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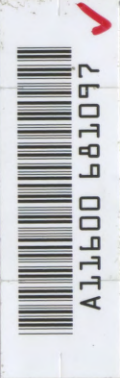
RESEARCH IN AGING, 1972

GOVERNMENT

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HEARINGS BEFORE THE SUBCOMMITTEE ON AGING OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE NINETY-SECOND CONGRESS

SECOND SESSION
ON

S. 887

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO PROVIDE FOR THE ESTABLISHMENT OF A NATIONAL INSTITUTE OF GERONTOLOGY

S. 1925

TO PROMOTE THE ADVANCEMENT OF RESEARCH IN AGING THROUGH A COMPREHENSIVE AND INTENSIVE PROGRAM FOR THE SYSTEMATIC STUDY OF THE AGING PROCESS IN HUMAN BEINGS

S. 2934

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO PROVIDE FOR THE ESTABLISHMENT OF A NATIONAL INSTITUTE OF GERONTOLOGY

SAN FRANCISCO, CALIF. — MARCH 3, 1972
LOS ANGELES, CALIF. — MARCH 4, 1972

Printed for the use of the
Committee on Labor and Public Welfare

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WASHINGTON : 1972

RESEARCH IN AGING, 1973

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RESEARCH IN AGING, 1972

FRIDAY, MARCH 3, 1972

U.S. SENATE,
SUBCOMMITTEE ON AGING
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
San Francisco, Calif.

The subcommittee met, pursuant to notice, at 10 o'clock a.m., in the Board of Supervisors Hearing Room, City Hall, McAllister and Polk Streets, Senator Alan Cranston of California, presiding pro tempore.
Present: Senator Cranston.

Senator CRANSTON. The hearing will please come to order.

I want to thank each and all of you for your presence here this morning.

These hearings continue the study of the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare on the subject of research in aging.

We will be focusing our attention on three pieces of pending legislation, S. 887 and S. 2934, bills to provide for the establishment of a National Institute of Gerontology as part of the National Institutes of Health within the Department of Health, Education, and Welfare, and S. 1925, a bill to establish an Aging Research Commission to promote the advancement of research in aging through a comprehensive and intensive program for the systematic study of the aging process in human beings.

I plan to introduce amendments to provide that, if a Gerontology Institute is established, it would be charged with the responsibility of conducting an ongoing scientific evaluation and study of the effectiveness, relevance, and overlap of all Federal Government programs affecting older persons.

I am concerned about the diffusion of responsibility and effort which exists because of the many uncoordinated Federal programs directed toward the elderly. I believe that my amendment could provide an effective mechanism to evaluate and lead to greater coordination of these efforts, and I urge our distinguished witnesses to address themselves to this proposed amendment in their remarks today.

I hesitated to cosponsor legislation to establish a National Institute of Gerontology because I questioned the advisability of any further proliferation of the Institutes within NIH. I feel at this point, however, that the Federal Government's effort in the area of research into the process of aging must be vastly increased, and that perhaps establishing a single, centralized agency or commission to advance this research would create the necessary stimulus which seems to be lacking now.

I will be relying heavily on the testimony presented here today in reaching my final decision on how best to achieve a far greater Federal emphasis on research in aging.

I also plan to introduce shortly several bills in the aging field which I feel are most pertinent to our discussions today. The first of these is a bill to amend the Social Security Act to provide automatic cost-of-living increases for recipients of grants to the aged, blind, and disabled whenever there is enacted a social security cost-of-living increase.

The second bill would amend the Social Security Act to allow retired social security beneficiaries and their spouses who have not yet reached the age of 65 to "buy into" the Medicare program.

The third is a bill to amend title III of the Older Americans Act to require direct funding to local entities when states do not satisfy AOA requirements and thus fail to qualify for allocations under its programs. I am also considering including in this bill a permanent State bypass option for local entities within States.

I was prompted to draft this legislation because of the intolerable situation here in California where the State commission on aging has failed to satisfy Federal AOA requirements, and thus is jeopardizing present and future Federal funding for programs for the elderly in our State. For instance, because Governor Reagan won't spend \$37,000 for the commission on aging, in order to meet federal regulations, the older people in our State are losing \$231,000 for statewide planning and coordination which they could be receiving from the Federal Government.

At this point in the hearing record I ask that copies of the three bills, S. 887, S. 1925, and S. 2934, along with accompanying departmental reports, be printed.

(The material referred to follows:)

1 Institute of Gerontology (hereinafter in this part referred
2 to as the 'Institute') for the conduct and support of bio-
3 medical, social, and behavioral research and training relat-
4 ing to the aging process and the diseases and other special
5 health problems and needs of the aged.

6 "ESTABLISHMENT OF ADVISORY COUNCIL

7 "SEC. 462. (a) The Secretary shall establish an ad-
8 visory council to advise, consult with, and make recommen-
9 dations to him on matters relating to the Institute.

10 "(b) The provisions relating to the composition, terms
11 of office of members, and reappointment of members of ad-
12 visory councils under section 432 (a) shall be applicable to
13 the advisory council established under this section, except
14 that the Secretary may include on such advisory council
15 such additional ex officio members as he deems necessary.

16 "(c) Upon appointment of such advisory council, it
17 shall assume all, or such part as the Secretary may specify, of
18 the duties, functions, and powers of the National Advisory
19 Health Council relating to the research or training projects
20 with which the advisory council established under this part
21 is concerned and such portion as the Secretary may specify
22 of the duties, functions, and powers of any other advisory
23 council established under this Act relating to such projects.

24 "FUNCTIONS

25 "SEC. 463. The Secretary shall, through the Institute,
26 carry out the purposes of section 301 with respect to research,

1 investigations, experiments, demonstrations, and studies re-
2 lated to the aging process and the diseases and other special
3 health problems and needs of the aged, except that the Secre-
4 tary shall determine the areas in which and the extent to
5 which he will carry out such purposes of section 301 through
6 the Institute or another institute established by or under
7 other provisions of this Act, or both of them, when both such
8 institutes have functions with respect to the same subject
9 matter. The Secretary may also provide training and instruc-
10 tion and establish traineeships and fellowships, in the In-
11 stitute and elsewhere, in matters relating to study and investi-
12 gation of the aging process and the diseases and other special
13 health problems and needs of the aged. The Secretary may
14 provide trainees and fellows participating in such training and
15 instruction or in such traineeships and fellowships with such
16 stipends and allowances (including travel and subsistence
17 expenses) as he deems necessary, and, in addition, provide
18 for such training, instruction, and traineeships and for such
19 fellowships through grants to public or other nonprofit
20 institutions."

92^D CONGRESS
2^D SESSION

S. 887

IN THE SENATE OF THE UNITED STATES

MARCH 30, 1972

Referred to the Committee on Labor and Public Welfare and ordered to be printed

AMENDMENTS

Intended to be proposed by Mr. CRANSTON to S. 887, a bill to amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology, viz:

- 1 On page 2, line 25, insert “ (a) ” before “The”.
- 2 On page 3, line 20, strike out all that appears and insert
- 3 in lieu thereof the following: “institutions. In carrying out
- 4 his health manpower training responsibilities under the Pub-
- 5 lic Health Service Act or any other Act, the Secretary shall
- 6 take appropriate steps to insure the education and training
- 7 of adequate numbers of allied health, nursing, and paramedi-
- 8 cal personnel in the field of health care for the aged.
- 9 “(b) The Secretary shall, through the Institute, conduct
- 10 scientific studies to measure the impact on the physiological,

Amdt. No. 1098

1 psychological, and sociological aspects of aging of all pro-
2 grams and activities assisted or conducted by departments
3 and agencies of the Federal Government designed to meet
4 the needs of the aging.

5 “(c) The Secretary shall, through the Institute and in
6 conjunction with the Director of the Bureau of the Census in
7 the Department of Commerce, conduct periodic surveys, and
8 coordinate such data gathering as is carried out within the
9 Department of Health, Education, and Welfare relating to
10 the process of aging, to gather and publish statistical data
11 relating, to the maximum possible extent, to all significant
12 characteristics and status factors of the aging population, in-
13 cluding those with respect to population distribution; income
14 distribution, levels, and sources; health and health care; nu-
15 trition; continuing education; mobility; housing; leisure-time
16 activities and employment.

17 “(d) The Secretary, through the Institute, shall carry
18 out public information and education programs designed to
19 disseminate as widely as possible the findings of Institute
20 sponsored and other relevant aging research and studies, and
21 other information about the process of aging which may assist
22 elderly and near-elderly persons in dealing with, and all
23 Americans in understanding, the problems and processes
24 associated with growing older.”



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JAN 20 1972

SENATE COMMITTEE ON
LABOR AND PUBLIC WELFARE

Honorable Harrison A. Williams, Jr.
Chairman, Committee on
Labor and Public Welfare
United States Senate
Washington, D.C. 20510

RECEIVED
JAN 21 1972

Dear Mr. Chairman:

This letter is in response to your requests of February 25 and December 6, 1971, for reports on S. 887 and S. 2934, respectively. These bills would amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology.

The Department's views on S. 887, S. 1163, and S. 1925 and similar bills were presented to the Subcommittee on Aging by Mr. Stephen Kurzman, Assistant Secretary for Legislation, on June 14, 1971. Mr. Kurzman's statement, enclosed, outlines our objections to a National Institute of Gerontology.

For the reasons outlined in Mr. Kurzman's statement, we recommend against enactment of S. 887 and S. 2934.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

Carroll A. Richardson
Secretary

Enclosure

EXECUTIVE OFFICE OF THE PRESIDENT
 OFFICE OF MANAGEMENT AND BUDGET
 WASHINGTON, D.C. 20503

APR 7 1972

Honorable Harrison A. Williams, Jr.
 Chairman, Committee on Labor
 and Public Welfare
 United States Senate
 4230 New Senate Office Building
 Washington, D. C. 20510

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APR 14 1972

Labor & Public
 Welfare Committee

Dear Mr. Chairman:

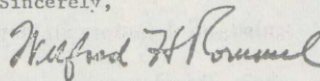
This is in response to your requests of February 25 and December 6, 1971, for the views of this Office on S. 2934 and S. 887, two identical bills "To amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology."

In testimony before your Committee on June 14, 1971, the Department of Health, Education, and Welfare stated its objections to legislation that would establish a National Institute of Gerontology. The Department noted that responsibility for conducting research on the biological, medical, and behavioral aspects of aging was assigned to the National Institute of Child Health and Human Development in the legislation that established the Institute (P.L. 87-838). Under that authority, the Institute conducts studies of the aging process as it occurs during the entire period of the adult years, as well as studies that relate the events of childhood to the events of health and disease in the later years.

Among its objections to the provisions of S. 887, the Department stated that disease-oriented research is concerned with diseases as they affect persons at all age levels and that it would be impractical and duplicative to consider diseases only as they affect the aged. Moreover, the establishment of a new Institute would of necessity increase the proportionate administrative costs of conducting research on aging, without necessarily increasing the productivity of the research area.

We concur in the views expressed by the Department that creation of a separate gerontological institute is both unnecessary and undesirable. Accordingly, we recommend against enactment of S. 887 and S. 2934.

Sincerely,



Wilfred H. Rommel
 Assistant Director for
 Legislative Reference

92D CONGRESS
1ST SESSION

S. 1925

IN THE SENATE OF THE UNITED STATES

MAY 21, 1971

Mr. WILLIAMS introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To promote the advancement of research in aging through a comprehensive and intensive program for the systematic study of the aging process in human beings.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That this Act may be cited as the "Research on Aging Act";

FINDINGS

5 SEC. 2. The Congress hereby finds and declares—
6 (1) that the aging process usually results in the
7 gradual deterioration of memory, certain aspects of learn-
8 ing, and loss of sensory acuity;
9 (2) that concern about the infirmities of age are
10 substantial factors in psychological distress and psychi-
11 atric disorders;

II

1 (3) that there is not yet a comprehensive program
 2 in the United States to study aging at the most funda-
 3 mental level of its biological origins, in a systematic
 4 and intensive manner;

5 (4) that the aging process involves social and eco-
 6 nomic problems for a substantial proportion of aging
 7 Americans;

8 (5) that despite the current Federal research effort,
 9 the effects of the aging phenomenon on virtually every
 10 aspect of life, and the complexity and magnitude of forces
 11 affecting aging persons, require a unified national ap-
 12 proach to research on aging;

13 (6) that there is a need (A) to establish research
 14 priorities; (B) to stimulate research in subareas, the
 15 exploration of which is essential to an understanding of
 16 aging; and (C) to expand the level of support allocated
 17 to the studies of scientists whose current research efforts
 18 are relevant to the processes of aging; and

19 (7) that there is a need for an organized effort to
 20 encourage the involvement of additional scientists and
 21 capable students in research on aging.

22 ESTABLISHMENT OF COMMISSION

23 SEC. 3. There is hereby established a commission to be
 24 known as the Aging Research Commission (hereinafter
 25 called the "Commission").

1 FUNCTIONS OF THE COMMISSION

- 2 SEC. 4. (a) The Commission shall be responsible for
3 preparing a long-range program, to be known as the gerontological
4 research plan, designed to promote intensive coordinated
5 research into the biological, medical, psychological,
6 social, and economic aspects of aging. Such plan shall be
7 submitted to the President and the Congress on or before
8 June 30, 1970.
- 9 (b) In order to prepare such plan, the Commission is
10 authorized and directed to carry out the following preliminary
11 activities:
- 12 (1) to gather, analyze, and interpret timely and
13 authoritative information and statistical data concerning
14 developments and programs on the biological, medical,
15 psychological, social, and economic aspects of aging;
 - 16 (2) compiling studies relating to such develop-
17 ments and programs;
 - 18 (3) appraising the various programs and activities
19 of the United States pertaining to the causes and con-
20 sequences of aging and evaluating whether such programs
21 and activities contribute to our understanding of aging
22 and our efforts to ameliorate the problems of aging;
 - 23 (4) developing priorities for programs to increase
24 our knowledge of the various aspects of aging; and
 - 25 (5) making and furnishing such studies, reports,

1 and recommendations, with respect to programs, activi-
2 ties, and legislation, to achieve a greater insight into all
3 aspects of aging.

4 ORGANIZATION OF THE COMMISSION

5 SEC. 51. (a) The Commission shall be composed of
6 seven members to be appointed by the President, by and
7 with the advice and consent of the Senate. The Commission
8 shall include at least one member from each of the follow-
9 ing backgrounds: biological science, clinical medicine, the
10 behavioral and social sciences, and economics. Each person
11 nominated for appointment shall, as a result of his training,
12 experience, and attainments, be exceptionally qualified to
13 formulate and appraise programs and activities related to
14 aging.

15 (b) The President shall designate one of the members
16 of the Commission to serve as Chairman and one to serve as
17 Vice Chairman. The Chairman shall receive compensation at
18 the rate prescribed for level II of the Executive Schedule
19 under section 5313 of title 5, United States Code. Each of the
20 other four members shall receive compensation at the rate
21 prescribed for level IV of the Executive Schedule under sec-
22 tion 5315 of such title.

23 (c) Vacancies shall be filled in the same manner in
24 which the original appointments were made. Any vacancy in

1 the Commission shall not affect its powers, and three mem-
2 bers of the Commission shall constitute a quorum.

3 (d) The Commission shall have existence until Decem-
4 ber 31, 1970, except that if legislation is enacted on or before
5 such date to implement the gerontological research plan,
6 the Commission shall continue in existence and be responsible
7 for carrying out such plan.

8 RESEARCH BOARDS

9 SEC. 6. (a) There is hereby established within the
10 Commission a Bio-Medical Research Board and a Social and
11 Policy Sciences Board.

12 (b) These Boards shall, under the supervision of the
13 Commission, prepare the gerontological research plan.

14 (c) Each Board shall consist of not less than five nor
15 more than eight members, a majority of whom are highly
16 recognized scientists and scholars who have been engaged in
17 fundamental, relevant research within the preceding decade.
18 The members of the Boards shall be appointed by the Com-
19 mission without regard to the provisions of title 5, United
20 States Code, governing appointments in the competitive
21 service.

22 The Commission shall fix the compensation of such
23 members without regard to the provisions of chapter 51 and
24 subchapter III of chapter 53 of such title relating to classi-

1 fication and General Schedule pay rates, but no member
2 of the Boards shall receive compensation in excess of the
3 rate payable for positions in GS-18 of the General Schedule
4 under section 5332 of such title:

5 COMMISSION STAFF

6 SEC. 7. (a) The Commission is authorized to employ
7 such officers and employees as may be necessary to carry
8 out its functions under this Act.

9 (b) The Commission is authorized to obtain services
10 of consultants in accordance with the provisions of section
11 3109 of title 5, United States Code, at rates for individuals
12 not to exceed \$100 per diem.

13 POWERS OF COMMISSION

14 SEC. 8. (a) To carry out this Act, the Commission shall
15 have the authority—

16 (1) to prescribe such rules and regulations as it
17 deems necessary governing the manner of its operations
18 and its organization and personnel;

19 (2) to obtain from any department, agency, or
20 instrumentality of the United States, with the consent
21 of the head thereof, such facilities, services, supplies,
22 advice and information as the Commission may deter-
23 mine to be required by it to carry out its duties;

24 (3) to acquire by lease, loan, or gift, and to hold and
25 dispose of by sale, lease, or loan, real and personal

1 property of all kinds necessary for, or resulting from,
2 the exercise of authority under this Act;

3 (4) to enter into contracts or other arrangements,
4 or modifications thereof, with State and local govern-
5 ments, and institutions and individuals in the United
6 States, to conduct programs the Commission deems nec-
7 essary to carry out the purposes of this Act, and such
8 contracts or other arrangements, or modifications thereof,
9 may be entered into without legal consideration, without
10 performance or other bonds, and without regard to sec-
11 tion 3709 of the Revised Statutes, as amended (41
12 U.S.C. 5) ;

13 (5) to make advance, progress, and other payments
14 which the Commission deems necessary under this Act
15 without regard to the provisions of section 3648 of the
16 Revised Statutes, as amended (31 U.S.C. 529) ;

17 (6) to receive money and other property donated,
18 bequeathed, or devised to the Commission, without con-
19 dition or restriction other than that it be used for the
20 purposes of the Commission ;

21 (7) to accept and utilize the services of voluntary
22 and uncompensated personnel and reimburse them for
23 travel expenses, including per diem, as authorized by
24 section 5703 of title 5, United States Code; and

1 (8) to make any other expenditures necessary to
2 carry out this Act.

3 AUTHORIZATION OF APPROPRIATIONS

4 SEC. 9. There are hereby authorized to be appropriated
5 such sums as may be necessary to carry out the provisions
6 and purposes of this Act.

[Faint signature and text at the bottom of the page]



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JUL 6 1971

Honorable Harrison A. Williams, Jr.
Chairman, Committee on Labor
and Public Welfare
United States Senate
Washington, D. C. 20510

Dear Mr. Chairman:

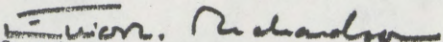
This letter is in response to your request of May 27, 1971, for a report on S. 1925, a bill "To promote the advancement of research in aging through a comprehensive and intensive program for the systematic study of the aging process in human beings".

The views of this Department were expressed by Mr. Stephen Kurzman, Assistant Secretary for Legislation, in his testimony on June 14, 1971, before the Subcommittee on Aging of your Committee. For the reasons stated in Mr. Kurzman's testimony, we do not favor action on S. 1925.

For your information and convenience a copy of Mr. Kurzman's testimony is enclosed.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,


Secretary

Enclosure

Testimony of

STEPHEN KURZMAN

ASSISTANT SECRETARY FOR LEGISLATION

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BEFORE

SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE

SUBCOMMITTEE ON AGING

Monday, June 14, 1971

9:30 a.m.

Room 4230, NSOB

Mr. Chairman, I am pleased to appear before this Subcommittee to present the Administration's position on three bills: S. 1163, a bill which proposes to establish a national nutrition program for the elderly; S. 887, a bill which proposes to establish a National Institute of Gerontology; and S. 1925, a bill which proposes the development of a comprehensive Federal research strategy in aging. I am accompanied by John Martin, Commissioner on Aging and Dr. Robert Marston, Director, National Institutes of Health.

The hearings before this Subcommittee come during a period of increasing public and Congressional interest in the very wide range of problems related to the process of aging, including the physical and psychological process, and--perhaps most important to many-- the human and social problems of aging. I should like to initially direct my testimony to the problems of the aged generally and our strategy toward them.

The White House Conference on Aging is scheduled for the end of this year, the first such conference since 1961. We expect that the Conference will provide us with guidance and recommendations to help develop a national strategy for meeting the problems of the Aging. This strategy will provide a framework for suggesting appropriate changes in the Older Americans Act, which expires in June of 1972.

Income Strategy

One of the most important elements of this Administration's domestic policy is reform of income maintenance programs. Through an effective income strategy, many health, nutrition, and related problems will be alleviated to a significant extent. Greater income benefits to the elderly should serve to reduce malnutrition since malnutrition is often related to poverty.

H.R. 1, recently reported by the House Ways and Means Committee, will have the most significant impact on the well-being of the elderly of any single piece of legislation in decades. The Administration's welfare reform proposal embodied in this legislation will provide a floor of income to needy adults who are aged, blind or disabled, administered by the Social Security Administration. The income floor for an individual under this measure will rise from \$130 per month in July 1972, when the program is scheduled to go into effect, to \$150 by July 1974. Couples will be eligible for \$195 per month beginning July 1972 and \$200 the following July. These benefit levels substitute cash for food stamps.

H.R. 1 also contains many of President Nixon's social security initiatives designed to improve the lives of virtually all older Americans.

A far-reaching change is that social security benefit increases would for the first time be tied by law to increases in the cost of living. As the Consumer Price Index rises, unless Congress has made a benefit increase, social security benefits will rise automatically, thus protecting the elderly against inflation. As a down-payment on this cost-of-living adjustment, a 5% benefit increase would be provided beginning in June 1972.

Another major change under H.R. 1 calls for an increase in widow's benefits. Under the bill, a widow would generally get a benefit equal to the benefit her husband would be receiving if he were still living, rather than 82 1/2 percent of his age-65 benefit as under present law.

Finally, for older persons who wish to continue working, H.R. 1 liberalizes the amount of annual earnings exempt under the retirement test. This amount would be increased from \$1,680 to \$2,000 for 1972 and thereafter would be adjusted to increases in wage levels. Where annual earnings exceed the exempt amount, benefits would not be reduced by more than \$1 for each \$2 of earned income.

In addition to its income maintenance aspects, a provision in H.R. 1 also directly provides for nutrition services for the elderly. Under this provision, nutrition services are included as one of the social services a State may elect to provide its older citizens, with 75% Federal matching. By making it explicit that this definition of social services includes nutrition services, the States are encouraged, if they so desire, to launch a program of nutrition services for their elderly citizens.

Nutrition (S. 1163)

I would like to direct myself now to S. 1163. S. 1163 would utilize a categorical grant approach to carry out a national nutrition program of extensive scope and complexity. The Federal government, under a 90-10 matching formula would underwrite the costs incurred by local projects for equipment, labor, management, supporting services, and food.

Grants to meet these costs would be awarded by a State agency. To be eligible for Federal funds, a State would submit a plan which would guarantee that any nutrition project it supported would provide at least one hot meal per day for elderly participants, and that that meal would contain a minimum of one-third of the recommended daily dietary allowance for an elderly person. Under the program, one hot meal would be provided at least five days a week. The proposed national nutrition program would be administered by the Administration on Aging, a bureau within the Social and Rehabilitation Service of the Department of Health, Education, and Welfare.

The proposed nutrition program in S. 1163 is based in part on the experiences of a series of demonstration projects supported during the last three years by the Administration on Aging. Thus, the experience requires close examination.

Administration on Aging Demonstrations

The fiscal year 1968 budget of the Administration on Aging contained \$2 million for demonstration projects under Title IV of the Older Americans Act to test alternative means of coping with the nutrition problems of older persons.

All of the projects funded have shared one common characteristic: the provision of group meals in a social setting. As the projects matured, outreach to locate older people in need of nutrition services and nutrition education were added to most projects.

Many of the projects have also attempted to include such supportive services as transportation, recreation and health and social service information and referral.

Briefly summarized we can say on the basis of these projects that group dining is a useful technique for delivering nutrition services to the elderly and that outreach is essential to any effective program of nutrition services to the elderly. Other important components include transportation, relationships with other community agencies, and opportunities for older persons to be employed or to render volunteer service. In addition, we have learned that older participants want to pay at least a part of the cost of their meals.

Need for Comprehensive Approach

However, a categorical feeding program for the elderly can not be effective in meeting their multiple needs. Service programs need to be comprehensive. Adding another categorical program with a focus on only a small piece of the problem faced by the elderly will only complicate an already tangled service delivery system. We are working within the Department to develop methods for delivering services on a more comprehensive basis to the needy and others who require assistance in obtaining services, with emphasis upon integrating the various service delivery systems. The passage of a service program which establishes still another system to be integrated into a comprehensive system for the aged only creates more difficulties to achieving that objective. Thus, just as we were opposed last Fall to H.R. 17763, a similar measure, because of its narrow focus on one aspect of problems facing older people, we are equally opposed to S. 1163 for the same reason.

