctor when you are sick?

Mrs. EGNOR. Oh, yes; I have trouble, quite a bit. I am a diabetic and I have to go every month to the doctor. Sometimes I have to do without medicine a week before I can get there.

Representative HECHLER. Do you think it would help if you had some regular scheduled transportation such as maybe 10 o'clock every morning?

Mrs. EGNOR. It sure would.

Representative HECHLER. Thank you.

Senator RANDOLPH. Thank you, Ken.

The transportation then is a very real problem to you?

Mrs. EGNOR. Yes.

Senator RANDOLPH. Now how do you go down, let's say, to the main road? How long a walk is it?

Mrs. EGNOR. I think just about a half mile.

Senator RANDOLPH. Of course during the muddy, rainy season it is difficult.

Mrs. EGNOR. I don't walk because I have had a crippled ankle and I can't.

Senator RANDOLPH. But people generally here in the hollow, why most of them walk it, is that correct?

Mrs. EGNOR. Yes. I used to walk it.

Senator RANDOLPH. In the snow or in the mud it is a problem, isn't it?

Mrs. EGNOR. A real problem.

Senator RANDOLPH. You make these quilts. Now where do you market them? I am going back to what Hal has talked about.

Mrs. EGNOR. I have never marketed anything like that except when I worked for the Mountain Artisans. I have made a lot of things for them but I don't work for them any more, but I still could make them.

Senator RANDOLPH. Then you even have a problem carrying them. I am going to ask you, if there is an illness or disability that keeps you from working in the regular program of arts and crafts?

Mrs. EGNOR. Well, yes. I have arthritis in my hands and I don't use my hands too well any more. I have slowed up on my sewing.

Senator RANDOLPH. How long did it take you to make this quilt?

Mrs. EGNOR. Oh, I would say 2 or 3 days; something like that.

Senator RANDOLPH. You would like to have an outlet for such a quilt or quilts—you would like to work with a group?

Mrs. EGNOR. Yes.

Senator RANDOLPH. Do you know other people that would like to have this type of income in the area?

Mrs. EGNOR. Well, I imagine that there are people that would build up something up in here that we could do things like that.

Senator RANDOLPH. How do you shop for your food or have the supplies that are necessary delivered to your home?

Mrs. EGNOR. The store where I do my trading is at Woodville, about 7 miles. That is about the only place I can get food, diet food and things that I have to get.

Senator RANDOLPH. Any further questions, Ken?

Representative HECHLER. No.

Senator RANDOLPH. Thank you very much for coming and talking with us.

Mrs. EGNOR. Thank you. [Applause.]

(The prepared statement of Mrs. Egnor follows:)

My greatest problem is transportation. I am a diabetic and have to have special foods for a diet. I have no transportation and most of the time neighbors' cars are broke down.

I have to go without medicine sometimes a week before I can get anyone to take me to a doctor, and this is hard on anyone that has sugar.

I have so much trouble getting to a store to get foods to eat on my diet. If I don't have the right kinds of foods to eat I get awfully hungry. I have the doctor's card but I just have to wait to get someone to take me to a doctor.

One instance I know of—A woman had to be brought out of a hollow on a sled to get to the doctor to have her baby—she didn't make it and they took her to a neighbor's house and she delivered the baby.

It is hard to get anyone to come up in the hollows in their car to take you to a doctor or to the grocery store. They say if you can get out of the hollow they will take you to a doctor or grocery store.

If we could just get some bridges fixed it would help. I can't even get my groceries delivered in the winter time because they can't get up the bank to my house.

I had to pay \$9.00 to get someone to take my grandson to the doctor. I had loaned a person some money and when I got back I paid \$5.00 and then said I guess the other money borrowed will go on this too—and I said if you want it that way.

The State Road Supervisor said they couldn't do anything about these roads unless they had at least 30' right-of-way and if they stated putting posts for a right-of-way everyone would be complaining.

Senator RANDOLPH. Mrs. Rose Webb of Huntington.

Now they have said that Cabell County is getting everything and that Lincoln has been forgotten, but I know you want to share. You go ahead.

STATEMENT OF ROSE WEBB, HUNTINGTON, W. VA.

Mrs. WEBB. I am sorry you cannot follow me every day.

Senator RANDOLPH. You mean you have bad roads?

Mrs. WEBB. No, we don't have bad roads altogether but I would like for you to follow me to see some of the things that the elderly are encountering.

Senator RANDOLPH. You are going to tell us about them this morning.

Mrs. WEBB. Yes, I am.

Senator RANDOLPH. You may proceed.

Mrs. WEBB. I am Rose Webb. I am a former Project FIND aide. I worked the whole Cabell County area. In my travels I found that

urban senior citizens had problems with transportation as well as rural. I would like to tell you of Mrs. C. that lives in Hillview, a part of Huntington, W. Va.

Mrs. C. lives alone, she has no means of transportation. There is no bus till she gets down in Guyandotte, but Mrs. C. has to come down that hill to go to the doctor, the grocery store, the drugstore, and downtown shopping. But unless the neighbors are going so she can ride down, Mrs. C. has to do without. She cannot walk; she has heart trouble and asthma.

I would also like to tell you of Mrs. S and her son that live out from Milton. Mrs. S has heart trouble; her son has cancer and has moved back home to look after his mother. They have no car and no means of buying one. The only way they get food or medicine is when the daughter comes in from Huntington to shop for them. The day I was there he was out of juice that the doctor said he must have and food because the daughter took sick and couldn't get up. He wasn't bed-fast and could have gone for these things had there been some means of transportation.

Working on Project FIND we found so many people that were isolated to the point where they could not get food stamps or medicine because of transportation. They felt by the time they paid for the transportation they could not afford food stamps or medicine. As long as I could, I picked up food stamps and paid bills for the elderly because Project FIND did pay mileage and this helped me help them get food stamps and food which otherwise they would have been without because some of them could not afford to pay their neighbors some of the prices they were charging to go back and forth to the foodstore.

Where I work now there are people that come to the center each day asking, "Can you get me to the hospital or to the doctor?" Even though there is bus service in Huntington, some of these people don't have enough money to pay for transportation. I used to work in the Co-op and so often a retired minister would drop in. I would ask him how he was and where he was going. He said he was on his way to pay utility bills but he stopped here to rest. He had about eight more blocks to go after he got to the Co-op. I asked him why he didn't ride the bus and he said, "I don't have enough money to ride the bus; my social security is not enough."

These older people are walking toward an underpass at 16th Street and 8th Avenue, and if you were there and were asking them where they were going you would see so many of them were walking to downtown Huntington to pay their bills because they don't have the money to pay their bus fare. If there was some means of transportation where these people would not have to pay for transportation, it would help them so very much because these people are beyond the age of walking even though they are walking.

Thank you. [Applause.]

Senator RANDOLPH. We do have, Rose, in some cities, bus companies that have reduced their fares for the elderly who ride on the regular scheduled transportation. I believe over 100 cities in the country now.

In Huntington is there a regular bus system that operates or do you have such types of transportation?

Mrs. WEBB. We have regular transportation.

Senator RANDOLPH. Do you know whether there has been an effort made by your group or other groups to present this problem of their need?

Mrs. WEBB. We are getting ready to.

Senator RANDOLPH. Thank you very much.

This does offer some assistance. At least it could even be the free ride that you speak of here.

Mrs. WEBB. We do have so many people that cannot get on a bus. This is a lot of trouble.

Senator RANDOLPH. You mean can't board the bus physically?

Mrs. WEBB. That is right.

Senator RANDOLPH. This is a problem, too.

Now you were a part of the FIND program.

Mrs. WEBB. Yes; I was.

Senator RANDOLPH. And the money that you earned there, Rose, I am sure was helpful to you.

Mrs. WEBB. Yes; in a lot of ways.

Senator RANDOLPH. In a lot of ways I am certain.

Then after the project concluded, were you unemployed or was there some other way that you could earn some money?

Mrs. WEBB. Well, now I am director of the senior citizens program in Huntington.

Senator RANDOLPH. How many are active in that program?

Mrs. WEBB. We have 150 on the roll.

Senator RANDOLPH. Thank you very much.

Dr. GERRARD. They have the best meals-on-wheels program in the State, Senator.

Senator RANDOLPH. Meals-on-wheels, you do the cooking?

Mrs. WEBB. I am not supposed to but I do. [Laughter.]

We don't only serve people that are not able to pay but we do serve people who can pay. I have a couple that do because they are people who can pay, but he and she both are ill. Mr. D has been sick for 2 years and she has been sick for 1 year. When I got there yesterday, when he came to the door to let me in he fell on the floor. He told me that on Sunday he had laid on the floor half the day until one of the neighbors passed by. When we don't get there to give them a meal, they don't have a meal.

Senator RANDOLPH. Thank you, Rose, for your helpfulness to us today.

How many of those meals do you serve a week and what is the cost of those meals that you mentioned?

Mrs. WEBB. Well, we have been serving them for 60 cents. It sounds kind of cheap but this is what some people pay. Some people pay 50 cents, and if they cannot pay we serve them anyway. We have free meals. We charge Mrs. Ross a dollar when she comes down.

Senator RANDOLPH. Can you have seconds when the meals are served?

Mrs. WEBB. Yes, we give you seconds if you need them.

Senator RANDOLPH. At the same price?

Mrs. WEBB. Well, we charge a little more.

Senator RANDOLPH. Well, thank you very much.

Jim Marcum of Dingess.

Mr. BRADFORD. I am Louis Bradford. I have a letter from Mr. Marcum.

Senator RANDOLPH. Will you come forward then.

STATEMENT OF JAMES MARCUM, DINGESS, W. VA., PRESENTED BY
LOUIS BRADFORD, WILLIAMSON, W. VA.

Mr. BRADFORD. I am from Mingo County and I am proud of it, believe it or not.

Senator RANDOLPH. There is nothing wrong with that, sir.

Mr. BRADFORD. I see some of my workers here are late getting in.

Senator RANDOLPH. Give me your name for our record.

Mr. BRADFORD. Louis Bradford, Williamson, W. Va.,

Senator RANDOLPH. Are you speaking now for James Marcum? You are going to read his statement?

Mr. BRADFORD. I am going to read his letter.

Senator RANDOLPH. And then make comment of your own?

Mr. BRADFORD. I hope to.

Senator RANDOLPH. We will see that you do, sir.

Mr. BRADFORD:

To Whom This May Concern. I am 74 in age. I have been sick for 25 years. I, my wife and son live in a home that is unfinished. I get a Veteran's Pension. Social Security check \$72 after Medicare is deducted.

I have many needs, like my home finished, an inside bathroom. There is in my community a lot of old people in the same condition. We are not able to buy the comforts of life. I am speaking for about 75 families living in Harvey district—

Senator RANDOLPH. Where would that be, Ken? Do you know that area?

Representative HECHLER. That is outside my congressional district.

Senator RANDOLPH. Where is that now?

Mr. BRADFORD. This district joins Wayne County.

Senator RANDOLPH. I see.

Mr. BRADFORD. And it is about 35 miles to the center of Dingess from the county seat.

Senator RANDOLPH. From Wayne?

Mr. BRADFORD. No, from Williamson. And it is about 15 to 20 miles from Logan.

He says here he is speaking for about 75 families over 65 years old.

Senator RANDOLPH. They live there in the Dingess area?

Mr. BRADFORD. In the Harvey district area. There is a mountain there.

Senator RANDOLPH. There is a mountain there that causes problems with transportation?

Mr. BRADFORD. No, they have a tunnel through the mountain, an old railroad tunnel. You don't have to cross a mountain to get into Dingess but you do into Logan. Up until the past 3 weeks the road was just about like the blacktop down here. They have in the Mingo County side paved it, smoothed it up a little, but some of them hot rod fellows when you meet them you better go in the creek and that was the only place to go. But they have helped that particular road for 3 or 4 miles.

Mr. Marcum says: "I wish to complain about Medicare, it is no good."

Now I want to explain this thing while I want to make comments. This man had to go to the hospital. He had to borrow \$94 before they would let him in, \$50 to the doctor and \$44 for the hospital which was good for 2 months, 60 days. In other words, you can pay 44 times 6 in the run of a year which is the amount of \$264 plus your \$5.50 a month plus 20 percent after you have spent your \$50 for the doctor, and they make sure that it amounts to \$5 office cost in our area—no offense, Doctor.

I am 10 years younger than he, 29 plus 38.

Continuing with Mr. Marcum's statement:

I wish to complain about medicare, it is no good. The hospital takes the advantage of the insurance and the patient, they collect from both. Our senior citizens should get help, many of them are on a diet. After cash payment is made on furniture they do not have the price or cash to pay for a balanced diet.

People, that is true; I know.

Some of these citizens is on welfare, they do not get enough to live on. I love to help people, when I was able to get about I did.

JAMES MARCUM.

This man lives in Dingess in a very remote area of the county and I am quite sure that his experiences, as well as yours, are as is. I go around many places on my own and I am a social security man on \$146 a month. I finagle, chisel or get transportation some way to go visit people.

I heard a young lady speaking Friday and I took my time and waded through about 100 people to get ahold of her and I enjoyed her so much because she was telling the truth, which is very little heard of any more—the truth and trying in these remote areas in the old folks' homes.

Senator RANDOLPH. Now what is that?

Mr. BRADFORD. Very little truth is told us. We can pick a little bit of truth and a whole lot of false out of these things.

Senator RANDOLPH. Are you telling the truth when you say you got ahold of her? You just wanted to talk to her?

Mr. BRADFORD. To get ahold of her to talk to her.

Senator RANDOLPH. I just wanted to get that straight.

Mr. BRADFORD. Because I knew she was telling the truth.

Senator RANDOLPH. The only reason I said that, you are a man of good humor.

Mr. BRADFORD. I certainly am.

The only thing that I am a little disappointed about here, I think there are about three, four to one under 60—that there is not all them seats filled with gray hairs, all of them.

Senator RANDOLPH. Let's see a raising of hands of those that are over 60 in the audience. I will raise my hand.

How many are here that are over 60? Would someone count?

Some had to leave, so what you are saying is true.

Mr. BRADFORD. I am glad you are here because we can't get around and tell our problems to people, we're not able. Some of us, we would rather sit at home and complain to each other and socialize about our ills. I don't think that we have had so many ills that we can't get interested in our fellow man.

Senator RANDOLPH. That is what Dr. Harrington would say.

Mr. BRADFORD. He is 29 plus 50 though.

Senator RANDOLPH. Doctor, how many people do we have in the center in Elkins that are really active and alert?

Dr. HARRINGTON. Well, we have a thousand members and receivers of our news letter and so on, but those that are really active I would say number about 125 that come in, but there are drifters in and out.

Mr. BRADFORD. Doctor, we are trying to organize senior citizens in Mingo County. We have one group that is organized. I seen my little old girl sitting back there grinning at me. We are proud of them and we are trying to get more. We thought we had three groups but they broke up.

I went to a group in Williamson that was a whole lot more financially fixed than the people I have been associated with. Most of my association is with the low, low income, \$37 up to \$90, \$100, like that.

I hope there are some State legislators here. I notice they tax the people on gasoline and other things and we don't have a service tax or a natural resource tax in this State, but that that money is going out of our State to other places. But you are paying service tax on that same gallon of gasoline that was raised 8 cents, you are paying that to Texas and Louisiana.

Now our coal, our limestone, our timber, our oil, our gas is going out. You cannot even get enough gas to put a factory in Kanawha Valley right now because it is going to New York. That is the truth. Now I say that if we had a tax on coal alone, that our State could actually build roads and take care of the elderly people to boot. [Applause.]

Anything you do, sir, reverts right back to politics and taxes. Anything you do, it does that. I think that our State is due to get some benefit out of our resources, especially our young people. That is our most vital resource, is our young people staying at home and making their living there. Every State around us got more hillbillies in it than West Virginia has. [Applause.]

Senator RANDOLPH. Is there any question, Ken, that you wish to ask or comment?

Representative HECHLER. I merely want to commend Mr. Bradford for his suggestion on the severance tax. When we talk about lacking money to build an airport, if we had a severance tax it would be possible to build an airport to bring our people back to West Virginia to stimulate the industry here in Lincoln County. I just would like to commend you, Mr. Bradford, for what you said about the severance tax being long overdue, and I think we ought to unite in supporting it and get it for the State of West Virginia.

Mr. BRADFORD. I didn't say airport, I said roads. [Applause.]

Senator RANDOLPH. Just keep cheering, ladies and gentlemen.

I think that we might for the record say that there have been West Virginia Governors, not recent Governors, and I am not going to discuss what they have said on this subject, but we have had Governors 20 years ago that were advocating, Ken, this severance tax that you have spoken of.

I presume there are no members of the State legislature here today. There may be, I am not sure. Is there anyone?

VOICE. He is here, but I don't know where he went.

Senator RANDOLPH. Who was that?

VOICE. That was Mr. Hager. He has disappeared. I don't know where he went to.

Senator RANDOLPH. I wanted to give him an opportunity if he cared to comment at this time, or any other member of the legislature who is present.

Mrs. Belva Marsh of Stollings.

STATEMENT OF BELVA MARSH, STOLLINGS, W. VA.

Mrs. MARSH. I am not employed at the center in Logan, but spend much of my time there. Of course our great need down there is transportation. We just don't have it, that is it. I have several case histories here, but due to the time I will read this one in particular of this lady. Her husband received a social security check for \$120 a month, and that was their total income. She has a son age 19 on occupational blindness. She had a malignancy 6 years ago, had surgery and cobalt treatment. The cancer has reoccurred but in another place in her body and surgery can't be performed. The hospital in Williamson will give her the cobalt treatments but she does have to go there to get them, she cannot stay in the hospital.

We don't have any transportation. We have two buses a day; one goes to Holden and comes in and one goes out. That is all we have. I live about a mile out of Stollings. If I want to get in to town, I get a taxi down.

Mrs. White has spent a lot of her own money, her own time picking elderly people up and bringing them into the center. She takes them to the hospital at Man. It costs \$7 a round trip from Logan to Man if you get a taxi. I believe it is \$7 to go to Man, to the Miners' Hospital there, as we call it.

To Holden and back it is \$4 a round trip, and there are not very many people on social security that can afford that. We know that. Mrs. White takes it on herself to take them out. I am fortunate that my son brings me in sometimes, and I am more fortunate when he calls and asks: "Would you like to go down to the center today?" "I would like to go if I had any way to get down there." That is the answer I get all the time, "If I had any way to get there, I would like to go." The senior center is running low on funds and the only transportation is what employees provide on their own.

We have a Bible study every Wednesday afternoon. Our Bible study has dropped some because our ladies have no way to get there for the Bible study. We have that in the afternoon and they have no way to get there. Everyone I call, that is the answer I get. "I would like to go if I had any way to get there." Now of course I don't drive. If I did drive, I would take it on myself because I heard a lady over at Charleston the other day say the older people had one foot in the grave and the other on a banana peel. I don't feel that way, I am not that old yet. I am a senior citizen, but I don't feel I have one foot in the grave and the other on a banana peel. I feel I have a lot to live yet. [Applause.]

Senator RANDOLPH. Good for you.

Mrs. MARSH. Thank you.

I would like to see all elderly senior citizens feel that way. That is what I try to tell them. We can do just what we want to do if we want to do it bad enough. We need a bus. We need a minibus and we are going to get it. I don't know how, but we are going to get it. I talked to some of the people, whether anyone knows anything about it I don't know. I don't even know if our Senator knows anything about it. I told them I would try. I have talked to the car dealers, all of them up there. They say, "We will see what we can do." I have not finished talking to them yet.

One lady that came to our Bible study all the time, she had to leave early to get a bus to go back to Holden. There are so many widows that are on small social security checks. Then this other lady I was telling you about—that was referred to the Appalachian Hospital—the hospital would not admit her. She had sugar, she had gangrene in her left foot.

I called the hospital. They had a bed but they would not admit her. The next day I called, no bed. The next day I called the health department and DPA and was told DPA would try to work out an emergency plan.

Then the next day I called the Walsh Hospital, and due to the seriousness of the situation they said they would put her some place. She was admitted and the doctor said that an amputation was all that could be done at that time. If this lady had had transportation, had been taken to the doctor in time, had known that she could get to the doctor, perhaps she could have been saved. We don't know.

I know of a lady that was bitten by a dog way back up in the hollow somewhere. I saw this. I saw them bring her into the hospital. They asked her why she had not been in before. She said, "I live up the hollow, I had no way to get out. I didn't know I could get any help."