In addition, we believe the costs of a national nutrition program for the elderly modeled on the AOA demonstrations to date would be prohibitive, if the goal of the program is to reach a substantial number of older persons who would want such services.

Moreover, in the AOA projects the meal cost is only part of the cost of nutrition and related services. Other costs include ancillary services, such as transportation and outreach, and administration. Thus, the total cost of project activities, including meals, varies greatly and is beyond the cost of merely providing meals.

We believe another sound reason for opposing the enactment of S. 1163 at this time is that as of now we do not know how to reduce these costs. We are actively engaged in trying to discover whether sufficient economies of scale and other management efficiencies will result from large scale delivery of nutrition services.

We also need to find out if there is some way that the private sector can be involved in the provision of nutrition services as a way of reducing costs of nutrition services. I understand that previous witnesses have described off-peak hour meals furnished at a reduced price by cafeterias in various parts of the country.

Finally, we believe that additional research must still be undertaken to test and validate the proposition that not only are nutrition services effective, but that they are more cost effective than other means for reducing isolation among the elderly.

Demonstration Projects During FY 1972

While we do not support S. 1163, we do intend to continue to experiment with nutrition projects for the elderly -- but focused on more comprehensive objectives. We are presently developing a plan to continue funding approximately 21 nutrition demonstrations for a fourth year. You will be pleased to know that while we are deciding the best administrative means of effecting this refunding we have also supplemented existing grants so that older persons who have been participating in projects are not denied meals until refunding is accomplished. We believe that with restructuring to include a heavy research component most of the 21 Title IV nutrition projects still operating can be made to yield additional useful data.

In addition, the Social and Rehabilitation Service and the Office of Economic Opportunity have recently completed designing a test regarding a comprehensive social services program for the aged with nutrition as one of the central elements. We expect to select the grantees within the next few weeks. In our experimentation, we hope to determine how nutrition services can best be related to a comprehensive service program for the aged. We also hope to learn the most cost effective ways to provide for nutrition services at the community level. These experiments will build upon the earlier Title IV nutrition demonstrations by incorporating the best program elements of the projects. These projects will provide for larger scale operations to serve more of the elderly at the pilot locations, adding the benefit of close ties to existing service resources for the elderly, and funding the provision

of new services to fill service gaps in the pilot communities. In effect, these projects will attempt to achieve more effective service for elderly participants by concentrating on the needs of the whole person rather than concentrating on meeting one of several needs. Moreover, these projects will also search for ways to reduce the unit costs of nutrition services.

We are also currently launching the Areawide Model Program under Title III of the Older Americans Act. Where an Areawide Project is directed at the reduction of isolation, we will encourage the grantee to include the delivery of nutrition services as one component of the overall strategy.

These demonstration projects will provide us with information which we can utilize in providing technical assistance to States which choose to have nutrition programs as one of the social services authorized under H.R. 1.

Other Efforts Related to Nutrition

It should be noted that there are other Federal efforts to assist in improving the nutrition of the elderly, some of which are within the context of a broader range of services.

1. On January 11, 1971, the President signed into law the "Amendments to the Food Stamp Act of 1964" which includes a provision that permits persons 60 years of age or older, who are homebound or feeble, to use food stamps to purchase meals delivered to them by non-profit organizations or local government agencies. We are presently implementing that provision. In the longer term, we

hope to substitute additional cash benefits in place of food stamps under the Administration's welfare reform program so that the individual can be given greater freedom of choice regarding what he purchases.

2. In addition, needy families, including single-person house-keeping units, are eligible for one of two Department of Agriculture family feeding programs, Commodity Distribution or Food Stamps.

The Department of Agriculture now has a market basket of some 20 food commodities available for donation to families, worth, at retail, about \$16 a month. The market basket includes cereal products, dairy products, canned meat and poultry, dry egg mix, a canned vegetable, a canned fruit or juice, and a dried fruit.

Under the Food Stamp Program, the monthly coupon allotment is currently valued at \$28 for a one-person family and \$56 for a family of two. Under the proposed schedule for the next fiscal year, which has been published for public comment, these coupon allotments will be increased to \$32 and \$60 respectively.

Among the new provisions amended to the Food Stamp Act is authority to permit aging eligible persons to use their coupon allotments to purchase meals delivered to their homes by nonprofit agencies. I should like to also report to the Subcommittee on a Department of Agriculture effort to improve services to the elderly receiving food assistance under our Commodity Distribution Program through volunteer services. It is called Drive to Service and is now in the pilot operational stage. The Red Cross and its local chapters and our State distributing agencies

are cooperating. Under it, volunteers--and especially youthful volunteers from student driver training programs--deliver the donated foods to the homes of elderly persons.

There are three pilot projects now under way -- in San Bernardino, California; Fulton, Missouri; and McKinney, Texas

Under another phase of our Commodity Distribution Program, food assistance is available to public and nonprofit private agencies and institutions which serve needy persons, including the elderly. To the extent of the needy persons served, institutions such as hospitals, homes for the aging, agencies providing group or meals-on-wheels food services are among those which are eligible.

National Institute of Gerontology (S.887)

Details of the Bill

Let me now turn to S. 887. This bill would establish a new National Institute of Gerontology, with an exceptionally broad research mandate. It would be responsible not only "for the conduct and support of biomedical, social, and behavioral research and training related to the aging process," but concerned also with "the diseases and other special health problems and needs of the aged." S. 887 also authorizes the award of traineeships and fellowships related to aging research and provides for the establishment of an Advisory Council, "to advise, consult with, and make recommendations" to the Secretary on matters relating to the Institute.

Problems

Mr. Chairman, several features of this bill concern us. First, we question whether the way to assure a strengthened research effort in a particular program area is to establish a new National Institute with responsibility for that area. We do not think that a separate institute for gerontological research best serves the research needs in the area of gerontology.

During each session of recent Congresses there have been enough proponents of this theory to cause the introduction of bills to establish up to half a dozen or more new Institutes within the National Institutes of Health. In the current session of Congress, for example, there are proposals for five new Institutes. In addition to a Gerontology Institute new Institutes are proposed for Marine Medicine, for Digestive Diseases, for Kidney Diseases, and for Sickle Cell Anemia.

Nevertheless, experience in the management of biomedical research programs makes it very evident that no mere organizational change--of and by itself--can cause a research area to flourish. The irreducible need is for a substantial body of interested and competent research investigators, plus enough research leads, or promising ideas within the field, to challenge the researchers to productive endeavors. Only if these pre-conditions are met can one say that a particular research area is ripe for the injection of major new resources.

The matter of scale is most important, however, for there are significant administrative costs associated with a new Institute's structure and these increased administrative costs would have had to be at the expense of other high priority health activities.

Secondly, in view of the Department's present programs of biomedical research in aging, we do not believe that the establishment of a new National Institute for this research area is warranted or necessary.

We are, Mr. Chairman, aware that there is growing interest in additional aging research. This might be anticipated in view of the importance of aging research problems, the impending White House Conference on Aging, and the many expressions of interest in this area from individual Congressmen. The immediate problem, in the view of this Administration, is with the ripeness of the field for immediate exploitation. This is a matter of the number of interested investigators and of the quality and number of research ideas in the field. On both counts, we believe there must be much greater evident strength before any consideration could be given to Institute status. Even then, we would question whether a separate Institute is the most productive means of developing knowledge in this field.

Our strategy, therefore, has been to put as much money as possible into the training of new investigators interested in aging research problems and the results, we feel, have been good. The number of meritorious applications has been increasing and we believe, therefore, that there is a potential for significant expansion of research in this area.

Another problem with respect to S. 887 is the scope of research concern assigned to the proposed Gerontology Institute. Consideration of the proposed bill raises the question of the proper organizational setting at the NIH both for research into diseases of the aged (and

related training) and for studies of the aging process itself. The bill appears to contemplate that responsibility in both of these broad areas would be unified in the proposed new Institute on Gerontology. While Section 463 of the bill does afford the Secretary of HEW some latitude in avoiding problems here, the issue warrants specific comment because of its crucial importance to other NIH Institutes. If this definition of the scope of concern for the Gerontology Institute were accepted, the new Institute would absorb most of the activities of the chronic disease Institute at the NIH, such as NCI, NHLI, etc.

The National Institute of Child Health and Human Development is currently responsible for research and training for research on the biological, medical, and behavioral aspects of aging. This research covers the entire period of the adult years, since aging processes occur throughout that entire period gradually transforming the young person into an elderly one. The NICHD supports relatively few studies of disease processes. Such studies are supported by the disease-oriented Institutes at the National Institutes of Health.

With respect to research into diseases of the aged, there is little basis for separating this activity from research on the same disease when it afflicts the young or the middle-aged. To do so would cause the almost inevitable result of duplicative work at two Institutes, merely because a disease, such as cancer, can affect persons at many age levels.

To the extent that the proposed Institute on Gerontology would take over the research and training now encompassed by the NICHD, the bill raises further questions.

In 1961, the White House Conference on Aging recommended that an Institute for Research on Aging within the National Institutes of Health be established. At the same time, there was great interest in the establishment of institutes that would deal with the problems of the biological, psychological, medical, and social aspects of fertility, fetal life, and child development.

The question that those responsible for the organizational structure of the NIH faced was whether the study of lifespan processes should be conducted by one institute or whether there should be a separate institute for each segment of the lifespan. After appropriate consideration, Congress passes legislation permitting the creating of one institute covering the problems of development from the process of fertilization through senescence. It appeared that such an institute would serve each of these areas better than a series of institutes each concerned with a segment of human development.

There is much to be said for the assignment of research on both childhood and aging to one institute. The physiological and psychological events of childhood may have profound effects on health, disease, and longevity in adulthood. It is much easier to conduct studies that extend across the lifespan and relate early events to late events within one institute than within two institutes devoted to different segments of the life span.

In summary, Mr. Chairman, we are supporting a respectable aging research and aging related research program within the NIH. We believe that a new Institute would not be the appropriate way to further

gerontological research. Therefore, we do not recommend the establishment of the National Gerontology Institute as proposed in S.887.

Research on Aging Act (S. 1925)

Finally, allow me to comment on S. 1925. This bill, the Research in Aging Act, would, if enacted, create a commission whose task it would be to prepare a long-range "research plan, designed to promote intensive coordinated research into the biological, medical, psychological, social, and economic aspects of aging."

As you know, the Secretary recently directed Arthur Flemming, Chairman of the 1971 White House Conference on Aging, to appoint a Task Force to examine the future status and role of the Administration on Aging with a view toward reporting to the Conference on its findings. Dr. Flemming anticipates that the Task Force will also be looking at the role and status of the President's Council on Aging. Until the Task Force reports and the Conference makes policy recommendations on both government organization and research, we do not favor action on S. 1925.

Conclusion

We appreciate this opportunity to present our views on these important proposals. We share with the Congress great concern over the plight of the elderly and a desire to do whatever is possible to improve the circumstances of those who are now old and those who will be old in the future. We believe that the actions we have outlined represent the best approach for effectively meeting the needs of the elderly.

NATIONAL SCIENCE FOUNDATION
WASHINGTON, D.C. 20550

SENATOR
WILLIAMS (N.J.)

SEP 17 1 24 PM '71



OFFICE OF THE
DIRECTOR

September 7, 1971

Honorable Harrison A. Williams, Jr.
Chairman, Committee on Labor
and Public Welfare
United States Senate
Washington, D. C. 20510

Dear Mr. Chairman:

This is in response to your letter of May 27, 1971, requesting the comments of the National Science Foundation on S. 1925, a bill "To promote the advancement of research in aging through a comprehensive and intensive program for the systematic study of the aging process in human beings."

The Foundation defers to the Department of Health, Education and Welfare on the specifics of S. 1925. However, I would like to state that the problem to which this bill is directed is both important and complex. The problems of the elderly encompass the full range of medical, behavioral, social, and economic problems which affect all of our citizens. Some mechanism for providing an analysis of the activities of a variety of operating agencies and formulating a program for coherent action is needed. The White House Conference on Aging scheduled for December of this year should provide guidance and recommendations for such an analysis and for identifying gaps which are particularly pertinent to the problems of the elderly.

The Office of Management and Budget has advised us that there is no objection to the submission of this report from the viewpoint of the Administration's program.

Sincerely yours,

W. D. McElroy
Director



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JAN 20 1972

Honorable Harrison A. Williams, Jr.
 Chairman, Committee on
 Labor and Public Welfare
 United States Senate
 Washington, D.C. 20510

Dear Mr. Chairman:

This letter is in response to your requests of February 25 and December 6, 1971, for reports on S. 887 and S. 2934, respectively. These bills would amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology.

The Department's views on S. 887, S. 1163, and S. 1925 and similar bills were presented to the Subcommittee on Aging by Mr. Stephen Kurzman, Assistant Secretary for Legislation, on June 14, 1971. Mr. Kurzman's statement, enclosed, outlines our objections to a National Institute of Gerontology.

For the reasons outlined in Mr. Kurzman's statement, we recommend against enactment of S. 887 and S. 2934.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

/s/ Elliot L. Richardson

Secretary

92D CONGRESS
1ST SESSION

S. 2934

IN THE SENATE OF THE UNITED STATES

DECEMBER 2 (legislative day, NOVEMBER 29), 1971

Mr. Moss introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

A BILL

To amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That title IV of the Public Health Service Act (42 U.S.C.
4 ch. 6A, subch. III) is amended by adding at the end thereof
5 the following new part:

6 “PART G—NATIONAL INSTITUTE OF

7 GERONTOLOGY

8 “ESTABLISHMENT OF NATIONAL INSTITUTE OF

9 GERONTOLOGY

10 “SEC. 461. The Secretary shall establish in the Public
11 Health Service an institute to be known as the National

II

2

1 Institute of Gerontology (hereinafter in this part referred
2 to as the 'Institute') for the conduct and support of bio-
3 medical, social, and behavioral research and training relat-
4 ing to the aging process and the diseases and other special
5 health problems and needs of the aged.

6 "ESTABLISHMENT OF ADVISORY COUNCIL

7 "SEC. 462. (a) The Secretary shall establish an advisory
8 council to advise, consult with, and make recommendations
9 to him on matters relating to the Institute.

10 "(b) The provisions relating to the composition, terms
11 of office of members, and reappointment of members of ad-
12 visory councils under section 432 (a) shall be applicable to
13 the advisory council established under this section, except
14 that the Secretary may include on such advisory council such
15 additional ex officio members as he deems necessary.

16 "(c) Upon appointment of such advisory council, it
17 shall assume all, or such part as the Secretary may specify,
18 of the duties, functions, and powers of the National Advisory
19 Health Council relating to the research or training projects
20 with which the advisory council established under this part
21 is concerned and such portion as the Secretary may specify
22 of the duties, functions, and powers of any other advisory
23 council established under this Act relating to such projects.

1

"FUNCTIONS

2 "SEC. 463. The Secretary shall, through the Institute,
3 carry out the purposes of section 301 with respect to re-
4 search, investigations, experiments, demonstrations, and
5 studies related to the aging process and the diseases and
6 other special health problems and needs of the aged, except
7 that the Secretary shall determine the areas in which and the
8 extent to which he will carry out such purposes of section
9 301 through the Institute or another institute established by
10 or under other provisions of this Act, or both of them, when
11 both such institutes have functions with respect to the same
12 subject matter. The Secretary may also provide training and
13 instruction and establish traineeships and fellowships, in the
14 Institute and elsewhere, in matters relating to study and
15 investigation of the aging process and the diseases and other
16 special health problems and needs of the aged. The Secre-
17 tary may provide trainees and fellows participating in such
18 training and instruction or in such traineeships and fellow-
19 ships with such stipends and allowances (including travel
20 and subsistence expenses) as he deems necessary, and, in
21 addition, provide for such training, instruction, and trainee-
22 ships and for such fellowships through grants to public or
23 other nonprofit institutions."



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JAN 20 1972

Honorable Harrison A. Williams, Jr.
 Chairman, Committee on
 Labor and Public Welfare
 United States Senate
 Washington, D.C. 20510

Dear Mr. Chairman:

This letter is in response to your requests of February 25 and December 6, 1971, for reports on S. 887 and S. 2934, respectively. These bills would amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology.

The Department's views on S. 887, S. 1163, and S. 1925 and similar bills were presented to the Subcommittee on Aging by Mr. Stephen Kurzman, Assistant Secretary for Legislation, on June 14, 1971. Mr. Kurzman's statement, enclosed, outlines our objections to a National Institute of Gerontology.

For the reasons outlined in Mr. Kurzman's statement, we recommend against enactment of S. 887 and S. 2934.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

/s/ Elliot L. Richardson

Secretary

Enclosure

(Note: See Secretary Richardson's report on S. 1925 for Mr. Kurzman's statement mentioned above.)

EXECUTIVE OFFICE OF THE PRESIDENT
 SENATOR OFFICE OF MANAGEMENT AND BUDGET
 WILLIAMS (N.J.) WASHINGTON, D.C. 20503

APR 11 1 38 PM '72

Honorable Harrison A. Williams, Jr.
 Chairman, Committee on Labor
 and Public Welfare
 United States Senate
 4230 New Senate Office Building
 Washington, D. C. 20510

APR 7 1972

RECEIVED

APR 14 1972

Labor & Public
 Welfare Committee

Dear Mr. Chairman:

This is in response to your requests of February 25 and December 6, 1971, for the views of this Office on S. 2934 and S. 887, two identical bills "To amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology."

In testimony before your Committee on June 14, 1971, the Department of Health, Education, and Welfare stated its objections to legislation that would establish a National Institute of Gerontology. The Department noted that responsibility for conducting research on the biological, medical, and behavioral aspects of aging was assigned to the National Institute of Child Health and Human Development in the legislation that established the Institute (P.L. 87-838). Under that authority, the Institute conducts studies of the aging process as it occurs during the entire period of the adult years, as well as studies that relate the events of childhood to the events of health and disease in the later years.

Among its objections to the provisions of S. 887, the Department stated that disease-oriented research is concerned with diseases as they affect persons at all age levels and that it would be impractical and duplicative to consider diseases only as they affect the aged. Moreover, the establishment of a new Institute would of necessity increase the proportionate administrative costs of conducting research on aging, without necessarily increasing the productivity of the research area.

We concur in the views expressed by the Department that creation of a separate gerontological institute is both unnecessary and undesirable. Accordingly, we recommend against enactment of S. 887 and S. 2934.

Sincerely,

Wilfred H. Rommel

7070
Wilfred H. Rommel
Assistant Director for
Legislative Reference

Senator CRANSTON. I hope that our witnesses today will provide the subcommittee with their views on these measures as well. I will include for the record, at the conclusion of my remarks, a more detailed description, which has already been supplied to the witnesses, of this proposed legislation.

I am delighted that Senator Eagleton, who is chairman of the Subcommittee on Aging, asked me to chair these hearings on his behalf. I serve as ranking majority member on Tom Eagleton's subcommittee, and I have been extremely impressed by his own dedication and that of his staff in advocating programs to better the lives of our senior citizens.

Senior citizens are recognized as the fastest growing segment of our population—the total population of the United States has tripled in size since 1900, but the older population has multiplied seven times. I believe it is past time that we focus our attention on our older citizens' needs, be they health, income maintenance, education, employment, housing, transportation, nutrition, recreation, or otherwise. I am confident that the exchange of information at these hearings will prove extremely valuable in developing effective legislation in these areas.

We must do much more to enable older Americans, to enable all of our people, to make the most of their later years. The enrichment to society as a whole, and to the individual lives of senior citizens, will be immeasurable.

We are fortunate to have with us today a group of witnesses who have distinguished themselves through their outstanding work in programs affecting older Americans. I regret to have to ask each of you to summarize your written statements into no more than 10 minutes of oral remarks, but I want to assure you that your entire statement will be included in the record as if it has been delivered here. In addition, we will leave the record open for 2 weeks so that other persons and groups interested in the subject matter to be covered here today may submit written testimony for the subcommittee's consideration.

(The information referred to above follows:)

ENCLOSURE IBRIEF DESCRIPTION OF LEGISLATION TO BE INTRODUCED BY
SENATOR ALAN CRANSTON IN THE FIELD OF AGING1) Automatic Cost-of-Living Increases for Aged, Blind, and Disabled Recipients

A bill to amend the Social Security Act to enable those needy individuals who are recipients of grants for the Aged, Blind, and Disabled to receive automatic increases in this assistance commensurate with Social Security cost-of-living increases.

This would be achieved by requiring states to increase, by a rate corresponding to the rate of any future Social Security increase, the standard of need used to determine eligibility for assistance under these programs. This procedure eliminates the discriminatory effect of the so-called "pass-along provisions" which, when added to bills increasing Social Security benefits, have resulted in the granting of cost-of-living increases only to those Aged, Blind, and Disabled public assistance recipients who are also beneficiaries of Social Security or Railroad Retirement.

In addition, this measure would eliminate any possible hardship to those individuals, who are recipients of both Social Security and/or Railroad Retirement benefits and public assistance, who, when Social Security increases are enacted without any "pass-along" provision, receive a corresponding reduction in their public assistance grant. "Pass-along" provisions have, in the past, been included to correct this situation, but all too often the pass-along allowed is less than the Social Security cost-of-living increase, so recipients in this category do not enjoy the full cost of living increase intended for them. Further, when the pass-along legislation is not included in the legislation to increase benefits, as was the case in the most recent Social Security increase enacted last March, 1971, recipients in this category receive none of the cost-of-living increase intended for them during the gap period, despite the fact that the situation has traditionally been later rectified by retroactive pass-along legislation. (For example, this past December, a retroactive pass-along provision with regard to the March increase was tacked on to a routine Social Security measure and subsequently was signed into law; it passed along only part of the Social Security increase, however.)

2) Medicare for 62-65 year old Social Security Beneficiaries and their Spouses.

A bill allowing retired Social Security beneficiaries and their spouses who have not yet reached age 65 to "buy into" Medicare. The need for this legislation stems from the fact that Medicare eligibility does not begin until 65 years of age and that many older persons lose their group health benefits when they retire before the age of 65. They are then forced to enroll in high cost health plans or to have no coverage whatsoever. The "Medicare buy-in" cost to the individual would be approximately \$30 a month, much less than comparable private insurance plans.

3) Administration on Aging Funding By-Pass to Counties and Cities.

A bill to amend title III of the Older Americans Act to require direct funding to such local entities in the amount of the state allocation when the State does not satisfy the Administration on Aging requirements so as to qualify for the State allocation. This latter procedure would be similar to that provision provided in section 703 (d) of S. 1163, the bill providing for nutrition programs for the elderly, which passed the Senate in November and the House of Representatives in February. I am also considering including in the bill a permanent State by-pass option for local entities within states.

Senator CRANSTON. Let us proceed with our first witness. I regret you will have to stand at the podium [indicating]. I had hoped we could have a table here but that was impossible. This is the procedure normally followed and the procedure has not been changed.

Mayor Alioto was unable to be present; he was called out of town. Supervisor Robert Gonzales, acting mayor, will say a few words and then introduce the first witness.

STATEMENT OF HON. ROBERT E. GONZALES, MEMBER, BOARD OF SUPERVISORS, SAN FRANCISCO

Mr. GONZALES. Thank you very much, Senator.

Senator Cranston, may I say, first of all, that Mayor Alioto was looking forward to testifying before this committee on problems vital to the interest of San Francisco; however, he was not able to come back from Seattle in time.

I, as acting mayor, will be here only to welcome you and the committee and to thank the citizens of San Francisco who are here to give you testimony on this vital issue.

May I say that I for a number of years have been very concerned with the problems of our senior citizens here in San Francisco. San Francisco is not only a unique city in its beauty but it is a unique city in that we have a higher percentage of senior citizens than any other part of the country. As you know, Mr. Chairman, the overall percentage is 10 percent in any population; in San Francisco we have approximately 140,000 senior citizens over the age of 60 making up 15 percent of our population. We also have a problem in San Francisco that of these 140,000 almost 50,000 of them live below the poverty level.

We also are very unique in San Francisco, Mr. Chairman; we have a uniqueness about us that our senior citizens are not all of the same ethnic background. Like most senior citizens throughout the country, however, most are lingual in something other than the English language. We have many with Spanish, Cantonese, and other languages. For this reason it is appropriate you are here today, for we are talking of establishing a national facility to deal with the problems of the aging.

Among the Spanish, may I say that the problem of the aging many times does not start at 60 or 65 because they are not eligible to receive those benefits at the time of 60 or 65. For instance, in the situation of Mexican-Americans in this country, the mortality rate or the average age of attainment is 57 years and, therefore, these people do not qualify for such things as medicare. They die at 57; the average Anglo-American dies at age 70. The black American, the male dies at the average age of 61, the white at 68. Between the ages of 45 and 64 the mortality rate among blacks is twice as great as it is among whites.

We have, Mr. Chairman, also the situation that among the minorities in this country for some reason the employment rate between 45 and 64 is almost three times as high as it is with the white American.

What problems does this bring to those people who have not yet qualified as senior citizens? They are not eligible for unemployment benefits because they cannot work. They are not old enough for old age assistance and, therefore, fall under the system rules of the local county.

I believe, Mr. Chairman, that the situation in America is so unique that until we can find out why some Americans die at age 57 and others at age 70 and others at 61 and others at 68—we have senior citizens when they are 65 years of age, 63 percent of that population could be called functional illiterates, while in another segment of that community 41 percent are functional illiterates and for the white American it is only 14 percent.

We certainly have a diverse country with diverse problems and I feel that any time we are going to effectively deal with the problems of the aging we have to look at all Americans and when we find out what those problems are, I think then we will really be addressing ourselves to the problems.

May I say, Mr. Chairman, that your chore is certainly going to be a difficult one. I thank you for the hard work you have been doing on the part of San Francisco. Once again, I welcome you and your committee here today.

Senator CRANSTON. Thank you very much.

Mr. GONZALES. We have a statement from the mayor's office. Mr. Schussel will read it and that will be the official comments.

I have given you comments from one supervisor who is very concerned with this particular problem.

Thank you very much, Senator. My office is at your disposal.

Senator CRANSTON. Thank you very much.

Mr. SCHUSSEL. Senator Cranston.

Senator CRANSTON. We welcome you to this hearing and are delighted you can be here. I regret the Mayor's absence. I haven't seen his statement so I don't know how long it is. If you can cover it in 10 minutes by reading it or summarizing it, please do.

Mr. SCHUSSEL. We can.

**STATEMENT OF HON. JOSEPH ALIOTO, MAYOR OF SAN FRANCISCO,
PRESENTED BY BERNARD SCHUSSEL, DIRECTOR, OFFICE OF
AGING, OFFICE OF THE MAYOR**

Mr. SCHUSSEL. We are going to speak to Bills S. 1924 and 2934.

In San Francisco we have had extensive and continuing involvement in the problems of our elderly citizens who constitute approximately 15 percent of our population compared with the national 10 percent figure.

The problems of these senior Americans are clearly recognized; the means by which we can address ourselves to those needs are much less clear.

Many of the 141,000 San Franciscans over the age of 60 do not have the means to secure safe, sanitary and adequate housing.

They require an adequate income, low-cost transportation to reach vital service, recreational activities and educational opportunities, decent and accessible health care.

Increased Federal and State funding of senior citizen programs should be a high priority of the Congress. But funding alone is not the solution. In many instances, there are problems for which we have no answers that easily translate into funding requests.

The first requirement to solving many of these needs is basic planning to establish the exact nature of the need, the resources presently available, and to establish a system of priorities.

Information based on solid research is a basic tool in good planning. All too often planning for the aging is done on a short range going from crisis to crisis. There must be appropriate long-range planning, particularly in the areas of housing, health, income maintenance, and transportation.

This need has been recognized in San Francisco. An excellent report on the priorities of our senior citizens has been prepared under the auspices of my Office of Aging and participated in by senior citizens, technicians, and professionals, such as bus drivers, police, firemen, doctors, teachers, lawyers and others working in the field of aging or in operations providing service to them.

This Committee made a number of recommendations for interim solutions to some of the problems facing our elderly, but delivered a frustrated, almost anguished cry for help, and I quote:

"An overpowering priority at all levels is the need for coordinated informational and referral services for the elderly."

Again, in its section on health problems, the Committee noted: "These are priorities and goals and any realistic appraisal of them would clearly indicate that we are not talking about overnight panaceas, but rather some programs which would require long-range planning and public support."

And, finally, the committee noted that because of the inaccessibility of standardized information on the problems of the aging, "it was not possible to do a comprehensive and thoroughly documented study of all the problems of the elderly and all possible corrective solutions."

The legislation before this Committee directs itself to this very problem.

A National Gerontology Center would standardize research, demonstration, and evaluation, which are the basic tools by which a society produces the knowledge it requires to deal with the problems of its people and to improve the quality of individual life, just as industry allots a significant percentage of its operating budgets to research and development.

Here in San Francisco as a result of State regressive and inhumane cutbacks in our medical, otherwise known as medicaid programs, we are desperately trying to meet needs of our senior citizens in our locally funded facilities. They are not adequate, frankly.

Such a Gerontological Institute as proposed would have the status and the ear of the President of the United States through his Special Assistant on Aging and the Administration on Aging, and would give the needs of the elderly a new sense of urgency and concern.

There is a very strong recommendation from the 1971 White House Conference on Aging that a National Institute of Gerontology be established immediately to support and conduct research and training in the biomedical and sociobehavioral aspects of aging.

The institute should include study sections with equitable representation of the various areas involved in aging research and training.

I support in principle S. 1925 and S. 2934. I am particularly supportive of section 4 of Senate bill 1925, which provides for the Federal

ive of section 4 of S. 1925, which provides for the Federal Government

to enter into agreements with local governments and institutions to conduct certain programs.

The principle of utilizing community facilities is excellent. Here in San Francisco is an outstanding educational consortium, consisting of two university campuses, a State college, a law school, and several smaller private colleges. The consortium's primary emphasis is on urban problems and in relating the institutions of higher education in San Francisco more closely to the community.

As a member of the Community Advisory Committee, I can assure you that you can rely on the professionalism and the great concern for the social problems of our day.

Our community has many professionals and experts in the field of aging, many of whom are on my advisory committees. I would hope we could follow the model of the National Institutes of Health and contract with local governmental and private sectors to research, plan, train, and therefore be able to offer more than a patchwork of services.

Both Senate bills provide for expanded training, research, and scientific study in the health fields.

We agree with this fundamental approach, but do not particularly see the creation of new facilities as a major need.

Some additional services will be needed, but much can be accomplished through better utilization of existing services and available funding. In many cases, existing public and private agencies can improve services to the aged within their present budgets simply by shifting priorities.

Adequate service for the aged will require additional training of health professionals and allied health professionals, the establishment of new allied health professions with specialized occupations for geriatric services, reorganization of existing services, the creation of additional services, and a broad program directed toward educating our older citizens about maintaining their own health and about services available to them.

Increased emphasis on problems of the aged and their needs must be provided in the training for students of the health profession schools of San Francisco, including medicine, podiatry, dentistry, and nursing. We further believe that interns from local universities training in gerontology can work within these programs. Continuing education should be provided to health professionals and allied health professionals in health care for the aged.

This could be a joint effort of regional medical planning area professional health societies, employers of health professionals, and educational institutions. The objective would be to increase the number of health professionals trained to serve the aged.

Senator Cranston and the authors of these important bills, Senators Williams and Moss, are to be commended for their dedication and continuing interest in the well-being of our senior citizens.

Thank you.

Senator CRANSTON. Thank you very much.

I would like to ask you if you feel the approach to advancing research in aging is better in one of these bills than in the other. Do you prefer the institute or the commission or a combination?

Mr. SCHUSSEL. The institute.

Senator CRANSTON. You prefer the institute. Would you put everything in that rather than have the commission also?

Mr. SCHUSSEL. I don't know how to say it, my feelings about commissions, but I would favor the institute.

Senator CRANSTON. Do you feel that local government entities like San Francisco can make better use of Federal funding for Older Americans Act programs allocated directly to them rather than through the State commission on aging as would be the revised procedure under the amendment I have discussed?

Mr. SCHUSSEL. I believe we could. We do have a good professional and educational base here. I think we could do very well.

Senator CRANSTON. Thank you very much, and please thank the Mayor for me.

Our next witness is Assemblyman Leo McCarthy, chairman, Joint Committee on Aging, California State Legislature.

Leo, we are delighted to have you.

**STATEMENT OF HON. LEO McCARTHY, ASSEMBLYMAN, CHAIRMAN,
JOINT COMMITTEE ON AGING, CALIFORNIA STATE LEGISLATURE**

Mr. McCARTHY. Thank you very much, Senator.

I am Senator Leo McCarthy, for the record. I am the chairman of the Joint Legislative Committee of the California Legislature on the Aging. I am here representing that joint committee made up of members of both houses of the State legislature.

I am here with a sense of shame at the neglect that this State is guilty of in failing to respond to innumerable problems of the aging. I am here to thank you, Senator Cranston, for your aggressive leadership on behalf of not only California's older citizens but the elderly of this Nation.

While elected officials in California and elsewhere pretend to be very sympathetic, to be working on the problems of the aging, indeed, they have neglected them rather sorely for many, many years in this State, which is supposed to be out front in comparison to other States, in really doing something about the aspirations and the legitimate needs of older Californians, I think has failed miserably.

I might say, as a matter of fact, that was the basis on which the Joint Legislative Committee on Aging was established because a review of the committee action in both houses of the legislature revealed that we have, as society as a whole in this Nation has, concentrated our focus on young people, and, secondly, on the general population, and the elderly take low and last priority.

If the legislature has failed, as you in your preliminary remarks pointed out, indeed the executive branch of State government has failed, too, when we cannot find in a \$7 billion budget \$37,000 to bring us into compliance in the funding of our own State commission on aging with Federal requirements. Indeed, this is the clearest, most accurate reflection of what our State administration feels about the problems of the elderly people in California.

Senator CRANSTON. Leo, are such funds available through some source in the State or is there simply no source to which the State government could now turn?

Mr. McCARTHY. Senator, I am quite sure that \$37,000 could be found. I think you are acquainted with the variety of matters on which we expend moneys in this State, county fairs and any other, thousands

of budget items which I think most people would agree should fall below a modest funding of \$37,000 to make sure that the State commission on aging within the executive branch——

Senator CRANSTON. I agree on that point.

As former State controller I know how the different accounts are kept. I directed my criticism at the Governor, because I know from experience that there are funds available through a transfer without having to go to the legislature.

Mr. McCARTHY. I have no doubt the funds could be found by the Governor and by the Finance Committee. There is no question about this. The legislature should add them to the budget and put the burden on the Governor to blue pencil them out if that is his desire to do so. We should not neglect the State commission on aging.

I might point out that its contribution to problems of the aging has been modest over the last several years because no commission, whether it is a part of an executive or legislative branch, as you know, Senator, will get anywhere, will be effective, unless the elected officials behind it are committed to action, to really creating solutions responsive to the needs of the aging.

I am here this morning to address myself just a few moments, if I may, to the major topic before you, the question of creating a National Institute on Gerontology. It is rather mind-boggling to consider spending Federal moneys on a National Institute of Gerontology when thousands and millions of older people in the United States are in desperate need of money, simply in need of cash in their pockets, and yet good sense tells us, I think, that an institute must be set up and must function in order for us to understand and know the facts about the biomedical, the social, the psychological, and the emotional development of the aging process of individuals and the interaction and impact of the rapidly increasing population group of older people on the resources and the institutions and the functioning of these institutions in our society in this country. Without orderly study of this kind, I fear for the well-being of each individual and for the older population particularly. So I think it is a must.

Logic would indicate that this be integrated with an institute with research covering the entire lifespan, but experience in Sacramento and in Washington, D.C., indicates that man isn't necessarily logical. When it is integrated with children, youth, adolescents, young adulthood, it loses out in priority of funds and attention and expertise to the fascination with and the demands of the younger years. So to continue with it as a part of the institute of the whole lifespan will leave us without the knowledge I think we now need so desperately. So I would opt for a separate Institute of Gerontology.

I have looked at a couple of the bills that you are now considering in the U.S. Senate, S. 2934, which would put the institute under the Public Health Service, and the bill stresses the health problems, diseases, and needs of older persons. It sort of sneaks in on you, study and investigation of the aging process as a passing reference to conduct in support of biomedical, social, and behavioral research and training.

I don't wish to minimize in any way health problems and the needs associated with health problems. They are one of the top priorities affecting elderly people. But, as I read the suggested location of the

institute in Public Health and the way the bill is written, I wonder if other also critical problems affecting the elderly would be adequately considered in that kind of setting. I think I would opt for support of S. 1925, the Research on Aging Act, which would establish an Aging Research Commission. It seems much more comprehensive and proposes the range of study which, in my opinion, is really necessary.

I don't know how it works within the U.S. bureaucratic structure. It is hard for me to guess whether it would have the clout to obtain the cooperation, truthful information, and action necessary from any department or agency head. That, of course, again, is up to the commitment of the President and of the Members of Congress.

In closing, if I may—and I will submit this statement to you later—I want to thank you for your presence here. Its importance cannot be measured, Senator, and I hope we can establish very close relations between the fine efforts of the U.S. Senate and the new Joint Committee on Aging in Sacramento.

Senator CRANSTON. Thank you very much. I appreciate your active leadership role in dealing with these problems as chairman of your joint committee on aging in the State legislature. I want to note that your committee has already provided us with great assistance, through your consultant, Mrs. Janet Levy, who has been enormously helpful in the planning and organization of these hearings and is in continuing and close contact with us on all matters affecting older persons.

You touched on the problem of inadequate income. Do you have any views on the legislation that I am proposing shortly, although I have not yet introduced it, to provide an automatic increase in the standard of need whenever there is a rise in social security?

Mr. McCARTHY. I certainly think it is something long past due and will give you every support we possibly can from Sacramento. I congratulate you for advocating it.

(The prepared statement of Mr. McCarthy follows:)

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California Legislature

Joint Committee on Aging

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 CHAIRMAN

PETER H. BEHR
 VICE CHAIRMAN



JANET LEVY
 COMMITTEE CONSULTANT

ROOM 4164
 STATE CAPITOL
 SACRAMENTO 95814
 PHONE: (916) 445-7400

STATE BUILDING 1046
 350 McALLISTER STREET
 SAN FRANCISCO, CALIF. 94102
 TELEPHONE: (415) 557-2662

LEO MCCARTHY, CHAIRMAN

CALIFORNIA STATE JOINT LEGISLATIVE COMMITTEE ON AGING

TESTIMONY ON NATIONAL INSTITUTE OF GERONTOLOGY

MARCH 3, 1972

SENATE SPECIAL COMMITTEE ON AGING

ALAN CRANSTON, CHAIRMAN

IT IS MIND-BOGGLING TO CONSIDER SPENDING FEDERAL MONIES ON A NATIONAL INSTITUTE OF GERONTOLOGY WHEN THOUSANDS AND MILLIONS OF OLDER PEOPLE IN THE U.S. ARE IN DESPERATE NEED OF MONEY -- CASH IN THEIR POCKETS. YET GOOD SENSE TELLS US THAT AN INSTITUTE MUST BE SET UP AND FUNCTION IN ORDER FOR US TO UNDERSTAND AND KNOW THE FACTS ABOUT THE BIO-MEDICAL, SOCIAL, PSYCHOLOGICAL AND EMOTIONAL DEVELOPMENT OF THE AGING PROCESS OF INDIVIDUALS AND THE INTERACTIONAL IMPACT OF THE RAPIDLY INCREASING POPULATION GROUP OF OLDER PEOPLE ON THE RESOURCES, INSTITUTIONS, AND FUNCTIONING OF THE U.S. SOCIETY.

TESTIMONY ON NATIONAL

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WITHOUT ORDERLY STUDY OF THIS KIND, I FEAR FOR THE WELL-BEING OF EACH INDIVIDUAL AND FOR THE OLDER POPULATION, AS WELL AS U.S. SOCIETY BEING SWAMPED BY PHENOMENA WHICH IS IMCOMPREHENSIBLE. SO I BELIEVE IT IS A MUST.

LOGIC INDICATES IT SHOULD BE INTEGRATED WITH AN INSTITUTE COVERING ALL THE LIFE-SPAN. BUT EXPERIENCE INDICATES THAT MAN IS NOT NECESSARILY LOGICAL. WHEN IT IS INTEGRATED WITH CHILDREN, YOUTH, ADOLESCENCE, YOUNG ADULTHOOD, IT LOSES OUT IN PRIORITY OF FUNDS, ATTENTION AND EXPERTISE TO THE FASCINATION WITH AND DEMANDS OF THE YOUNGER YEARS. TO CONTINUE IT AS A PART OF AN INSTITUTE OVER THE WHOLE OF LIFE SPAN WILL LEAVE US WITHOUT THE KNOWLEDGE WE NEED NOW SO DESPERATELY.

AGAINST LOGIC, I OPT FOR A SEPARATE INSTITUTE OF GERONTOLOGY.

S. 2934 -- UNDER THE PUBLIC HEALTH SERVICE, THE BILL STRESSES THE HEALTH PROBLEMS, DISEASES, AND NEEDS OF OLDER PEOPLE, SNEAKING IN STUDY AND INVESTIGATION OF THE AGING PROCESS, AND WITH PASSING REFERENCE TO CONDUCT AND SUPPORT OF BIO-MEDICAL, SOCIAL, AND BEHAVIORAL RESEARCH AND TRAINING. I DO NOT WISH TO MINIMIZE THE HEALTH PROBLEMS AND NEEDS; YET, AS I READ THE SUGGESTED LOCATION OF THE INSTITUTE IN PUBLIC HEALTH AND THE WAY THE BILL IS WRITTEN; I WONDER WHETHER THE SOCIAL, ECONOMIC, PSYCHOLOGICAL FACTORS WILL BE ADEQUATELY CONSIDERED.

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THUS, I WOULD OPT FOR SUPPORT OF S. 1925, THE RESEARCH ON AGING ACT WHICH WOULD ESTABLISH AN AGING RESEARCH COMMISSION.

IT IS MUCH MORE COMPREHENSIVE AND PROPOSES THE RANGE OF STUDY WHICH IN MY OPINION IS NECESSARY. BUT AS A FUNCTIONAL OPERATION WITHIN THE U.S. BUREAUCRATIC STRUCTURE, IT IS HARD FOR ME TO GUESS WHETHER IT WOULD HAVE THE CLOUT TO OBTAIN THE COOPERATION, TRUTHFUL INFORMATION, AND ACTION NECESSARY FROM "ANY DEPARTMENT, AGENCY, OR INSTRUMENTALITY OF THE U.S." TO ACHIEVE THE INTENT.

A CONTINUATION OF RESEARCH, BUILDING BLOCK BASIC RESEARCH INTO THE AGING PROCESS MUST GO ON. WE MUST CONTINUE THE SEARCH FOR UNDERSTANDING WHAT HAPPENS TO THE INDIVIDUAL IN THE AGING PROCESS. BUT I DO NOT FEEL THIS IS THE PRIMARY OR SOLE NEED. WE KNOW MORE NOW ABOUT THIS THAN WE ARE EQUIPPED TO PUT INTO USE IN LIVING.

WHAT WE DO NOT HAVE IS SPECIFIC INFORMATION AND KNOWLEDGE ABOUT HOW AND UNDER WHAT CONDITIONS SPECIFIC GROUPS OF OLDER PEOPLE LIVE. AT THE MOMENT WE HAVE A LITTLE MORE INFORMATION ON THE CHARACTERISTICS OF THE TOTAL GROUP 20 - 24 MILLION PEOPLE. YET, WE HAVE LITTLE OR NOTHING ABOUT WHETHER MEXICAN-AMERICAN OLDER PEOPLE, ASIAN-AMERICAN OLDER PEOPLE ARE ALIKE OR DIFFERENT FROM THE TOTAL GROUP CHARACTERISTICS. IN THIS CONNECTION, I READ THE NUTRITION BILL AND PONDERED WHO WOULD AND HOW THEY WOULD DESIGN THE NUTRITION EDUCATION AND THE MEALS, AND TRIED TO ENVISION HOW IT WOULD APPEAL TO MEXICAN-AMERICANS, ASIAN-AMERICANS, JEWISH OLDER PEOPLE, ETC.

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THUS, I BELIEVE THE CURRENT PRIORITY IS MORE DETAILED INFORMATION ON THE VARIETY OF LIFE PATTERNS AND STYLES AND SOME RESEARCH AND TESTING OF NEW SOCIAL DEVICES TO MEET THE NEEDS.

ANY SERIOUS RESEARCH TO EXTEND OUR LIMITED KNOWLEDGE OF AMERICA'S AGING WILL HOPEFULLY SUGGEST HOW TO TRANSLATE DATA INTO PROGRAMS TO HELP OUR COUNTRY'S NEGLECTED ELDERLY.

STATES LIKE CALIFORNIA COULD BENEFIT MUCH FROM SUCH FEDERAL RESEARCH. I HOPE THERE WILL BE SERIOUS EFFORTS TO INVOLVE KEY STATE AND CITY DECISION-MAKERS AS RESEARCH EVOLVES SO THAT ALL YOUR EFFORT WILL TOUCH INDIVIDUALS DESPERATE FOR OUR ATTENTION.

--- END ---

Senator CRANSTON. Thank you very much.

Our next witness is Dr. Philip Lee, chancellor of the University of California at San Francisco.

Dr. RUSSEL LEE, are you appearing together?

Dr. PHILIP LEE. I think, Senator, my dad will go first and I will follow.

Senator CRANSTON. Dr. Russel Lee, it is a great pleasure to have you with us.

**STATEMENT OF DR. RUSSEL LEE, FOUNDER AND CONSULTANT,
PALO ALTO MEDICAL CLINIC**

Dr. RUSSEL LEE. Thank you, Senator. I am delighted to be here.

I must say I have a great deal of admiration for this effort you are putting into aging. I think at long last the aging and the aged are receiving the attention they deserve, largely due to you and your subcommittee and other enlightened people who have gone into this subject.

America, as you know, has been abnormally youth oriented, so much so that to be old or even to look old is in some way disgraceful. The elders have been the despised and rejected among men. This is regrettable for many reasons. In the first place, it is no less than tragic that, after a lifetime of toil and effort, the elders are deprived of the respect and honor that in some societies, notably the Chinese and the Jewish, makes growing old synonymous with acquiring honor and respect and special consideration. In the second place, because people are no longer dying in childhood and youth, the number of those over 65 has dramatically increased to over 20 million. So they constitute an important component of society. Also, because of the compulsory chronological retirement at 65, we are depriving ourselves of the services of many who have great potential productivity. All this is in addition to the humanitarian considerations that should preclude our leaving older people in a state of poverty, loneliness, ill health, and neglect. This goes on to such an extent that the principal cause of death in older people is suicide. This is completely preventable when older people live in public surroundings like the Little House in Menlo Park; suicide there dropped to nothing.

I am going to generalize from this point on, if I may, Senator Cranston, and leave to Philip, who is familiar with government machinations the way these things should be implemented.

The first generalization I want to make—generalizations, by the way, are sometimes just a vapor to hide one's ignorance, but in this case I hope they are not.

Senator CRANSTON. Certainly not in your case.

Dr. RUSSEL LEE. Certainly to generalize actively is a fine thing and epitomizes the knowledge of the whole subject. A proper generalization is like the foundation of a building, you can build on that. If you make certain general assumptions you can build from that a real structure.

The first generalization I should make now, I have already said it, Senator Cranston has said it, and others here, that is, that the problem of aging is of enormous importance and reserves very high governmental and personal consideration. None should be higher. With taking that generalization, the others will come.

There are four problems with aging people. I have been involved in aging problems now since 1948 and now I have reached a stage of profound senile dementia myself, so it really becomes a much more personal problem than it ever would otherwise. I have come to these conclusions. There are four things that are enormously important.

The first of these is poverty. It says in the Bible that the love of money is the root of all evil, but I will say that the lack of money is the root of the troubles of the aged. The aged are poor, half of them are in the poverty level and about one-fourth are really destitute. That is really the thing that constitutes the basis of the problem, simply poverty.

I think, Senator Cranston, the bills that you are about to introduce dealing with increased social security and other benefits for the aging will go very far toward remedying this. If there is any group of people that deserves a guaranteed income it is the older people. It is only proper that, after a person has labored all his life and achieved an old age, that he should not have to worry about his subsistence from that time on. So the first problem of the aging is poverty.

The second generalization is health. Old people are sick about four times as much as people in the prime of life. Their illnesses are likely to be protracted and expensive and the worst, whenever you take an older person and ask him, what do you first want, he says, I want to be healthy, I want to be well. This is a general, universal desire of the older people, for health.

Medicare, which Philip and others of us had a good deal to do with getting passed, has been an enormous help in that regard. After practicing over 50 years and with a great deal of my practice in old people, the change that came when Medicare was enacted was absolutely dramatic and heartwarming. It is having the effect, curiously, of protracting their lives and increasing the problems more that are going to be with us and they are going to have more illness.

It has by no means solved the problems of health. Medicare needs refinement and much more attention than it has had and a good many loopholes have to be filled in, but health is the second big generalization I make about the problems of the aging.

The third one is housing. Old people should be properly housed. There are three or four ways in which this can be done.

The best way, of course, is if the older people have a house of their own that is adequate and suited to their needs and which they can maintain.