What we need is someone that can get out and tell these people, "You can get help, it is for you. We have got some way we will take you in to the doctor." We have other things, why couldn't we have a senior citizens clinic?

We have well-baby clinics, why not have a senior citizen clinic where our senior citizens can come in and keep them well? That is what I think should be done. Let's keep them well.

I have diabetes. I have to go to the doctor every month, but I am far from, as the lady said, having one foot in the grave and the other on a banana peel. I don't think I am quite that bad off yet. The crying need in Logan County is transportation—we need it.

Senator RANDOLPH. You spoke of Mrs. White and her help.

Mrs. MARSH. Yes.

Senator RANDOLPH. I thought you indicated she was here.

Mrs. MARSH. She is here. She could tell you a lot more about it than I can.

Senator RANDOLPH. Mrs. White, would you stand, please?

Mrs. MARSH. She has spent so much of her own time.

Senator RANDOLPH. Mrs. White, keep standing a moment. Would you for the record give your correct name and add to what has been said on this subject of transportation problems in the Logan County area?

Mrs. WHITE. Yes. Dorothy T. White from Logan. I am the director of the Senior Citizens Center.

All that Mrs. Marsh has said and far more is true. The two buses are at this particular time trying to be taken off; in other words, that would leave us without any local buses at all in the Logan County area. The feeling among all the agencies is that if we did have transportation, say, pinpointed that could run from communities even on a 1-day-a-week basis, if the elderly could know, say, at 10 o'clock in the Mud Fork area that they could come into town or from the Man area they could get into Logan on a 1-day-a-week basis, we feel this would be a tremendous help.

Then, too, the idea of having a diagnostic clinic for senior citizens, we feel if they could be screened—for instance, a lot of heart ailment, high blood pressure, and all the ailments that are prevalent among senior citizens could be avoided, perhaps, if detected early enough. We talked with Appalachian regional health about this several months ago and we have not heard anything else about it. They do have a Logan unit for children, and we felt that maybe this same unit could be used and perhaps another one would be available for the use of the senior citizens alone.

Senator RANDOLPH. Thank you, Mrs. White.

Doctor, would you stand again a moment?

You have heard the testimony of several persons who feel that if the older individuals could go into the cities, we will say, where medical assistance is available that we might lessen the incident of disease. Do you find many people coming to you and you wish you could have seen them 6 months earlier?

Dr. McCLELLAN. That is quite true, especially the cardiovascular diseases and even diabetic conditions. Those two I think are outstanding where, if they are detected earlier, you can save lives.

I see some people coming with diabetic conditions where they have neglected themselves to the point that occasionally they are in a coma and they didn't know they had diabetes. We see people come in for some other reason, maybe for a cold, flu, or something like that, and in your routine check you will find they have a blood pressure of 230 over 120. You mention that to them and they say, "I have not had my blood pressure checked for years, I didn't know I had it." That will be the primary trouble rather than just the secondary cause.

So in those two things especially I think it would be wonderful if they would have a clinic for the elderly people where they could have their blood pressure checked and their heart and urinalysis and if it indicated they had blood sugar something could be done.

Senator RANDOLPH. What suggestion have you, Doctor, to make this come into being?

Dr. McCLELLAN. What suggestion?

Senator RANDOLPH. Yes, sir.

Dr. McCLELLAN. I think in every county they should have a center like that. In this county they might have to get outside help to run it, but it certainly would be worthwhile.

Senator RANDOLPH. Dr. Gerrard, how many counties have such facilities?

Dr. GERRARD. Almost none, Senator.

Senator RANDOLPH. Almost none.

Dr. GERRARD. We have been talking about well-aging clinics and we have talked to people with the health department to try to tie it

in with well-baby clinics. Now some counties are working on it but it is slow. It is a question of the money and the manpower and we would need both.

Senator RANDOLPH. And transportation.

Mrs. MARSH. Transportation is the vital thing in our case. I went to the clinic when I found I had diabetes.

Dr. GERRARD. Senator, this afternoon you will be getting testimony on the mobile community services project in southern West Virginia which is going to attempt to go out to the people themselves for preventive care and then have feeder buses bringing people in on a regular basis. This is the first one of this kind in this State.

Senator RANDOLPH. Thank you.

Thank you very much, Mrs. Marsh.

We have with Clyde Osburn of Wayne.

Clyde, you have been ready to talk for several minutes. I have watched you. You have not been squirming, you have been ready to talk.

Mr. OSBURN. My back hurts.

STATEMENT OF CLYDE OSBURN, WAYNE, W. VA.

Mr. OSBURN. I have not been in direct contact with these things for a while. I keep in touch in a way.

There is not a whole lot I can add to what has been said on those problems, but I can collaborate all of it. That is a big problem.

Senator RANDOLPH. Transportation?

Mr. OSBURN. Transportation. It ties in with health and all the rest of it. So many of the people don't have it. Most of the people are church people and they cannot go to church. Some of them have social security and they say it is very small. I have to live on that, that is all I have. That was the surprise of my life.

Another thing which is a black mark on West Virginia and all of us is the lack of neighborliness. When I grew up in these hills on the farm everybody helped each other. That is a thing of the past, you just don't find it. Anybody that helps somebody, they got to have something for it and these people just don't have the money to pay for it. It is a thing of the past.

Senator RANDOLPH. I have heard here today about people who have been helping other people, paying their own money to provide transportation.

Mr. OSBURN. I do myself occasionally but I can't go all over the country. I help people. I take people to the doctor, the ones that I can, the ones I can get to. I don't go like I did. I did a lot of it then, a lot of it on my own. I can't do it now. I do what I can. Those people, if they have drawn social security, they don't get very much of that, they had to go on welfare.

Of course they get that medicaid with it. That does not do them any good if they cannot get to a doctor or a hospital, and they don't have anything left out of that. There is no public transportation anywhere in the county outside of along 52, the cities.

Senator RANDOLPH. Now you understand, Clyde, at least in degree, that the problems of transportation are very severe in rural sections as are also the problems within our metropolitan areas because so

many of our bus companies in West Virginia, in towns of 10,000, 20,000, 30,000 population have failed to be operated at a profit so that the buses could be maintained and new buses provided and adequate schedules operated.

I wonder if we are at the point—and I am just asking this with sort of a question mark. I wonder, Ken; you can join me in the question, I want you to discuss it if you care to. We are emphasizing the transportation problem here. It looks to me as if we have got to work out some type of project whereby to use this word, which may not be the best word, we have got to subsidize transportation, we have got to underwrite it in degree. Just a case in point, I could name you a dozen cities where, because of a lack of financing, bus companies have gone out of business. In our subcommittee on roads we are faced with this situation.

One bus company that once was able to operate at a profit now is unable to even have bank loans made to it because of a situation where there was just not the patronage that apparently was necessary to keep that bus company operating. At least in a dozen places I know about in West Virginia our bus systems, our bus routes have deteriorated. I can't put my finger today on just the cause in every instance. But frankly, rather than our transportation improving—I am not talking about the roads now but the actual vehicles operating and the service they give—it is less today than it was 10 years ago in West Virginia, 5 years ago in West Virginia.

I am not sure what the remedy is except to say that I think practically every witness today has stressed the need for transportation for older people. Is that correct? Is that your true feeling?

Mr. OSBURN. Yes, it is a problem of the older people.

Senator RANDOLPH. You don't need a large bus; it could not operate because of the roads, could it?

Mr. OSBURN. No. There would be places you could not go even with a jeep certain times of the year because we had to walk on Project FIND and wade the creek and go out on the ridges and up the hollows.

Senator RANDOLPH. Yes, I understand.

Mr. OSBURN. It would have to be publicly supported.

Senator RANDOLPH. Ken, do you wish to comment?

Representative HECHLER. Yes, I do. I think that when the bus company cleans out the cashbox and tries to figure out whether they are making a profit, it does not and cannot measure the tremendous contribution which transportation for elderly people provides—which can't be measured in the dollars and cents that the elderly people put in as fare.

There is another aspect of this, too. I would like to ask Dr. McClellan to comment on this. In all this testimony that we have heard from Mr. Osburn, from Mrs. Marsh, and from Mrs. Webb it seems to me that one of the great transportation problems is the isolation of the elderly people, and when people are isolated we call it first, simply frustration. When it gets worse, we might call it a decline in morale. The decline in morale might lead to what becomes more serious. Finally, it might even become a mental problem after a while in addition to the cardiovascular and diabetic and other problems that you mentioned. In fact, if it gets very serious after several years, we might call it a psychiatric problem.

I think there have been a number of studies made in a number of other cities. If you can provide this type of transportation for the elderly and have the regular daily service where many different people are picked up and can talk to each other about their common problems it gives a bond of unity. It enables them to escape not only the immediate isolation but also to relate their problems which today are small but tomorrow might grow into very, very large problems that would have to be brought to your attention.

Dr. McCLELLAN. I think that is quite true in a lot of ways. We have, already, the story of Lourdes, Spain, the miraculous cures there. I was interested in that a few years ago. I read some about it and I came to the conclusion that a big portion of the cures were obtained there because people tried to help others. They tried to see the conditions that others were in, sometimes they were much worse than theirs, and they forgot about their own illnesses and became interested in other people.

I think it would be true if these people would get out and mix with other people and share with them and feel a responsibility for helping them, and then a lot of their own illnesses would disappear. Unfortunately, that is not the case in so many instances in Lincoln County, and that is why the sale of tranquilizers and antidepressant drugs has gone up, no doubt. If people were to mix with one another more and take more interest in one another, then these conditions would disappear largely.

Representative HECHLER. Thank you.

Senator RANDOLPH. I think, Doctor, and I didn't explore it fully—we will talk about it, Dr. Gerrard, later today because of what you indicated—but there are less riders on our bus systems because there are more persons in our general population who own their own cars, isn't this true?

Dr. McCLELLAN. Yes.

Senator RANDOLPH. But what about the elderly? These people, of course, are unable to provide their own transportation because they do not have the funds with which to buy even a secondhand car or, if they could, pass the test for driving to operate those cars. The enjoyment which other people have in the operation of their own cars does not extend to the elderly and these are the people that need the transportation. I think we all realize this is the primary consideration, one of the reasons we are discussing this in our hearing here, the problems of transportation, not for people generally but for the elderly people. That is why I use the word subsidy. I don't know how to do it without a subsidy, really, or with some form of underwriting. I just don't know how it can be carried forward.

Representative HECHLER. Call it an investment.

Senator RANDOLPH. Investment. Yes, Ken is right about that. There are often expenditures which really are not just expenditures in the sense of spending money but from the standpoint of investment.

Now people do have problems, of course, with packages as we know, carrying these, and that is a problem of getting down to the transportation a mile or 2 away off a highway. So there are so many problems that bother us and we are exploring them here today.

Our last witness is Lon McComas.

STATEMENT OF LON McCOMAS, HAMLIN, W. VA.

Lon, you are from West Hamlin, is that right?

Mr. McCOMAS. Hamlin.

Senator RANDOLPH. Oh, not West Hamlin?

Mr. McCOMAS. East Hamlin.

Senator RANDOLPH. We can't be any more wrong than we are. We have you down from West Hamlin.

Mr. McCOMAS. Well, we have a West Hamlin and an East Hamlin.

Senator RANDOLPH. Have you got a Middle Hamlin?

Mr. McCOMAS. No. We have a New Hamlin.

I am kind of like the politician that got up to make a speech. I suspect you have heard this. He had a little son sitting there. The man twisted and turned and the little boy whispered to him, "Daddy, say something." He said, "there's nothing to say."

After listening to Sam McComas and Mrs. Ross and Dr. McClellan, how could I say very much? They have said a lot of mighty good things.

Of course, we are talking on this transportation which I know by my travel over the country with the elderly people I find that this is a great thing that we need to have put over. Just to bring it down home, suppose someone had come and asked you to take some crippled person or some blind person to the doctor or to the food stamp office—what kind of excuse would you have? Now that is what our people are up against. They are trying to get somebody to take them to the food stamp office. Maybe he is blind, maybe he cannot walk. All these things are a terrible thing to think about.

I would like to call your attention to a couple ladies; the condition I found these people in. One of them lived on a farm alone. The only income she had was from her tobacco at the end of the year, \$204 to live on.

Senator RANDOLPH. You mean she raised tobacco?

Mr. McCOMAS. She rented land out. If they had a good crop, she got that much; if they didn't, she didn't have that much at the end of the year.

Now this particular woman, Dr. McClellan knows her; the Southwestern community people were good enough to pay me to take her to the doctor and the welfare people were paying me to help her. She has a goiter that is pushing up on her chin.

She had nothing to live on but this \$204, and through the welfare and through this help from Southwestern we have gotten this lady \$76 a month and we have got her food stamps through the help of the welfare. That is the work that we are trying to do. Now she is sitting in the position that she can go to the doctor and have that goiter removed and that will help this woman an awful lot.

Now, I had another lady that I think about—which this is just two out of several, maybe hundreds of people—that we have visited. This is just two of them. We have the records that you can look at in Hamlin if you want to see them.

This lady was told to go to this place to see this lady by a good friend in West Hamlin. She said:

Now when you go to see this person you had better take somebody with you. she is afraid of strangers. She is a widow woman living alone, she is afraid of strangers.

Well, what caused her to be afraid of strangers? Two men had come through the county calling themselves Appalachian workers, checking the house to see if it was wired properly. One of them talked to her and the other one searched the house and stole what money she had.

Now this lady is a lady that is stooped over, she can't raise up, she has arthritis. She cannot raise only about half the length of her body. She walks this way, and she was a widow woman living alone on about \$50 a month. Now we have lots of people like that; have had. Of course this social security has raised and helped quite a lot of people, but we still have a lot of people like that yet in our county that need help and they can't get transportation.

At one time they said, "We can't afford to buy food stamps," that they only got the break on food stamps of \$6 more than they had paid for. That has been changed and they get a better break now, but it was that way for a while. They say, "It costs us \$5 to get somebody to take us to go get our stamps; it don't pay us to do this." So that is the way the thing was run.

Senator RANDOLPH. Were those men apprehended? Were they arrested? I am talking about the men who robbed the widow.

Mr. McCOMAS. I don't know.

Senator RANDOLPH. Who can discuss that?

Mr. McCOMAS. I don't know. This is in the lower part of Lincoln County next to Wayne.

Senator RANDOLPH. Did this go on in one family or many families?

Mr. McCOMAS. Just one family is all I have ever learned about. Now what I did, they said, "You go get a neighbor woman to go with you and she will let you in if she knows the woman." So I did this. There was an old lady close to her that I went and talked to her and told her what I wanted to do, I wanted to check with this old lady and see her income. She said, "I will go with you," and she went with me. I talked to this old lady and fixed up what business I had to fix with her at that time. I don't believe yet that this old lady has ever agreed to take disabled welfare. She is drawing a social security check of 50 some dollars and she is trying to make it on that.

Now we have people like that that still live on around \$50 to \$60 a month that will say, "I want to live on this," and they raise tobacco. You just think about a widow woman now raising tobacco for a living. At the end of the year she gets her money to buy something to eat. She has to have all this charged. Now we have got women like that who are still trying to pay this little social security which will be around \$40 or \$45 when she gets it. They just don't want to give up. We have got lots of good people in our country yet, just lots of good people.

Senator RANDOLPH. Thank you a lot. I am sure you are one of them. Thank you very much. [Applause.]

Mr. McCOMAS. Thank you.

Senator RANDOLPH. Ken, I am going to conclude the hearing. Is there any comment that you wish to make, or Dr. Gerrard, before we finish? I have a couple of minutes of concluding remarks which rather express my feeling after having heard the witnesses.

We have stressed today in this hearing the problems of transportation for the elderly in rural areas. This is a very vexing problem. I have thought many times as we have been together today that there is a basic urgent problem before even the problem of transportation and that is the increasing of the incomes for the elderly citizens.

Now a social security increase is proposed this year as Ken knows. The bill which will be considered in the Senate, ladies and gentlemen, will contain a 10-percent increase and there will be a minimum payment of \$100 a month. I wonder if this will partially help to solve the problem.

Of course the Senate has no right to tell the House of Representatives what to do but the House has passed the bill and, Ken, there is less of an increase than I have spoken of here and we hope that there will be an acceptance of the Senate bill. I know that Ken recognizes the need and, as he said, joined others in the attempt to have the Senate provisions become law.

There is also the urgent need to lower, ladies and gentlemen, the retirement age—this is basic—and to allow more people to have the opportunity, and I think they will embrace it, of earning outside money as it were and to have that income from other sources. These people secured in a very, let's say, inadequate way by social security need the additional income which can come from part-time work.

I am not just sure it is best to say we need a guaranteed income because those words indicate that, well, there might be people that could work and should not be guaranteed an income because work should produce the income. I am talking about income for our elderly citizens, the disabled and the handicapped, and I have advocated such a program for many years and I am going to continue to advocate it.

Ken, it is not enough to advocate it, although that is necessary; we want to do something about it. We hope that the Members of the Congress in the Senate and House will help us do something about this income increase because it is needed, it is urgently needed. I think that these people who talked here today have awakened once again the desire to take back this information, talk with our colleagues and hopefully do something that needs to be done.

Now I want to present the members of our group, not just that they need to be introduced but I want Phil McGance to stand for just a moment because Phil is my legislative assistant that I hire with your money—not my money. He is an employee of the Congress of the United States of course directly hired by me but he is actually employed by all of you.

Phil, what does our correspondence reflect today? Is it reflective of what has been said here, or are there one or two other points? I have not discussed this with you which perhaps should be mentioned before we conclude the hearing today.

Mr. McGANCE. Our correspondence does reflect the concern that has been expressed here today, particularly the basic problem of getting income to the elderly citizen. We do have correspondence which reflects the needs on transportation, reflects the needs on health services, and social services. We just recently had correspondence about a mobile unit to provide meals to elderly citizens.

Senator RANDOLPH. At that point I want you to know there has been some food prepared for your use here at the conclusion of this hearing.

Mr. MCGANCE. If I might just mention one other thing, Senator, in terms of correspondence, that we receive quite a bit which has not been mentioned here today. This is the problem of the reduction in social security disability payments when a person is receiving workmen's compensation. Right now there is a reduction provision.

The House in the social security bill has provided that a person can receive 100 percent of what that person was earning prior to disability. In other words, the combination of social security disability and workmen's compensation could be 100 percent of what that person was earning before he became disabled. Hopefully that can be changed to give them the full combination. If it is 120 percent of what that person was earning, then give the person 120 percent. The extra 20 percent will go for the added costs of medical attention that a disabled person would normally need.

Senator RANDOLPH. So we talk about guaranteed income, isn't it?

Mr. MCGANCE. Yes, sir.

Senator RANDOLPH. That is what we really mean.

Representative HECHLER. Phil, I would like to throw in that when you have an increase in your social security you should not have your veteran's pension decreased.

Mr. MCGANCE. No.

Representative HECHLER. Both Senator Randolph and I have been working to try to correct that.

Senator RANDOLPH. Miss Cutler, just stand and give your name and say what you do with our Committee on Aging in the Senate.

Miss CUTLER. My name is Dolores Cutler and I am a professional staff member of the Senate Committee on Aging. My job is a research writer. I research problems such as transportation for the elderly, health care, nutrition problems, consumer problems, and many others, and these hearings are a kind of research. Then we compile all of the information that we get at our hearings into reports and all of the members of our committee look over the reports. We have executive sessions. Out of that knowledge that we make available comes the kind of legislation that can protect and help our senior citizens.

Senator RANDOLPH. Thank you, Miss Cutler.

I wanted her to talk in this way because, you know, it is a part of your tax dollar that goes to pay Miss Cutler, remember this, and the paycheck of Ken Hechler or any Member of the Congress of the United States.

So what I would like to impress here is not that we are working miracles but that you are helping us to employ people like Miss Cutler and Mr. McGance who are really digging into these problems and trying to come up with some answers and to help us to help you.

I think that is the dialog of democracy; it is what we have in this country. We are often frustrated and impatient but, behind the scenes, ladies and gentlemen, there are hundreds of persons who are trying very, very diligently to present constructive programs so that we may, insofar as possible, enact the legislation and then have the legislation not subverted by an agency but carried into effect as Congress intended it to be. I don't want to speak about any problem between an agency and the Congress but we need more and more in the Congress, Ken, to look over the shoulders of the people within the agencies and see that they are carrying out what Congress actually intended to be carried out.

Representative HECHLER. Even in mine safety.

Senator RANDOLPH. Certainly that is true. It is in all of the programs, ladies and gentlemen, the necessity to follow through after the law has been passed.

Miss Cutler, is there someone else that you would like to introduce? It is not necessary—I am not having people parade here nor is it a production—but you ought to know that these people are at work.

Miss CUTLER. I think it would be nice if everyone met Mrs. Peggy Fecik, who is also a member of the Committee on Aging staff. She helps set up the hearings such as this and she really makes it all possible. She gets us all together in one place and she gets all the materials together. Without her and others like her we might be rather lost.

Senator RANDOLPH. Every word spoken here today will be a part of this record. You didn't use any obscenity so we won't have to rewrite the testimony whatsoever.

Thank you all very, very much. I hope that the 2 hours and 40 minutes, approximately, that we have been together has been helpful.

Thank you very much.

(Whereupon, at 12:50 p.m., the special committee recessed.)

OLDER AMERICANS IN RURAL AREAS

(Dogbone-Charleston, W. Va.)

TUESDAY, OCTOBER 27, 1970

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Charleston, W. Va.

The special committee met at 2:45 p.m., pursuant to call, in the Senate Chambers of the Capitol Building, Charleston, W. Va., Senator Jennings Randolph presiding.

Present: Senator Randolph.

Staff members present: Philip McGance, legislative assistant to Senator Randolph; Dolores Cutler, professional staff member; John Guy Miller, minority staff director; and Peggy Fecik, clerk.

Senator RANDOLPH. A very pleasant good afternoon, ladies and gentlemen.

We are appreciative of your being here for our hearing. This is the second of the hearings today. We have just come from a section, and presumably should say that Charleston is a suburb of Dogbone because that was where we had our hearing in Lincoln County. And it was so intensely interesting and so absorbing, so meaningful, the testimony that we heard from the people in that rural area of the adjoining county. Not only do you hear words spoken in such a hearing that really would not be spoken perhaps in a hearing in Washington, D.C., but you also feel a sense of closeness and understanding with the people and the problems that they present so effectively. I will remember the testimony of these older Americans who formed our panel and who talked about the day-by-day difficulties that they have in that rural section and other sections of West Virginia.

I think you would want me to report to you that the hearing was characterized by the type of understanding and the desire to help others which I could highlight with the words that were spoken by Dr. G. O. McClellan. He is one of the very few doctors in all of that wide area of Lincoln and adjoining counties. When I asked him, "Doctor, what are your hours?" he chuckled a little and he said, "Well, 24 hours a day and 7 days a week." Dr. McClellan's office is open and functioning on Sundays as well as Saturdays and the other five days of the week.

The trooper who drove us here from the hearing, Robert Presson of the State police, attached to the Hamlin office, drove over some rather less than adequate roads from Dogbone. He told us about Dr. McClellan, who, when the police have had a drunken driver apprehended at 2 a.m. in the morning, or let's say Sunday morning or any

morning, why the word has gone out no matter what the time of night you just call Dr. McClellan and he comes down and he gives the blood test.

You know, this is more than just the telling of what someone does. This, in the final analysis, is what makes a community or a State or a country worthwhile, not only the ability of people to do their job but more importantly the desire to do the job and the determination to do the job. It is so encouraging to those of us who perhaps are too much in Washington to be in the places like we were in today and to find the community spirit and the desire for people not to have hand-outs but to have the helping hand of a responsive government at all levels assist them in working out their problems.

We have, ladies and gentlemen, in the Senate of the United States a Special Committee on Aging and that committee has been very attentive, I think, in trying to determine the facts that would help us to enact into law the legislation which is necessary to assist the older citizens of the United States. During these field hearings, and of course at our hearings in Washington, we listen to certain problems on which we focus attention. In these hearings in West Virginia today and tomorrow, when we journey to Harrison County, to the rural sections around Wallace and later into Clarksburg, we will be attempting to study the matters of concern in the rural areas among our older Americans.

Very quickly I will tell you that one of the real problems is transportation. How else can persons go to the place where there are medical facilities? How can a person even go to a place where he or she may purchase foodstuffs? All of these are problems that are involved with the movement of people to the necessary points so that their lives can be adjusted as are the lives of all of us to lead as helpful a type of existence as possible. So we were emphasizing the transportation problems this morning.

Now as we come from that little community center to this beautiful Senate Chamber I cannot help but say for the record, Dr. Gerrard, that affluence is not always the answer, or surroundings are not always the end of the road. You told me as we drove along about visiting a woman nearby in her home.

Doctor, out of context would you rise and just tell me what you told me earlier and let these people hear it.

Dr. GERRARD. I walked down the road to Dogbone after the hearings, up the hollow to a small shack, I guess we would call it, where if you stood in the front you could see through the shack and to the back, and if you walked around the side you could see through it there. I was talking to the woman and asking her about her life there and she said, "Well, this house has been good to us; I raised 11 children here and they all turned out just fine."

Senator RANDOLPH. Thank you, Doctor.

"And they all turned out just fine."

Chuck Yeager turned out all right in Lincoln County, and of course millions and millions of boys and girls turn out well from the rural sections of this Nation.

You will forgive me for tarrying just a little while. We started the hearing somewhat late here this afternoon because the children at the Martin Elementary School wanted me to stop by. I talked with them

and told them what opportunities they had to make more scenic and healthful the conditions about their school. You know, they were listening and they were wondering, Yes, what can we do. I tried to bring it home to them, tell them what two sixth graders had done.

I remember so well in Elkins just a few months ago two little girls living near the Tygart River which runs through the town of Elkins. They saw old parts of cars along the banks, old worn tires, parts of kitchen equipment and debris and trash and garbage litter. They just didn't look, these sixth graders; they got a camera and they took pictures. They took these pictures in to Eldora Nuzum, the editor of the Elkin's Inter-Mountain, the daily afternoon paper, and they told her what they had seen and they had proof. She published these pictures on the front page of the newspaper and from that there came an active group of more than a hundred people—college students from Davis and Elkins, townspeople, and children from the grades. They cleaned up the Tygart River, the sides of the river, and even cleaned out to a certain degree the bed of the river.

So I told these boys and girls today that they, too, can do something. What these two girls had done led really to a crusade for cleanliness in their community. I overheard a boy saying to another boy, "You know, we can do something like that." I will never forget that, "We can do something like that."

So whether it is in a rural section or here in Charleston, we have got to do something like that. We have got to realize our individual as well as our collective responsibility to make constructive contributions to assist the elderly of the United States.

So we are talking about rural people, and West Virginia is a rural State, so classified. Population so very often is sparse, communities are few and far between, and delivery service is more difficult because of the terrain and the limited sources of funding.

In 1969 I recall that our special committee felt that we should give comprehensive study to those of our rural elders, partially to determine what their problems were as contrasted with those in the cities and also to explore the role that older persons can perform in retaining and restoring the rural way of life while meeting new challenges.

I think the pressures of people living up against other people bring many of the tensions to our country. This is not the time to philosophize on our problems that come from overcongestion and population that really cannot be serviced. Over the last 12 months we have had these hearings, as Dolli Cutler of our staff knows.

We had hoped to come to West Virginia much sooner but it was impossible to do so. We have some findings from these hearings. I am not sure just how much I should say because we want to hear from you, that is important. But in the matter of income we determined that the earnings during the work life of many of the rural elderly is lower than in the urban areas, and of course this is something that you know. Social Security coverage is generally lower.

There exists a very real poverty in certain sections amongst us, and there is a strong reluctance on the part of elderly people of rural regions frankly to apply for Old Age Assistance because oft times they call it welfare. Really you will find this, a reluctance to ask the aid which the government provides.

Then in population we found that the proportion of the elderly in most rural regions is higher than the national norm which is about 10 percent. There has been, as you know, an exodus of boys and girls as they grew to manhood and womanhood from many States caused by the changes, of course, in our farming practices and in our production of the products that come from the fields.

Now in coal mining, in the areas of Kentucky and West Virginia, we know what mechanization has done. We have leaders in the labor movement who are here today and they would understand perhaps better than other others that there are mixed blessings which come with mechanization and with the use of labor-saving devices. There are those dislocations of manpower and womanpower, and very frankly although our tonnages are very high in the production of bituminous coal in West Virginia, one machine displaces 60 miners. So the tonnage is moved, but there are less persons employed.

I remember when there were 115,000 coal burners in West Virginia. Today there are perhaps 38,000, not more than 40,000, yet the tonnage is comparable now to what it was then. So the matter of population and the matter of mechanization, are important.

The movement of people from the rural sections to the cities, I am going to tell you this: After they get there, they are not so happy sometimes, they want to come home. I just hope we are approaching that time when we will realize the strengths of the earth rather than cement and asphalt, when we will stop piling people on top of people and will realize that some of the great heritages of this country can be maintained; that is, if we can find employment for young people especially in a State like West Virginia.

Then we have determined that there is a certain isolation, and we talked about it today, off the so-called main road which is really a secondary road where it was a mile and a quarter up to the Community Building which was up a hollow. I don't see how any car other than a jeep can negotiate it, but we got in. I thought if we would turn around we would just have to lift that Salvation Army bus, turn it on its way back to Charleston.

There is here an isolation and it is a deeply ingrained way of life which people understand, but with it all a culture that people still believe they want to do for themselves as much as they can.

The food stores and the health facilities and the social services are located down the road, certainly not up the hollow, and the person finds it very difficult. The neighbor is working perhaps and he cannot take his car—except on a weekend—someone who needs to go to the doctor.

Dr. McClellan said today, "Oh, I wish I could see some of these people six months before they come to me, I could do so much more for them that I cannot do for them because they come, so many of them, too late." You can understand they cannot go to the doctor, they have no means of transportation. So this is a very real problem, the transportation for the elderly in the rural sections of West Virginia.

So we have these problems of bringing to these people the health care facilities and the service programs and the institutions—all of these must be maintained but they must reach out to a greater degree than they are now reaching. Some way we must find the method by which to make them more workable. Sometimes the very modest match-

ing funds that are necessary with the Federal programs, are just not available.

We think of this problem of services. I remember the lady that talked this morning. Her hands are afflicted with arthritis and yet she had been patient and she showed us these beautiful quilts that she had been fashioning and selling—a woman in isolation, having reared a family, and not being too well, but still desiring enough not to be up the hollow or on the shelf but to be a part of a pulsating life. Although she was not well, she said, “I don’t accept the fact that people say I’ve got one foot in the grave and the other on a banana peel.” She said, “I’m ready to do something,” and she had a glint in her eye. So she is productive.

There is an inadequacy because of the isolation which I have rather borne down on today. I think the Division of Public Health, Preventive Medicine, in the University of West Virginia has said it rather well.

In the last 10 years, at least 60 communities with populations of less than 10,000 have been left without physicians as rural practitioners retired and were not replaced.

I have said this in another way earlier. In 13 West Virginia counties there was only one physician for four times the patient population that is recognized as that which should be accorded to people, the American Medical Association having made that study. In six counties, the patient load for a physician was six times the recommended national figure medium.

Some counties in West Virginia have no doctors whatsoever, very little in the way of personnel practicing medicine. In housing we found these problems very real. I am going to include as a part of my statement the problems of telephones and the problems of the conveniences that most people in this chamber take for granted such as indoor plumbing. There is practically none of it just 50 minutes, 45 minutes from where we are meeting this afternoon.

So with the security and comfort that we have, I am sure that you would want to remember the men and women in these rather remote areas. They dig for themselves so very much, they depend upon the neighbor. The neighbor may be miles and miles away who comes to them, gives them help and maybe has access to an automobile. But we have had relatively little testimony about the transportation problem.

I say transportation is the glue that holds the services together. I think we need to go much further than we have in providing some type of scheduled transportation where on a certain day the elderly in the rural section should expect to go into Hamlin or into Madison or into Charleston. This could be on a rotation basis. It would not be easy to set it up, but somehow or other I think it can be accomplished so transportation ties together the nutrition, health care, the social services, and social interaction among the older people of rural West Virginia.

Now we heard from these people today as they focused on these matters that I mentioned, and this afternoon we are going to hear from those that in a sense are the professionals, those that work in the fields of health, welfare, and social services. They are going to give us a fuller dimension than just the dimension of transportation we were discussing earlier today.

There are solutions, I know this; somehow or other they will be found. So the purpose of our hearing today is twofold: To explore an area of need which we think has been overlooked and neglected, and following closely on such a hearing as this, when we have the White House Conference on Aging we will be able to have brought in the evidence and support for more affirmative Federal action.

I want to repeat, Phil, sometime during the afternoon what I said this morning off the cuff. If you have my notes from the conclusion of the session at Dogbone, I just want to bring out the problems of social security and the other matters.

Dr. Gerrard, it is very appropriate that you would read the Governor's statement and then we are going to have a greeting from Glen Armstrong. We are delighted that the statement of Governor Moore can be a portion of the printed hearing records which will be available for everyone. We regret that the Governor himself is not present, we know of his interest.

Would you read, please, that statement.

Dr. GERRARD. This is the statement from Arch A. Moore, Jr., Governor:

"It is certainly a pleasure for me to extend a warm welcome to the United States Special Committee on Aging to West Virginia.

"I am gratified that special and concerted attention is being given to the problems of this important segment of our citizenry.

"The senior citizens of our State and indeed our Nation can be credited with having contributed immeasurably to the growth and strength of our Union. In turn, I feel it is our sacred responsibility to see to it that they are compensated to the extent that the Golden Years of their lives can be spent in dignity and comfort.

"I pledge my continued effort and cooperation in bringing about much needed change for the betterment of the lives of those whose wisdom, dedication and energies have so enriched our lives.

"It is my hope that from these hearings there will evolve constructive and meaningful pathways leading to brighter years ahead for our senior citizens, and I look forward to receiving a full report of your proceedings.

"With kindest regards and all good wishes, most sincerely, Arch A. Moore, Jr., Governor."

Senator RANDOLPH. Thank you very much for reading the statement from our Governor. We will, of course, appreciate his continued cooperation in these programs that are being not only initiated but carried forward.

Glen, you are the chairman of the West Virginia Commission on Aging and I know that you will have words for us at this time. Will you proceed in your own way.

STATEMENT OF GLEN ARMSTRONG, CHAIRMAN, WEST VIRGINIA COMMISSION ON AGING, AND SECRETARY-TREASURER, WEST VIRGINIA AFL-CIO

Mr. ARMSTRONG. Thank you, Senator Randolph.

On behalf of the West Virginia Commission on Aging, which has been looking forward to this visit from your committee for some time, we welcome you here to West Virginia.

Just a word or so about our commission which was established by the legislature, in 1964, designed to represent the State's concern for its senior citizens. This we have tried to do.

The commission is made up of seven members who are government representatives, each in a key position to implement programs for our older citizens, Commission members include the directors of the departments of health and mental health; the director of vocational rehabilitation; the commissioners of welfare, public institutions, and employment security; as well as the superintendent of schools.

Ten members of the commission are representatives of the public, appointed by the Governor for 4-year staggered terms with the advice and consent of the senate.

Senator RANDOLPH. Do you think "staggered" is a good word to use now?

Mr. ARMSTRONG. I think it is a very good word, Senator.

Our executive director, Dr. Louise Gerrard, is appointed by the commission and is responsible for carrying out the day-to-day work of our agency. We meet four times a year and oftener if necessary.

Senator RANDOLPH. How many members of the commission are there, Glen?

Mr. ARMSTRONG. Seventeen members altogether.

Senator RANDOLPH. How many are there today?

Mr. ARMSTRONG. We had a good quorum at a meeting last night. I would say there are 12 here today of the 17. I have not really counted them.

Senator RANDOLPH. Will all those members of the commission stand, please, so that we may see you.

Mr. ARMSTRONG. Some of them are up in the balcony.

Senator RANDOLPH. Is that you, Mrs. Evans?

Mrs. EVANS. Yes.

Mr. ARMSTRONG. She is the secretary of the commission.

Senator RANDOLPH. We had a breakfast this morning and I think there were eight or nine present. Thank you for being here this afternoon.

Go ahead, please.

Mr. ARMSTRONG. Most of the funds for the Commission come through the Administration on Aging, Department of Health, Education, and Welfare, with the State contributing to administrative expenses with a budget of some \$38,000. Then local groups supply matching funds for title III projects of which there are a number in various sections of the State.

Senator Randolph, you have always had a special interest in the Commission on Aging, and I know you are well aware of its programs and activities. The responsibilities of the Commission on Aging have increased steadily since the organization in 1964, and after we got started in business in 1965. So in this year of preparation for the 1971 White House Conference on Aging, our responsibilities and activities are greater than ever before.

We have been engaged in identifying the special needs of older West Virginians and working with public and private agencies and individuals to effect needed changes. There is much to be done. Some of the needs we have identified were raised in your hearings, as you just said, at Dogbone in Lincoln County this morning, and others of course will be heard this afternoon and tomorrow.

The State of Virginia and the individual counties are working toward the solution of some of the problems of our older men and

women, but many of these problems will require action at the Federal level. Therefore, we are pleased that you are holding hearings in our State and will be adding our findings to those you have been gathering in other States. Our older men and women should not have to wait any longer for a response to their reasonable and urgent requests. I hope that your hearings in West Virginia will be translated into legislation and into appropriations at the next session of the Congress.

Thank you for this opportunity.

Senator RANDOLPH. Thank you very much, Glen.

Was this meeting which you had last night of the members of the Commission concerned with your programing for the next few months?

Mr. ARMSTRONG. Yes; very much so. We discussed many aspects and areas of activity, particularly some of the projects that are now in force in 1-, 2-, and 3-year status of their grants of funds and what can be done to continue them. Also, we discussed many of the problems that I am sure you are aware of in connection with the elderly people in this State—of which there are more than 192,000 and the number is growing every year, probably over 200,000 at this time; citizens over 65 years of age.

Senator RANDOLPH. Over 200,000 in the State over 65?

Mr. ARMSTRONG. That is right, 65 or over.

Senator RANDOLPH. What is our population, 1,820,000? Is that approximately correct?

Mr. ARMSTRONG. It is about that. I have not seen the latest figures of the 1970 census.

Senator RANDOLPH. Do you have that?

Mr. ARMSTRONG. Approximately 1,710,000 people of which the 200,000 over 65 is a pretty good percentage.

Senator RANDOLPH. In 1960 there were 1,860,412 persons; in 1970, 1,702,702. That was a net loss according to an article in the New York Times of 157,710.

Mr. ARMSTRONG. This is about correct, I would assume. We are losing our young people, and our elderly people are increasing. Do you see the point?

Senator RANDOLPH. Yes. I wanted to bring that out. This article was from the Times of August 3. Without objection, and I am the only one who could object and I won't, I am going to have the article included in the record at this hearing. It contains some of the comments of the Governor and others who are talking about this problem.

(The article referred to follows:)

[From the New York Times, Monday, August 3, 1970]

'WILD, WONDERFUL WEST VIRGINIA,' SHOCKED BY EXODUS OF PEOPLE, SEEKS TO WOO INDUSTRY AND HOLD YOUNG

(By Homer Bigart)

CHARLESTON, W.VA., July 31—In the last decade, West Virginia has been the nation's leading exporter of coal and of people.

Officials of the Mountain State, hopefully rechristened "Wild, Wonderful West (By Gosh!) Virginia" by Gov. Arch A. Moore, are boastful of the coal outflow. But they become defensive when someone mentions the human exodus exposed by the 1970 Federal census figures recently released.

Governor Moore, an ebullient booster, contends that those figures are misleading.

The census revealed a drastic population loss for West Virginia. In 1960 there were 1,860,412 Mountaineers; in 1970, 1,702,702, a net loss of 157,710.

Governor Moore insisted in an interview that the exodus was slowed in the mid-1960's and reversed by 1967. Today the state is actually growing in population, he said, and for supporting evidence he cited an increase in motor vehicle registration.

'JUST SILLY'

But the Secretary of State, John D. Rockefeller 4th, disagreed with the Governor. It is "just silly" to say that West Virginia is not losing people, said Mr. Rockefeller from New York's Harkness Pavilion, where he was recovering from a slipped disc.

Moreover, it is likely that the population slide will continue unless there is a concerted statewide effort to provide job opportunities for young people, Mr. Rockefeller said.

Governor Moore is a Republican, "Jay" Rockefeller a Democrat. Mr. Rockefeller is expected to run for Governor of West Virginia in 1972.

The census figures were a shock to most observers.