The next best is for them to live with their children. This used to be the rule in America, grandpa and grandma lived with the sons and the grandchildren and the old people took care of the garden and milked the cows. Well, that is all past.

When we made a study of Chang House 10 years ago—and it is worse now than it was then—we found that about half the people over 65 are dissatisfied with their housing and about 30 percent were absolutely miserably housed. I suspect the condition is no better now than it was then. So housing is important.

There should be some sort of subsidy so that older people can repair their houses and keep in their houses as long as they are able to do it and help so that their children can add to their establishment so they

can take grandpa and grandma in if necessary. Then, if that fails, we have to consider institutionalized type of retirement homes.

Now, these have been sneered at as ghettos for the aged. That is false. I have been involved in retirement homes for the last 20 years quite closely in furnishing health care for four of them and they can be magnificent if they are properly organized.

I went into the Chang House about a month ago to see an old lady. She took me by the arm, she said, "You don't know me." She was the widow of a great surgeon in Chicago. I said, "How are you getting along?" She said, "It is like getting to heaven ahead of time." When these retirement homes are properly organized, they can be beautiful and a satisfactory way of living, particularly because the health care can be organized in such a way to spare them a lot of trouble.

Sometimes this is, in a way, sort of self-defeating. In Chang House and many of them the same way, we profit financially when somebody dies because we get the apartment back and we sell it. Last year, instead of having the 18 deaths we are supposed to have, we only had one and that made our finances very difficult for awhile. It is not an objection anybody can make a serious point about, however. But this housing, public housing, is necessary.

There should be at least 10,000, I think 20,000 such establishments as the Chang House we have in Palo Alto built with Federal help right now. They can be built on a self-liquidating basis.

The last thing that I stress is an occupation. Old people have great contributions to make. They are much happier when they are doing something and that should be combined with recreation and a program of utilizing the abilities of the old people should be instituted.

Thank you very much for the chance of testifying.

Senator CRANSTON. Thank you very much. Could you wait a moment? I want to ask you a couple of questions.

Dr. RUSSEL LEE. Yes, sir.

Senator CRANSTON. Your testimony was extremely interesting and helpful.

Do you feel that creation of a National Institute of Gerontology would be helpful in addressing the problems that you touched upon—poverty, health, housing, recreation?

Dr. RUSSEL LEE. I do indeed. About 8 months ago, you will remember, I sent you a little slip advocating an institute of gerontology. In 1948 we tried to persuade Stanford to start an institute of gerontology. We had it well underway when Dr. Transter died. This is something I have been advocating for a long while, and I think it is vital and necessary.

While I am on it, I think the place for the research is in that institute and not in a separate establishment. It is just exactly the arguments that I used about the cancer research, which should be in NIH, and I think the institute of gerontology should have the research. There should be big appropriations for it. I am all for research but I am not for that bill. I am for putting the research into gerontology.

Senator CRANSTON. On the matter of its responsibilities, do you have any comment on the amendment that I indicated I was considering introducing which would give the institute responsibility to consider all the programs carried on by various Government agencies as they relate to the Institute's responsibilities and the problems of aging?

Dr. RUSSEL LEE. Senator, I think that is absolutely sound. I think it should be the clearinghouse for it all, the coordinating agency for all of them, and we are only going to make progress when we have that kind of efficient centralization.

Senator CRANSTON. On the matter of housing, I just want to inform you that yesterday the Senate passed the new Housing Act which contained a number of amendments that I offered that will do, I think, some great things for housing for the elderly. There will be more money authorized and, very importantly, touching on one thing, my amendments provide that more money will be spent on housing for the elderly that is not segregated housing but housing where there can be families there, too, so you have a mix of the young and the old.

I found, in asking people who live in housing projects for the old, if they would rather be where there is a mix of children and younger couples, that 90 percent say they would rather. That idea came to me when I saw a book entitled "The Final Segregation, Old Age," which is a terrible thing happening in our society, and I hope my amendment will be the beginning of the end of that.

I will explain my Housing Act in more detail later.

(The explanation may be found on p. 106.)

Dr. Lee, I would like to ask you two other questions.

You touched on problems brought on by early retirement. Do you feel it is unwise for the Government to offer incentives for early retirement such as lowering the social security retirement age? Do you think we should urge people to work longer, perhaps less time per day but longer, and not retire?

Dr. RUSSEL LEE. I am for early retirement and for providing, however, in the retirement years, a new period of life, a new occupation, primarily those things that are for the good of the country, like beautification, the preservation of the environment, adult education, elimination of illiteracy, safety on the streets, all of these things that old people can do which are noncompetitive with the labor force. That should be considered.

I can say, in preparation for this, the Institute of Gerontology should prepare a course of education for retirement so in the fifth decade, maybe even as early as the fourth, but in the fifth and sixth decades people should have access to education, what they will do when they retire, so they have something. Then something should be useful to society, like a corps of old people can beautify our highways. They make wonderful gardeners.

Senator CRANSTON. I think your suggestion of education for retirement for the primary job is excellent.

Dr. RUSSEL LEE. Preparation for retirement and to get new careers after retirement.

Senator CRANSTON. I would like to ask you two final questions relating to what can come out of the sort of research that we would like to see come about through this legislation.

Is it your feeling that research into the process of aging can lead to a more productive, healthier, happier, richer senior time as we learn more about the process of aging and what to do about it?

Dr. RUSSEL LEE. Mr. Senator, this is one of the most exciting, almost breathtaking possibilities. It is not without some inherent dangers.

Old Clarence Ho used to remark, when he was on the Truman Health Commission with me, his dad said, "Be careful when you are digging up snakes, sometimes you can dig up more snakes than you can kill."

In this matter of research, if we succeed in making a real contribution to the cause of aging and find out what causes it and how to prevent it, it will be no less than a social catastrophe because, instead of having 20 million, then we will have 20 million for whom we are not prepared. Now, this is possible. There are some exciting things happening that we may actually find out that aging is not inevitable, that it is an abnormal process and can be prevented. This gives a breathtaking possibility, besides which preventive medicine in old age is most important. Senility and senile dementia are largely preventable. Suicide in old age is largely preventable. Many of the problems, like diabetes of old age, can be completely cured.

That research is vitally needed and can make an enormous difference in the happiness of older people because, after being poor, the principal impediment to happiness is being sick and, if we eliminate that, we are making people much happier.

Senator CRANSTON. I totally agree, from my nonprofessional status on this subject, with what you, from your professional background, describe as a breathtaking aspect of this. I think it is of immense significance that perhaps we will find it possible to prolong greatly the middle age and the average span of life in a way that will make those extra years very enjoyable and very productive.

I would like to ask you what you feel is possible there. Suppose we do embark on sort of a research program that we are discussing. What do you think lies within the reach of mankind in terms of expanding the lifespan?

Dr. RUSSEL LEE. You know, Mr. Senator, up to now we have the great increase in the number of older people but it is not because they are living longer, they are not, it is because they didn't die younger. They didn't die of tuberculosis and typhoid and now they live to be old. But there is no evidence that we have extended the actual lifespan. This is the thing that could happen and I think it is quite possible, with research, we can add another 10 years to the normal lifespan, not simply by preventing people from dying but by actually delaying the aging process so they live longer.

There are half a dozen leads now that lead exactly in that direction and I think that is one of the staggering possibilities.

Senator CRANSTON. I have been doing my own reading and research into this and I have encountered suggestions from professionals that it is not beyond possibility that life could be extended perhaps 30 or 40 years. Do you concur in that possibility?

Dr. RUSSEL LEE. I have said in public before, and there is reason for supporting it, the normal lifespan should be 126. You should live to six times your age of bone maturity. Your bones mature at 21 and normal, healthy mammals should live six times that. That would make the normal lifespan about 126, and I wish I had come along a little later. Being 77, I would like to participate in that.

One of the things we don't realize and that people generally should realize is the inexorable inevitability of aging. You are going to get old unless something worse happens to you. It is like Chief Justice Holmes when they asked how it felt to 90, he said, "Fine, considering the alter-

native." They are all going to get old and, you young people, it behooves you to support this old-age legislation because you are going to benefit by it. Us old people like I aren't going to live long enough to benefit by it, but you young people are. You can just rest assured you are going to be old.

My first recommendation, and a strong one, is that the interest of the National Government in the problems of aging be maintained and intensified. My general recommendation is that the four categories—poverty, health and nutrition, housing, and occupation and recreation—be taken up immediately and appropriate action taken.

Specific recommendations:

(1) That bill S. 887 be passed. I would prefer the Institute to be in the Department of Health, I prefer a separate Department of Health rather than HEW, instead of being set up as an independent agency. But this is an administrative matter for people more competent in this field than I.

(2) I favor a very extensive program of research in aging. The biological aspects are very exciting now and deserve great attention. While fantastic, it is by no means impossible that the actual nature of aging may be discovered. A great deal of work is needed in the social and sociological aspects of the problem.

(3) Health and nutrition. These two are related. While medicare was a blessing, more needs to be provided and the whole program refined. A very active program is needed in the field of nutrition, first, to provide an educational program and, second, an active program to see that the elders are really adequately fed.

(4) A research program on the cause, nature, prevention, and cure of aging in the Institute, or Bureau of Gerontology. This would be the program envisioned in bill S. 1163, which should not be passed—its functions being carried out better in the whole context of the comprehensive Institute of Gerontology.

(5) A planned, comprehensive program of housing for the aged should be carried out.

(6) A vigorous program to involve the elders in useful or pleasant occupations should be initiated in the Bureau of Gerontology and carried out in cooperation with States, local governments, school boards, private enterprise, and voluntary associations.

Senator CRANSTON. Thank you very much.

Now we will hear from Dr. Philip Lee, chancellor of the University of California at San Francisco, the son of our previous witness. Phil, I greatly appreciate your getting up out of a "sick bed" to be with us this morning.

STATEMENT OF DR. PHILIP LEE, CHANCELLOR, UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO

Dr. PHILIP LEE. Senator, it is a great pleasure. I will briefly summarize my statement, first, by saying that I do favor S. 887, the bill which proposes to establish a National Institute of Gerontology. I am opposed, actually, to S. 1925, not because of the functions which are described in that bill but rather because of the establishment of a commission. I think, actually, the Institute is the best mechanism. I

think some of the functions which are described in S. 1925 can be included in S. 887.

I also strongly favor the amendments which you propose regarding this role of the Institute in evaluating the activities of other agencies of Government with respect to research on aging.

Senator CRANSTON. I would like to ask you one question about that. Do you think that including that might lead to opposition to the bill from those who have a vested interest or a stake in the present apparatus, the various agencies and so forth in Government, and might lead to opposition to the Institute out of fear that it might take over some of their duties or interfere in what they are doing?

Dr. PHILIP LEE. Actually, the functions of the other Institutes, which are many of the categorical areas, in a sense the Cancer Institute carries out that function. It does look at the spectrum of research. As long as it isn't required to approve the research in the Veterans' Administration where they have some very specific needs and should be having an expanded research program, I think those fears need not lead to increased opposition, if it is clear that the Institute will not have the authority over those other agencies and, indeed, I don't think it should because they have specific missions and aging research may be very relevant to those missions.

Senator CRANSTON. Thank you.

Dr. PHILIP LEE. The aging research program, I believe, must be part of a broad, comprehensive, humanitarian approach to the problems of the aged. My dad outlined such a program. The White House Conference on Aging has outlined such a program.

Included in its recommendations was the establishment of a National Institute of Gerontology. This subcommittee has carried out a series of hearings which have helped to broaden our knowledge of the problems; the initiative on nutrition for the aged grew directly out of the research and the work of this subcommittee. So I think that the program that we are discussing today has to be considered in that broader context and within a shifted priority in terms of support for programs relating to the aged in the areas that my dad has outlined.

In my testimony I then focus specifically on S. 887 and try to answer some of the key questions that I know have puzzled and have concerned us all with respect to the establishment of yet another Institute within NIH because, indeed, this is the major question.

The first question, I think, is there sufficient scientific talent available in the field and if the talent isn't currently in the field can it be attracted by the establishment of an Institute? I deal with this question in great detail in my testimony and conclude that, in fact, the talent is available on the research on the aging process, on the social and psychological aspects as well as on the diseases that relate to the aged.

The second question relates to the mandate of the Institute. Should it be a broad mandate? I believe it should, I believe that the legislation as drafted is quite appropriate and adequate and that without such a broad mandate the Institute could not do its job.

In his testimony Dr. Marston, the Director of the National Institute of Health, raised some questions about this and questions regarding overlap, duplication, this sort of thing. I think that these are real problems. I think that the recognition of those problems will lead to their resolution. I think it need not lead to duplication. I think that

proper coordination can be carried out from the Institute with other institutes of NIH, the Institute of Mental Health and the other agencies of Government.

The third point I make in my testimony is that there is a vital need for a strong intramural program within the National Institute of Gerontology. You can't have a sound scientific research program supported by the Institutes without a strong intramural program. Such a program already exists in the Gerontology Research Center at Baltimore. This center is grossly underfunded. As a matter of fact, the space and facilities there are about half utilized and they are half utilized because of the starvation of funds of NIH for this kind of research and the fact that personnel ceilings have been imposed on the National Institute of Health since 1968, so it has not been possible to add staff. You can't do good research without additional staff; you can't recruit people if you can't promise them a job that goes beyond next year.

This year, again, we find the Department of HEW cutting back, I think it is 10 percent, on the number of positions and NIH, because it carries out larger research programs, is being hit particularly hard by these personnel cutbacks.

The next question is, will we have more and better research with a new institute and this, I think, is a crucial question. I believe that we will have, but, again, this is one of the questions that I think has been disputed by some. In my testimony, again, I try to deal with this in some detail.

Another question is, will we get good research for our money? Of course this really is the critical question. We need high-quality research, and the people at NIH that oppose the bill feel that there isn't enough talent available. If there isn't talent available, the research will not be supported. NIH has developed the best mechanisms for evaluating research and I think using these mechanisms we will assure that sound research will be supported.

Before closing, Mr. Chairman, I wanted to mention one other element, leadership, that is vital for the success of any research program. We know now that the aging research program and the Institute of Child Health and Human Development has increased from only about \$3 to \$7 million in the last 9 years. The programs in child health have grown from \$18 to almost \$50 million. The programs of population research have gone from \$5 to \$37 million. Why haven't the programs in aging grown? Certainly the problems of the aged, the aging process which affects every man, woman, and child in the country, is an important problem; yet, we have seen only a doubling of that research in a 9-year period when there have been three- and five-fold increases in other research within the same institute.

I think one of the problems is leadership. I think that with the establishment of a National Institute of Gerontology it will be possible to recruit the best man or woman in the country to head that institute and provide the leadership which is absolutely essential. To provide the opportunity for such a person, it is necessary to create the directorship at the same level as the other Institutes. It is necessary to provide a proper staff and to give that Institute director enough new positions to establish a strong and expanded intramural research program and, of course, to provide an adequate budget to support the

research which must be done if we are to solve the problems which face us all.

In conclusion, Mr. Chairman, I want to strongly urge the passage of S. 887 to provide for the establishment of the National Institute of Gerontology within the National Institute of Health. I believe the Institute can provide the focus and the leadership for a significantly improved and expanded research and research training program on the problems of aging.

Senator CRANSTON. Do you have any explanation, other than the lack of leadership in this field, for the failure to really focus the attention and resources that should have been focused?

Dr. PHILIP LEE. Yes. I think the aging has been an area where no Nobel Prizes have been awarded. A number of areas are scientifically attractive in terms of financial support, in terms of prestige, so there have been prestige areas in research that have helped to attract the talent. But when the funds are cut back every year in the field or the funds are reduced as they have been for the last 2 or 3 years, as they have been in aging research, you aren't going to attract bright, superior investigators when we see, for example, last year and again it looks like this year, a hundred million dollars additional money for cancer research in 1 year and, at the same time, you see a cut of a million dollars in research for aging.

The young investigators who are just coming out in biochemistry, in genetics, in the clinical field and in all the other basic research areas are not going to go into aging research despite the attractiveness of the problems. It is not an area that has had sufficient support; it is not an area that has significant scientific prestige to attract people.

I think an Institute within the National Institute of Health will give it enormous prestige and with adequate funds I think we will attract the talent that is necessary.

Senator CRANSTON. I am convinced that there is an increasingly effective leadership and interest within the Congress in this field. For example, Senators Williams, Eagleton, Church, along with myself, have been devoting a great deal of increasing time and attention to this area. I think we can reverse the funding flows and start it upward, and with the help of people like you and others today I think we can turn the corner and begin to really move in this terribly neglected area.

On the matter of the proliferation of Institutes, you and I have been through that with the Cancer Institute question recently and we are confronted constantly on that point. In effect, you state you have no reservations about the proliferation of the Institutes in this instance.

Dr. PHILIP LEE. Not in this particular case, and I know there are bills for six other new Institutes currently before the Congress. I don't favor any of those at the present time that would establish Institutes for sickle-cell anemia, kidney disease, or other diseases. The Institute of Gerontology is a broad Institute. It includes social, psychological, biological research, as well as clinical research. For that reason, I think it is different.

I think we see a counterpart in the Institute of Environmental Health Sciences and there, with the establishment of an institute, we have seen the flourishing of a superb research program in an area that is vital to all of us. I think the establishment of that institute is the best example of what can happen with new leadership and with insti-

tute mechanism rather than just the diffusion of research within an institute or several institutes and a lack of focus for responsibility within NIH.

Senator CRANSTON. Thank you very much, Phil. You have been most helpful, as always.

(The prepared statement of Dr. Philip Lee is as follows:)

PREPARED STATEMENT OF DR. PHILIP LEE, CHANCELLOR, UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO

Mr. Chairman and Members of the Committee:

Mr. Chairman, I am grateful for this opportunity to appear before the Subcommittee on Aging to present my views on S. 887, a bill which proposes to establish a National Institute of Gerontology, and S. 1925, a bill to "promote the advancement of research in the aging process through a comprehensive and intensive program for the systematic study of the aging process in human beings." I favor the enactment of S. 887 and I am opposed to the enactment of S. 1925, because I believe that the National Institute of Gerontology, has proposed in S. 887, is a better means to carry out the functions described in S. 1925 than is the Aging Research Commission which that bill would establish.

An expanded research effort on the aging must be an integral part of a broad, comprehensive, humanitarian approach to the needs of the aged in this country. In his testimony, Dr. Russel V. Lee has outlined such a program. He is not alone in these views. This Subcommittee has conducted extensive hearings on the subject and a major new initiative to meet the nutritional needs of the elderly has been one of the results. Similarly, the 1971 White House Conference on Aging recommended a variety of policies and programs that would do much to help meet the needs of the aged.

Among the recommendations of the Section on Research and Demonstration of the White House Conference on Aging were the following:

"(1) That a National Institute of Gerontology be established immediately to support and conduct research and training in the biomedical and social-behavioral aspects of aging. The institute should include study sections with equitable representation of the various areas involved in aging research and training.

"(2) That the President propose and the Congress create a position within the executive branch with sufficient support and authority to develop and coordinate, at all levels of government, programs for the aged, including research and demonstration programs, and to oversee their translation into action.

"(3) That a major increase in federal funds for research, research training and demonstration be appropriated and allocated. Appropriation of general revenues for programs in the interest of older persons should contain additional funds amounting, on the average, to no less than 3.5 per cent of such expenditures, these additional funds to be allocated for research, demonstration, and evaluation. Federal support for research and training in separate departments and schools within universities and separate research agencies should be continued and multi-disciplinary and multi-institutional programs should be fostered.

"(4) That funds for research, training for research, and demonstration should be allocated in the aggregate in such a manner that the above activities relevant to aging and the aged in racial and ethnic minority groups be funded in an amount not less than their proportion of the total population. Attention should be given to the recruitment and training or minority group students to become competent researchers in gerontology. Minority groups would include, but not be limited to, the following: Blacks, Spanish-language Americans, American Indians, and Asian Americans."

I would like to associate myself with these recommendations and urge their careful consideration by Congress.

I want to focus my remarks on the two aspects of these recommendations that are embodied in S. 887, a bill to provide for the establishment of a National Institute of Gerontology, and S. 1925, a bill to promote advancement of research in aging which would establish an Aging Research Commission to plan, coordinate, and oversee this effort.

The National Institute of Gerontology has been proposed in S. 887 "for the conduct and support of biomedical, social and behavioral research and training relating to the aging process and the diseases and other special health problems and needs of the aged". Is this a sound mandate? Is the job currently being done by the various categorical disease institutes, the Institute of Child Health

and Human Development, and the Institute of Mental Health? Could the job be better done through the establishment of a separate institute within the National Institute of Health?

The Nixon Administration in its testimony on S. 887 objected to the establishment of a separate National Institute of Gerontology largely on the grounds that the additional administrative and support costs would not yield sufficient return in research productivity. This is perhaps the most critical issue that this Committee must deal with. Is there sufficient scientific talent available in the field of aging research or, if not, can the talent be attracted to the field, to make establishment of a national institute a sound undertaking? You have heard the Administration's view. This view is, I am sure, supported by the top leadership of the National Institutes of Health. Their judgment must be given very careful consideration. I do not agree with their conclusions, but I do respect their views.

In reaching a judgment on a matter of this kind, it is necessary to have some agreement on what is meant by the term "aging" and the intended scope of the program. In a recent review article in the *New England Journal of Medicine* (Goldstein, S., *The Biology of Aging*, *New England Journal of Medicine* 285: 1120-1129, November 11, 1971), Dr. Samuel Goldstein of McMaster University, Hamilton, Ontario, Canada, defined aging as "a progressive unfavorable loss of adaptation and a decreasing expectation of life with the passage of time that is expressed in measurement as decreased viability and increased vulnerability to the normal forces of mortality".

Although his paper was limited to the biology of aging, he presented a fascinating review of the many theories of aging and the wealth of relevant research currently underway. He concluded his excellent review as follows:

"The origins of aging remain highly speculative, but the conceptual outlines now apparent are perhaps best described by Comfort's analogy with a Mars space probe. It is designed by selection to pass Mars but has no further information once the mission is accomplished, and no components produced to last beyond that time. It travel on but the rate of failure in its homeostatic mechanisms steadily increases. Because of recent progress in biomedical research, concrete information on the enigma of aging should soon be forthcoming.

In a general review of the biological, psychological and sociological aspects of aging, published by the Department of Health, Education, and Welfare in 1970 (see *Working with Older People*, Volume II, Biological, Psychological and Sociological Aspects of Aging, Washington, D.C., Department of Health, Education and Welfare, 1970, P. 51), we are given a glimpse of the wide range of research activities currently carried out in the field of aging. The field is indeed very broad. According to a 1970 report by the National Academy of Sciences: "Research on aging involves the whole range of biological phenomena, from a study of the molecular changes of such substances as the collagen in our connective tissues and bones to the study of the most complex functioning of the central nervous system with its basis for consciousness, learning, reasoning, memory, and other psychological attributes. It is imperative that such research be prosecuted as vigorously as possible." (See National Academy of Sciences, *The Life Sciences*, Washington, D.C., National Academy of Sciences, 1970, P. 457.)

It is not easy to separate some of these basic biological, psychological, and sociological phenomena from those dealt with by other institutes within the National Institute of Health. Genetics and endocrinology were two areas cited by Dr. Marston, the Director of N.I.H., in his testimony on S. 887, where research is being supported in other institutes that may shed significant light on some aspects of the aging process. The fields of neurophysiology, neurochemistry and neurobiology are certainly others. In the report by the National Academy of Sciences that I quoted earlier, it is noted:

"Another difficulty goes even deeper. Relatively little progress has been made in prolonging the adequate functioning of the human brain. The perpetuation of the physical workings of many parts of the body has not been accompanied by a perpetuation of its normal mental aspects. The death of individual neurons in the central nervous system is an attribute of the "normal aging process", and brain damage occurs not infrequently in consequence of trauma or illness. Here lies a great challenge for basic research and the beneficial application of the insights to be hoped for. Some of the best minds among biologists, psychologists, and physical scientists have recently turned their efforts to neurophysiology and brain function. These studies should help to understand the riddle of the physical basis of the mind, while helping also to discover the basis for procedures for alleviating the tragic situation of keeping the body alive without the full

mental attributes that characterize a normal person." (See N.S.F. The Life Sciences, P. 456-457).

I cite these reports, Mr. Chairman, to illustrate the many areas of basic research that must be involved if we are to carry out an adequate, comprehensive program of research related to aging. It is also appropriate, indeed essential, that the new Institute of Gerontology have the authority to support research in "the diseases and other special health problems and needs of the aged". Today we may consider a phenomenon part of the normal process of aging, while tomorrow we may find it is, in fact, part of a disease process.

The institute needs the flexibility to cover the full range of problems. In providing this broad authority for the National Institute of Gerontology, it must be recognized, as pointed out by Dr. Marston, that basic research in many fields may improve our knowledge of aging. I fully agree with this, but I do not find it a compelling argument against a markedly increased program of research more directly related to the biological, psychological and sociological aspects of aging.