They had anticipated a continued depopulation in the southern coal counties where automation in the late 1950's idled thousands of miners, but they did not foresee a general statewide decline (only 10 of the state's 55 counties showed gains and most of them were minor).

They were stunned, for example, by the sharp drop in the population of Charleston and surrounding Kanawha County. In 10 years the capital city shrank more than 18 per cent—from 85,796 in 1960 to 69,531 in 1970.

2 BIG INDUSTRIES

Mayor Elmer H. Dodson said a major reason for the decline was the loss of two big plants—the Food Machinery Corporation's ordinance plant in South Charleston, where up to 4,000 men made armored vehicles and flame throwers and which shut down last year, and the Owens-Illinois glass factory which had 1,100 on its payroll before it closed in 1967.

Another blow was a big reduction of workers at Union Carbide's chemical plant. Mayor Dodson said he had noticed a slight recession in the local economy in the last few months. "Merchandising is a little softer than it used to be," he said, "and there is a slowing up in real estate."

Yet sales tax revenues have steadily increased, the Mayor said, adding that the Kanawha Valley was "healthier than most of the state."

The shock over Charleston's population plunge (the capital lost its position as the state's largest city to its bitter rival, Huntington) has had one good effect: Mayor Dodson reported a revived interest in industrial development. A "Committee of 100" has been formed to entice industry into the Kanawha Valley.

In his office at the Capitol, beneath the golden dome of Cass Gilbert's classic rotunda, Gov. Moore was indomitably cheerful.

The economy was booming, he insisted. Coal exports were up, especially to Japan. "West Virginia coal fires the boilers of Osaka, lights the shrines of Kyoto," the Governor glowed.

He said he had gone to the "industrial mat" with Ohio and Pennsylvania and wrested several industries from these giant neighbors. Industrial investment in West Virginia reached a record \$1,700,000,000 in 1969 and the state has "tremendous growth potential," he said.

Gov. Moore, a former Congressman, said the census figures might cost the state one or possibly two of its five seats in the House of Representatives. He would have to present a redistricting plan to the state legislature before the end of the year, he said, but "I want to do everything to protect the number of seats we have."

The Governor's insistence that out-migration had been checked was not borne out by school attendance figures. Dr. Daniel B. Taylor, State Superintendent of Schools, said the 1969-70 school population had dropped to 403,900 as against 411,911 in 1968-69; 418,391 in 1967-68, and 423,850 in 1966-67.

OUT-MIGRATION "OVERWHELMING"

Dr. Taylor said the out-migration of young people was "overwhelming," especially in the southern coal counties and the central mountain counties, where there simply were no jobs for high school graduates. In the hollows, only the old, the infirm and those on welfare remained, he said.

The state contributed not a nickel to school construction, Dr. Taylor said, and since the decline of population in the poorer counties was usually accompanied by a decline in taxable wealth, there was scant hope of obtaining new schools in the depressed regions.

Some schoolhouses still had outdoor privies, Dr. Taylor said. He noted a growing imbalance between rural schools and the modern air-conditioned schools under construction in Kanawha County.

Scenically, it is a lovely state, said Dr. Taylor, a Pennsylvanian. He noted that West Virginia had fresh air, clean streams where one could still catch native trout and so many birds that the state had two wild turkey seasons.

"We have to convince young people there are things to be done here, opportunities, challenges," he said. "But if jobs aren't here, then all the rhetoric in the world won't keep the youth from going to other places."

ROCKEFELLER AGREES

From his hospital bed in New York, Mr. Rockefeller agreed.

"Seven out of 10 young people go from the state by the time they are 24 years old," he said. "This just has to be changed." He proposed an industrial development corporation similar to the one that his uncle, Gov. Winthrop Rockefeller, has set up in Arkansas.

Miles C. Stanley, president of the West Virginia American Federation of Labor and Congress of Industrial Organizations, said that West Virginia would never attract enough industry until the tax structure was revised to give the state enough money to provide adequate schools, roads, health services and recreational opportunities.

Some big companies had trouble getting technical and professional people to move to West Virginia because the schools were poor, he said.

Aides to Governor Moore produced figures showing that although unemployment rates in June, 1970, had risen to 7 per cent from a 1969 level of 5.5 per cent, this was still far below the 1961 recession figure of 13.5 per cent.

Senator RANDOLPH. Mr. Frankel, proceed with your associates as you desire.

STATEMENT OF LAWRENCE FRANKEL, DIRECTOR, LAWRENCE FRANKEL FOUNDATION, GERIATRIC PHYSICAL FITNESS

Mr. FRANKEL. As our material is being brought in I would like to comment that we are giving a demonstration of what we call Preventicare. We have a wonderful group of people assembled over there, Senator, from 65 to 86, most of whom have multiple medical problems but none of whom have medical complaints!

I might take a moment while the material is being assembled to give a personal potpourri—that is a word they love to hear—of a few of our performers.

I believe you know Hazel Hickman in the far corner who is blind, diabetic, lost two sons to the war, who has a strong spirit for our program.

Talking about transportation, we have difficulty getting her three blocks to our premises but we work it out somehow.

In the far corner to the left, Betty Patterson was sent to us by a physician with a letter saying this frail young lady has advanced arteriosclerosis, an advanced case of emphysema, arthraplaga and fibrosis—imposing medical problems but not a complaint because Mrs. Patterson is able to perform after a few weeks what she has not been able to do for 20 years.

We have Margaret Mankin who is 86 who has won the championship for situps, does 25 situps.

I think if any of the panel or any of the West Virginia commissioners on aging would like to compete with Hazel Hickman and with some of our happy friends I will offer a Spiro Agnew wristwatch, so we are offering a challenge to those in the audience.

Senator RANDOLPH. You mean you are offering that watch as a prize?

Mr. FRANKEL. We are offering that watch to any Republicans or members of the Commission who are able to compete with some of our wonderful people over there. The offer stands.

Senator RANDOLPH. I have a Franklin D. Roosevelt clock which I have had since 1933.

Mr. FRANKEL. Well, we can give that for a second prize, Senator.

Senator RANDOLPH. Still keeps perfect time.

Mr. FRANKEL. We have Claude Board who is 81, who a year ago was not able to walk without the aid of a cane outside of the building, who was paralyzed, and who now walks over Charleston and is not concerned with the problem of transportation, using mostly his pedal extremities.

We have a number of others such as the lady in the dark costume with the bandeau around her head who was told that she would not be able to walk again by several physicians and who is now also doing things in a physical way that she was not able to do for 20 years.

I believe that the problem of the aging can be greatly inhibited with a program such as we are going to demonstrate.

Incidentally, the program these people are participating in is financed through the West Virginia Commission on Aging. We want to expand the program and services beyond the capacity that we are now endeavoring to perform. We would like to go out into the community and demonstrate to groups in the rural areas, if necessary, that with the indomitable spirit that these people show no one needs to have complaints.

Ladies and gentlemen, while the mats are being set up, how about taking your positions on the mats.

If you would like, Senator, I will introduce them.

Senator RANDOLPH. I would want you to do that.

Mr. FRANKEL. You will notice that most of our participants have got themselves some sexy costumes.

This is Mrs. Barbara Larson.

Senator RANDOLPH. How many years young are you?

Mrs. LARSON. Sixty-eight.

Mrs. FRANKEL. Mabel Rice.

Senator RANDOLPH. What is your age?

Mrs. RICE. Sixty-nine.

Mr. FRANKEL. Pearl Jarrett.

Senator RANDOLPH. What is your age?

Mrs. JARRETT. Seventy-two.

Mr. FRANKEL. Mamie St. Clair.

Mrs. ST. CLAIR. Sixty-five.

Mr. FRANKEL. Gussie Kelly.

Mrs. KELLY. I am sixty-five.

Mr. FRANKEL. Carrie Minotti in the dark outfit.

Mrs. MINOTTI. Seventy-two.

Senator RANDOLPH. Two of the girls are 72.

Mr. FRANKEL. Margaret Mankin is our situp champion, 86.

Mrs. MANKIN. Eighty-six.

Mr. FRANKEL. Hazel Hickman turned 70.

Mrs. HICKMAN. Hello. I have heard you quite a few times at the West Virginia Confederation of the Blind.

Senator RANDOLPH. Thank you.

Mr. FRANKEL. Betty Richard.

This is the instructress of the class.

Claude Board.

Mr. BOARD. Eighty-one.

Mr. FRANKEL. Paul Larson.

Mr. LARSON. Sixty-nine.

Mr. FRANKEL. Mary Heatt.

Mrs. HEATT. Seventy-five.

Mr. FRANKEL. Betty Patterson.

Mrs. PATTERSON. Sixty-eight.

Mr. FRANKEL. I believe we have introduced them all, Senator. As soon as we get these people seated, we will start the exercises.

Senator RANDOLPH. You know, you mentioned one of the number who is blind today. I remember there were people who said to me, "Blind people, they can't hold jobs; they can't participate in our society." Well, that is not true. In just one program alone today in this country there are 5,000 blind persons who are operating their own little businesses, all because of the encouragement of the law passed by the Congress. They operate vending facilities in our Federal buildings, State buildings, county buildings, private industries as well as in our national parks and forests, some of them making \$10,000 a year serving people who can see—blind people that they said, you know, they could not do the jobs.

Mr. Frankel, you don't believe people can't do jobs, do you?

Mr. FRANKEL. I don't believe there is any inhibiting factor where there is a will. Anything can be done. These people represent self-discipline, self-improvement and a complete absence of self-pity. I believe you will be thrilled when you see the performance.

Just give us a moment. We have some heavy weights for them to lift, too. As soon as we give them the dumbbells we will get started. We won't keep you.

Children, sit up straight. Some of you may come up to compete. The challenge still goes.

Before the exercise starts and while the dumbbells are being distributed, the folks are going to do a capsule performance. They will do about 10 minutes of exercise chosen from 60 minutes of exercise that they do three times a week. These people perform vigorously for 60 minutes. Every one of these folks has been sent to us with a written note from their physician and are now, after 4 months, performing far beyond the capacity that their physicians believed they could perform. So you know the indomitable spirit of these people. Of course, what moved these people is love and dedication instead of medication.

Senator RANDOLPH. Senator William Sharp, I know you don't want to be introduced, it is characteristic of your work, but I want you to stand. I am grateful your State Senator is here this afternoon. Thank you very much.

Senator SHARP. Thank you, Senator.

Mr. FRANKEL. Are we ready to observe, Senator.

Miss Instructress, will you start the class. We are going to demonstrate exercises to cover every portion of the body, those muscles that are adjacent to the skeleton—they will cover the neck, the shoulders, the arms, the fingers, the wrists, the knees, the abdomen, the thighs, the ankles and the feet.

As people get older, you know, they have these multiple complaints of aching muscles. Many of these exercises are designed to inhibit the inroads of aching muscles insofar as they apply to the reduction of motion in the joints. So the first portion of the program we will demonstrate the musculo-skeletal group of exercises.

Now start, young lady.

(Demonstration of exercises.)

Senator RANDOLPH. Gosh, I want to cheer. [Applause]

Will you stop just a moment?

Phil, take off your coat.

Phil McGance from Weston is my legislative assistant and I want him to go and join your group. Do you mind?

I want to see if he can do what these people are doing.

Mr. FRANKEL. Senator, the next group of exercises is called developing kinesthetic sense. It is well known that people after middle age have broken bones and broken hips due to loss of balance. The following group of exercises are designed to show how older people can improve their kinesthetic sense.

Again we challenge some of the audience to do some of the dance exercises that you will shortly see on a 2-inch-wide balance beam. The watch deal still goes.

(Demonstration of exercises with music.)

Mr. FRANKEL. Thank you for watching our wonderful children. This again, I repeat, is a capsule performance which they perform six times as long on Monday, Wednesday, and Friday to the consternation of their friends and their physicians. [Applause.]

Senator RANDOLPH. Mr. Frankel, for the record I want to express appreciation to you and to your performers—I believe that would be correct, and so classify them. If there is any difficulty in securing tight-rope walkers for the Ringling Brothers Barnum & Bailey show, why I think you have a supply ready.

Mr. FRANKEL. We would them to the Washington merry-go-round.

Senator RANDOLPH. Commissioner Flowers.

STATEMENT OF EDWIN FLOWERS, COMMISSIONER OF WELFARE, STATE OF WEST VIRGINIA

Mr. FLOWERS. Senator Randolph and distinguished guests, first of all I am glad to call upon your assistance because had it been left to the commissioner of welfare the program could have been shortened by one presentation. We do appreciate the opportunity to present this afternoon to you a few moments of the program of the department of welfare insofar as it concerns the food and nutrition needs of the people of our State of West Virginia.

As you are well aware, one of the universal needs that our people have is for proper and adequate food and nutrition. In the State of

West Virginia this need is very substantially served at the present time. This need is served to a very substantial extent, as I am sure you are aware, by the Federal food stamp program which is administered in West Virginia by the Department of Welfare. In four of the counties of our State we find that from 20 to 30 percent of our population utilizes the food stamp program as an aid in meeting their food and nutritional needs.

In some 19 counties of our State we presently have between 10 and 20 percent of our population that turns to the food stamp program as an aid in expanding their food budget so that in 23 out of our 55 counties we have more than 10 percent of the total population presently turning to food stamp purchasing power as an aid in their better food and nutrition.

Specifically with respect to our older citizens, 20 percent of all food stamp users are older West Virginians, and by number this now constitutes almost 20,000 different households and homes in West Virginia that make use of food stamps who are senior West Virginians.

By a chart which we use to explain this program, one can see the benefits of it that have been recognized by the people of our State and why so many of our senior citizens have taken advantage of it. Taking the typical case of our senior citizens where there are two in the household and either has a \$75 monthly income from social security or the average welfare check, they can gain \$56 in food stamp purchasing power with an expenditure of some \$15 of their earnings.

For those West Virginians that are more fortunate and do have a little larger security or some private pension or some other income, it would amount to \$105. For \$23 they are able to get a \$33 bonus in purchasing power for their food needs.

In the case of those in these households who are over 65 years of age, the resource limitation is increased from the \$1,500 limit by \$500 per household for those over 65 years of age. So if both members of the household are over 65, they are permitted to have \$125 cash resources, stocks or bonds, to be eligible for the program if they meet the income tests.

Now we do not count in determining eligibility the property, the real estate that these folks might own. We do not count their automobile and we do not require them to surrender their life insurance or calculate this in determining whether they are eligible. These benefits have been recognized by our people and have helped them in some 3,500 different grocery stores in our State to better select foods to meet their needs.

Senator RANDOLPH. How many grocery stores?

Mr. FLOWERS. We have 3,500 participating grocery stores, in excess of this.

Senator RANDOLPH. Do they seem to want to participate or do they feel that this is an added burden in marketing?

Mr. FLOWERS. They are anxious to participate, Senator, and I think you will see why as we demonstrate the extent to which this program has grown.

Since the national inception of the food stamp program in West Virginia in McDowell County back in 1961, this program has grown to the point where in 1968 we were able to have distribution points for the food stamps in each of our 55 counties. At that point we were able

to terminate the distribution of commodities as the means of helping our people eat better.

Until the point of July a year ago we recognized that each month more than \$2.5 million of purchasing power was being utilized by food stamp customers of ours that numbered some 137,000. As a matter of fact, in the 1 year following that, in July of 1970, this current year, they were able to count some four and a half million more, particularly \$4.6 million of food stamp and food purchases that were available through this program now to 189,000 people. I am pleased to report that as of September this year we exceeded \$5 million for that month in food purchasing power that was available by the food stamps.

Senator RANDOLPH. Commissioner, I want to interrupt you. I don't want to break the continuity of your presentation, but the food stamp purchases or purchases from private funds by the elderly, let's say a store near one of the hollows in West Virginia like the hollow that we were in today, would that store have on its shelves the foods that can and need to be purchased by older people? Would you comment on this?

Mr. FLOWERS. In most cases, Senator, we feel the selection is an adequate one. We do feel that there is a need for us to help these people, the customers of these stores, more effectively to select so that they might have the benefit of the more nutritional foods that are available.

Senator RANDOLPH. Then the stores, you would say, do not react unfavorably to an effort to have ready for purchase those items that the people really need as a part of a nutritional program?

Mr. FLOWERS. We have not detected any adversity on this, Senator. However, I think perhaps there is a lack of knowledge and understanding on all of us, including the stores in West Virginia, on just what is the best for the diet of our senior citizens.

As we assume our responsibility for the distribution of the stamps in our State, the department of welfare has established regular sales outlets in each of our 55 counties plus itinerant or part-time distribution points in 115 locations throughout our State. Due to the nature of our population being substantially rural, as you have pointed out, and the State having but some five urban centers, most of the people that we want to serve and need to be served we find in rural communities.

So due to the rural nature of our population, the availability of the stamps becomes one of the chief deterrents to their more widespread use and this caused us in 1969 to endorse and to support the legislation that was pending in the U.S. Senate for distribution to take place through U.S. post offices. That we did find in more than 1,100 communities in our State.

When this program seemed to be lagging and doubtful of adoption, we did proceed to enlist the banks of West Virginia to help us and we were able to secure more than 60 that would serve as distribution points on a compensation basis. We are disappointed that a larger number of banks did not participate but we are gratified that we did have these 60 that would help us.

Now these issuance points, however, we found commonly clogged with lines that did serve as a very substantial deterrent to the utilization of food stamps. As this film shows, which was taken on the first day of April this year here in Kanawha County, we find indicated the hardship endured by those who found it necessary to use food stamps.

This condition persisted here notwithstanding the fact that inside this office there were some seven cashiers engaged in the sales process for the food stamp coupons and elsewhere in this county we had eight distribution points in existence, including some two banks and six other itinerant locations.

Now as we attempted to make the stamps more available to the people, Senator, that needed them we became increasingly vulnerable to thieves who found them by some illegal channels to be as good as money. West Virginia gained the unwanted distinction of leading the Nation in the thefts of food stamps with some six different thefts occurring that amounted to over \$611,000.

Senator RANDOLPH. What happened to those that did the stealing?

Mr. FLOWERS. There have been several, Senator, that have been sentenced. I think one case is still pending. Not nearly all of the stamps have been recovered, only a very small quantity of the stamps has been recovered. We are pleased to say that the Department of Agriculture has responded to a suggestion that we made some time ago and now has put serial numbers on each coupon so that their detection and their negotiation can be better traced.

Senator RANDOLPH. Now what is the sentence that has been given, say, to one of these persons who has been apprehended, tried, and convicted?

Mr. FLOWERS. I believe the sentence, the only one of which I am aware, Senator, was 1 to 5 years.

Senator RANDOLPH. One to 5 years?

Mr. FLOWERS. Yes, sir.

Senator RANDOLPH. For stealing how much in the way of stamps?

Mr. FLOWERS. I am not certain which theft that individual was involved in. I know we have a representative of the Department of Agriculture here that can supply us with these details. These were very painful episodes to us where as we struggled to make these stamps available to people, at the same time we exposed ourselves to the difficulty that the thieves found so inviting.

Senator RANDOLPH. The committee would like to have supplemented for our record, not at this moment, a more complete breakdown of what took place in these situations that you have.

Mr. FLOWERS. Yes, sir; we shall document that.

(The material referred to follows:)

WEST VIRGINIA DEPARTMENT OF WELFARE,

Charleston, November 27, 1970.

DEAR SENATOR RANDOLPH: Thank you for your letter of November 5, 1970, and your comments regarding my testimony at the recent Congressional Hearings on the Elderly held in Charleston. It was my pleasure to appear and my hope that my testimony was of assistance to your Committee.

I am pleased to comply with your request for a report on the Food Stamp thefts we have experienced in this State and am enclosing a chart projecting what actual information we possess. I regret that I am somewhat hampered in giving you a full and complete report. The U.S. Department of Agriculture is very reluctant to share information with the State until final disposition of the cases has been made. However, may I suggest that the Office of the Inspector General, U.S. Department of Agriculture, may be willing to release this information to your office.

We have gathered the following information from various sources, but it has not been officially transmitted to us by the U.S. Department of Agriculture. We understand that the \$106,060 in stolen food stamp coupons was recovered in Atlanta, Georgia, and San Francisco, California; that seven arrests have been

made in connection with the robberies, four in San Francisco, California; two in Knoxville, Tennessee, and one in Princeton, West Virginia; that there is currently a warrant pending against one individual; and that one of the difficulties being encountered in prosecuting these individuals is proving actual participation in the thefts and thus they are being charged with the lesser crime of illegal possession of the coupons.

Please advise me if I may be of further assistance to you in this or any other matter.

With best regards.

Sincerely,

EDWIN F. FLOWERS, *Commissioner.*

[Enclosure]

Summary of food stamp thefts—West Virginia Department of Welfare

Location and date:	Amount
Hamlin (Lincoln County) September 13, 1968-----	\$45,000
Moorefield (Hardy County) June 2, 1969-----	45,000
Philippi (Barbour County) June 30, 1969-----	106,398
Charleston (Kanawha County) August 24, 1969-----	339,040
Philippi (Barbour County) November 29 or 30, 1969-----	49,109
Wellsburg (Brooke County) December 1 or 2, 1969-----	27,170
Total stamps stolen-----	611,717
Total stamps recovered-----	106,060

Mr. FLOWERS. As a matter of fact, the security measures that we took included even the purchasing of an armored car and the use of armed guards throughout the various counties of our State so that as we approached this task of making the stamps more available and at the same time improving upon the security we found it most difficult to reconcile the two activities.

As we pursued this we did talk to people that were most affected by our actions and at the Kanawha County food stamp office on the first day of April we did receive from these people various suggestions.

The problems which they brought to our attention of the lack of transportation to get to the food stamp office, the physical inability to leave their homes at the necessary time to purchase the stamps and the cost of transportation which took away some of the advantages of the purchasing of the stamps are best told by their own words as they discussed the matter with us. We would like for you just for 2 minutes, Senator, to hear their words as reported on the sheets before you.

(The following was heard on tape):

1. I have to come from Big Chimney and I come all the way down from Big Chimney. Well, I have to get a man to drive me in. He drives me in every month. It costs me about \$5.

2. I got heart trouble, too.

3. I was here about two hours.

4. Got so it cost so much for me to get up there.

5. I have to go to Sissonville. He has to go further than I do. Well, it usually cost me for somebody to come from here to go out from Sissonville three or four dollars.

6. I was about the last one in. Just about I was beginning to think I was gonna have to go back home.

How long were you here? About all day.

7. And there ain't no bus runs here now I'm not allowed to travel.

8. It costs me \$5 to get in here to get them, too.

9. I was here about two hours and a half. In fact, I was way up yonder on the corner.

10. They was ice all over this sidewalk.

How would it be if we were able to send the stamps to you in the mail? I'd like that. Would that help you out? That would help out a lot.

Do you folks have to come far after your stamps? Well, we come from Clendenin.

Does it cost you anything to come in? Well, usually if you get somebody to bring you down it costs about \$3.

That's what I have to pay, \$3.

11. See, I pick them up for my grandfather—he's 89—he couldn't possibly come up here and get them.

12. She's my—my husband's grandmother—she's in my custodial care and she's 86 and she's bedfast.

13. I'm not able to come up here and stand—I got sick the other time. I almost fainted standing so long.

14. I druther have, I druther have what they take, what I pay here I'd druther them deduct that from the check and send the stamps with the balance of the check and that way why when I go to the post office I can—well, that's it.

15. *If it was convenient for you to get them, would you take them again? I certainly would. Lord, I'd be too glad. They certainly was a help to me.*

(End of tape.)

Senator RANDOLPH. Commissioner, I want to ask you to respond to No. 8. "It costs me \$5 to get in here to get them, too." That means the stamps?

Mr. FLOWERS. Yes, Senator.

Senator RANDOLPH. Now break that case down for the committee.

Mr. FLOWERS. We found that people paid from \$3 to \$10 for transportation to come to the food stamp office. The people that were commenting here in Kanawha County, I think the average was something like \$3 to \$5 that they were paying from varying locations in the surrounding area. This is what was required of them because they lacked the transportation and thus they forfeited some of the advantage of participating in the program by having to pay for the transportation to come in and take advantage of the program.

This was the source of our recommendations. Since they found such a difficult time getting to us, we thought that it made sense for us to try to get to them and that we could use the U.S. mails. With the cooperation of the Department of Health, Education, and Welfare, they did consent to amend a 35-year rule that said that a welfare check could not be subject to a deduction even on a voluntary basis; they did agree that West Virginia would become a pilot State to explore this program. So it was in August of this year that we were able to get underway the program by which we went to the people who had had such a difficult time coming to us.

Formerly when we were serving these people, 189,000 of them had the alternative either of going to a food stamp office or to a bank where they usually encountered the kinds of lines that you have seen before you today. Under the new system for some 70,000 of these people who were welfare recipients and who had welfare checks large enough to permit the deduction of the cost of their food stamps if they volunteered and requested it, we were able to mail them their food stamps along with their welfare check.

Some 47,000 welfare recipients had supplementary checks that were too small to permit deduction for the stamps but they had three alternatives available to them then. They could mail a check or money order in to our food stamp office and receive their stamps back by mail, or upon receipt of their supplementary welfare check they could put that together with the other resources available to them and go to their local food stamp office or the bank in person to make their purchases.

Likewise, those who were not recipients of welfare checks, which numbered at that time some 72,000, had the three options available of sending in to the local office and receiving the stamps back by mail, or if it was convenient to them to go to a food stamp office or a bank where, now because of the pressure being taken off by so many of the stamps going in the mail, they would not face the waiting lines and the hardships that they had experienced previously.

Senator RANDOLPH. Now would you, for the record, again indicate what percentage of those persons receiving the food stamps in West Virginia are individuals 65 years or over?

Mr. FLOWERS. It would be 20 percent of all of those receiving the stamps, and those people reside in almost 20,000 separate households in our State.

Now, of those using this mail process, Senator, we are pleased to note that after just 2 months wherein we have been just overwhelmed by the response and have made very little effort to expand the system as yet, we find that 52 percent of the older citizens who are eligible and use the food stamp program are already participating in one of the mail processes.

Senator RANDOLPH. A further question. We were told repeatedly today that the isolation of the person who is up the hollow, that it is difficult for him always to have the information as to what is available. What do you suggest to make it more known to these people what you are doing in this new system?

Mr. FLOWERS. We have used, of course, Senator, the usual news media approaches and explanations about the program, but this last summer we did something innovative at the suggestion of our Governor when some of the 100 young college students who do work for the department of welfare in the summer went specifically to visit community homes of elderly West Virginians to explain the program to them and ask them to consider whether or not they might be eligible and desire to participate.

The preliminary reports we have on this indicate that approximately 30 percent of those contacted have answered in the affirmative and have begun to take advantage of the program. In addition, we were pleased some months ago to make the food stamps available on a semi-monthly basis, so that if there was need for only half of the food stamp allotment for an older person with more restricted needs, this could be done. We think that these efforts can be expanded upon, and we find that our people at the television stations and the news media are giving us excellent coverage of the availability of this, and that the program will expand.

Senator RANDOLPH. This is the opportunity which I think is shared by the media—our newspapers, our television, and our radio. These outlets of information as well as entertainment that come through the cooperation of our media—I want to commend the cooperation and the efforts that those who operate these stations are giving, because I have known of this before you stated it this afternoon for the public record as an indication of a public service fitted within a private industrial program.

Mr. FLOWERS. We have been most gratified, not only with the television media, but with the printed media as well. We are very gratified also, Senator, that the President of the United States, in resubmitting

his welfare proposals to the U.S. Senate, did see fit to incorporate, after our presentation to his Department of Health, Education, and Welfare, this same system as an amendment to the new assistance programs that are now before the Senate.

We certainly commend it to your favorable consideration as something extremely beneficial to our people, both those who have need of the cash assistance of their Government and their fellow citizens and those who by reason of limited income merely need a little help with their food budgets in order to get by.

As to whether it becomes more of a handicap to our older citizens this time of year, Senator, and when going out of doors and having to travel becomes more of a problem, we are certain that the cooperation of our Federal Departments of Health, Education, and Welfare, our Department of Agriculture on the Federal level, and the U.S. Post Office Department, with us, in making this available to so many of our people, will help them have not only a more comfortable winter but one of better nourishment and considerable economic relief.

Thank you.

Senator RANDOLPH. Thank you very much.

You can cheer that if you want to. I think it was a good report.

[Applause.]

Thank you very much.

Miles Stanley, I am calling you out of order, if you don't mind, before Mr. Warren, from Raleigh County, speaks.

Miles Stanley, the president of the AFL-CIO in West Virginia and a developer of the mobile community service project. Would you speak at this time.

STATEMENT OF MILES STANLEY, PRESIDENT, AFL-CIO, WEST VIRGINIA; AND PRESIDENT, HUMAN RESOURCE DEVELOPMENT, INC.

MR. STANLEY. I am Miles Stanley, president of the West Virginia AFL-CIO, and also president of the Human Resource Development, Inc., which is a nonprofit organization that is concerned with the development of our most important resource, and that is human resources. The organization is currently engaged in working extensively with youth in the northern part of the State and also with disadvantaged workers in the northern part of the State.

The project that I want to talk about this afternoon, Mr. Chairman, is in the southern part of West Virginia incorporating four counties. Just a word of background.

In 1966, 1967, I was privileged to serve as a member of the President's Commission on Rural Poverty. Out of this experience there came a deep conviction of mine that one of the greatest problems in the rural areas was the lack of social services, and that there needed to be some reorganization of our systems in order to deliver social services, more particularly health services, to our citizens in rural areas.

My comments this afternoon are intended to describe to you a program which was conceived in those days and which I regret to say has not, as yet, borne fruit. There have been a lot of difficulties with it, but nevertheless the concept, I believe, is sound, and that is a system

of community services made mobile by using rails. In other words, we would convert Army ambulance cars in this case to mobile clinics and offices which would house all types of social services—not all types but many types, particularly medical services, medical diagnostic and limited medical therapy, eye and ear diagnostic and treatment, dental diagnostic and treatment, and limited pharmacy facility where prescription drugs could be dispensed.

In 1967, the Department of Labor funded a feasibility study for this project, and after about 15 months of effort were able to file a report which the Department found satisfactory and declared that in their judgment, the project was feasible. Since that time there has been an additional study funded by the Federal Railroad Administration which has taken a tremendous interest in this project. This study was conducted by the Executive Systems Corporation of Washington, D.C., and they, too, found that the project was eminently feasible and possible.

Currently, Mr. Chairman, we are working in the direction of packaging the program; that is to say, develop the kind of funding sources from public and private agencies to do the renovation of the cars, the equipping of the cars, and the operational moneys that will be necessary in order to put the mobile community service project in operation.

The project design is to cover four counties, as I indicated, in Wyoming, Mercer, McDowell, and Mingo Counties, W. Va., to have eight locations where the train would stop and it would stay 1 week at each station. Thus, it would be in each of these communities at these eight locations once every 2 months.

In addition to the medical component, where we hope to be able to give some treatment, and where we find we cannot do the complete job, then we would have a system of referral and liaison or linkage with the established hospitals and other medical institutions where the patients could go to get whatever care or treatment they needed. We would also have manpower services, and this would be in cooperation with various public agencies that work in this important area.

Problems still remain, of course, with the people in the rural areas. The greatest problems are still housing and health and employment and education. Whether or not we will be able to put all of this into a four- or five-car train remains to be seen. The concept still appears to be sound, the project does appear to be viable.

We would hope, Mr. Chairman, that we would have this demonstration project, because that is precisely what it is, into operation within the next 12 to 15 months.

So that is the story behind this particular project, and it is designed to overcome one of the great problems that you have indicated here this afternoon and that is transportation. I suppose the concept could be summed up in the proverbial phrase, if Mohammed won't come to the mountain, we will take the mountain to Mohammed. That is what we are attempting to do.

Thank you very much for the opportunity to appear.

Senator RANDOLPH. Thank you very, very much. [Applause.]

Now one question, Miles. The transportation for these persons who go to the trains, how will that be handled?

Mr. STANLEY. We have discussed several possibilities, Mr. Chairman. Of course, the fact that we are using railcars gives us several advantages. We could even put our own outreach transportation on flat cars and take them off at each location and go get clients or we may be able to work out an arrangement with the local school systems to use schoolbuses which as you know do not operate many hours out of the day and I feel very strongly that they could be put to a good use.

There are some other possibilities of forming liaison or a cooperative effort with local established organizations which would assume these responsibilities when the train was in a given location, they would see that all of the potential clients or patients had transportation to get to the train.

So these are all being looked at, and I think any one of them perhaps would at least partially meet the problem.

Senator RANDOLPH. Thank you. I think this is an innovative effort and it certainly, as you have indicated, cannot be done overnight, can it?

Mr. STANLEY. No. We have been working on it for years and it has had a lot of pitfalls. We have put a lot of our own resources, time, and effort into it but many people still have faith in it—I do. I want to see that it will work as well as some of us think it will. We are going to continue to try. We appreciate the help, Senator, I might add, that you have given in this endeavor over the period of the last few years.

I have a statement I would like to file if I may, a synopsis which generally covers what I have said here this afternoon.

Senator RANDOLPH. That statement will be included in the record. (The statement referred to follows:)

MOBILE COMMUNITY SERVICES PROJECT—SYNOPSIS

Sponsor: Human Resources Development Foundation, Inc. of Charleston, West Virginia.

A private non-profit corporation established by the West Virginia Labor Federation, AFL-CIO to develop and carry out programs aimed at the problems of the state.

Background: In 1967, the AFL-CIO Appalachian Council received a grant from the Department of Labor, Manpower Administration to explore the feasibility of a mobile service center which would provide selected social services to the isolated people living in rural counties of southwestern West Virginia. The mobile center was to be mounted on a train, using refurbished railroad cars, to bring services to communities in the "hollows" where the only effective link with the outside world is the network of railroad lines that exists throughout the region.

The Labor Department grant (No. 92-52-67-28) supported an intensive research effort designed to make the determinations necessary to reconcile the concept of the Mobile Community Service Centers with the realities of the circumstances which exist, and to take the first steps necessary for program development.

As a result of the study, a four county pilot area was selected (McDowell, Mercer, Mingo and Wyoming), priority needs of the communities were established, and a core program of health, education and employment services outlined. In addition, a model demonstration proposal, including a design for staffing and a preliminary budget, was completed. This report was made to the Department of Labor in January 1968.

Absent further positive action from the Department of Labor, the West Virginia Labor Federation, AFL-CIO, renewed its efforts on its own. In late 1969, the Federal Railroad Administration of the Department of Transportation approved a grant to conduct a feasibility study. This was to identify federal funding resources for the project, determine the cost benefits of the mobile community

service concept, further delineate the kinds of services that lend themselves to mobile delivery, and propose methods by which cooperation of effort and financing could be achieved. This study was conducted by the Executive Systems Corporation of Washington, D.C. and resulted in a report completed in March 1970. The major findings of the study were that there is a great deal of interest within government agencies in the mobile concept, that the project would fill a real need, and the cost would be lower than providing similar stationary services. The study ended by saying "the project is eminently feasible and detailed planning should begin."

On the basis of the two previous studies, in June 1970 the Office of Economic Opportunity Regional Administrator, Region III, approved a grant for continued development of the project, with the objective of obtaining funding and beginning actual operations in one year's time. To accomplish this objective, the present sponsor, Human Resources Development Foundation, Inc., has subcontracted with Stanley H. Ruttenberg and Associates, Washington, D.C. The two groups are presently actively working together, with Ruttenberg Associates focusing on the development of program resources and specifications with the federal agencies involved, and HRDF, Inc. concentrating on developing the necessary relationships with the target communities as well as with the local government agencies.

Program Design: The demonstration project will provide needed services to pockets of poor people in remote communities in the four county area. Primary focus will be on those regular public services which are normally available to residents of less isolated areas, which meet the established priority needs of the communities to be served, and which can readily and economically be put aboard a train. Although the services to be provided can and may be limited to those which will enable local residents to live in comfort and decency, a secondary focus of the project will be toward increasing the employability of its clients, particularly young people, helping them become self-sustaining members of society, able to participate fully in the benefits of the national economy.

The most pressing needs in these communities have been identified as health, education and employment. At the minimum, the train will provide outreach for on-going health programs located in the more populous centers of the region, medical diagnostic services, dental care, eye and ear diagnostic and corrective care, family planning, educational and vocational rehabilitation counseling, information and referral. Additional services including remedial education, Job Corps recruitment, vocational rehabilitation counseling among others will be explored and if feasible, added to the program as part of the development process.

The train will stop at four to eight pre-determined locations, on a regularly scheduled basis, remaining at each stop for approximately a week, and returning to each community at intervals of 30 to 60 days.

Overall responsibility for program management will rest with the sponsor. Existing programs and services will be utilized to the maximum extent possible. It is expected that the train will in effect act as a satellite station for some of the already existing programs, particularly in the area of health services. Consideration is being given to the possibility of utilizing the train as a means for the training of local personnel as para- or subprofessionals to carry out program functions during the periods when the train is visiting other communities.

Planning and Development Schedule: The development program has been divided into three phases: (1) preliminary discussions with federal, state and local officials and representatives of other interested groups to tie down resources, delineate program components and develop local participation; (2) negotiations with resource agencies to develop specific project proposal and funding applications; (3) final adjustments in processing the proposal through the last stages of development, cementing of inter-relationships between component elements, organization of project administrative structure, and final funding of the program.

Senator RANDOLPH. We are very grateful for your contribution to the hearing this afternoon.

I want all the witnesses to know that you may highlight, perhaps rather than read all of your statements but the statements in full will be included in the printed record and this record will be available to citizens generally throughout West Virginia.

I want to return now to the first panel. We have Mrs. Gaye Ewing, a registered nurse.

STATEMENT OF GAYE EWING, REGISTERED NURSE

Mrs. EWING. Senator Randolph, distinguished members and visitors, ladies and gentlemen. It is a pleasure indeed to be here in response to the problems of our senior citizens.

To qualify my competency to speak on the subject I wish to point out that I am a registered nurse and that I have worked in a public health service sort of capacity for the past 6 years. My work, though not employed by the West Virginia University Medical Center on a full-time basis, has been under its contract surveillance and supervision. I report to Dr. Marilyn Jarvis-Eckert, a member of the university staff, and have, since my association with the problems of health and welfare in the State of West Virginia. My nonmedical supervision in connection with these health programs is provided by the West Virginia University Appalachian Center at Charleston.

My functions have been limited to Kanawha, Clay, and Lincoln with some work in Wayne and some extending into Boone, Fayette, and Nicholas Counties. My services have been directed to home visitation, epidemiological studies and health education. Home visitations have brought me in contact with an estimated 5,000 families. This is a conservative estimate.

For purposes of this presentation I will be dealing with specific case situations but for the protection of dignity I do not choose to identify the individuals who are involved. I will be glad to furnish further identity on a confidential basis to a closed session of the committee.

Believing seriously that the dignity of the human person is the most meritorious aspect of a democracy, I hope you can see your way clear to respect my wishes in the latter communication.

I have found nine injuries, emphysema, peptic ulcers, blindness, mental retardation, diabetes, arrested and active tuberculosis, hypertension, malignancies, severe anemias and many rheumatoid arthritic conditions. Some of these are being treated competently, some on a very limited basis, and some are receiving limited or no care. This is due primarily to very limited resources, knowledge and lack of facility for getting to and from medical clinics.

Following are examples of the problems at hand with many of our senior citizens in rural Appalachia.

I know an elderly couple who live in a rural area of an adjoining county. He is 74 with a very serious heart condition, hypertension, and vascular disorder in his legs. His wife is 65 years of age and is the victim of hypertension and crippling arthritis. Living in the same household is an 85-year-old mother who is a little disoriented but delightful to talk with.

I went to see this family as I have known them for some time. When the little 85-year-old lady saw me in my white uniform, being a little disoriented she said to me. "Please do not send me away; I am good and want to stay with my family." It took a great deal of explaining to convince her that I came only as a friend.

Also living in the same household is a son who is about 35 years of age, and though he appeared quite healthy outwardly he complained of severe chest pains, loss of fingernails and shortage of breath. He was

referred to the Veterans' Administration who placed him in the hospital promptly and put him on the critical list.

During my association with this particular situation I was driving one of the highways and saw the 74-year-old father, severe heart condition and all, walking home. I picked him up to be advised that he had no other means of getting home. He was about 20 miles from home when I picked him up, and I am sure from my association with him and many others like him that I have learned to know he was hoping for a ride but really was too proud to ask for the help he needed. He was returning from a trip to the nearest drugstore where he had acquired much needed medication for his heart condition.