An integral part of the Institute of Gerontology must be a vigorous, high-quality, intramural research program. The core for such a program already exists within the Gerontology Research Center of the National Institute of Child Health and Human Development. This center is located in Baltimore, Maryland, in close proximity to the Schools of Medicine of Johns Hopkins and Maryland universities. At the present time the facilities are grossly underutilized because personnel ceilings and funding limitations have made it impossible to expand the program since the center was dedicated in 1968.

In view of the broad mandate from the National Institute of Gerontology, questions will be raised regarding duplication of research effort in the new institute with those of existing institutes within N.I.H. and the National Institute of Mental Health. I think there are problems involved, but they can be recognized, and proper mechanisms established to deal with them.

In order to clearly establish the need for a separate National Institute of Gerontology, it is necessary to determine that more and better research and research training will result from the change. The focal point for aging research in N.I.H. is the Institute of Child Health and Human Development, N.I.C.H.D. The N.I.C.H.D. was established nine years ago and as programs have evolved major emphasis has been given to child health and development, human reproduction, and fertility control. The funds for aging research have constituted a gradually decreasing percentage of the N.I.C.H.D. budget, until they now constitute about 5 per cent of the total N.I.C.H.D. expenditures.

Research support from the N.I.C.H.D. has hardly kept pace with the progress in the field of aging, although N.I.H. has been an important source for research in the field. In the nine years since the establishment of the N.I.C.H.D. expenditures for aging research and research training have risen from \$3,036,000 to only \$7,180,000, while support for population research was rising from \$5,812,000 to \$37,718,000, and research for child health was increasing from \$18,424,000 to \$46,903,000.

Why so little growth in the support for aging research? Is it lack of scientific interest and talent? Is it lack of adequate financial support from N.I.C.H.D.? We know that in the last few years the percentage of approved projects funded by N.I.C.H.D. has been among the lowest in N.I.H. Within the N.I.C.H.D. it appears aging research requests may suffer in competition with other fields because many of the other fields, such as population, are supported by both grants and contracts. I believe the picture would change if adequate funds to support aging research were made available.

If the funds were available, could we get good research for our money? I think that N.I.H. has established the best mechanism to evaluate the quality of research and assure, to the extent that it is possible, that funds will be well spent. I have every confidence that, if there is adequate support for both research and research training, if funds are also available for center grants to establish multidisciplinary research and training groups, that it will be possible to achieve the same levels of excellence that have characterized biomedical research generally in this country.

Before closing, I want to discuss only one other element, leadership, that is vital to the success of any research program.

How can the necessary scientific leadership be provided? How can the National Institutes of Health recruit the best man or woman in the country to stimulate and support the best national research program in the field of aging? I believe

this can be accomplished with the creation of the National Institute of Gerontology with the director provided the staff, pay, and status of other institute directors. The new director cannot do the job, however, if no new resources in terms of staff, space, and budget are provided.

You cannot expect this kind of effort to be accomplished at the expense of the other institutes. The staffing and space must, of course, relate to program requirements. The budget required will be well above present appropriations, but modest in relation to many of the other N.I.H. institutes. I think that with the proper leadership and adequate funds an excellent research program will develop.

In conclusion, Mr. Chairman, I want to strongly urge the passage of S. 887 to provide for the establishment of a National Institute of Gerontology. I believe that the institute can provide the focus and the leadership for a significantly improved and expanded research and research training program on the problems of aging.

Senator CRANSTON. Our next witness is Hadley Hall, executive director of the San Francisco Home Health Service.

Mr. Hall.

STATEMENT OF HADLEY HALL, EXECUTIVE DIRECTOR, SAN FRANCISCO HOME HEALTH SERVICE

Mr. HALL. Thank you, Senator Cranston.

I am Hadley Hall, executive director of San Francisco Home Health Service, located at 6221 Geary Boulevard, San Francisco. We are a tax-exempt agency that has tried to prevent, postpone, or reduce institutionalization of our homebound, elderly citizens since 1957. We do this by using home health aides, nurses, physical therapists, and other members of the health team, to assist the person at home.

Federal programs enunciated by the Congress, such as welfare, Medicaid, and Medicare, pay for some of our services and we collect fees on sliding scales for the many who cannot qualify for existing programs. Nevertheless, we reject two-thirds of those eligible referrals for care because we do not have and cannot obtain the funds to provide the needed services.

Currently we take care of 600 individuals and employ 179 people. On Wednesday of this week, Senator Cranston, I gave pink slips, notices of termination, to over 26 of these people, most of them poor themselves and black, because we did not have the funds and could not obtain them.

No one questions the need for a National Institute of Gerontology. In my view, it is desirable and has great potential for good, but, as the executive of any agency of home health services, I see the need to set our priorities straight. The fact is adequately funded home health services, by themselves, Senator, could easily support such an institute from appropriate dues and traineeships and so on. The fact is, home health services and other services to our aged are poverty stricken, along with the aged themselves.

Home health services are poverty stricken for the reasons you have outlined in your speech to the American Public Health Association on April 30, 1971, and in your remarks to the Senate of the United States on September 9, 1971. It is not that we do not want the research, the training, and the knowledge such as a national institute could provide; we do. But determining the number of grams of protein that an elderly person needs to keep from being senile is going to be of little value if the mass of our aged population have too little income to purchase the food, inadequate housing to store or prepare his diet, and

no way of getting to the store. Programs such as Meals on Wheels and home health services flounder because of inadequate funding. These services are not truly available to assist our senior citizens.

Let me quickly give you just three examples of what I mean:

Medicare: Medicare is simply not paying for home health services. The Social Security Administration and Blue Cross advertise in a beautiful red, white, and blue brochure with an American eagle on the front that Medicare provides 100 home health visits after hospitalization under part A and additional home health visits under part B. Community agencies of long standing have honestly provided these services to the needy and appropriate patients, only to be denied reimbursement, in many cases years later, for the services.

In my written testimony, Senator, I have given a dozen examples and I saw in the Congressional Record the other day that Representative Griffith of Michigan had also included a number.

The fact is Medicare will not purchase a toilet seat that costs \$84 new retail. It will not purchase this piece of equipment, yet we have examples in San Francisco where our Medicare taxes have paid over \$400 to Abbey Rents for the rental of this little but necessary piece of equipment. If it were not so serious, Senator, it would be almost funny.

As you know, of the Medicare and Medicaid dollars, 12.7 billion for 1970, over two-thirds went for fees of physicians, hospitals, and drugs. The nursing homes received 32 percent, leaving less than 1 percent for home health services. I don't have time to go over the rest of the testimony because my time is up, except to summarize by saying that we are in favor of the National Institute of Gerontology, but not at the expense of sensible and appropriate home health services.

We are in favor of Senate bill 887, but not at the expense of adequate social security benefits. We are in favor of adding a National Institute of Gerontology, but not at the expense of preventive health care for our senior citizens.

Thank you.

Senator CRANSTON. Thank you very much.

I have one question for you. I have asked the Finance Committee to look into that rental service-purchase situation, which is obviously deplorable, and I think we will find a way to remedy it shortly.

Do you have any comment on the legislation that I have mentioned that I plan to offer on social security and Medicare?

Mr. HALL. Yes. I certainly support, as I think all of us do, the passing on to public recipients. Why it hasn't been done long ago, it is simply beyond us. It is immoral and it is inhuman, and it certainly ought to be illegal now.

Senator CRANSTON. Do you feel the establishment of the Institute we have been discussing should be a very high priority in addressing the problems of the elderly?

Mr. HALL. Not until we have solved some of the ongoing funding problems of some of our other programs, like social security, combining our programs.

Senator CRANSTON. I think those can be tackled at the same time.

Mr. HALL. I would agree.

Senator CRANSTON. I thank you very much.

(The prepared statement of Mr. Hall is as follows:)

PREPARED STATEMENT OF HADLEY HALL, EXECUTIVE DIRECTOR, SAN FRANCISCO
HOME HEALTH SERVICE

I am Hadley Hall, Executive Director of the San Francisco Home Health Service, with offices located at 6221 Geary Boulevard, San Francisco, California 94121. The Home Health Service is a tax-exempt agency that was created by our United Community Fund in 1957 to prevent, postpone, or reduce the institutionalization of our homebound, elderly citizens. The agency attempts to do this by using homemaker/home health aides, nurses, physical therapists, and other members of the health team to assist the person at home. Medicare and the welfare department pay for some of our services. We charge Medicaid, Title XIX of the Social Security Act, and we collect fees on a sliding scale for the many who cannot qualify for existing programs. Nevertheless, we reject two thirds of the eligible referrals for care because we do not have and cannot obtain the funds to provide needed services. Currently we take care of over 600 individuals and employ 175 people.

No one questions the needs for a National Institute of Gerontology. It is desirable and has potential for good. As the executive of a large Home Health Service, I see the need for such a repository and center, but I must also ask myself: "What priority does a gerontological center have?" The fact is, adequately financed Home Health Services, by themselves, could easily support such an institute from appropriate dues and traineeships, but Home Health Services are more than poverty stricken. Home Health Services are poverty stricken for the reasons Senator Cranston has already outlined in his speech to the American Public Health Association on April 30, 1971, and in his remarks to the Senate of the United States on September 9, 1971. It is not that we do not want the research, training, and knowledge such a National Institute could provide, we do. But determining the number of grams of protein that an elderly person needs is of little value if he has too little income to purchase the food, inadequate housing to store or prepare the food, and no way of getting to the store. Programs such as Meals on Wheels flounder because of inadequate funding. Home Health Services are not truly available to assist our senior citizens in their own homes. Let me give just three examples:

I. Medicare. Medicare is simply not paying for Home Health Services. The Social Security Administration and one of its fiscal intermediaries, Blue Cross of Northern California, advertises that home health services are covered benefits under Medicare. Blue Cross has a red, white and blue brochure with the American eagle on the front, stating that 100 home health visits are available under Part A of Medicare and an additional 100 home health visits are also available under Part B of Medicare. Community agencies of long standing have honestly provided these services to needy and appropriate patients only to be told:

"The care was custodial." Someone receiving part-time and intermittent services can hardly be considered in custody.

"Care was for too long a duration." Honest providers practically never exceed the 100-visit limit and have not exceeded these limits since organized care at home was started except in rare but justifiable circumstances.

"It is beyond the generally accepted practice in the community." This standard of "generally accepted practice" has never—and we repeat never—been identified or communicated. If such a standard were available, we would greatly increase our patient load, not decrease it.

"The patient was not 'actively treated'." Treatment of the aged and homebound is often less "vigorous" than treatment for "acute" medical problems. In any case "active treatment" has never been defined.

"The potential for rehabilitation has been exhausted." The law states that one of the purposes of home health care is to prevent or postpone institutionalization. The law recognizes the very logical and real limitations of the "target group," those over 65, for they never get younger and their medical conditions are chronic and the conditions nearly always get more complicated.

Medicare will not purchase some equipment. For example, a toilet seat costs \$84 new. Medicare will not purchase this piece of equipment or allow a home health agency to be reimbursed for a purchase/loan arrangement. However, over a two-year period, Medicare, financed from taxes on our earnings, has paid over \$400 to Abbey Rents for the rental of this little, but necessary, piece of equipment. If it were not so serious, it would be funny.

Also you might want to know that of the Medicare and Medicaid dollars, \$12.7 billion for 1970, 67 per cent went for the fees of physicians, charges of hospitals and drugs. The nursing home received 32 per cent. Less than 1/2 of 1 per cent

went to home health services during 1970. Of that 3/10 of 1 per cent of the Medicare/Medicaid dollar, nearly all of it was used to pay for nurses, physical therapists and other health professionals employed by certified home health agencies. The amount used to pay for Home Health Aides was microscopic.

Some say Medicare was "not to be a panacea" or "was not meant to cover everything." Through bitter experience, we can say: "We know they don't 'cover everything'" and we have great difficulty determining what Medicare will purchase.

Incidentally, Blue Cross of Northern California, one of Medicare's fiscal intermediaries, is still making adjustments on 1966 and 1967 accounts, even though the Medicare audits have been completed and the accounts finalized.

In short, if we want home health services covered under Medicare as a benefit, we will have to do "something." One might assume that the Social Security Administration does not want these benefits available to people to help keep them out of institutions. The facts lend weight to the widespread but paranoid rumor that there is a conspiracy to keep expensive institutional beds full whether patients need institutionalization or not.

II. Medicaid. In California, Title XIX is called Medi-Cal. In 1968, the San Francisco Home Health Service provided help to 80 Medi-Cal patients with 20,257 hours of home health aide services for the year, or less than 22 hours per patient per month. In January of 1972 we billed Medi-Cal for zero hours of home health aide services. What changed? The number of people and their needs increased—they did not go away—they are still moving from one unsafe tenderloin hotel to another, often "skipping" the rent so they can eat. This population—the old, the ill, the homebound—have not fled to the suburbs or checked into our mental hospitals. What changed was not the needs of people but what Medi-Cal would pay for.

A cunning, complex and cumbersome array of devices was instituted to correct abuses, some proved and other alleged. Community home health agencies serving Medi-Cal patients decreased to three in the total Bay Area by December 1971. Yet those who abused the program continue under other names or with altered corporate structures. The abuses continue but the alleged abuses, often referred to as "overutilization," do not continue because there is no utilization.

In short, to quote one agency executive, "The Medi-Cal cuts were not designed to reduce abuses but to abuse providers and cut, trim and squeeze the number of Medi-Cal patients."

III. Private insurance. Insurance companies have given lip service to home health services. Hardly any of the private insurance company health plans provide home health services as a benefit. When private insurance companies provide home health service as an insured benefit, they are always more restrictive than existing government programs.

The tried and true principles of insurance, if they are applied to health, deductibles, co-insurance, liabilities, may need to be re-examined and these principles may even need to be abandoned.

In summary, Senator Cranston, we are in favor of a National Institute of Gerontology but not at the expense of sensible and appropriate Home Health Services. We are in favor of Senate bill 887 but not at the expense of adequate social security benefits. We are in favor of adding a National Institute of Gerontology to the public health service but not at the expense of preventive health care.

Senator CRANSTON. Our next witness is Dr. Richard Kalish, senior research associate, Scientific Analysis Corp.

Thank you for being with us.

STATEMENT OF DR. RICHARD A. KALISH, SENIOR RESEARCH ASSOCIATE, SCIENTIFIC ANALYSIS CORP.

Dr. KALISH. Thank you, Senator.

I think that most of us who are involved in research would agree with Hadley Hall that we don't want research to cut into the necessary funds for elderly people, that we feel that these are not mutually exclusive and, in fact, in many ways they actually feed and help each other, and there are few enough of us in gerontology without being

forced to pit our resources against each other. I am not suggesting that is what Hadley was doing, but there is a danger when you are competing for extremely finite resources.

Senator CRANSTON. I think we are competing with other items in the budget that could be reduced or eliminated totally.

Dr. KALISH. Also I think it can be important to differentiate between understanding the process of aging or working with the process of aging and working with older people and there is some irony in the sense that some individuals who are very much interested in the process of aging are not terribly interested in older people.

I am going to speak on those areas I feel I have some qualifications, the social and behavioral concerns of aging from the viewpoint of a teacher, a researcher and, I hope, a human being. I am a social psychologist by training, and I have been professionally involved with the concerns of the aging and the dying since 1959.

I am going to address only two matters. First, I would like to make a few comments upon what I see is one of the several vitally important reasons why this institute should come into being and then I would like to explicate one area of research and training that I feel needs careful attention.

Some people contend that the elderly would receive optimum attention by having every segment of the Federal funding apparatus attuned to their needs, rather than by channeling most of the programs into one agency. In theory this may be true; in practice, recent history and the most casual observation indicates it is not.

Our country has often been referred to as youth-oriented. I got a letter from Ethel Shawness suggesting that the concept of adolescence and youth domination is Madison Avenue more than reality. I strongly question whether this country is youth-dominated. I think that the dominant group in this country is that of the mid-forties through mid-sixties. These are the people who base their decisions and make their decisions upon what they believe will benefit their country, business, school, social agency, industry, professional group, and so forth. And in doing so these people have to look to young persons who must be persuaded of the importance of the views of this dominant generation. These young people must be trained or bribed or taught or begged or threatened or thrashed sometimes until they agree to buy into the programs established by the later middle-agers. Young people are exceedingly important.

I think this may help to answer one of the questions you put to a previous speaker, too. The elderly can do relatively little to advance or retard future acceptance of the views of the dominant generation. They are relevant to the middle generation as parents and sometimes they see more relevance as social problems, but they don't seem to be as relevant as persons meaningful to the social flow of events. Therefore, it appears they can be ignored with only a modest twinge of conscience that can be assuaged by upping the Social Security a few dollars a month. That is not indicative of your amendment, which I strongly support.

To make matters worse, these elderly are constant reminders to the dominant generation that they, as individuals, are going to be faced with an unpleasant choice—that was referred to before—you can either get old or die young. At retirement most members of the domi-

nant generation will lose their ability to dominate. They, too, will face some of the health and income problems, the imminence of personal death, and the loss of loved ones, the reduced energy level and changing hairlines and waistlines. They will become victims of the policies they now pursue.

There are tremendous social forces that are operating to turn attention away from the elderly. Both the value system of our society and most societies and the personal anxieties of the members of this society operate against attending to the elderly in more than the nominal way.

To require programs for the elderly to compete with programs for other age groups is, in the long run, to work against the welfare of the elderly.

The risk that a National Institute of Gerontology is itself liable to phasing down or phasing out is less, I feel, than the risk inherent to the present system. The needs of business, youth, health sciences, of agriculture, of labor, would all survive if they were split up among a number of different groups because they have extremely active and very numerous backers and they capture the sympathy of people in decisionmaking positions. The needs of the elderly, like the disabled and mentally retarded, cannot be so met.

I would just like to touch briefly upon one area of research in gerontology I feel requires serious attention. Most spokesmen talk for either the biomedical research projects or for the need for the effective evaluation of programs. They look at specific needs that relate to income, to health, and again I am not attempting to compete with these extremely important matters, but little is said about research to understand who the older person is and who he is today and who he will be tomorrow, how he feels about matters that are not only practical but also personal, and what enables him to gain greater life satisfaction through mental health and spiritual ways.

I purposely made the comment "the older person" a moment ago and anybody who was listening carefully will quickly realize there is no such thing as the older person. I think research is needed to understand the differences among older people and what these differences mean.

Thank you.

Senator CRANSTON. Thank you very much for a very constructive testimony.

I would like to ask you about what you see as a proper relationship of other Federal programs for the elderly to the proposed institute.

Dr. KALISH. I think I would, of course, hate to see any sort of reduction in the other programs since I feel they are coming from so far behind as it is. I would like to see other programs outgoing and see the institute set up so that there are people who can coordinate, whose role, at least in part, would be to serve, to help activate activities in some of the other programs also.

Senator CRANSTON. Do you have any comment, Doctor, on Dr. Russel Lee's statements regarding the possibility of not only enriching later years by learning more about the aging process, but expanding life under circumstances where those years could be productive and happy?

Dr. KALISH. Yes. A few years ago I was a participant in a program with the Center for the Study of Democratic Institutions in Santa

Barbara where the entire focus was under Alex Comfort, give them 10 more years of active, active life. What, then, are the social, philosophic, economic, and so forth, ramifications? Unfortunately, the book on that conference has apparently gotten lost by the wayside, but the biologists seem very clear that, with reasonable progress in the next, oh, 30 to 40 years, there will be additional 10 years of active life.

I think that we are very badly prepared for such a contingency. I suspect, like most crises, it will be on us before we have done any planning for it, and it may, again, I am not a biologist, but it may come much more quickly.

I certainly agree. The number 126, I haven't heard before, but it makes sense in terms of comparative psychology studies I have read and it suggests a total restructuring, for example, of the whole concept of leisure, work, and retirement.

Perhaps you are talking now about families with six generations, if a great, great, great grandmother has anything in common with her great, great, great grandchildren.

Of course, as a scientist I see this as a project that is very exciting. I would like to look into it.

SENATOR CRANSTON. In terms of those comparisons to other living creatures, are human beings behind, generally, other forms of life in length of life?

DR. KALISH. I really can't answer that fairly. I am not sure enough of the whole phylogenetic series on it and I don't really know whether aging, as it now stands, is an aberration or whether it is programmed in and what we have to do is change the programming, whether it might be something in the atmosphere and what we have to do is attend to that, also I have some reservations about putting a very high priority on the creation of a program that would lead to such immense social and structural change, period, that also, certainly, without giving very careful thought to the social and philosophical implications.

There is a group, I think it is at Hastings-on-Hudson, N.Y., as I understand it, largely consisting of political scientists, philosophers, and physicians, who are looking into the matter very seriously of the meaning of life extension and so forth.

SENATOR CRANSTON. Yes; I am aware of their work and also I did read that study from Santa Barbara which was one of the first matters that caught my attention in this field.

DR. KALISH. Just a few examples. We can no longer ask whether older persons want to retire or stay on the job. We need to ask which older persons want to retire and why, so that we can properly understand retirement. We must stop asking whether older people want to live with their adult children; we must start asking which older people want to live with their adult children and under what circumstances, and what this does to the resulting family. We must stop asking whether elderly blacks or Mexican-Americans are welcomed by their adult children; we must try to understand the conditions that have led to varying degrees of welcome.

We cannot continue to talk about the older person. We must try to break through the stereotyping that goes on among social workers, adult educators, physicians, political leaders, and even the elderly themselves and their adult children. We need to understand more about the meanings to the various elderly of dependence and inde-

pendence, of loneliness and social contacts, of ethnic food and ethnic communities.

For some people, research into these matters is proving the obvious. Such people are often among those who cannot understand why the elderly do not wish to be taken from their old apartment and moved across town to a new apartment, who cannot grasp the tremendous variation of feelings about work and leisure, who do not understand why moving in with loving children is not a panacea.

I have tried to make two essential points. First, I wish to support the establishment of a National Institute of Gerontology, because I feel that alternative possibilities will continue to provide the kind of diluted support we now have.

Second, I wish to support research and programs that will enable all of us, young, middle, and older, to understand more about the emotional health, spiritual well-being, and personal feelings of the many different elderly persons of today and tomorrow.

Thank you for your valued attention.

Senator CRANSTON. Thank you for your testimony.

The next witness is Roger Cornut, director of San Francisco Suicide Prevention.

STATEMENT OF ROGER CORNUT, DIRECTOR, SAN FRANCISCO SUICIDE PREVENTION

Mr. CORNUT. The opinions and suggestions expressed hereafter are conclusions from personal experiences in the field of social service and, more specifically, of suicidology. As a preliminary to the suggestions I shall present, I would like to say a few words concerning my qualifications for making this presentation.

As Executive Director of San Francisco Suicide Prevention, Inc., for the past 3 years, I have had an unusual opportunity to observe at close range some of the problems faced by our elderly population. San Francisco has what seems to be the highest rate of suicide in the United States and a proportionately high rate of suicide among the elderly. Last year, for example, we had 300 known cases of suicide, with 80 of them being 60 years and up. Many more were hospitalized for suicide attempts or during depressive episodes.

In the course of my work, I also had some opportunity to have contact with the Center for Studies of Suicide Prevention of the National Institute of Mental Health. It may be germane to the subject to comment briefly about the fate of the Center for Studies of Suicide Prevention. This is a case where a study of corollaries may be helpful.

The Center for Studies of Suicide Prevention came into existence in 1968. At the time, as I understand it, there was much hope that the center would become a national clearinghouse for matters related to suicide, a center that would collect most relevant documentation on the subject, make it available to all interested parties, and stimulate research and preventive activities in the public and private sectors. Goals and expectations were high. That was 4 years and millions of dollars ago. Now the center is to be closed at the end of this fiscal year.

It would be presumptuous on my part to attempt to make a diagnosis, or rather an autopsy, of the center. Evidently, it is a complex situation where not just one factor played a role in its demise. Quite

possibly, the tight-money policies that our present administration has about federally supported mental health programs played some role in the decision to close the center. Quite possibly also, a number of individuals who were excellent practitioners and researchers in their field, but may have had limited administrative abilities, moved to a level of reduced capacity for service once appointed in administrative roles. Appropriate and helpful conclusions can be reached later on about these two points, but let me comment now on a third point.

It would no doubt be somehow unfair, and possibly libelous, to describe the Center for Studies of Suicide Prevention as having become a costly white elephant administrative entity, with a staff involved too much in coping with the structural problems of administering the center, distributing favors here and there, not always on the basis of merit, and failing to appropriately put to use many available energies and resources of the private sector. It is my impression that these conclusions have been reached by many persons and may have played some role in the closing of the center. In my opinion, the center failed to meet the original goals and expectations many had in 1968.