These are proud people but with a meager income who have served society, the State and the Nation with dignity but now find it difficult to meet their basic needs. Many cases similar to this could be brought to your attention but time will not permit.

I know of another senior citizen who came to me and complained of severe pain in his chest, and had climbed down a steep hillside clutching his Bible in his hand and waited along the side of the road for more than 2 hours when he was finally picked up and given a ride in a pickup truck for 45 miles to the nearest hospital. I learned 3 days later that he had died from malignancies of both lungs.

In another locality I know a lady who is in her mid-seventies, lives alone in an area that can be reached only on foot. She chops her own wood for cooking and heat and takes care of the basic needs of life as best she can but is a severe epileptic with no medical treatment or advice whatsoever. This little lady regularly walks out of the hollow to attend my health classes. I have done a hemoglobin count and it is apparent she does not eat properly and this of course can lead to additional ailments.

I know of another elderly couple in their early seventies where the husband is blind but still chops wood for their winter needs. This is a need and the chances he takes in performing this task are great, but somehow he survives.

There is an elderly gentleman who comes to the edge of the hollow in a wheelchair where he is picked up in a car and taken to purchase his groceries. He pays for the ride to the grocery store. He is brought back to the side of the road and he gets into his wheelchair, groceries and all, and proceeds up to his home in the hollow.

My work also brings me in constant contact with cancer patients, and while more are in the middle-aged category, many are in the senior citizens group. This entire group, and the latter category in particular, is faced with the unbelievable when it comes to health care, treatment, cost, and transportation facilities.

As an example, I know one little lady who was living alone in another county but with no means whatsoever to care for her needs who was obliged to abandon the security of her own home and come to Charleston where she could live with her daughter. This posed another hardship as the daughter, a widow, was forced to give up her job to care for her mother and they are both now doing the best they can on a social security income of \$90 per month.

I could refer to another little lady who is 64 years of age and lives on top of a mountain but manages somehow to walk a round trip of

8 miles, winter and summer, to visit the clinic for treatment of cancer. She also manages somehow to take care of her grandchildren and a middle-aged son who has a severe heart condition. I might also add that the son is a victim of a broken back.

Many of our people suffer the indignities of ill fate such as the following will point out. The man of the household was involved in an injury and draws a more substantial social security benefit than some others may enjoy. Believing he would be permitted an opportunity to live out his life in dignity, he has since been hit with the problems of cancer and presently is indebted to one hospital alone to the extent of \$9,600 with everyday medical and living costs that far exceed his ability to handle with his only source of income. He is not physically able to earn anything to help supplement the social security. He is paying the hospital and physicians \$20 a month.

Many of our elderly people are living in substandard situations to make it possible for them to have the benefits of the welfare programs to meet the basic needs. I am referring in particular to those who do not have the means of living alone and their children, though willing, do not have the means to care for the parent; so, as an expedient, the parent will live in the chicken house or the barn so he or she can qualify for welfare benefits.

I would caution the committee to seriously consider the following in its dealings with the problems of health and welfare of the senior citizens of Appalachia:

(a) When a mobile unit parks itself on the main road, it might as well be in New York City because many people live 10 or 15 miles away and without transportation there is little likelihood they will be able to take advantage of the facility.

(b) Communication is a real problem as newspapers are a luxury, so it does not do any good to announce a mobile unit visit for the people in the hollows will never see it. Very few subscribe to the daily news.

(c) Appalachians are a proud people who will frequently live with the rule of pride and their problems rather than admit they do not have \$30 for a trip to visit the hospital or \$10 for a ride to the nearest doctor or like amount to pay for a ride to the nearest drugstore for needed medicines.

At the expense of repeating myself, I wish to remind everyone here that these examples are only a few that come to mind and that by no means represent more than a minute insight to the problems. I wish to plead for the protection of the dignity of our senior citizens.

Senator RANDOLPH. Now would it help for some of these single persons if they could live together in a boarding home situation and help one another? This is a question that I have been thinking about today.

Dr. Bateman, I am going to break in at this point and have you discuss some of the matters, but before you do I wonder, Dr. Gerrard, if it would be agreeable to have your testimony tomorrow perhaps in Harrison County rather than today.

Dr. GERRARD. Yes, sir.

Senator RANDOLPH. I am not sure who could discuss this problem about the boarding home. Who do you think might do it? This is

something that I would like to be discussed a little while I am here.

Dr. GERARD. If Dorothy White is still here from Logan, Senator, we can get a written statement for you.

Senator RANDOLPH. Yes; because I think it is an important matter. We discussed it in the car coming here.

(Subsequent to the hearing the following letter was received:)

LOGAN COUNTY SENIOR CENTER,
Logan, W. Va., November 5, 1970.

DEAR SENATOR RANDOLPH: Logan County, West Virginia has a critical need for some type of Old Fashioned Boarding House or home care services for the aged. The persons in need of this type of services are ambulatory which creates serious and dangerous problems for themselves when left alone.

It has been suggested that there are some buildings that might be used in the county (some that were used as boarding houses during the boom days in the coal fields). Services to be provided would be that of housekeeping, laundry services and meals. The residents would furnish their own clothing, bed linen and personal items.

The most serious problem that prohibits this type of service are the strenuous fire and health department regulations.

Logan County West Virginia to date does not have a nursing home or any type of custodial homes.

Although there has been a great deal of discussion among various groups, there are no concrete plans to provide a new building for this type of service.

Sincerely yours,

DOROTHY T. WHITE, *Director.*

Senator RANDOLPH. Dr. Bateman, would you testify now and introduce some of those persons who are with you.

STATEMENT OF M. MITCHELL-BATEMAN, M.D. DIRECTOR, WEST VIRGINIA DEPARTMENT OF MENTAL HEALTH; ACCOMPANIED BY MARY FRANCES HICKS, SUPERVISOR, MEDICAL ASSISTANCE PROGRAM

Dr. BATEMAN. Senator, since the time is late I will try to paraphrase a good bit of what we have written and we can file the statement with the committee.

Before starting I would just like to ask to stand the foster grandparents, if I may, who are here from Colin Anderson Center and some from Lakin Hospital and Charleston Day Care Center, Senator. We will talk about this program a little bit.

Would you all stand and let the Senator see you, the foster grandparents, please. [Applause.]

Thank you very much.

I also have sitting beside me Mrs. Mary Frances Hicks, who is the supervisor of our medical assistance program. She is here to present this testimony because of my own cold situation, but I will get us into it if I can.

As you know, the department of mental health is responsible for the State mental institutions, including the mentally retarded institutions and community mental health services throughout the State. We want to address ourselves to the problems that we see affecting the aged as they present themselves unnecessarily for hospitalization in the institutions because of the weakness in the community program.

Mrs. Hicks. An increasingly disproportionate number of admissions to State hospitals of patients over 65 is occurring nationwide. In West

Virginia the problem is even more acute since the number of aged in the State's population is increasing at the same time West Virginia as a whole is losing population. In 1960, 9.3 percent were 65 or over; it is estimated that, in 1966, 10.2 percent were 65 or over, with the percentage still rising.

Among the elderly one finds a disproportionate number with little education, few marketable skills, and limited financial resources. Years of living in substandard housing, on inadequate diets, a lifetime of limited medical care, if that, all take their toll. Because of the out-migration of the young, a great number of elderly are without normal family ties, thus hastening the process of aging and forcing them to depend on the community for even minimum needs. These factors, when combined with the lack of community resources, explain why many elderly persons are inappropriately admitted to State hospitals in ever-increasing numbers.

Among those first admissions to the five State mental hospitals between July 1, 1967, and June 30, 1968, 345 men and women, 21.8 percent of the total, were 65 or over. The number of elderly in the resident population is even more striking. On June 30, 1968, 24.5 percent of all residents, or 1,114 patients, in the five State mental hospitals were 65 and over.

The staff of the West Virginia Department of Mental Health, including those in our own mental institutions, want to provide truly adequate services for those senior citizens who are mentally disabled. As of this date, however, each of our hospitals is still overcrowded.

Based on recent studies, at least 33 percent of all geriatric patients currently hospitalized in State mental institutions are able to live in the community in foster or family care homes. Another 33 percent of geriatric patients in State hospitals could be more appropriately served in nursing homes since their disabilities are medical as opposed to psychiatric.

A limited amount of preventative and outpatient treatment services is being provided by State operated mental health clinics and community mental health programs, including the comprehensive community mental health centers in Elkins and Huntington, W. Va.

There are 46 licensed nursing homes in the State but few are programmed to meet the broad needs of the aged population, particularly in the areas of social rehabilitation.

There are no specialized foster care homes, family care programs, or day care centers for the aged mentally ill. Resources for the development of such programs are extremely limited.

Even if activity centers, mental health outpatient, day care and diagnostic centers were available in every population center in the State, their existence would be little more than academic to many of our aged who reside in rural areas in which no public transportation exists and who are without private transportation.

Older people have the same basic human needs as people in other age groups. The aging individual is forced to cope with intrapersonality changes and is also expected by society to adjust to a new set of living conditions for which he was never adequately prepared.

The mental hospitals have been a catchall. Because they had no alternative, many troubled people have ended up in mental hospitals. Mental hospitals have accepted society's casualties.

The aged are one of the large groups to be relegated to State hospitals. Many have simply grown old in the hospital. They are infirm, unhappy, often alone, sometimes only temporarily confused because of a cycle of malnutrition and depression.

The development of alternatives to hospitalization is imperative. In West Virginia we need to set up screening clinics or medical-social evaluation teams to work in conjunction with the services in the area. This team should be thoroughly familiar with the community and be prepared to take action on alternatives to hospitalization.

Education programs are of vital importance as mental rehabilitation is not understood and accepted by many of the elderly. There exists some reluctance to seek counseling or psychiatric help and an unwillingness to admit the need for therapeutic treatment.

Education must also be extended to the providers of service on the problem of aging as some staff members are too quick to classify aged persons with problems as senile and not spend as much time and energy toward helping them with their very real problems of everyday living.

The department of mental health through a grant from OEO has established a subprofessional training program. A number of the graduates of this program have been hired by our State hospitals and community health agencies as case aids.

These case aids have been able to carry the department's need for foster homes to their communities and through their efforts we have obtained a number of placements outside the hospital. What is even more important, the use of case aids in community mental health programs is patterned on the department's former VISTA program which recognized transportation as one of the major obstacles to overcome.

An example of the type of program which definitely contributes to the well-being and therefore mental health of senior citizens is the foster grandparent program. This is a positive approach which, in terms of Federal and State dollars expended, has much greater benefits. It combines improved income with the psychological impact of service.

The foster grandparent program is in its fourth year of operation and was refunded September 1970 in the amount of \$295,683 in Federal moneys and \$39,242 State matching, a total of \$344,929. The refunding of this program makes possible continuous employment for 122 low-income elderly people to serve 244 children. This program is sponsored by the West Virginia Department of Mental Health and the Department of Health, Education, and Welfare and is operating in three locations:

- (1) Colin Anderson Center for Retarded Children, St. Marys, W. Va., where 90 foster grandparents are serving 180 children;
- (2) Lakin State Hospital, Lakin, W. Va., the only residential center for emotionally disturbed children in the State. There are 20 foster grandparents serving approximately 40 children;
- (3) Charleston Day Care Center (adjunct of Colin Anderson Center) where 13 foster grandparents serve 25 children.

This is a unique program in that it provides employment for persons 60 years of age and over to work with both emotionally disturbed and retarded children. This program enables children to identify with adults in a one to one relationship. Each foster grandparent is assigned

two children and works 2 hours a day with each child. The older person is one with whom the child is able to identify, to share joys as well as sorrows. The benefits to the children have been remarkable.

There has been marked improvement noted in eating habits, motor coordination, social adjustments and an increased vocabulary in many of the children. One youngster who was institutionalized has shown such tremendous improvement in social acceptance while in the program that a foster grandparent requested and received permission to take this youngster in her home on a trial visit. The visit proved so successful that the foster grandparent was granted permission to keep the youngster as a foster child.

Our goal is to expand the foster grandparent program to all emotionally disturbed and retarded children under the sponsorship of the West Virginia Department of Mental Health and to serve as a consulting agency for all communities in expansion of the foster grandparent program on a statewide basis.

As day care centers are developed and expanded it is hoped that foster grandparents will be assigned to these locations.

By pooling their resources to develop car pools, the senior citizens in this program have been able to cope with the problem of transportation to and from their work areas as foster grandparents.

Finally, the West Virginia Comprehensive Mental Health Plan addressed itself to the needs of senior citizens through its task force on aging. Recognizing the combined impact of isolation, poor nutrition and lack of easily accessible preventative and early medical care for many elderly persons, the provision of both satellite and outreach services as a part of each developing mental health center is considered to be imperative.

The development of programs in public education regarding the needs of the aged population, programs of community based services for treating the early stages of social, physical and mental rehabilitation and programs for comprehensive care are essential.

Public education programs should be developed by each of the human service agencies at the State level and coordinated by the West Virginia Commission on Aging. Such programs need to emphasize what can be done to prevent debilitation in the process of aging as well as what can be done to cope with existing problems of the aged.

Community based services for identifying and treating the early stages of social, physical, and mental rehabilitation should be developed and coordinated regionally. The services available through the comprehensive mental health centers can provide a wide range of the necessary community services to deal with the problems of the aged.

Recognizing that many patients in mental hospitals are there only because of lack of appropriate facilities to provide more adequate care, the development of appropriate alternatives to hospitalization in State mental hospitals is also imperative.

Some alternatives to hospitalization are as follows:

1. Day activity centers.—Numerous programs for the aged can be developed in day activity centers where the individual has an opportunity for social contacts and activities designed to meet his needs

and interests. This program has both preventive and rehabilitative aspects and can be easily tied to proposed activity centers for other special groups. It readily lends itself to utilization of volunteers to meet manpower needs.

2. Homemaker services.—Many of the aged can function adequately in their own homes if provision is made for limited assistance in house-keeping and for helping the individual to carry on limited community activities and to utilize community resources. Properly directed and supervised, volunteers can frequently be used successfully in home programs for the aged.

3. Foster homes.—The use of foster homes for aged persons has been demonstrated as an effective method of retaining the individual in the community in a family setting structured to meet his individual needs. Group homes are also an alternative that may provide an appropriate facility for some individuals whose mental or physical disabilities prohibit adjustment in a family setting.

4. Nursing homes.—Nursing homes can provide a variety of services ranging from a minimum of supervision directed toward ambulatory care with considerable involvement in community life to complete bed nursing care with psychiatric services when indicated. Such nursing homes to be effective must provide programs for the broad needs of the aged population.

For those geriatric patients now institutionalized, a major program of physical and social rehabilitation must be developed in the State hospital system. Financial support for such a program could be made available at the State level utilizing the resources provided through the medicare and medicaid programs. Moneys coming to the State annually through these programs for the care of the mentally ill in our present State institutions amounts to \$1,084,500. If this money could be made available for an expansion of the physical rehabilitation and social rehabilitation programs at State hospitals, the functional level of many of the geriatric patients could be vastly improved and manpower would be available to assist in moving those patients from a hospital setting to a more appropriate community setting.

Dr. BATEMAN. What we want to say is this money that is now being realized as income through title 19 and also the medicare program needs to be able to be programed for improving the very services that we are now trying to render in the area of the geriatric mentally ill person. Finally, we do feel that unless each program as it is developed does not take into consideration accessibility and provide within that program outreach as you have heard described, outreach service is then throwing the money down the drain. We simply will not be able to reach the needs in a total sense without the kind of stand that is going to be able to move out into the areas and take care of these programs to the people.

Finally, we have left out a great deal that talked about how well we are cooperating with the Department of Welfare in administering our title 19 programs, and I do want to have that a part of the record.

Senator RANDOLPH. Yes, the statement that you have prepared will be included in the record.

Dr. BATEMAN. Thank you.

(The statement referred to follows):

PREPARED STATEMENT OF M. MITCHELL-BATEMAN, M.D., DIRECTOR, WEST VIRGINIA
DEPARTMENT OF MENTAL HEALTH

SUMMARY OF THE PROBLEM

An increasingly disproportionate number of admissions to state hospitals of patients over 65 is occurring nationwide. In West Virginia the problem is even more acute since the number of aged in the state's population is increasing at the same time West Virginia as a whole is losing population. In 1960, 9.3 percent were 65 or over; it is estimated that in 1966, 10.2 percent were 65 or over, with the percentage still rising. Among the elderly one finds a disproportionate number with little education, few marketable skills and limited financial resources. Years of living in substandard housing, on inadequate diets, a lifetime of limited medical care, if that—all take their toll. Because of the outmigration of the young, a great number of elderly are without normal family ties, thus hastening the process of aging, and forcing them to depend on the community for even minimum needs. These factors, when combined with the lack of community resources, explain why many elderly persons are inappropriately admitted to state hospitals in ever-increasing numbers.

Among those first admissions to the five state mental hospitals between July 1, 1967 and June 30, 1968, 345 men and women, 21.8 percent of the total were sixty-five or over. The number of elderly in the resident population is even more striking. On June 30, 1968, 24.5 percent of all residents, or 1,114 patients in the five state mental hospitals were sixty-five and over.

Based on recent studies, at least 33 percent of all geriatric patients currently hospitalized in state mental institutions are able to live in the community in foster or family care homes. Another 33 percent of geriatric patients in state hospitals could be more appropriately served in nursing homes since their disabilities are medical as opposed to psychiatric.

A limited amount of preventative and out-patient treatment services is being provided by state operated mental health clinics and community mental health programs, including the comprehensive community mental health centers in Elkins and Huntington, West Virginia.

There are 46 licensed nursing homes in the state but few are programmed to meet the board needs of the aged population, particularly in the areas of social rehabilitation.

There are no specialized foster care homes, family care programs, or day care centers for the aged mentally ill. Resources for the development of such programs are extremely limited.

Even if activity centers, mental health out-patient, day care and diagnostic centers were available in every population center in the state, their existence would be little more than academic to many of our aged who reside in rural areas in which no public transportation exists and who are without private transportation.

GENERAL DISCUSSION AND BACKGROUND

Older people have the same basic human needs as people in other age groups. The aging individual is forced to cope with intra-personality changes and is also expected by society to adjust to a new set of living conditions for which he was never adequately prepared.

The mental hospitals have been a catchall. Because they had no alternative, many troubled people have ended up in mental hospitals. Mental hospitals have accepted society's casualties.

The aged are one of the large groups to be relegated to state hospitals. Many have simply grown old in the hospital. They are infirm, unhappy, often alone, sometimes only temporarily confused because of a cycle of malnutrition and depression.

Are there other kinds of care better suited to patients like these, especially if provided long before it becomes necessary for them to be deposited on the mental hospital doorsteps?

In state mental hospitals throughout the country transformation of geriatric services to active treatment units is taking place. In some measure, this has been brought about because of the focus of federal legislation, Public Law 89-97, or Title 18, Medicare, Title 19, Medicaid.

Approximately one (1) million annually was collected through this program. All monies collected by the Department of Mental Health are returned to the

state's General Revenue Fund. If a portion or percentage of the money collected through this program could be earmarked for the expansion of physical rehabilitation and social rehabilitation programs, the functional level of many of the geriatric patients could be vastly improved.

Because statistics are readily available we give constant reference to the aged as 65 and older, but the process of aging starts for many people long before they reach 65.

A program of prevention, early treatment and the development of alternatives to hospitalization is imperative.

In West Virginia we need to set up screening clinics or screening teams to work in conjunction with local Mental Hygiene Commissions and general medical services in the area. This team should be thoroughly familiar with the community and be prepared to take action on alternatives to hospitalization.

Education programs are of vital importance as mental rehabilitation is not understood and accepted by many of the elderly. There exists some reluctance to seek counseling or psychiatric help and an unwillingness to admit the need for therapeutic treatment.

Education must also be extended to the providers of service on the problems of aging as some staff members are too quick to classify aged persons with problems as senile and not spend as much time and energy toward helping them with their very real problems of everyday living.

Along this same line of education, the aged need to be better informed of services available.

Three of our state mental hospitals, namely; Huntington, Spencer, and Weston have Medicare Wards, where payment is made for the patient's treatment, thus psychiatric services are available to the aged with little or no cost. Is the public aware that this service is available?

We also propose that thought and action be given to the following as alternatives to hospitalization.

NURSING HOMES

Nursing homes can provide a variety of services ranging from a minimum of supervision directed toward ambulatory care with considerable involvement in community life to complete bed nursing care with psychiatric services when indicated. Such nursing homes to be effective must provide programs for the broad needs of the aged population.