The point I wish to make is that the creation of a new Federal administrative entity may easily be a costly illusion, the illusion being that the new organism will necessarily fill a vacuum, serve as a national clearinghouse, and be a strong force in promoting solutions to every problem. Often, I suspect, longstanding frustrations about a problem lead to appeasing the collective conscience and meeting the demand that "something be done" by creating a new institute or central organism. In my opinion, this is what happened in the field of suicidology when the center was created, with everyone innocently expecting that at last a brushfire of reforms and competent actions would help eradicate the problem forever. The comedown has been bitter.

All this having been said, I wish to state that I might be in favor of the creation of a National Institute of Gerontology.

I suppose that you have been deluged with well-documented requests for the opening of an Institute of Gerontology and there are, no doubt, few original statements I could present in its favor. After about 20 years in the mental health field, with experiences saturated with the good teachings of many schools of thought concerning human behavior, it is still somehow unclear to me why, for example, one individual happily reaches the age of 90 with a slower aging process, an optimistic outlook on man's destiny, and the capacity to transmit strength and serenity to younger admirers, while another person, say, aged 70, finally commits suicide as an escape to his "old age" miseries.

It can be said that almost anything that offers promises to somehow alleviate the acuteness of useless tragedies is worth being done at almost any price. In that sense, the existence of a national center for coping with the problems of aging could be justified whatever the cost. I realize that thousands of professionals, research centers, and medical and social agencies around the Nation are privately or publicly already involved in seeking answers to basic questions concerning aging. Just as many persons were already involved in seeking preventive measures to suicide before the creation of a national center.

If a National Institute of Gerontology is to be created, we may have to learn some lessons from what happened to the unfortunate Center

for Studies of Suicide Prevention. One may have to do with bipartisanship—enlisting the support and approval of both political parties. This may help prevent a change of administration from jeopardizing the existence of the Institute.

Another lesson may have to do with the expectations and roles for the new Institute. It may be politically seductive to set up presumptuous goals such as making the Institute the national clearinghouse, research center, stimulator, synchronizer and parent of us all in the field of gerontology, but this may soon lead to bitter disillusionment mostly because, practically, the Institute could not afford to live up to such high expectations.

So, if gerontology needs a national voice, I would, therefore, suggest that its constitution avoid grandiose programs and unrealistic promises. The Institute could instead be an information center, gathering material concerning existing research, programs, and schools of thought that can be found among private and public services, and making this information available to those working in the field.

Also, I feel that the Institute should not become directly involved with any public or private program or research. There are too many risks of favoritism and of scientific sclerosis. A neutral Institute would be more credible and authoritative as a national voice than would one entangled in a maze of vested interests.

One basic duty of the Institute should be to seek ways to stimulate private and public efforts at local and regional levels. At the same time, the Institute should serve as a consultative resource for State and Federal governments.

Finally, the Institute should represent the U.S. Government in all international matters related to gerontology, and seek ways to stimulate international cooperation in this field.

With respect to neutrality, I feel it would be imperative that the Institute be as independent as possible from any existing department of the Federal Government. Practically speaking, I doubt that this can be done, and I am sorry about that. If I may be allowed to dream aloud, I would see that the National Institute of Gerontology comes to exist partly with the help of private foundations, that it has a paid advisory board composed partly of Federal and State government representatives, partly of private foundation officials, partly of professionals of the private sector representing gerontology, and partly of representatives of the communities, that is, minorities, labor, target groups, et cetera. In this manner, the Institute would be equipped to become a prestigious body, sufficiently removed from day-to-day politics and vested interests to merit wide respect.

Senator CRANSTON. Thank you very much.

Which is the body you said was going to stop its work?

Mr. CORNUT. The Center for Studies of Suicide Prevention in Washington.

Senator CRANSTON. What was the source of its funds?

Mr. CORNUT. It was a branch of the National Institute of Mental Health.

Senator CRANSTON. Do you feel that an institute with a broad mandate of research into aging would be able to fare better in terms of maintaining its momentum than a center studying the particular problem of suicide?

Mr. CORNUT. Yes, it could. Particularly if these were taken into account, what we already know and use, all available resources, which is not already done.

Senator CRANSTON. Which are the problems which give the most stress to older Americans and may cause them to consider suicide?

Mr. CORNUT. It is a complex situation, of course, and many elderly suicides have a long history of difficulties. From our calls that we receive from elderly persons, it would seem most of them have anxiety about their health and most of them find it very difficult to cope with the increasingly complicated civilization in which we live. The administrative program and all these problems seem to be very hard for the elderly. This seems to be a difficulty for them. We know about that and still the administration, however, complicates the problem for the elderly rather than ease the fates for them.

Senator CRANSTON. Thank you very much.

Our next witness is Dr. Alexander Simon, professor and chairman, department of psychiatry, University of California at San Francisco, and medical director at Langley Porter Neuropsychiatric Institute.

STATEMENT OF DR. ALEXANDER SIMON, PROFESSOR AND CHAIRMAN, DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO, AND MEDICAL DIRECTOR, LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE

Dr. SIMON. Thank you, Senator Cranston.

I am very pleased, indeed, to respond to your request on these pending pieces of legislation. As you indicated in introducing me, I am in charge of an institute concerned with research and training, not specifically for the aged. However, between 1959 and 1970 I was a program director, together with Prof. Marjorie Lowenthal, of a large-scale study of mental illness among the aged. That program, under Professor Lowenthal, has broadened to include studies of various stages of the lifespan, since I am firmly convinced the aged cannot be understood except in terms of the culture and society in which they have lived and are now living.

I want to express my strong support for the bills that will provide for the establishment of a National Institute of Gerontology and would create a commission to promote the advancement of research in aging.

The need for such an institute is clear to all who work in fields related to research and training in the medical, biological, and psychosocial aspects of aging. From a psychiatric point of view, the long-range goals of a mental health program for the aged begin with those general goals whose aim is the development and utilization of the potentialities of older people and the improvement of their mental and physical well-being. They do not constitute a homogeneous group, suffering from inescapable deterioration as a result of aging, despite the many losses with which they must cope as the individuals age. They are individuals, with individual differences, as well as differences between ethnic groups and various socioeconomic and educational levels, needs, and desires.

Unfortunately, as Senator Church has said in a preface to a report to the Special Committee on Aging, and I quote, "No community in

the United States has developed a comprehensive network of services for the aging and the aged, nor has a full range of service alternatives been developed to meet the varied and changing needs of the population."

Perhaps one of the most important reasons for this failure to mobilize the resources of the community and the Nation on behalf of the elderly is a lack of any national commitment to provide such service. But there are many problems with which we must cope and with which an institute must cope.

We are very much in need of practical, operational definitions of such concepts as coordination of services, continuity of care, comprehensive health care, preventive care, and the like.

We need definitions of specific care and service alternatives beyond those now existing.

We need more complete understanding of the role of the family and community, as well as the professions in the provision of services and in providing research concerning the elderly.

We need more manpower in areas of service, research, and treatment. The field of mental health and mental illness in the aged urgently needs research on the mental disorders among the aged. I might say there has been much too much emphasis upon the institutional aging. We seem to forget that in the community as many as 15 to 25 percent—and this has been confirmed by our own study—of older people living in the community are suffering from really significant mental impairment requiring professional help of one kind or another.

The quality of medical and mental health care given elderly persons in all types of institutional settings and in the community leaves much to be desired and we need more attention to the quality of life that these individuals have in what are described euphemistically as alternatives to mental health care.

Others who are specialists in the biological aspects of aging can speak better than I about the need for such research, but I must emphasize that it is basic to our knowledge of the aging process and, consequently, to our ability to provide for the needs of the aged. We need research in all the basic sciences, clinical sciences, social, cultural and behavioral sciences, and in health administration. We need training programs for professional, allied health, and caretaking personnel and educational and informational programs for the general public, including the elderly, their families, and particularly for various minority and ethnic groups which require a special kind of educational program. And if we are to provide manpower facilities, financing and a method of organization that can coordinate these effectively, we need basic knowledge as well as technical information and skills, together with leadership that can bring these to bear on both general and specific problems and can anticipate our future needs and can support the research, training, and program planning and implementation in all fields related to gerontology.

I think in one of your recommendations, Senator Cranston, there was a statement to the effect that the institute might also assume the responsibility of evaluating the programs in aging, and personally I think it would be better that such a responsibility be placed in the hands or committed to people who are nongovernmental people and who provide an evaluation which I suspect might be more objective.

It is this providing of leadership that Dr. Phil Lee emphasized so much and a focus for developing innovative programs for research, training in aging, including pilot and demonstration programs that a National Institute of Gerontology would be most valuable. It would offer much needed visibility in the field of health-related research. At present gerontology and geriatrics are pretty low on the totem pole. It could pinpoint, and this is particularly important, authority and responsibility to coordinate efforts that are now scattered among so many agencies.

A concerted effort to understand the biologic, psychologic, behavioral, social, and cultural aspects of aging and to find ways to use this understanding for the advancement of the mental and physical well-being of older people is long overdue.

Senator CRANSTON. Thank you very much.

Can you spell out in any more detail what you think would be the best way to coordinate and make more effective present Federal programs focusing on senior citizens? How would you get some non-governmental agencies effectively involved in that?

Dr. SIMON. Especially in the basic science field it is very difficult to pinpoint and define where an important discovery will occur. It may occur in molecular biology, in biochemistry, in genetics. Certainly I would not discourage any of the ongoing institutes from continuing with that kind of basic research which may at first seem to have no relevance in this field but may eventually prove to be a most important aspect.

But there are so many areas which are definitely related to the total aging field that could be placed within the institute and if the institute would be given the responsibility of acting as the focus where such potential research or actually named ongoing research could be identified, then I think it could function.

But I don't see, for example, an Institute of Gerontology telling the Institute on Cancer Research or some other institute how it should carry on its research.

Senator CRANSTON. Yes. That was not suggested but there should be an evaluation of the overall effect.

Dr. SIMON. In terms of evaluation, somehow I think it is unfair to ask a governmental agency, an employee, to evaluate itself or other governmental employees. I think it would be much better and more objectively done by some special commission which would be appointed to oversee what is going on and to make recommendation and could be more objective, since they are not directly related to the Government, about the evaluation.

This is what we do in any event in research, in any case. We don't ask the doctor who is treating a patient to make the evaluation of his own treatment; we ask some other professional to observe and then report.

Senator CRANSTON. I understand your point now, and I think you make a valid suggestion.

I have one final question. Do you feel the establishment of the National Institute would help provide the commitment that you feel is lacking presently in this general field?

Dr. SIMON. I think it would be a very important step forward because it would make visible this field and though I am sure you are

well acquainted with the fact that there are various avenues of approach that we can take at the present time, to become personal, to make application, we can go to the National Institute of Mental Health, we can go to the National Institute of Child Health and Human Development, and I think, as Phil Lee emphasized, gerontology has had a pretty low priority compared to other fields in both of these institutes. So the visibility of the separate institute would become, I think, an extremely important factor.

Senator CRANSTON. Thank you very much.

Our next witness is Louis Kuplan, private consultant and lecturer on retirement planning and problems on aging.

STATEMENT OF LOUIS KUPLAN, PRIVATE CONSULTANT AND LECTURER ON RETIREMENT PLANNING AND PROBLEMS OF AGING

Mr. KUPLAN. Thank you, Senator Cranston, for inviting me to participate in these hearings. I am Louis Kuplan, a private consultant.

I teach in a number of the Bay Area universities and also conduct and have been conducting for the last 2 years or more a weekly television program concerned with the problems of retirement and aging on channel 4 here in San Francisco.

I am also past president of the Gerontological Society of the United States and of the Western Gerontological Society. I conducted until 1960 what is now known as the California Commission on Aging and, therefore, Senator, I was very pleased with your comments about what has happened to our State government agency for aging in the State of California.

I am here to support various bills before this committee. However, I do have some comments on them that I would like to recommend for your attention, but first I would like to recommend a certain change in wording.

In section 2 of Senate bill 1925 it is stated, "The Congress hereby finds and declares, that the aging process usually results in the gradual deterioration of memory, certain aspects of learning . . ."

I strongly urge that this sentence be reworded because it cannot be substantiated by scientific findings. There is an outgrowth of old myths, commonly held belief, that you can't teach an old dog new tricks. This concept has done more harm to learning in later life than any other concept. It creates mental and emotional blocks to learning in later life. It is not true that you can't teach an old dog new tricks. This myth should be reworded to read, "You can't teach an old dog new tricks if the old dog won't learn." Learning and memory in the later years are related to motivation and encouragement and the availability of opportunity to learn, not merely to chronological or physiological age. Therefore, I recommend that you change this wording so that the Congress will not be in a position of helping to perpetuate a misleading concept of mental abilities of older Americans.

Since S. 1163 has already been passed by the Senate, I would recommend a reconsideration of the ages that you specified. Specifically, I recommend that you reduce the age to 55 years in relation to the nutritional problems of the elderly. The retention of the 65 age limitation unfairly excludes a very large number of Americans between 55 and 65

years of age whose economic status is so low as to endanger their health through malnutrition and create more problems.

According to the Bureau of the Census more than 2 million Americans between the ages of 55 and 65 have incomes which place them below the low-income level. Also pertinent to this comment is the fact that this is especially true for the ethnic groups.

I will have a little more to say about that in a little while.

In establishing the proposed institutes and other study agencies, the committee needs to give very careful consideration to their organizational responsibilities and the constituency of their advisory bodies. While the bills do provide representation of all the major disciplines, there is one conspicuous omission—no provision is made for lay or public representation, especially by older persons, the consumer.

It could be said that gerontological research is too important to be left to the researchers alone. Members, laymen, council members, or commission members can serve as a bridge between the researchers and the public, thereby interpreting the work of the researcher to the public and greater financial support for their work.

Well-qualified lay participation can offer other factors. It can stimulate innovative thinking in gerontological research. I think at this point, if one views a mass of studies that were released from various gerontological resources, one cannot help but be depressed by the tremendous amount of repetition one finds in the subject matter. Therefore, I think we need innovations and even unorthodox procedures to go through and work on our problems.

I think we need to ask ourselves this question. Let me say this: Why has there been so little study of what constitutes normal aging? As far as I know only one university is doing anything remarkable in that area. I think we need to ask ourselves, in view of your plans to set up institutes, is the relatively new field of gerontology becoming institutionalized far too early in its history? I believe this is something you should consider.

Senator CRANSTON. Is what becoming too institutionalized?

Mr. KUPLAN. Falling into certain ruts, one research project feeds upon the next. You develop a certain path along which you go without allowing for unorthodox or innovative procedures to creep into the picture.

Along these lines, Senator Cranston, I will say I do support your proposed amendments that charge the Institute of Gerontology with the responsibility of ongoing scientific evaluation of all agencies of Government working in the field. This will provide much needed coordination of the effort being expended, as well as the funds.

I might add here also, I do not believe there needs to be any conflict in the matter of funding between research and meeting the specific needs of the elderly. Ours is an affluent society and we should be able to support both without any difficulty. It is just a matter of reordering our national priorities.

There is one aspect of interdisciplinary research to which the committee should give very serious consideration; that is the relationship between the social and behavioral sciences. The record, from my own experience, indicates that the social and behavioral sciences are the most poorly supported—they are the poor relations of the gerontologi-

cal field. Some of the data presented to the committee supports my contention.

Page 63 of that report indicates that out of a total of 60 projects in aging funded by NICHD, only 10 can be clearly identified as being concerned with social and behavioral problems.

I raise this point because of my conviction that the social, economic, and behavioral problems of the elderly are of major importance. We need to also think in terms of what we do in developing what has already been mentioned here, a decent quality of life for the elderly.

There is also another thing that we need to study from the point of view of social sciences—this whole picture of employment. Many Government agencies and private enterprises are encouraging people to retire at the age of 55. They say, well, you can develop a new career. When they do that, they are greeted with one word, you are over-qualified, the new euphemism for being overage. So we need to look at that.

As it becomes obvious that establishing institutes and research agencies is just the beginning, we must take into consideration all aspects of this thing and make certain that all gerontological disciplines are treated equally.

You have asked me in your invitation to comment on the bill you plan to introduce shortly. I most enthusiastically support your plan to provide automatic increases to the aged, blind, and disabled recipients of public assistance. There are many cogent arguments to support you, especially if you take a look at the amount of money paid as benefits of these various programs and what people actually need.

In the matter of rents, the committee's report in June indicated that it was told that today's elderly must spend \$7 out of every \$10 of their income for housing, food, shelter, and transportation; that is, 70 percent of their income. I know cases of people who are spending 90 percent of their income just for rent and every time there is an increase in social security, public benefits, the landlords raise the rent by that amount.

Therefore, I would ask, is there anything Congress can do about this, to stop this program which actually subsidizes the poorest housing in the land with public moneys?

I see my time is up and I would like to comment on one or two other of your bills if I may.

Senator CRANSTON. Thank you.

Mr. KUPLAN. In one of your bills, you indicate the need for making possible social security benefits for beneficiaries and spouses who have not reached 65, permitting them to buy into Medicare. This is desirable. However, we must take a look at the economic status of these people. While \$30 a month is low compared to private insurance, when we take a look at the fact that the national average for monthly social security benefits paid last September was \$131.88 for beneficiaries and a little over \$200 for a couple, if you go into the matter of \$30 a month for medical care for buying in, then you are asking a couple to allocate 15 percent of its social security income to medical care. For the individual it might amount to as much as 22 percent.

Also in the matter of Social Security Medicare benefits, we have to take into account two other items: One, that the expectancy of the

minority groups is so much lower than that of the whites. According to the Bureau of Census figures, a white male has a life expectancy of 67.5 years. For all other races it is 60.1 years. I have heard from black sociologists that the average life expectancy of a black man is 59. We heard from Mr. Gonzales this morning, for the Latins it is 57, and it is lower for the American Indians. We do need to take a look at the fact that these people, while they are employed, are contributing to social security programs and yet they do not live long enough to take advantage of the benefits planned.

Therefore, we need to take a very close look at all of this; financially, socially, economically, as well as scientifically.

Thank you.

Senator CRANSTON. On the matter of housing that you asked a question about, the Senate yesterday, as I indicated earlier, passed a housing act for this year containing some amendments of mine that will help come to grips with the housing problems of the elderly. You testified in a very dramatic and effective way.

Mr. KUPLAN. I can say housing is one of the most pressing needs of the elderly. It is related to their economic status. It has a tremendous impact upon their health, as well as their safety, and I can just describe housing, low-rent housing, low-cost housing for older Americans in words given to me by a top member of the Department of Housing and Urban Development: "Our provisions in this country are woefully inadequate. We don't begin to scratch the surface."

Senator CRANSTON. That's right.

We just received a new estimate from the Finance Committee that costs of buying in on Medicare, in accordance with the amendment I am about to propose, would be close to \$20 a month and not \$30 a month.

Do you agree with Dr. Russel Lee who indicated this morning we should encourage early retirement but work to provide new-type job opportunities during retirement for older Americans to contribute and continue to be involved?

Mr. KUPLAN. I wouldn't say I categorically believe in retiring everybody at an earlier age. This has to be left to individual judgment and needs. I would say this: we are forcing people to retire very early. We hear a lot of thought about employment for the elderly people, but, when it comes to a showdown, the jobs aren't there. The number of people over 65 in the American labor market has been reduced drastically in the last 70 years. I think at the beginning of this century two-thirds of all over 65 were in the labor market; today I have seen figures that are 15 percent.

What we need to do—and this could be an area assigned to some of the study groups—what is the real picture in the country in relation to employment? Have we reached the point where we do not need all the members of our labor market in the labor force? If so, then what do we do about providing other alternatives of life for those who are deemed to be overage? How can we improve their quality of life? How can we see to it their economic and social and political needs are met and at the same time they are encouraged to participate in the life of the community? I think they have a tremendous opportunity to do so because at 55 and 65 today people are not old, they have

an awful lot to offer. I think you ought to look upon this as a major resource, a human resource of this country.

Senator CRANSTON. Thank you very much. You have made a number of quite specific and constructive suggestions about the legislation, and I assure you they will be seriously considered by the committee.

Thank you very much.

(The prepared statement of Mr. Kuplan is as follows:)

PREPARED STATEMENT OF LOUIS KUPLAN, PRIVATE CONSULTANT AND LECTURER
ON RETIREMENT PLANNING AND PROBLEMS ON AGING

Senator Cranston, thank you for inviting me to participate in these hearings of the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare.

I am Louis Kuplan, a consultant and lecturer on retirement planning and the problems of aging. Since 1960 I have been an instructor in social gerontology at a number of universities and colleges in the San Francisco Bay Area. Currently, I am conducting classes at Merritt College in Oakland and at Contra Costa College. For more than two years I have been producing and hosting a weekly television program for KRON-TV, Channel 4, in San Francisco. This program, "A Gift of Time" was designed by me to provide older adults with information which can help them meet the problems of retirement and the later years and to encourage them to develop positive attitudes toward these years so that they can make the most of the opportunities and challenges they offer.

I am a past president and fellow of the Gerontological Society, past president of the International Association of Gerontology and of the Western Gerontological Society. I developed and until 1960 conducted the activities of what is now known as the California Commission on Aging. Between 1947 and 1953 I was the Chief of the Division of Old Age Security in the California Department of Social Welfare.

I am pleased to be able to appear in support of the bills with which this Committee is concerned. Since the Committee, in previous hearings, has been furnished with an impressive array of statistical data, I shall limit myself to the few figures that are needed to support my testimony. I am more concerned with the substantive aspects of the bills under consideration here.

Section 2 of S. 1925 states:

"The Congress hereby finds and declares—(1) that the aging process usually results in the gradual deterioration of memory, certain aspects of learning. . ."

I strongly urge that this sentence be reworded because it cannot be substantiated by scientific findings. The statement, as it stands, is an outgrowth of old myths which are not relevant in the light of today's knowledge and experience. Recent refinements of testing techniques and studies have shed new light on the ability of the elderly to learn, to retain what they have learned, and to continue to learn. The new knowledge contradicts the beliefs of yesterday about the mental abilities of the elderly. Permit me to offer some pertinent citations.

Dr. Carl Eisdorfer, a psychiatrist and psychologist, Director of the Duke University Center for the Study of Aging, who testified earlier on these bills, told a meeting of the Southern Newspaper Publishers Association last July:

"Much of the earlier data on psychological development in later years * * * suggested that intelligence declines regularly with age. In a recent report by the Duke longitudinal study * * * we demonstrated that over the ten years between 65 and 75 decline in intellectual performance * * * was associated with sickness rather than age.

"* * * the old adage that 'you can't teach an old dog new tricks' * * * has little applicability to older human beings. In our examinations of the ability of average older men to learn new verbal material, we found that they were able to do quite well when the task was presented at a reasonable rate * * *"

Just several days ago the American Association of University Women meeting in San Francisco were told by Professor Hardin Jones, a biophysicist at the University of California's Donner Laboratory, that the belief that:

"Mental activity invariably decreases throughout adult life as a consequence of aging, is a myth—any progressive loss of mental skills after age 20 is caused by inactivity, not by aging. People who maintain intellectual awareness get better and better, and show it in all tests. It is no problem to learn new things at 60 and 70. The difficulty in learning is psychological and not physiological."

Professor Jones has been a long-time student of the aging process and has been and still is a proponent of interdisciplinary study of aging.

Not long ago the eminent psychiatrist, Dr. Robert N. Butler, who has long been concerned with research about the mental health of the elderly, reported that it was the older adults over 65, not the 21-year-olds, who rated top scores in the tests given at the National Institute of Mental Health. Older people did better on intellectual tests of information, of extraction, and of gaining new knowledge. He stated that the tests proved that people continue to learn throughout life.

What all this adds up to is that the commonly held belief that "you can't teach an old dog new tricks" has done more harm to learning in later life than any other concept. Because it is generally regarded as a "truth", it creates mental and emotional blocks to learning in later life. It is not true that "you can't teach an old dog new tricks". This myth should be reworded to read, "You can't teach an old dog new tricks if the old dog won't learn". Learning and memory in the later years are related to motivation, encouragement, and the availability of opportunities to learn—not to chronological or physiological age alone.

Therefore, I respectfully recommend that Item 1 in Section 2 of S. 1925 be eliminated or reworded in keeping with current knowledge about the mental capacities of older adults. By doing so, the Congress will not be in the position of helping to perpetuate a misleading concept about the mental abilities of older Americans.

Since S. 1163, concerned with the nutritional needs of older adults, has already passed in the Senate, I would like to suggest that every effort be made, when it comes up for conference with the appropriate House committee, to lower the age of eligibility for the services provided by the bill to 55 years. The continuing concern expressed by members of the Congress for the need to include the "younger" older people in Social Security and Medicare benefits, indicates that there is pressing need to do the same in the matter of nutritional services. The retention of the 65 age limitation unfairly excludes a very large number of Americans between 55 and 65 years of age, whose economic status is so low as to endanger their health through malnutrition and to create problems for our society.

According to the Bureau of the Census, in *Characteristics of the Low Income Population—1970*, Series P-60, No. 81, November 1971, more than two million Americans between the ages of 55 and 65 were below the "low income level". This is especially true for the ethnic minorities. Also pertinent to this comment is the fact that the life expectancy of the members of the ethnic minorities, especially the blacks, Laotians, and American Indians, is more than 7 years less than the average life expectancy for white Americans. This means that a very large number of these people do not live long enough to reach the age of eligibility for Social Security, Medicare, and other benefits. I shall have more to say about this later on.

In these days of widespread unemployment, inflation, and ever-lowering retirement age, the older adults between 55 and 65 are as much in need of help as are the "older" older citizens. They too live, to a large extent, in impoverished conditions and in quiet desperation, in the rundown hotels and rooming houses that abound in the central parts of all of our cities.

Most senior centers and other programs serving the elderly recognize the needs of these "younger" older adults by making them eligible for services. I cannot urge too strongly that your Committee, Senator Cranston, work for the reduction of eligibility for the services proposed by S. 1163.

I am sure that those of us who are working with and for older Americans will endorse the principles set forth in S. 887, S. 1925, S. 2934, and S. 1163. Most of us believe that nationally we must give high priority to the establishment of research agencies which will study every aspect of the problems of aging and the aging. You may encounter objections to setting up an agency concerned only with the field of gerontology. However, gerontology is currently the low man on the totem pole when it comes to adequate financing of its work. Until we reach a point where it is accepted practice to consider gerontological research on a basis comparable to other research activities, the study of aging must be given special preference.

In establishing the proposed institutes and other study agencies, the Committee needs to give very careful consideration to their organizational responsibilities and the constituency of their advisory bodies or councils. While the bills do provide representation from all of the major disciplines, there is one conspicuous omission—no provision is made for lay or public representation—especially by older lay persons.

It could be said that gerontological research is too important to be left to the researchers alone. That is why provision should be made for lay representation on these bodies, so that the researchers, together with the lay members, can help each other translate the research findings into action, and to give the researchers some understanding of how their findings will affect the entire nation.

I believe that each advisory body should have carefully selected lay members, especially older persons. It is highly desirable that older Americans have a part in all the work and activities that affect their lives; they must be permitted to help develop all programs that will govern their lives and the quality of their lives. They are becoming more and more resentful of having to accept the dictates of others as to what is good for them and for having others do all the planning for them without having a share in the planning. These lay council members can serve as a bridge between the researchers and the public. In this way, the work of the researchers can be interpreted to the public, engendering an understanding that will provide support for research activities.

In this regard I would like to support the testimony given to you by Dr. F. Marott Sinex at the Committee's hearings in Washington. At that time he said: "There is need for lay monitoring of research on aging * * * The scientists should be reporting to a lay group which participates in the setting of research priorities." Report of Hearings, June 1971, Page 83.

Well-qualified lay participation can offer other beneficial factors. For one thing, it could stimulate innovative thinking in gerontological research. I find it more than a little depressing to read the abstracts of research projects because of their seemingly endless repetition of subject matter. To date, far too many of them have been unproductive, perhaps due to repetition. Should there not be encouragement and opportunities to explore new ways of studying the aging human? Innovative and even unorthodox procedures and projects are called for. For example, why has there been so little study of "normal" aging? To the best of my knowledge, research leading to the development of standards for establishing norms for the aging process has been carried on only at the Duke Center for the Study of Aging. I think that we need to ask ourselves: Is the relatively new field of gerontology becoming institutionalized far too early in its history? Is this not something that the Committee and the Congress should take into consideration in establishing the needed agencies?

Along these lines, Senator Cranston, I will say that I heartily support your proposed amendments that charge the Institute of Gerontology with responsibility for conducting ongoing scientific evaluation and study of the effectiveness, relevance, and overlap of all federal government programs affecting older Americans. Your proposal provides a means for the avoidance of unnecessary duplication; it would create a mechanism for coordinating the efforts of these programs and for fostering a prompt exchange of experience and information that would serve to expedite and facilitate the development of needed knowledge about aging. It would also create a healthier interdisciplinary approach to research in all aspects of aging. Regretfully, true interdisciplinary work in gerontology is rare. Yet it is generally conceded that there is no sharp line of demarcation between the various aspects of the problems of aging and of the aging—they are closely interrelated—one affects the other. But there has been great reluctance by many of the disciplines concerned to cooperate with each other. I believe that your amendments, Senator Cranston, can be effective in helping overcome this tendency.

Another important function of an institute of gerontology would be to work with all American universities and colleges that have demonstrated their interest in gerontological research. It could encourage more of them to participate in such research. Here, too, interdisciplinary cooperation is needed. Rather than limiting the functions of a federal institute to governmental operation, the proposed legislation should provide for the broad and free cooperation between the federal institute and the universities and colleges, whether public or private, a relationship that will allow for constant sharing of knowledge, experience, and techniques.

There is one aspect of interdisciplinary research to which the Committee should give very serious consideration, that is, the relationship between the social and behavioral sciences and the biological and clinical sciences. The record and my experience indicate that the social and behavioral sciences are the most poorly supported—they are the poor relations of the gerontological field. Some of the data presented to the Committee in June supports my contention. On Pages 60 to 63 of the report of that hearing there is a listing of research grants in aging made by the National Institute of Child Health and

Human Development. Out of a total of 60 projects in aging funded by N.I.C.H.D., only 10 can be clearly identified as being concerned with social and behavioral problems. On Pages 64 and 65 there are listed N.I.C.H.D. training grants in aging. Only 13 out of 28 are in the social and behavioral sciences. Of four fellowships in aging, one is in the social sciences; of seven N.I.C.H.D. research career development awards, only two are in the social and behavioral fields.

I raise this point because of my conviction that the social, economic and behavioral problems of the elderly are of great importance and urgency. I agree that we need to know much more about the biological and clinical aspects of aging, and that research in these areas must be encouraged and supported. But unless we succeed in solving the social, economic, and political problems posed by the ever-increasing number of older people in our population, what is the point of extending the lifespan or improving the state of physical and mental health for them? Such advances can only serve to increase the number of years in which the older individual has no meaning to his life or usefulness to society.

We need to take to heart the motto of the Gerontological Society: "To Add Years to Life and Life to Years". Only by giving higher priorities to research in the social sciences and making sure that such research is strongly supported, financially and otherwise, can we improve the quality of life for older adults. Then the findings of research in the social sciences, coupled with developments in the life sciences, need to be translated into practical applications which will make possible our desires to maintain all older Americans in the midstream of life, as useful, productive, and contributing members of society.

As an example of what I have in mind, I offer for your consideration the matter of employment for older Americans. We are told constantly that there are jobs for all who want them. By federal and state laws we prohibit discrimination in employment on the basis of age. Yet the data available to us from federal agencies indicate a steady decrease in the number of older workers in the labor market. It is disturbing to note that these same federal agencies and many state agencies think of the older worker as the one who is between 40 and 65. What about those who are over 65 who are physically and mentally able to continue their roles as productive workers?

Currently, there is a trend on the part of government agencies and private enterprise to "encourage" people to retire at 55. These workers are encouraged to think of developing "second careers." But very few succeed in doing so. I have had heart-rending letters from and conversations with such individuals who report that they are balked in their efforts to develop new careers by being labeled "over-qualified," a new euphemism for being too old. Here in California we are all too well aware of the problems faced by highly trained and skilled people who lost their jobs when the aerospace industries were cut back. Many of them, some in their early and mid forties, have not been able to find new employment. They too are "over-qualified." They are the youths of the older worker group.

Under such conditions should we not make it possible for the social sciences to study the problems of employment, especially for older adults, with some dispatch? How long can we, as a nation, permit the growth of a large body of men and women in good physical and mental health, who have nothing to do, without endangering our way of life? We need to learn from the social scientists whether or not we are being realistic in our approach to the problems of employment. We need to know clearly and honestly whether our economy has reached the point where technological developments have reduced the need for as many workers as are now in the labor market, for it is the older worker who is the first to feel the effects of technological unemployment. If we do not require the labor of these people, should we not see to it that the social sciences investigate alternatives to employment in the labor market—alternatives which will make it possible to develop new, meaningful roles for older Americans—roles which will satisfy the emotional, mental, physical, and economic needs of our older citizens—roles which will enable and encourage their continuing to be of service and value to our society and to themselves?

In relation to the development of "second career" opportunities, the social sciences should be charged with another duty, to study the attitudes and practices of universities and colleges toward the older individual who seeks training for a new career after 50. Many of our educational institutions do not accept applications from these "younger" old people, on the grounds that there may be too few years of productivity left to an individual who must undergo several years of training if he begins at age 50. Yet the life tables prepared by the United States

Public Health Service show that the average life expectancy at age 50 is 25.4 years—enough time to be able to make some useful contributions to society.

I believe that all of this poses a challenge of major proportions for our society and certainly for this Senate Subcommittee on Aging. If we cannot encourage our social scientists to study these urgent problems and come up with solutions, what happens to more than 20,000,000 Americans over the age of 65 and the additional millions between 50 and 65? What becomes of a society if it cannot productively use the services of millions of its capable and willing citizens?

It becomes obvious that establishing institutes and research agencies is just the beginning. The process cannot be an end in itself. If the efforts of this Committee are to be productive of the desired ends, it must make certain that the proposed agencies are given adequate, realistic guidelines for organization and function, and that all the gerontological disciplines are treated equally in status and financial support.

In your kind invitation, Senator Cranston, you asked me to comment on bills which you plan to introduce shortly. I am pleased to do so. I enthusiastically support your plan to provide automatic cost-of-living increases for aged, blind, and disabled recipients of public assistance, commensurate with increases in Social Security benefits based upon increases in the cost of living. The most cogent argument in support of your bill, Senator, is a comparison of the payments to recipients in these assistance programs and the poverty levels set by Federal agencies for people over 65 years of age.

The poverty level for a person over 65 living alone or with non-relatives is \$1,749. The poverty level for a couple with the head of the family over 65 is \$2,194. This is from "Facts and Figures on Older Americans—Measuring Adequacy of Income". Administration on Aging, March 1971. The most recent figures listed by the Social Security Administration, in Social Security Bulletin, January 1971, show that the average annual payments in the United States are as follows:

Old Age Assistance, \$913.56;
Aid to the Blind, \$1,255.92;
Aid to the Disabled, \$1,198.32.

Need any more be said then to urge massive public support for your bill?

While I am on the subject of increases, may I offer this comment? It is common practice for landlords, especially the owners and operators of old hotels and rooming houses, to raise their rents by the full amount of each increase in Social Security benefits or Public Assistance payments. Is there anything the Congress can do to stop this practice?

The Committee's report of its June hearings reprints a report of the Senate Special Committee on Aging which says, "Today's elderly must spend \$7 out of every \$10 of their incomes for housing, food, and transportation." That amounts to 70 per cent of their income. I know of cases in which Social Security beneficiaries pay 90 per cent of their benefits just for rent—all too often in substandard quarters—and no increase in benefits is overlooked by their landlords. In essence, public funds are being used to subsidize poor housing at inordinate rentals. Can your Committee consider opening the battle against such practices?

Another of your bills, senator, will make it possible for Social Security beneficiaries and their spouses who have not yet reached 65 to "buy into" Medicare. This is a highly commendable and desirable bill. The delivery of health care services to older Americans of limited income is a matter of great concern to all of us. Without adequate health care, we create major health problems for the elderly, their families, and for society as a whole. Therefore, your bill is of prime importance. However, I urge you to reconsider the cost to the age group covered by your bill. Thirty dollars a month, while low compared to private health insurance plans, is high for many beneficiaries of Social Security. The national average for monthly Social Security benefits paid in September 1971 was \$131.88 for the beneficiary and \$200.15 for the couple.

For beneficiaries who elect to receive benefits between the ages of 62 and 65, the average monthly payments would be lower than the quoted figures. But even if we use the foregoing figures, your proposals of a \$30 a month buy-in cost represents an outlays of 15 per cent of the individual's income for Medicare. For the single beneficiary the outlay would be more than 22 per cent. This does not take into consideration the deductible features of Medicare. The cost aspects of the proposal merit considerable thought.

There is another aspect of Social Security and Medicare benefits that call for your attention. This relates to the longevity as well as to the income of our

minority groups. The data prepared by the United States Public Health Service show that the average life expectancy for all white Americans is 71.1 years. For Americans of all other races, it is 63.7 years, a difference of 7.4 years. Life expectancy for the white male is 67.5 years; for the other races it is 60.1 years, again a difference of seven years plus. I have heard it said by black sociologists that the average life expectancy for black males is about 59 years, not too far off the figure I have just cited. What this means is that many black workers who during their working years contribute to the Social Security and Medicare programs do not live long enough to avail themselves of the benefits of these programs. The data I have seen for Latinos and American Indians place their life expectancy even lower than that of the blacks.

As for the income of the minority groups, there is available adequate data attesting to the fact that said income is much lower than it is for the average of all Americans. In view of these facts, Senator Cranston, may I recommend a reconsideration of the amounts proposed in your bill and that efforts of the entire Committee be directed towards correcting the inequities I have cited.

Your bill to permit funding by the Administration on Aging under Title III of the Older Americans Act to bypass states and go directly to counties and cities is good. It will overcome many of the difficulties faced by county and city agencies in obtaining state approval of their requests for such funds. In the first place, your bill will remove some of the serious bottlenecks which keep local agencies from moving quickly into needed action programs. Then, too, in many states it will overcome regional differences in thinking about the needs of the elderly as factors in state approval of proposed programs. You may face protests from state agencies that your bill violates the principles of federal-state relationships that hold that the federal government may not deal directly with local entities. I believe that it is time to re-examine that relationship. Your bill could speed up action in behalf of the elderly and allow for more imaginative approaches to the development of programs to meet the needs of older Americans.

I appreciate having had this opportunity to appear before your Committee, Senator Cranston. What you are doing is most commendable and gives reason to the increased hopes of older Americans that their government will do everything possible to make life secure and satisfying to them. Thank you.

Senator CRANSTON. Our next witness is Nylda Gemple, nutritionist with Chronic Illness Bureau, San Francisco Department of Public Health.

I want to thank you for coming.

STATEMENT OF NYLDA GEMPLE, NUTRITIONIST WITH THE CHRONIC ILLNESS BUREAU, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Mrs. GEMPLE. Thank you for asking me, Mr. Chairman.

Mr. Chairman, members of the committee, distinguished guests, I have been working with the aging program in San Francisco County for the last 7 years. I was fortunate to be a panelist in the White House Conference on Food, Nutrition, and Health, Aging Panel. I also participated as a resource person at the California White House Conference on Aging.

I appear before you today to present a nutrition paper which is a summary of my experience and that of many of my coworkers in the field of aging. I do hope, Mr. Senator, that you will take this paper and relate it to these bills. I was not very specific in doing so. I will not be in my presentation.

Malnutrition and hunger are caused by eating habits, lack of resources to provide adequate food, lack of knowledge about nutrition or special dietary needs, loneliness, and no motivation to eat adequately.

Our Nation's goal should be to secure food for everyone in order that food can make its maximum contribution toward helping indi-

viduals to enjoy a level of physical, mental and social health in keeping with their own life goals.

To be able to accomplish our goals, the following five methods must be instituted:

(a) Increase of the OAS allowance or public assistance program to insure an adequate income with enough flexibility to adjust to changes in the national standard of living.

(b) Housing for the elderly has been proven to be very inadequate. Accidents are responsible for much disability in the age group over 65. The greater number of accidents occur at home. Housing with built-in safety features should provide comfortable, independent living, especially in the area of cooking and storage. The housing for the elderly should be so located that it provides easy access to shops, recreational facilities, and medical and dental institutions. A proper meal service for provision of proper nutrition should be included.

(c) It was estimated that by 1970 Americans over 65 years of age will number approximately 20 million. Communication is a particular problem for older citizens of minority groups in obtaining health care. Nutrition education is almost nonexistent among the elderly group. The shortage of educators can be alleviated by hiring the unemployable ethnic poor. Consumer education careers will provide employment and facilitate the ability to reach ethnic cultural groups which today are outside the stream of communication. Nutrition education in conjunction with community health education and medical-dental care services should be one of our goals.

(d) Chronic illness or various other handicaps prevent many older people from preparing food for themselves. Help in acquiring food and adjusting to change is necessary, but too frequently this is unavailable. Often members of this group are hospitalized for only that reason. Many disabled older people can get along at home perfectly well, except for shopping or preparing meals. The following programs will provide services in the home: Portable meal services, homemaker home health aid programs, food by mail programs, and nutrition education programs during and after recovery. Federal, State, and local support for agencies providing these services must continue to be afforded. Nutrition counseling should be a required component of all health delivery systems, including such plans as medicare, medicaid, HMO's Home Health Services, Extended Care Facilities, and prevention programs.

(e) The administrative and distribution cost of the food stamp program is too great to maintain on a long-term basis. Food reflects a state of belonging to a certain ethnic or religious inheritance. Fear of the stigma of welfare, lack of knowledge about the program, difficulties of bank validations, indignified methods of shopping by the use of coupons, and choices of food that are foreign to one's taste contribute to the poor utilization of the food stamp program. Many of the elderly poor are not able to take advantage of the program because of a lack of cooking facilities at home. An extra food stamp allowance should be given to them for the purchasing of food in schools, community settings, or approved home delivery service. Food stamp program standards must permit elderly poor to obtain food stamps without cost. Purchasing of small portions of their allotment must be permitted at various times throughout the month.

Nutrition education has never been a part of the U.S. Department of Agriculture distribution food programs. For the programs to be successful, allowances for employment of nutrition educators for the education of recipients must become effective immediately.

To be able to achieve a national goal for provision of nutrition and food services for the elderly on a continuous basis, the following recommendations must be instituted:

1. That the major allowance of Federal funds be for action programs for the rehabilitation of the aged that are malnourished and to prevent hunger and malnutrition for those that are approaching retirement age.

2. That Federal standards for nutrition services in institutions such as nursing homes, convalescent homes, and extended care facilities be established and enforced. Areas such as quantity, quality, preparation, cooking and handling of food should strictly be monitored to afford the aged with a well-balanced daily diet.

3. The help of the food industry is needed to keep advertising claims within the bounds of nutrition knowledge and to produce adequate convenience foods for easier cooking, storage, and handling. Particular interest should be given to both nutrient and ingredient labeling of food products as a means of achieving greater consumer understanding.

4. I am asking you, Mr. Senator, to achieve a level of acceptable nutrition among all people of our Nation. Good eating habits should be adopted early in life. Great emphasis should be placed on nutrition education programs from the child-bearing years through late maturity. Although we favor the immediate establishment of active food programs, we recognize the need for allocation of funds for research. Research findings will give more meaning and create greater impact for nutrition programs.

Thank you very much.

Senator CRANSTON. I would like to ask you one question.

What is your view on the advisability of establishing a centralized agency to further research the aging process which would include research into the effect of malnutrition and hunger on the aging process and their relationship one to another?

Mrs. GEMPLE. I have been a research person for the last 10 years and I think enough research has been done and, although we need more, we need to channel our funds for action programs. Funding should be made in a greater scale for the younger generation because we have to start there.

Senator CRANSTON. You are talking in terms of research that involves hunger and malnutrition?

Mrs. GEMPLE. Right.

Senator CRANSTON. Thank you very much. Our next witness is Sister Olga Rossi, professor emeritus of Lone Mountain College, retired.

STATEMENT OF SISTER OLGA ROSSI, PROFESSOR EMERITUS OF LONE MOUNTAIN COLLEGE, RETIRED

Sister Rossi. Senator and friends of all the elderly people; I thank you for the opportunity of coming to give you a very few remarks, not in depth, but something that I noticed as I have gone about doing my work among the elderly.

As for the bills in question, an institute, I believe an Institute of Gerontology on a national basis is, indeed, not only desirable but imperative. However, I question whether it should be a National—with a capital N—Institute, under Government control, subject to bipartisan political whims and pressures.

I agree that such an institute, if it could be established under private and/or voluntary auspices, should be financed by the Government, subject, of course, to proper supervision and controls.

Such institutes do exist in other parts of the world. For instance, I have been invited to participate in the Third International Course on Social Gerontology, called *Leisure and the Third Age*, to be held in Dubrovnik, Yugoslavia, in May of this year. The first course met in Lisbon, Portugal, in 1970; the second one in Florence, Italy, last year. I do not think there is any government involvement in these seminars. Certainly they are not government financed. A fee is charged and participants pay all of their traveling expenses.

Throughout France there is a very fine organization called “*L’Age Montante*” under Catholic church auspices, which is having a remarkable success. I have read many of their publications. They are doing something for the elderly, not just talking and planning.

Senate bill 1925 and bill 2934, for that matter, too, which I have not had time to study in depth because I only received a copy yesterday, it would seem to me that these bills all propose more or less the same functions or services as does Senate bill 887; that is, establishing a National Institute. Would it not be possible to combine these three bills so as to avoid, in your own words and from one of your letters to me, diffusion of responsibility, duplication of efforts and costs, and lack of cooperation in the overall approach to the problems of the aging?

I would hope that when and if such an Institute of Gerontology is established, which it should be, whether it would be under Government, private, or voluntary auspices, most, I emphasize most, of the funds provided for it would really benefit the public; that is, our aged citizens for whom they were destined. Too often a major portion of funds allocated for worthwhile projects for our elderly citizens are exhausted by administrative procedures.

To strengthen my statements about these three bills, I would like to quote verbatim a passage from your letter to me of February 16:

I plan to introduce amendments to provide that the Gerontology Institute, if established, would be charged with the responsibility of conducting an ongoing scientific evaluation and study of the effectiveness, relevance, and overlap of all federal government programs affecting older persons.

I highly approve of that amendment, but notice my emphasis on the words “effectiveness, relevance, and overlap.” There seems to be a great waste in the use or misuse of public funds in our land.

The first two bills under discussion here were both introduced in early 1971. Senate bill 2934 was introduced in late November of last year. They are all still pending. No action has been taken on them.

At the Washington White House Conference on Aging last November and December, the wishes of the several thousand delegates present were voiced loud and clear for action now, not words. I was among those delegates.

It is deplorable that, when the welfare of millions of our American citizens is at stake, partisanship in our political form of government is allowed to block the implementation of worthwhile programs.

Our President proposed a bill, H.R. 1, for the welfare of the aged 21½ years ago. That bill was blocked in Congress.

We cannot all agree on all points, but let us do something. Something is better than nothing. In the meantime our 20 million aged citizens are suffering and many are dying. What good does it do them that our national leaders talk and propose legislation for the future?

A good delayed is a good denied.

Now, in regard to legislation which you propose to introduce, Senator Cranston, an automatic cost-of-living increase for aged, blind, and disabled recipients, I approve of that legislation; with one proviso, however, that the word "needy" be stressed. I fear that all too frequently there is abuse in requesting aid by persons who are not really needy, but this often results in loss or decrease of subsidy to those recipients who legitimately qualify as needy. After all, there is a limit to the amount of money available for all of these programs.

My time is up, but I just have one or two sentences about the other two bills.

The second one I approve of.

The third one I have not had time to study.

Thank you.

Senator CRANSTON. Thank you very much.

I would like to ask you a couple of questions.

Sister ROSSI. If I could answer them.

Senator CRANSTON. I suspect you can.

First, I agree with what you have said about the need for action, not words, and I also agree on what you said about wasting Government funds which really amounts to your money and the money of other taxpayers and citizens.

The reason for these hearings is to make sure that we are going to move in a proper way before we move. By sessions like this, we pick up the ideas of experienced people like you to help make sure that when we act we act wisely.

I think there should and I hope there will be action shortly on one of the bills. The nutrition bill, on which we had hearings last year, has now passed both Houses. We haven't yet reconciled the differences between the House and the Senate versions, but we will, and that bill will be on the President's desk for signature before very long.

Do you agree with Dr. Simon that the amendment that I am considering should be modified to place the evaluating function in a non-governmental unit rather than in the institute?

Sister ROSSI. I don't know, because in this country we have some voluntary organizations. In Government you have to move so slowly, which is right, because after all it is people's funds, et cetera. But there is a question if we could all cooperate when it comes to charity, or when it comes to justice, if we could all cooperate, whether we are Republicans or Democrats or whatever, to do something, because I visit many places and I have seen in the last 2 or 3 years people who have died, and all of this would be wonderful if they could have had it, but it is too late for them.

Also I think that we need to do some research about whether all the money that is destined for these programs is going to really needy people, because there are some others who are taking advantage, I am afraid, and the needy are needy.

Also there must be control, whether it is Government or local, State or municipal, and visitation of nursing homes, because conditions are pretty terrible in some of them and they are not treating human beings as persons and that is what I went to Washington for, for the spiritual well-being of a person. Now, we may be physically sick, but, if we know we are being lovingly cared for and provided for, we are not spiritually sick. But if we are spiritually sick, no amount of physical well-being can make us happy or help us die with human dignity because we are one person, body and spirit, and we cannot cut up ourselves and say, this part of me is body and this is spirit. I am one person, and what affects me most is what affects my spiritual well-being.