At the present time, strong proprietary interests and the shortage of available nursing home beds make it unlikely that nursing homes in general will develop a total therapeutic solution to future mental health needs of the elderly.

Since very few of the smaller nursing homes can afford specialists fees, we might consider federal or state supported health teams who would make regular visits to the nursing home and provide some in-service training to the nursing home staff in recognizing and dealing with mental health problems.

HOME CARE SERVICES

Home care services are another means of taking care of the elderly without institutionalization.

Many of the aged can function adequately in their own homes if provision is made for limited assistance in housekeeping and for helping the individual carry on limited community activities and to utilize community resources.

Provisions for home health services under Medicare is a start toward working on this problem, including such programs as:

- (a) Meals on wheels.
- (b) Telephone reassurance.

Home care often means the difference in keeping an elderly couple together or separating them for individual hospitalization.

DAY ACTIVITY CENTERS

Numerous programs for the aged can be developed in day activity centers where the individual has an opportunity for social contacts and activities designed to meet his needs and interests. This program has both preventive and rehabilitative aspects and can be easily tied to proposed activity centers for other special groups. It readily lends itself to utilization of volunteers to meet manpower needs.

FOSTER HOMES

The use of foster homes for aged persons has been demonstrated as an effective method of retaining the individual in the community in a family setting structured to meet his individual needs. Group homes are also an alternative that may provide an appropriate facility for some individuals whose mental and physical disabilities prohibit adjustment in a family setting.

In October, 1967, Title XIX Medicaid coverage was extended to those persons 65 years of age and older residing in West Virginia's five (5) state mental hospitals. At the onset of the program, our five (5) hospitals had a patient population of around 4,500, with 1,100 of this number 65 years of age and older.

West Virginia's state mental hospitals have not received accreditation by the J.C.H.A., therefore, we have distinct parts of our hospitals approved for Medicare coverage. When we first began participating in the Medicare program we had 539 beds certified.

Since we did not utilize all these beds, and because of staff shortages and the need for space, we requested the number of approved *Medicare beds* be decreased to 101. Now we are increasing the number of certified beds again to accommodate Medicaid patients as well.

Our per diem rates for our five (5) hospitals ranges from \$5.74 to \$9.27.

For approved cases, the Department of Welfare makes a 90-day vendor payment at the hospital's per diem rate, minus any resources. The patient is provided a \$10.00 personal allowance. If the patient's grant is handled by a committee up to \$5.00 per month may be allowed for committee fees. (At the end of the 90-day vendor payment, the hospital receives a payment of \$135.00 per month for room and board minus any patient resources.)

The Medicare/Medicaid program has helped us to bring our hospital records up to date not only with regard to financial information but with a focus on planning for this group of people. We found patients with deceased committees; thus, we had to secure new appointments. We found patients with income going to relatives or other persons outside the hospital, with no contribution being made to the hospital for the patient.

We now have approximately 600 cases in our hospitals on Medicaid. We still have a worker assigned to the hospitals from the Department of Welfare to work with processing new cases and taking part in the 90-day review, also the Department of Welfare is involved in discharge planning.

We have found it easier to obtain Foster homes because a welfare grant has already been established and a patient can be moved from the hospital to a foster home without an interruption in payment.

The Department of Mental Health through a grant from OEO has established a Sub-Professional Training Program. A number of the graduates of this program have been hired by our state hospitals and our *community mental health agencies as case aides*.

These case aides have been able to carry the Department's need for Foster Homes to their communities and through their efforts we have obtained a number of placements outside the hospital. What is even more important, the use of case aides in community mental health programs is patterned on the Department's form VISTA program which recognized transportation as one of the major obstacles to overcome.

Our biggest problems include the development and procurement of more alternate care facilities. The hospital staff has gone to the county mental health agencies, letting them know the number of patients from their county in our facilities and seeking their aid in obtaining placements outside the hospital.

It would be a distinct advantage if part of the money collected under Title XIX could be set aside for specific programs for the geriatric patient because, at the present time, all receipts collected by the hospital for patient care are deposited in the State's General Revenue Fund.

An example of the type of program which definitely contributes to the well-being and therefore mental health of senior citizens is the Foster Grandparents program. This is a positive approach which in terms of Federal and State dollars expended, has much greater benefits. It combines improved income with the psychological impact of service.

The Foster Grandparent Program is in its fourth year of operation and was refunded September, 1970, in the amount of \$295,683 in federal monies and \$39,242 state matching, a total of \$334,929. The refunding of this program makes possible continuous employment for 122 low income, elderly people, to

serve 244 children. This program is sponsored by the West Virginia Department of Mental Health and the Department of Health, Education, and Welfare, and is operating in three locations: (1) Colin Anderson Center for Retarded Children, St. Marys, West Virginia, where 90 Foster Grandparents are serving 180 children; (2) Lakin State Hospital, Lakin, West Virginia, the only residential center for emotionally disturbed children in the state. There are 20 Foster Grandparents serving approximately 40 children; (3) Charleston Day Care Center (adjunct of Colin Anderson Center) where 13 Foster Grandparents serve 25 children.

This is a unique program in that it provides employment for persons 60 years of age and over to work both emotionally disturbed and retarded children. This program enables children to identify with adults in a one to one relationship. Each Foster Grandparent is assigned two children and works two hours a day with each child. The older person is one with whom the child is able to identify, to share joys as well as sorrows. The benefits to the children have been remarkable.

There has been marked improvement noted in eating habits, motor coordination, and social adjustments and an increased vocabulary in many of the children. One youngster who was institutionalized has shown such tremendous improvement in social acceptance while in the program that a Foster Grandparent requested and received permission to take this youngster in her home on a trial visit. The visit proved so successful that the Foster Grandparent was granted permission to keep the youngster as a foster child.

Our goal is to expand the Foster Grandparent program to all emotionally disturbed and retarded children under the sponsorship of the West Virginia Department of Mental Health, and to serve as a consulting agency for all communities in expansion of the Foster Grandparent program on a state-wide basis.

As Day Care Centers are developed and expanded it is hoped that Foster Grandparents will be assigned to these locations.

By pooling their resources to develop car pools, the senior citizens in this program have been able to cope with the problem of transportation to and from their work areas as Foster Grandparents.

Finally, the West Virginia Comprehensive Mental Health Plan addressed itself to the needs of Senior Citizens through its Task Force on Aging. Recognizing the combined impact of isolation, poor nutrition, and lack of easily accessible preventative and early medical care for many elderly persons, the provision of both satellite and outreach services as a part of each developing mental health center is considered to be imperative.

SUMMARY OF PROPOSED SOLUTIONS AND RECOMMENDATIONS

The development of programs in public education regarding the needs of the aged population, programs of community based services for treating the early stages of social, physical, and mental rehabilitation and programs for comprehensive care are essential.

Public education programs should be developed by each of the human service agencies at the state level and coordinated by the West Virginia Commission on Aging. Such programs need to emphasize what can be done to prevent rehabilitation in the process of aging as well as what can be done to cope with the existing problems of the aged.

Community based services for identifying and treating the early stages of social, physical and mental rehabilitation should be developed and coordinated regionally. The services available through the Comprehensive Mental Health Centers can provide a wide range of the necessary community services to deal with the problems of the aged.¹

Recognizing that many patients in mental hospitals are there only because of lack of appropriate facilities to provide more adequate care, the development of appropriate alternatives to hospitalization in state mental hospitals is also imperative.

Some alternatives to hospitalization are as follows:

1. *Day Activity Centers.*—Numerous programs for the aged can be developed in day activity centers where the individual has an opportunity for social contacts and activities designed to meet his needs and interests. This program has both preventive and rehabilitation aspects and can be easily tied to proposed

¹ A Comprehensive Mental Health Plan for West Virginia, 1966.

activity centers for other special groups. It readily lends itself to utilization of volunteers to meet manpower needs.

2. *Homemaker Services*.—Many of the aged can function adequately in their own homes if provision is made for limited assistance in housekeeping and for helping the individual to carry on limited community activities and to utilize community resources. Properly directed and supervised, volunteers can frequently be used successfully in home programs for the aged.

3. *Foster Homes*.—The use of foster homes for aged persons has been demonstrated as an effective method of retaining the individual in the community in a family setting structured to meet his individual needs. Group homes are also an alternative that may provide an appropriate facility for some individuals whose mental or physical disabilities prohibit adjustment in a family setting.

4. *Nursing Homes*.—Nursing homes can provide a variety of services ranging from a minimum of supervision directed toward ambulatory care with considerable involvement in community life to complete bed nursing care with psychiatric services when indicated. Such nursing homes to be effective must provide programs for the broad needs of the aged population.

For those geriatric patients now institutionalized, a major program of physical and social rehabilitation must be developed in the state hospital system. Financial support for such a program could be made available at the state level utilizing the resources provided through the Medicare and Medicaid programs. Monies coming to the state annually through these programs for the care of the mentally ill in our present state institutions amounts to \$1,084,500. If this money could be made available for an expansion of the physical rehabilitation and social rehabilitation programs at state hospitals, the functional level of many of the geriatric patients could be vastly improved and manpower would be available to assist in moving those patients from a hospital setting to a more appropriate community setting.

To insure that community resources place an appropriate percentage of their time in developing and providing services to mentally ill and retarded geriatric patients, a state level staff within the Department of Mental Health needs to be maintained. A professional person in such a position would be charged with the responsibility of coordinating the efforts of hospital staffs and community service staffs in developing and providing services for geriatric patients. Additionally, this job would include responsibility for coordinating the efforts of the Department of Mental Health with the efforts of other state and private human service agencies in all areas of program development for the prevention, early treatment, comprehensive care and rehabilitation of the aged.

For full service to the aged, means must be provided to transport them from their homes to service centers and back to their homes. In most instances, forcing such individuals to move from life-time homes to other locations nearer to the services they need would be nearly as disruptive of their lives and as damaging to their mental health as is the present practice of removing them to distant state mental hospitals.

One possible solution might be the establishment of a transportation service, possibly consisting of one or two station wagons, mini-buses or other such conveyances, operated by a staff or paid or volunteer drivers, as an integral and required adjunct to any federally-supported program serving the aged. It would seek that such services might be nearly as much a necessity in congested urban areas as in sparsely populated rural areas. Such a service should prove not too costly and would meet an essential need.

Unless a method is available for prospective clients to reach service, the most elaborate and sophisticated facilities and services will be of no value!

Senator RANDOLPH. Dr. Bateman, I wonder if these community health centers really give adequate service to the elderly. You tell us how many there are in the State.

Dr. BATEMAN. Well, at the present time we have two centers that are actually funded in terms of being comprehensive mental health centers. One is located in Huntington, serving a four-county area and the other is based on Randolph County and serves the surrounding group of 10 counties.

Now the plan calls for the development of 14 such centers, and if we could carry this through then services are to be rendered, not only in

terms of Federal regulations of the basic five services but also in terms of specialty needs, which includes specialized services for senior citizens.

Just last evening at the meeting of the Commission on Aging I indicated that perhaps in some of the counties where senior citizen councils are developing that we should coordinate these councils with the mental health resources or any other resources possible, again to get the most out of our money and to cut down on some administrative overhead.

The center in Elkins is very definitely serving the elderly because I know that they are also able to begin billing medicare and participate in medicaid and other third-party payments.

Senator RANDOLPH. Dr. Bateman, what about the outpatient services? Do the elderly participate percentagewise, perhaps, to the extent that the younger people do?

Dr. BATEMAN. Again I think because of the problem of the elderly being unable to get into the clinics and—

Senator RANDOLPH. The transportation problem again?

Dr. BATEMAN. Yes. I recall, it has been at least 5 years ago, I was in Wyoming County and we were discussing at that point, the mental health group, the possibility of their developing care services through the use of the county health nurse. Of course this was before we had any mental health funds available.

They pointed out to me that to get to the county health nurse if they were going to come into the county department at that point it would mean a 2-day trip for certain residents of Wyoming County. They have to go into Beckley and then back out again in order to get to the county health department. That is where I determined that we would try to work into our services some way of having traveling services that went out to the individuals.

Senator RANDOLPH. A final question, Dr. Bateman.

Before asking the question, I want to thank the foster grandparents who have been very patient and have been helpful today by their presence. This is a very excellent program, is it not?

Dr. BATEMAN. Yes. It is considered, in our estimation, one of the double-edged type programs in terms of the benefit not only to the foster grandparents themselves but certainly to the children.

Senator RANDOLPH. This question now, Dr. Bateman, I am not sure what your response may be to this question, but I ask you. There is an isolation that comes from living in a rural area. There is a certain loneliness that comes from that type of living, especially for the elderly, where the population is sparse and where the houses are not nudging one another. This is the isolation we have been talking about today.

There is an isolation also, Dr. Bateman, that can come from too many people pressed too closely together who never know who is living in the next apartment in an apartment house where a thousand persons live under one roof. I think we have to be very careful, you know, not to think that mental illness is brought on because people are isolated up a hollow. I think they can have a mental illness because they are isolated in a high-rise apartment. I want you to talk about this just a moment.

Dr. BATEMAN. This is very interesting. A little over a year ago I was asked to present a paper on the problems related to the develop-

ment of mental illness in an urban setting, intercity problems. I said to them, "but my present work and experiences are related to problems of the rural mentally ill."

Finally, we agreed to develop a paper from the standpoint that isolation is isolation, no matter what the circumstances are, and that this fact alone is not necessarily the fact that is going to make an individual mentally ill; that isolation which truly cuts one off from all possibilities of human communication is the pathological isolation.

As a rule, we don't find many persons who are in, let's say, sparsely populated areas who are not isolated in their own thinking. But this is often where they prefer to be. They have an independence of existence, and simply moving them into an urban setting is not the answer to solving any particular problems that they may have.

So I would certainly agree with you, Senator, that isolation alone is not in itself a cause of mental illness but that we add to it the other things that may be happening to an aged person, such as not being able to obtain proper food, if they truly have been deserted in relationship to the younger children who are no longer around and these kinds of things which again may happen in any setting. It is the combination of these factors and certainly not the isolation itself.

We are concerned that the normal supports that our people have learned to develop are maintained as long as possible in their natural surroundings and that for as long as possible they can receive the other things that are important to a good existence.

Senator RANDOLPH. Thank you, Doctor. I think this is a very important discussion, and if you feel that you want to add to your remarks for the published record in this area of discussion, we would be very happy to have it.

Ladies and gentlemen, they are locking the doors and we will not be able to get out. I wanted at this point to suggest, Phil, a 10-minute recess or a 5-minute recess or no recess at all; I am flexible. I must leave and I am overdue now in my departure by 20 minutes.

I found it intensely interesting and helpful to participate with you this afternoon in an exchange of ideas with stimulation of thought of those of you who are present. It is all very helpful.

I want to thank you all very, very much for giving our Special Committee on Aging the opportunity to hold these hearings in West Virginia and to develop a record which will help us to more intelligently present legislation to the Senate and through the Senate to the Congress of the United States for passing.

Phil, I will ask you once again before the hearing formally concludes to, perhaps in your own words or supplementing mine, to say for the record once more what I said today. Do you know what I am talking about—about the income, the basic need, all these problems pressing in upon us which decrease the income of the older people? Some of these problems can at least be on the way to solution.

Well, regardless of what my associates say, they are wonderful people. We will now recess until 10 a.m., tomorrow.

(Whereupon, at 4:55 p.m., the special committee recessed, to reconvene at 10 a.m., in Wallace, W. Va.)

APPENDIXES

Appendix 1

STATEMENTS FROM INDIVIDUALS AND ORGANIZATIONS

ITEM 1. STATEMENT BY JOSEPH H. MILLS, DIRECTOR, STATE OFFICE OF ECONOMIC OPPORTUNITY, GOVERNOR'S OFFICE OF FEDERAL-STATE RELATIONS

I am pleased to participate in this study being made by the United States Senate Special Committee on Aging.

You have requested my comments in two major areas with information about three questions specifically regarding Office of Economic Opportunity programs.

With regard to unique problems encountered by those elderly who live in rural areas as they relate to transportation—the problem is not unique, my comment is nothing new—elderly people just can't get to where the services are that they need. This simple fact runs through all my contacts with people during my employment in programs related to the poverty program, and especially with persons we call elderly.

Transportation has been a serious problem for our State. We have witnessed significant advances in the construction of highways, but additional attention now needs to be given to moving people across the highways.

Discussions regarding transportation are generally held in the context of getting people to the services available. It seems to me unfair to continue placing the responsibility there, as we need to also discuss getting services out to the people. By utilizing existing buildings and manpower, we might explore sending out teams of representatives from agencies whose services are most needed by elderly citizens on a scheduled basis. It would then be far easier to transport citizens five miles to the outpost than 20 miles to the county seat. The Department of Welfare has already decentralized the Food Stamp Program through the mailing of stamps.

Helpful as the sending of these teams would be, this would not remove the need for dependable, regular, and low-cost transportation systems. I will not recount the misery of people without transportation trying to go from one place to another. This has been most effectively stated at the recent Spring Conference on Aging at Jackson's Mill and in a preliminary report for this study prepared by Dr. Louise B. Gerrard, Executive Director of the West Virginia Commission on Aging.

This leads to my comment on your second purpose: To determine whether Federal programs and services intended to serve older Americans are as effective as they should be in rural America.

"No," but the reason is more important than the answer. An insufficient amount of funds has been allowed for the transportation of participants and the transportation has been too fragmented. All of our Federal programs serving people could be operated at greater efficiency and at higher performance levels if we could get one separate grant to provide transportation for participants, irrespective of the program. This would greatly assist our manpower training programs, Neighborhood Youth Corps, Head Start, Senior Services, Adult Basic Education, and any number of programs, rather than placing funds in each separate grant for client transportation.

I do want to say that in spite of transportation handicaps, and the other problems attendant to using Federal funds, Federal programs are contributing very much to a better life for the rural elderly. We have many persons working very hard with limited funds.

It would be useful to have a demonstration grant funded to a particular section of West Virginia that would show how to service the myriad of programs and the needs of all citizens in regard to transportation.

In regard to community action transportation programs, I believe that Mr. Simeon Warren, Director of the Raleigh County Community Action Agency is going to discuss the specific program there.

It did not take community action agencies long to discover that one of the greatest immediate needs of West Virginians with limited income was for a means of getting to services. In fact, a large amount of program staff time was spent initially in transporting people but OEO frowned on this, saying that it did not solve long-term programs. Role confusion, on the part of OEO put a stop to the provision of some transportation services.

OEO has given support to some agencies that have tried to operate cooperative type programs. We have one program really operating at this time and it was not funded strictly for the elderly but receives its main support through a contract with a Head Start program. Without such support it could not continue at the present costs. The steps followed in setting the system are attached.

Other CAAs have tried and are in the process of obtaining GSA vehicles and setting up non-profit routes. Some have assisted community groups non-related to action agencies to set up businesses.

Major reasons for failure is poor equipment, high operating expenses, and insufficient income because elderly people cannot afford to pay cost per operation.

In answer to your other question, I would say that the major uses by the elderly have been for getting to human services agencies and for Senior Citizens programs.

The major change in Federal policies would be those to allow for a single funding to provide for transportation grants made to one agency that will get people from place to place with the emphasis on the client and not on the program.

ATTACHMENT

The last of July we started working on a transportation system for the area. There have been so many steps involved that I shall list just the general procedure which was followed since then.

1. Consulted with legal aid in Charleston before incorporating as "West Central Rural Transportation System, Inc.," until hearing September 16 with the Public Service Commission.

2. Filing of non-profit corporation papers with Secretary of State—Granted July 31.

3. Filing with Public Service Commission—granted temporary authority—Hearing set September 16—awaiting official decision.

4. Temporary Corporation Board established—By-laws Committee appointed. By-laws adopted October 14.

5. Applied for State Use Tax exemption—Given Blanket exemption No. 2 August 29.

6. Contacted companies for vehicle leasing bids—Most economical, Bert Wolfe Ford—Leased 12—1970 Ford Vans September 2. Picked up vehicles September 10—Complete maintenance and insurance in lease.

7. Applications and job description sent out—drivers all hired by September 10—National Safety Council Training September 12—Since that time 2 drivers have been replaced.

8. Registered vehicles with State Division of Excise and License Taxes—will be unable to qualify for tax deduction on gasoline at present, August 25.

9. Contract to be used by Corporation written by attorney—submitted to Board for approval.

10. Requested Federal Identification No. — Received October 2.

11. Time and mileage forms made for drivers.

12. Gas stations were established per county—at approximately 2¢ discount per gallon gas.

13. Office for Corporation acquired in Calhoun County Court House.

14. Manager (Harold Allen) approved by Board—Secretary-Bookkeeper hired.

15. Submitted agreement to Workmen's Compensation Fund, September 25.

16. Equipped buses with lock gas caps, fire extinguishers, signs.

17. Contacted State Employment Security to determine our liability to pay into unemployment compensation—not liable as of letter October 22 and phone call October 27.

18. Parkersburg Hospital Service (Blue Cross and Blue Shield) will handle hospitalization benefits for corporation employees, November 1.

19. Attorney making up affidavit for incorporators who have already been written out in By-laws.

20. Letters sent requesting permanent Board members be elected by November 31.

There are of course problems still to be worked out, such as: stand-by drivers, re-routing bus runs, additional contracts needed (which we have had a couple inquiries about) and working up an actual cost (which cannot be determined in this short operational period).

Our drivers average hours have been decreased from 58.6 hours in first pay period to 50.5 in second pay period.

The bus mileage dropped from 14,630 miles first two weeks period to 13,643 in second two weeks period.

ITEM 2. PREPARED STATEMENT OF MRS. CHESTER WORKMAN, SHADY SPRINGS, W. VA.

The Raleigh County Transportation Project was born in Nov. of 1966, 1 person from each district formed The Road's Steering Committee To Work on Roads—Then drafting for a Transportation project as they and the people thought. The need was great for the low income the old and affected & the Youth—A draft was sent to O.E.O. In Nov. of 1966—No More was heard from OEO Until April of 1967—They said get a proposal in whither a week—part of The Committee Worked day and night, along with Naomi Weintraub (Then Vista) The Gibbs Kinderman Then director of RCCAA added a few touches June 30, 1970. The project was founded Sept. 1967. The hiring and training of drivers started—The districts hired there own drivers taking some off relief rolls. The drivers were supposed to keep well informed of all agencies that could help the people, beside the free bus. Oct., 1967 We started our first runs, hauling for food stamps and groc.

Buses were put in each district as all districts needed some service and other had no service at all before. Schedules were set up—wrote up and passed out.

At first people would shy away. They were told by jerk leg taxi that if they rode the bus, They'd have to pay \$15.00 a month, That The Federal Government would take there homes and that these people wouldn't haul them any More. The free bus would put the jerk leg out of business, because they were Charging 3-5 & 10 dollars per trip, taking this away from food clothing Medicine or fuel, and some of the checks No More the \$50.00 a Month for 2 people.

When the program funds were almost gone and the grant time up Our passenger list were the highest. We had cut the service back, cutting off 2 drivers and still covered the whole country. To try and make the funds last longer.

The Committee that the record keeper hadn't taken advantage of the New Car warrenty on the bus and that we paid for a lot of parts and things that we shouldn't.

The Committee had set up a garage to service not only the 7 buses but also all other C.A.P. vehicles—hired 2 Mechanics and use Neighbor Youth Corp boys as trainees.

Much later we learned that other projects were suppose to pay part for rental of the garage, salaries Insurance, etc; but were afraid this wasn't done draing the Transportation fund. At one time The Mountaineer Family Health Plan owed the Transportation \$9,000.00 for 9 months. We the Commiettee can Not say if this was ever put into the fund or not. We were told that it was, but to our way of thinking \$122.00 and \$28.00 is a lot of Money just to run a bus line 19 Months and we've run it all voluntary except gas & Maintenance which has been small for 16 Months.

The Committee tried repeattey To get C.A.P. To seek funds from any and all sorces, But it was of No use. Tranportation was not there main concern. The local bus companys said RCCAA buses were runing them out of business, Of course this wasn't true, we just picked up people where there was no bus service, and drove closed door's over there lines. Small County groc. stores also complained they were loosing business and I guess they were—We buses were taking the people To larger chain stores where prices were cheaper and you would pay almost double at the small stores.

On May 30, 1969—The funds expired for the bus line. (When the bus first started we wanted to accept donations of those who could afford to give, Put it

in a fund, just In Case OEO didn't refund. But OEO said we couldn't. C.A.P. Made all decisions about the bus line as long as we had Money. They would tell the committee They had to do such & such and we beleived them. Then when the funds ran out—They dumped everything in the committees lap and said, You all have to find a way. (Let me say here—This Committee Met each Friday—They were very concerned for there fellow Man. There was No pay for them and they wanted None.)

So here we were No Money—C.A.P. wouldn't buy the gas—We'd ran survay after survay, Telling the local people a different tale everytime trying to come up with something and we sure didn't receive any help from CAP or O.E.O.—It was here's you something for 19 Months Now we're taking it back, You don't need it any longer—We decided to let the drivers drive 2 days a week in each district—Collect donations and buy gas & oil & get there Maintenance or do it themselves out of the donations and what they had left they could keep, which was very small. This ran from May 30 to August 30, 1969 before we finially got C.A.P. to pay for Insurance, gas & Maintenance but No salary for the drivers. Some people felt that The bus was still free, We drivers still being paid and accused the drivers of charging instead of seeking donations. So we were told by CAP. We the Committee had to incorporate and set up The People Bus Line, which we did—Then In Nov. We were told by OEO—We would have to become a delegate agency—which I worked on for 6 weeks—We had to write up how the Bus would work—A copy enclosed To You. The Board of Directors approved us as a delegate in Dec. 1969—Then we were told by OEO & G.S.A. that we couldn't be a delegate and not receive any funds from OEO. That we couldn't use the bus like we were planning—Then we were told C.A.P. would still pay for the gas & Maintenance so we keep on going. In Feb. 1970 an OEO respentive come down. Told us Our delegated agreement should be up dated and told the staff lawyer what To change—But the Committee never heard any more about it—We wrote up a prosposal sent it in, never heard nothing—All corpondents went To CAP and we never received them. Then May 1970—We were told by CAP That the bus line would have to go under Receiveship of the RCCAA in order To keep the bus. That we could lease The bus to other agencies In order to Make some Money—The lawyer was working on this—We never heard any more thinking everything was ok untill Sept. Middle) when Mr. Warren Call the buses In—stating:

1. Our delegated had never been approved In OEO—(we had never heard)
2. That we didn't give reports (we did untill OEO told them to up date the agreement, Then if OEO hadn't approved of our delegated, How were we supose to give reports?)
3. That the buses didn't keep sechedled runs. (They did too, all the district will tell so.)
4. That the buses were misused and that he the director seen one at a House of *Ill Fame*. (We feel if he seen this he should have reported it to the committee so we could have corrected it.)
5. That our Congress & Senators had received letters from people stating The drivers were charging large sum. (We asked him for copies or to see the letters and he stated he hadn't received any.)
6. He told the newspaper he'd been planing on pulling the buses for sometime.
7. Mr. Warren sent a letter to the Committee and drivers and put in the Newspaper about pulling the buses, without calling the Committee and drivers together and explaining to them—We the Committee and drivers feel that all CAP wanted of us was our In kind service—That C.A.P. didn't appreciate what we had all done—We weren't employers. we were all volunteers—Yet we were talked to and about as if we were the worst people on earth. CAPs loosing the people because of there way of doing. CAP meeting used to have 2 & 3 hundred people and at the last meeting they had only 20—
8. Mr. Warren disbaned the committee and appointed one of his own—2 staff persons and 1 district president with the staff lawyer as Chairman. This is not in compliance with the Green Amendment of $\frac{1}{2}$ political $\frac{1}{2}$ business and $\frac{1}{2}$ poor and should have been appointed or elected from the board of Directors.
9. We're enclosing newspaper elipings and letters.

THE GOOD PARTS

1. They cut out expensive trips to Beckley for the low income and the aging.
2. The bus picked the old and affected up at there homes and returned them to there door.

3. The bus carried children and teenagers to town for Movies, outings and different recreational.

4. We feel to help wipe out poverty You have to show people There is a different way to live—If they have no transportation, They'll never see.

5. The bus carried people to local and county CAA Meetings.

6. The bus took N.Y.C. boys and girls To classes and work sites.

7. The bus took people who weren't eligible for the Medical Program but still low income. To the dr. and to get there Medicine.

8. We took people & children to the dentist.

9. Our Maintenance was low do to one driver per bus. They were responsible drivers, No Major accidents—The drivers treated the Vehicles as there own.

BAD POINTS

1. The free bus has made a lot of people think The Federal Government would keep a free bus going. They didn't believe that it would ever stop.

2. You always have some people who abuse things—Some wanted to ride the bus everytime it went Instead of giving turns to others.

3. The bus weren't large enough to have all the people on the first of the Month.

4. The roads are so long and rough, It cost a lot to run the buses—They could never be self-supporting on a paying bases. If there had been any Money to have been Made—Commercial bus lines would have runs in these rural areas.

TO HELP SUPPORT THE BUS LINE

1. All agencies would have to come up with their share if they wanted to use the services.

2. People would cont. To give donations.

3. Volunteers drivers.

5. A cheaper type bus—(Mini bus).

6. Community envolvment means a lot If people feel there apart of the planing and emplenpanting a program. It works much better.

THE COMMITTEES MISTAKE

1. Letting The RCCAA Staff run our affairs—and the Committee Not demanding More answers.

2. We turned In \$7,000 In July In kind service for the drivers and Committee.

3. Failing to demand and see that The RCCAA seeked every possible means for funds for the buses.

4. The RCCAA director is blaming the Committee for the down fall of the buses—Yet we feel—

1. He is director.

2. He's drawing \$12,000 a year—We nothing.

3. He's supose to keep the programs going, He's supose To keep the people togeter—He's supose to seek funds.

4. The RCCAA wants our Man hours but they do Not want our thoughts and ideas.

ITEM 3. PREPARED STATEMENT OF W. K. ELLIOTT, DENTAL PRACTITIONER, HUNTINGTON, W. VA.

I shall direct my remarks to the program of dentistry and transportation, in regards to elderly or aged group.

From information obtained from Cabell County, the adjacent part of Wayne County, and general information obtained from Central Health Program on a state level.

In regards to a adequate designed Dental Program for the elderly or aged group in the counties of Cabell and Wayne there are none.

Cabell Huntington Hospital affords the following for the adult group by dental staff of the hospital.

Pallative treatment, xrays, the extractions of teeth and limited surgery at a minimum fee, with no Federal Assistance.

In the Court House of the county seat of Lincoln—here is a Clinic that provide limited central care which includes the aged group, this type of program prevail also in some of the other counties.

Information from West Virginia Division of Vocational Rehabilitation Adequate Dental Services are rendered to prepare citizen for job opportunities.

The recipients in older american group are only a very few.

This department offers no special program to this segment.

In regards to the dental program including the aged group sponsored by the West Virginia Department of Welfare.

The services consist of palliative treatment, xrays and extraction of teeth.

This information come to me from a consultant of the Department.

Information from the West Virginia Department of Health—There is no special or adequate dental program for the aged group.

Transportation also presents a problem to rural area. Continental Trailways and Greyhound Bus service travel on routine and regular state routes including some small towns and the schedule is very limited.

In the city of Huntington and vicinity the Ohio Valley Bus service has discontinue service in some of the RURAL AREA.

Bus service to adjacent small town such as Milton, Barboursville and Lavalette are continuous two to four daily.

Elderly are not regular in their recalls for dental treatment, the lack of finance and transportation is the present problem.

W. Va. has a shortage of dentist to serve the rural population as well as the general.

The Availability of dental clinics for RURAL AREAS for the ELDERLY is not known however, I recommend that the program should have study.

In regards to Federally-financed health clinics I have been unable to learn of one in progress in our state.

The cost of dental service is definitively a financial problem with the AGED GROUP and undoubtly it is a basic factor for the neglect.

ITEM 4. PREPARED STATEMENT OF PAUL L. JEFFERSON, DISTRICT MANAGER, SOCIAL SECURITY ADMINISTRATION, CHARLESTON, W. VA.

Senator Randolph, I appreciate the invitation to make a statement for the United States Senate Special Committee on Aging on some of the problems currently encountered by the elderly who live in rural areas. I commend the Senate Special Committee on Aging for its special efforts which have brought together a very large amount of information in working papers including a report on Developments in Aging and its 1969 report "Economics of Aging: Toward a Full Share in Abundance," reporting on Committee hearings. The Committee's Task Force reports and Committee hearings have brought together a vast amount of background information and has focused attention on the economic situation of the elderly and is contributing to the understanding of their problems and to meaningful solutions to their problems.

Let me move to points on which it was suggested I present information.

1. Social security today in West Virginia

As of July 1, 1970, about 300,798 residents were receiving monthly cash payments. About 203,430 of these 300,798 beneficiaries can be classed as elderly and by age they group as follows:

Age 65 and over.....	168,250
Age 62 through 64.....	28,980
Age 60 and 61.....	6,200
Total.....	203,430

Of these 203,430 beneficiaries age 60 and over about 113,250 are women and 90,180 are men.

In the current estimated West Virginia population of 1,820,000 as of July 1, 1970, there are approximately 197,000 persons age 65 and over and about 39,000 in the age 62 through 64 age group. Of the approximately 197,000 persons 65 and over, about 168,250 are receiving monthly cash payments which leaves 28,750 who are not receiving payments. I estimate that of these about 10,000 are still working and will receive payments later upon retirement.

While 9 out of 10 men and women reaching 65 are eligible for retirement, dependents, or survivors benefits, an examination of their earnings records and the

current payments to the elderly will show that many will receive very low payments because of their marginal, irregular, and low-paying employment. Looking at the benefit rates of the 116,429 men and women drawing retirement benefits in West Virginia you find that almost 19 percent receive \$64 a month or less, and further that 42 percent of the retired workers currently drawing payments receive an individual retirement benefit of under \$100 a month. The current average monthly benefit for retired workers in West Virginia is \$113.51.

2. Lack of transportation

Although most of the elderly are not working, when their needs are examined transportation is almost as much of a necessity for those 65 and over as for the younger workers except for the few elderly who can live in or near the center of cities and towns. This was brought vividly to my attention a few years ago in a neighboring State by a couple explaining their need for an old pickup truck they owned and which had been the cause of their old-age assistance grant being stopped. Living, as they did in an isolated area, they could not, without this transportation get to the grocery store, get health services or medicines, take care of personal business, or go to church. Most elderly desire to live in their home near relatives and friends, amid familiar surroundings and cherished belongings. While some have transportation of their own or relatives who will provide it, our contacts reveal that many elderly have real problems because of lack of transportation in getting food and groceries, health services, medicines, taking care of personal business including banking and social security matters, and getting to church.

The Social Security Administration partly in recognition of the lack of transportation available to those we service has extended services and is still doing so. First, the seventeen full-time offices which serve West Virginia residents have representatives set up office in other communities in the outlying area on a regular and publicized visit schedule. Additionally, it has always been agency policy for a representative to go to an individual or family when an interview was needed and the individual or family could not for health or other reasons get to a social security office or the representatives traveling to his area. Extended office hours to give additional service to the elderly and others and to meet the demands of Medicare have been used by many social security offices on Saturday morning or an evening as a convenience to workers whose regular working hours were the same as ours.

But we are now departing from the policy of a face-to-face interview with every applicant for cash benefits. Experiments have established that a substantial percentage of the benefit applications can be completed by a telephone interview and the papers handled by mail. We know this "telephone service" can save time for a social security staff but the really important thing is that it can save time, travel, expense, and inconvenience for the public. For the employees who work for the large employers, we are also hopeful of using employer assistance where they are agreeable in claims filing for retiring employees.

3. Social security informational service to elderly

Because of the nature of the program and the citizen's right and need to know, the Social Security Administration has had for all who are covered by social security and Medicare an informational service which tried to seek out and inform all who needed to know of their social security rights and responsibilities. So an organized informational program is carried on continuously by the Social Security Administration at ever level and particularly at the point of public contact—the district and branch offices.

We endeavor to use every effective means and resource for informing the public including informational leaflets, interviews, newspapers, magazines, radio, television, direct mail, correspondence, films, exhibits, and making speakers and programs available to all groups and organizations who desire them.

Perhaps our system of distribution of social security and Medicare information is unique in government service. No matter where they live, people are not too far from a district office, branch office, resident representative, or contact station of a traveling representative. The public can inquire in person, by telephone, or by mail. But the important thing is that through an organized informational effort those who need to know are sought out with information about their rights and responsibilities.

4. Medicare and the rural elderly

In West Virginia as of July 1, 1969, 196,000 elderly had the hospital insurance protection of Medicare, and 190,000 had the supplementary medical insurance

protection. About 11,500 of the 190,000 enrolled for the medical insurance part of Medicare were old-age assistance recipients enrolled by and with premiums paid by the State Department of Welfare.

While Medicare is available to help pay for health services, it cannot produce any direct solution to the long-standing problems of inadequate health facilities and scarcity of professional personnel.

The improvements in Medicare being proposed by the elderly, their families, and organizations and individuals providing health services are already well known. Shortages of facilities and professional personnel and lack of organization of health services with emphasis on preventive health care services will take special attention and time if health services are to be available everywhere with some evenness. Until these problems are worked on and solved residents of rural areas will not have health services available—and as they do most places now will be traveling many miles to a doctor or hospital and will be lacking alternatives to expensive hospital care, alternatives such as extended care facilities and home health services. It is hoped that incentives under Medicare for improving the health care for the elderly will supplement the many others provided by other Federal-State programs that were developed to meet the critical shortages in our health resources.

5. Recommendations for change in Federal policies or legislation as regards social security benefits and transportation in rural areas

No recommendations are made here with respect to social security benefits since a review of the report of the Committee hearings shows that Social Security Administration national officials have already made those I would make.

With respect to transportation in rural areas, I do not feel competent without benefit of some study of the problem and possible solutions to make any recommendations.

ITEM 5. TELEGRAM FROM MRS. FRANCES REDFIELD, PUBLIC RELATIONS OFFICER, INTERLAKES COMMUNITY ACTION, INC., MADISON, S. DAK.

MADISON, S. DAK, Oct. 27, 1970.

SENATOR JENNINGS RANDOLPH: The senior citizens of South Dakota wish to support your hearings on the transportation problems of the elderly. While we realize that transportation of the elderly is a nationwide problem it seems much more of a problem where you only have 8 people per square mile and 77,047 square miles. Our only public transportation are buses between the major cities. This is the situation in South Dakota and in many other midwestern states. Wishing you all the success possible.

Appendix 2

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing a form was made available by the chairman to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read: "Dear Senator Randolph: If there had been time for everyone to speak at the committee hearing in West Virginia, on the subject of 'Older Americans in Rural Areas,' I would have said."

MRS. LEORA FORD, NUTTER FORT, W. VA.

I believe the Senior Citizen should not have to pay such high taxes. I believe the transportation should be furnished to those who cannot pay. Social Security should be raised with cost of living.

DAISY WOMSLEY, HUTTONSVILLE, W. VA.

We do not have enough bus service. We would like to have one in the forenoon and one after noon. The bus line operates one bus each way, but the south bound meets the north bound quite near our place—thus no return trip to the county seat, 17 miles can be made.

MRS. JEAN DAVISSON, NUTTER FORT, W. VA.

I believe we should lower the age of medicare receivers. I believe the age that the Senior Citizens receives social security should be lowered. I believe that the minimum social security should not be less than \$100.00 for month. I believe taxes for the Senior Citizen should be lowered. I believe that transportation should be furnished to those that are unable to pay. I believe some should go to these Rural areas and talk to the people and explain the benefits of Social Security to them.

CARTER DAVISSON, NUTTER FORT, W. VA.

Get the county court furnish busses.

BEULAH GILLEWATER, ALUM CREEK, W. VA.

We need bus transportation at least twice per week also for those who need to be taken to doctors and for their food stamps, to church and many other places. It isn't just owning a car it is the expense of keeping them up.

I'm a widow but I can make it. But I'm speaking for those who can not.

Thank you, Senator Randolph and Congressman Hechler I'll be remembering both of you when the time comes.

(777)



Appendix 2

STATEMENTS SUBMITTED BY THE HEARING OFFICER

During the course of the hearing, I was asked to provide a written statement to the hearing officer regarding the hearing. I have provided a written statement to the hearing officer regarding the hearing. I have provided a written statement to the hearing officer regarding the hearing.

STATEMENT OF THE HEARING OFFICER

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