We have heard about loneliness, being cast aside, not cared for. That is dreadful, dreadful, because we can die happily if we feel we are dying with human dignity, with love and care surrounding us, and not being treated as, well, I don't want to say what, though I do think Government or State or municipal supervision is absolutely necessary. Human nature being what it is, sometimes we take the line of least resistance.

Does that answer your questions, Senator?

Senator CRANSTON. Yes. That is a beautiful and eloquent and wise statement and I thank you very, very much.

Senator CRANSTON. Our final witness this morning before we take a lunch break is Mr. William N. Washington, health educator, city of San Francisco model cities program.

**STATEMENT OF WILLIAM N. WASHINGTON, HEALTH EDUCATOR,
CITY OF SAN FRANCISCO MODEL CITIES PROGRAM**

Mr. WASHINGTON. Mr. Senator.

Senator CRANSTON. Mr. Washington, thank you very much for your presence.

Mr. WASHINGTON. Thank you. I received training at the University of California, Berkeley, in public health education. After receiving my master's degree, I have been working with the San Francisco Department of Public Health as a public health educator. Recently I was granted a leave of absence from the health department to work with San Francisco model cities.

In each of the previously mentioned employed positions, I have worked with senior citizen programs in depth.

Today I wish to support the bill, S. 887, which will provide the establishment of a National Institute of Gerontology as a part of the National Institutes of Health. I support this bill not only because it will provide for the conduct and support of biomedical, social, and behavioral research and training relating to the aging process and the diseases and other special health problems and needs of the aged, but also because it would better insure fiscal integrity for this aging program and provide a centralized unit from which resource information pertaining to nationwide aging programs could be obtained.

In order to provide centralized current resource information, I believe that the Gerontology Institute, if established, should be charged with the responsibility of conducting an ongoing scientific evaluation and study of the effectiveness, relevance, and overlap of all Federal Government programs affecting older persons. Senator Cranston,

you intend to introduce amendments to this effect. I support such amendments.

As a public health educator, I wish to recommend that when such Institute of Gerontology is established, definite attempts should be made to include professionally trained public health educators as staff members.

The aim of a health educator is to help people achieve health by their own actions and efforts. The general purposes of health education are:

(1) To make health a valued community asset;
 (2) To help individuals to become competent in, and carry on, those activities they must undertake for themselves or in small groups; and

(3) To promote the development and proper use of health services.

Health education, like general education, is concerned with change in the knowledge, feelings, and behavior of people. In its most usual form it concentrates on developing such health practices as are believed to bring about the best possible state of well-being. In order to be effective, its planning, methods, and procedures must take into consideration both the process by which people acquire knowledge, change their feelings, modify their behavior, and factors that influence such changes.

A public health educator can contribute greatly to the research and training aspects of the institute's program. Examples of possible health education roles in such a program are:

The first role is learning the ethnological characteristics of the people.

To accomplish this goal, the educator should have a firsthand knowledge and appreciation of the people with and for whom he intends to work. He should be familiar with the nature of the culture, the way of life of the people, their goals in life, and their values, beliefs, traditions, customs and taboos with respect to health and illness. He should understand the objectives for which people are willing to strive and, conversely, the aspects of life that mean very little to them or that they are as yet unable to understand. Such understanding of the way of life of the people is important in setting the limits of any educational efforts. What are the people willing and able to accept? What will they reject? What are the social and economic conditions which must exist before certain innovations or educational changes can be undertaken?

Having once learned these facts, the health educationist can work with the people, such as senior citizens, in planning and using educational measures which will harmonize with their life and character.

The second role, as I see it, would be taking account of present knowledge and beliefs.

The educator should take into account the information and beliefs that people already have about health and cause of illness. All people have their own theories about maintaining health and curing sickness. These theories may provide feelings of as much security for those who hold them as do the explanations based on modern science.

The third, and final role I see a health educator play in this institute would be taking account of mental health aspects of health education.

Health education, even when concentrating on physical aspects, touches upon many subjects that involve emotional development. In-

judicious behavior on the part of the educator may lead to all kinds of complications and create unnecessary anxieties. Health advice during the climactic period and the special health reorientation for aging people are all given in psychologically precarious periods. In such phases, basic anxiety may be aroused and lead to the loss of mental health. Thus, in his daily practice, the health education worker will be confronted with many questions that have vital mental health significance.

Senator Cranston, these last couple of statements I made are comments, I think, which would greatly contribute to the Institute for Gerontology center.

Senator CRANSTON. I am glad you feel so strongly. I would like to ask you, since you focused your testimony on the institute, what your thoughts are on the other bill to establish a commission, S. 1925?

Mr. WASHINGTON. Yes; I read that over and I didn't have much time to research as much as I did S. 887. With what I read about it, it seems like a very good bill, but I would not like to comment on it thoroughly since I am not that familiar with it.

Senator CRANSTON. Thank you very much. It is very helpful to have you with us. We are going to change our procedure slightly, since we are a little bit ahead of schedule, and have the first witnesses who were scheduled for this afternoon testify at this time.

They apparently will appear together, Rev. Edward Peet, director, Glide Memorial Methodist Church, and president of California Legislative Council for Older Americans; and Charles Clay, organizer, California Legislative Council for Older Americans.

**STATEMENT OF REV. EDWARD PEET, DIRECTOR, GLIDE MEMORIAL
METHODIST CHURCH SENIOR CENTER, AND PRESIDENT OF
CALIFORNIA LEGISLATIVE COUNCIL FOR OLDER AMERICANS,
ACCOMPANIED BY CHARLES CLAY**

Mr. PEET. Senator Cranston, it is a great pleasure to have you here with us in our city. My name is Rev. Edward Peet. I wear many hats. Primarily I am director of the Glide Senior Involvement Center in San Francisco and president of the Legislative Council for Older Americans.

At the White House Conference on Aging, which I had the pleasure of attending, as you well remember, we were summoned to action by Dr. Fleming who said, "Our older people say, 'Don't study us; don't write about us, but act.'" Act with us and for us. President Nixon, at the end of his speech, somewhere in his speech, said that we need programs for action in the post White House conference year, and I don't want it said that the findings of this conference gather dust.

I claim little expertise, Senator Cranston. When you were controller of the State of California, I was 1 year chaplain of the Senate. I don't think they are doing as well as they did when I prayed for them.

Anyhow, my expertise probably consists, on the one hand, in being an older man, reaching the age of 70, and, on the other hand, on retirement from the parish ministry going to the Glide Church here in downtown San Francisco where I have been for 4½ years on a part-time basis, which is gradually, rapidly escalating into full time.

The Glide Church occupies a very strategic position in the city, being downtown and surrounded by probably 10,000 older people, most of

them at the poverty level, single, living in the downtown area. At the Glide Center we have learned a lot in 4½ years. We have learned to provide direct services, such as 50 cent meals, such as the podiatry clinic, cancer screening clinic, trips into the country, cultural things. We have two of us on the staff at Glide on the Senior Department with two full-time volunteers. We have many other volunteers. We find a church as a voluntary agency situated in a downtown area can do an enormous amount in speaking, listening to the elderly, speaking for them.

We learned sometime ago, Senator, that our particular role in the downtown area, because we are not beholden to public funds or to the United Crusade, we do have the privilege of being an independent agency to speak for the elderly, to be an advocate, and I think we fulfill quite well the role that today our Christian tradition calls us to do, that is, to speak up for justice.

If I may quote an Old Testament prophet, "Let justice roll down like waters and flow like a mighty stream."

If we ask, what do the older people need, I think one of the things they need is citizenship, they need a restoration of citizenship. They need and want a piece of the action in the community. I know that it is pretty generally believed that older people are rigid, they are reactionary in their political views, they are conservative. Some of us arriving in the later age are not that way.

I think a study made not too long ago showed with some persuasion that, if there is a reactionary, looking backward role on the part of many elderly, it is because of poverty, it is because of deprivation, it is because of the insecurity that descends upon them and the instant poverty which seems to be an unhappy concomitant of retirement.

Here in the city, however, we have seen quite the opposite. We have an organization called TOORS, primarily motivated by older people south of Market, poor people who have successfully challenged the city and the redevelopment agency, who believe it is more important in those rather shabby areas of the city to have a convention center and sports palace than it is for those people who have long lived there to have a place to live. TOORS, as an authentic expression of the initiative of older people, is getting allied to that.

There is a hotel here that was threatened with closing not long since by the new owner. It is a very beautiful residential hotel for the elderly and the elderly people there joined together and supported the management, which is doing a very good job of hospitality to the elderly. They organized themselves.

On February 2, Senator Cranston, we summoned 2,500 older people to Sacramento from all parts of our State, mainly, however, northern California, and there the 2,500 people asked our legislators in Sacramento to respond to the high goals of the White House Conference on Aging. Senior power is coming to pass; a lost citizenship is being restored. We have heard a lot about the third world; we speak of a fourth world, a fourth world of the elderly.

Within a year in northern California we have put together a California Legislative Council for Older Americans. We have upwards of 3,000-a-year members, in 42 of the 58 counties in our State. Our affiliated clubs of the California Legislative Council reach into the thousands. We are identified now with the National Council of Senior

Citizens, of which I am privileged to be a board member, in Washington, and we have no paid people, we have a great host of volunteers who are trying to say, you know, the elderly have to take things in their own hands and speak up for themselves.

In think some years ago a wit, or half-wit, who spoke said, in American history, "What is good for General Motors is good for the country." The President, however, said, at the Washington Hilton, "Anything that enhances the dignity of older Americans enhances all."

I want to call your attention, Senator, to a situation that is developing concerning funds for the elderly. The White House Conference on Aging provided that \$10 million, or called for \$10 million to be devoted to legal services to the elderly poor through the OEO, but the national office of OEO has now notified some agencies here in the city that speak for the elderly poor, through the California Rural Legal Assistance, that the \$600,000 which had previously been earmarked nationally for legal services to the elderly poor will be reduced in the coming year to \$314,000 and that the six country-wide elderly poor legal services are being wiped out, that all of that money having been reduced 42 percent is to be concentrated in one center in Los Angeles called the Western Center, which has had no experience in gerontology and no experience in speaking legally for the elderly poor. This, I think, is a very serious menace and I hope it will receive some investigation in Congress.

I might add, finally, if I may, that the thing we are against, Senator, is agism. There is racism in this country and there is agism. There is a feeling that older people are to be put down, that they don't count. But if my eyes did not deceive me I saw the President of the United States go half-way around the world last week and spend his time for 1 whole week conferring with two senior citizens in China, Mr. Mao Tse-tung at the age of 78 or 79, and Chou En-lai at the age of 72.

The aged themselves must put themselves together and must keep on living and be lively and be the kind of people that people want to have around, but also all society, I believe, sir, has to recover from its long spell of agism and begin to give to the aged a sense of position in society.

A second prime need is better health care for those whom extended illness has laid low. While many new plans for better health care abound, we feel that the Griffith-Kennedy health security bill, known as S. 3, offers the kind of care needed by all Americans as well as by the elderly.

I need not tell you that nursing home practices in this country constitute a running sore on the body politic. Here is an affront to all decency. There are better ways and none better than those practiced in Oxford County, England, by Dr. Lionel Cosin, clinical director of the geriatric department of the united Oxford hospitals. He was here and testified last spring before your Senate Special Committee on Aging, and the details of that testimony are available to you.

If time permitted, I could tell of the urgent housing and income needs and transportation and all of that. I am sure others will apprise you of these things.

What we need in this country is a new attitude toward and by the elderly themselves. We have to fight racism in this country and sexism in this country and we have to fight agism. A young woman sought me

out the other day to thank me for calling attention to agism, saying she had never thought of it before and that she struck up a conversation with an older person on a cable car and found a new world. Let's end job discrimination, housing discrimination, and social discrimination and note that, if Chairman Mao and Chou En-lai can occupy the spotlight in current history, then the role of the elderly is more important than we thought. Agism in America is patronizing; agism reflects the fears of people who would like to live a long life but hesitate to cross the Red Sea of the aging process. The later years are not that bad.

The other day I took an arresting passage from the Book of Job and tested some older people on the truth of it. This is the passage: "And the Lord blessed the latter days of Job more than his beginning." Job 42:12. "Yes," said one, "this is true, for our latter days bring understanding; we understand the things that are important and ignore the unimportant." Another said that he found more peace with God than he did when he was young. A woman who gets about with difficulty declared that this is the happiest time of her life for she knew that she had done her share of work in the world and that there are blessings about her on every hand. Still another who lives very simply in a residential hotel for the elderly testified as follows: "I love being old; I feel kinder, wiser, more understanding. I take people as they are."

Gentlemen of the committee, the fight against agism works both ways. Our elderly have got to take themselves in hand; shape up, keep active physically and mentally, and be the kind of people other people are glad to have around. Those of younger years are challenged to create an economy and a society and conditions of life that help to make age an honorable and coveted period in the life process. Here are goals with which no one can quarrel and the time to move toward these goals is now.

Thank you very much.

Senator CRANSTON. Thank you very much.

If you would wait one moment, I would like to ask you a couple of questions.

I would like to first say I share your regret that your prayers didn't have a more long-lasting impact.

Do you feel that creation of either the institute or the commission or both would be helpful in the research they could do in the fight against aging or to improve and alter the process?

Mr. PEET. Yes, I think I support you. I can't say in all the time you have been Senator I have agreed with you. I want to say I agree with this wholeheartedly. I will agree with the bills you are introducing.

I think there is a dimension here, Senator, the dimension of advocacy that is pretty generally ignored. Aged people, if I may say so, sir, are rather helpless in their age, particularly the sick. I hope that this dimension and the calling for skills for advocacy for all kinds of agencies is in it.

Senator CRANSTON. Do you feel also that local governments, like San Francisco, can make better use of Federal money allocated directly rather than going through the State Commission on Aging?

Mr. PEET. I think the funds should not be subject to veto at that level. The big need is to really deliver the goods, really reach people

in their needs. I have very little patience with the bureaucracy that sometimes has to screen it.

Senator CRANSTON. Regarding the legal services to senior citizens project, I have just written to Phil Sanchez, Director of OEO, expressing my own dismay over that situation.

It has been a great pleasure to see you again.

Senator CRANSTON. Our final witness now is Charles Clay, organizer, California Legislative Council for Older Americans.

**STATEMENT OF CHARLES CLAY, ORGANIZER, CALIFORNIA
LEGISLATIVE COUNCIL FOR OLDER AMERICANS**

Mr. CLAY. Thank you, Senator Cranston, and everyone.

A correction is that I am working with the California Legislative Council as an organizer, not exclusively with them.

Senator CRANSTON. Thank you for clarifying that and thank you for being with us.

Mr. CLAY. I would like to go on recreating the lives of the aging. This is why Reverend Peet and myself work as a team.

Our country and society is a retirement-oriented and ageist structured one. We spend our best years for the company and then we plan to retire from life and living. We have never geared ourselves to move from one job to another. All too often our work is not part of our lives, but rather a means to a future that never comes. We die before we harvest the fruits of our labors. We preoccupy ourselves with retirement and death rather than the process of living.

President Nixon stated to the aged gathered in Washington, D.C., this past summer that it is time to stop pilot projects and move toward direct action. Yet, Senator Cranston, your own party's platform does not show age as a priority, and I ask why?

It is mere rhetoric to state that existent programs are inadequate, and that there is little being done to examine, isolate, and combat the underlying causes of poverty and alienation or their result, despair. The aging have waited and depended on the great white father to solve their problems for generations and the results are deplorable. The American Indians are a prime example of dependence on the Great White Father. They are dying on Government reservations, which are in worse shape than our urban slums, and here in 1972 the native Americans, old and young, are living in mud huts in Arizona, for example.

The aged are dying in Government housing and nursing homes. Both have been used to get votes and money into the hands of politicians but, after the election, their situation remains virtually unchanged.

We have learned through experience during the past year that the aged can be mobilized around issues which directly affect their lives. They can change things. I am concerned because I am part of the aging process. I am working for social and status change today, not 10 years from now.

Politicians and the American public have become aware of the problems of the aged and researched that same problem to death. We know that nowhere are the aging problems more aggravated than in our large cities. We have permitted geriatric ghettos to develop through-

out our Nation. They did not and are not happening by accident. These ghettos developed by our lack of planning and human concern. We have failed, but it is not too late to redeem ourselves and re-create the lives that we have systematically destroyed.

We have also come to realize that the lives, welfare, and pursuit of happiness of the aging is a political question. The whole scene is controlled in the political arena. The aged are political and social beings and this is why they must mobilize politically or die in destitution.

It is common knowledge that the existent agencies and programs are poorly equipped to handle the problem of aging. It is my belief that the majority of aging programs were designed not to work and promote social change, but rather to serve as a band-aid on a cancerous sore. Existing programs are designed to make us slaves to the system. All the programs designed and funded by the Federal Government stipulate no political activity on the part of the participants, thereby making them ineffective. It is strange to me, that when we speak of transcending the poverty level, we also stipulate that we cannot move above that same level because, if we do, our funds are officially cut off. Social security is a prime example of keeping the poor poor, think about the age and earnings limitations.

I would like to see our Senators and Congressmen live on social security and retire at age 65, if this is so feasible and good. It is easy to set low-income levels when you are not affected by them. The people who set the standards determine their own retirement, such as our legislators. They retire when they feel like it, if they are not voted out before then. They are not limited to old-age benefits but have more than sufficient pensions and benefits, not counting the moneys they rip off from their years in public office. In fact, in most programs, federally and locally funded, one criteria for promotion and high salaries seems to be the person has to be ineffective. Here, as when we have a mandatory pass-on benefit on old-age assistance for old-age assistance recipients, recommendations without compulsory enforcement is useless.

It is time to stop channeling moneys through the same old public offices that have done nothing for years, except tokenism. Changing times teach new duties. The course of human events mandates that we create a new order of things. We should deal with the aged directly and forget about the traditional governmental channels which get all the meat and leave the grease to the aged poor. When I was a child I was like the aged poor, all I got was grits and grease, but I could smell the meat cooking in the big white house in Mississippi. Today, I can smell that same odor with a different aroma, it smells of money in program directors' bank accounts with a little gravy going to the aged. It is time for a change.

If we had adequate income, say, a guaranteed pension plan of \$5,000 a person per year, we could drop all of the piecemeal and inadequate programs.

We don't need any more studies and research projects nor any more hearings of this nature. When time has passed, these proceedings will be historical files without any follow-through action programs. The problems of the aged will not be solved in a National Institute of Gerontology but rather in a political arena because that is what the National Institute is all about.

What the aged need is political money to do political things. These moneys should be made available to programs run and controlled by the aged with the aged being the sole decisionmakers. It is time to reverse the course of events. It is time to stop spending money on futile programs such as the antipoverty program and spend it to transform communities into places where human beings can enjoy and live their lives from birth to death in comfort and without want.

For many Americans who are not now poor, the first day of retirement will be also the first day of poverty in their lives. We can reverse this course of events if given the opportunity.

The young and the aged have basically the same problems—oppression, no earning power, and no possible chance to change the situation without a political fight.

The elderly are more than past history. They are with us today, and will continue to be with us as we ourselves move toward retirement, or I would rather say hopefully new careers. We should die on our feet making the world a better place to live. What I am saying is threatening to most politicians because political activity in most cases will mean social change. Political activity that is organized can and will redirect votes and change the political scene.

In closing, I wish to state that hearings that produce nothing but further hearings are a waste of time. Now is the time for social change. I look forward to the day when the aged can acclaim together that this is my country, with liberty and justice for all, not for a selected few.

Thank you.

Senator CRANSTON. You have made a very forceful statement. I find myself in agreement with virtually all of what you have said. This committee will not just hold hearings; it will seek to lead to action and it will seek to lead to action that will lead to the social change that you and I and so many others in this room and outside of this room recognize is very, very necessary. What you were talking about is senior power.

Mr. CLAY. That is exactly it.

Senator CRANSTON. It is needed to change this situation, and I can see in you a man who will provide much of the leadership for that. I will do what I can to bring it about and translate dreams and desires and needs and demands into action which can come when there is senior power present for this and there are people in a position of power to turn some of that into action.

I think it is utterly disgraceful that so many millions of Americans who are elderly are living under totally intolerable circumstances. They are segregated, lonely. They are in dilapidated housing; they are without transportation to get somewhere else; they don't have adequate medical care. This doesn't have to be the case and we can change the case.

I am not alone, in the Congress, in the Senate, and elsewhere, in this desire to see action and see it soon, and I believe we can bring it about.

I would like to ask you one specific question. Do you have and views on the legislation I mentioned to provide an automatic increase in the standard of need whenever there is a rise in social security?

Mr. CLAY. I agree with that, and I also feel it should be mandatory, not just a suggestion that these benefits be passed on to the recipients of old-age assistance.

Senator CRANSTON. I agree it should be mandatory.

Regarding social security, I want to say I support Congressman Mills—who is a very effective man, in this field, when he makes up his mind to do something in this regard—in his recent suggestion to raise social security benefits by 20 percent. That is not enough [applause]—but that is a very forward step, and I think it will come about with Mr. Mills deciding that it should come about, and I will do what I can to that end.

I agree also that the earning limitation must be raised and I will work for that when the social security legislation is reported to the Senate, which, I think, will be in the next month or so.

I thank you and I urge you onward.

Mr. CLAY. Senator, could I make a couple of comments?

Senator CRANSTON. Yes.

Mr. CLAY. On the housing bill that was recently passed, if there is any way that the elderly could be made part of the planning process of building—location of senior housing—this should be a part of any program that comes about. The people who are going to live in this housing should have a say in where it will be located and how it is going to be built.

Also, since the senior problem eventually ends up in court, eventually ends up in a legal battle, if there is going to be a change, we would like to see some direct action concerning the termination of legal assistance, and we hope that this has not become a political question where the aged once again get deprived of legal services which have been promised them and which they were getting until it became a conflict of political interest.

Senator CRANSTON. I would like to tell you more specifically what the Senate has done about housing as a result of my amendments to the Housing and Urban Development Act of 1972. This measure passed the Senate on March 2 by a vote of 80 to 1, and included the modifications I had suggested in committee.

My amendments provide that between 15 and 25 percent of multifamily subsidized housing must be set aside for the elderly. Thirty percent of the units within this set-aside must be units in age-integrated housing where young and old live together.

They further authorize an additional \$100 million for fiscal year 1973 for section 202, the direct loan program for multifamily elderly housing. They insure supplemental loans for the construction in these projects of additional space for congregate facilities—libraries, recreation rooms, eating facilities—so that elderly people not living in the projects can also benefit from them. The Secretary of Housing and Urban Development must set a separate prototype for the elderly which takes into account the higher construction cost of units for older persons. Lastly, regulations governing multifamily subsidized housing for the elderly must be promulgated no later than 90 days after enactment of this measure.

I wish I had had your suggestion earlier, and I should have thought of it myself, of making sure the elderly people in the community get involved in the planning. I will try to find a way to bring that about.

Senator Sparkman said yesterday—he is the chairman of the committee—on the Senate floor that this is more really effective legislation relating to the housing needs of the elderly than we have had in any bill for many, many years.

One other thing we accomplished yesterday, over the opposition of the administration, was to secure an amendment to the bill to provide for an Assistant Secretary of Housing for the Elderly to pursue these programs. Since I had a part in getting that through, I think we can, by negotiation, see that that man does bring senior citizens into the planning before we proceed with this program.

Mr. CLAY. One final comment, and another thing left out of that bill from what I have read, there are no provisions for services.

To give an example for San Francisco, we have approximately 15 housing projects in the city designated for senior citizens, for the aged, and we don't have funds to have any type of social program in those bills, including paying people to be resident managers so that the people living there in time of emergency have someone that they can contact. We have certain things, such as being given a residence free, but there is no money compensation.

One bill I heard of before Congress, the people want 65 percent free. It is really time, since they don't have adequate income, that there should be money set aside to pay the elderly to work for them and with themselves. This is vitally necessary.

Thank you.

Senator CRANSTON. Fortunately, there is one other housing bill we will have to have hearings on and possibly some of the ideas that you have touched upon today can be covered at that point. I will be back in touch with you before we have that meeting.

I see you have given a lot of thought to the housing area specifically, as well as to these others, and I would like to get in more detail some of your thoughts. I thank you for your very effective testimony.

We will now recess to reconvene at 2:15 in this room for the afternoon hearing.

(Whereupon, the subcommittee recessed at 1:10 p.m., to reconvene at 2:15 p.m.)

AFTERNOON SESSION

Senator CRANSTON. The hearing will reconvene.

The first witness this afternoon will be Mrs. Isabel Van Frank, president of the East Bay Legislative Council of Senior Citizen Groups and vice president of the California Legislative Council of Older Americans.

Mrs. Van Frank, thank you very much for being with us.

Mrs. VAN FRANK. Thank you, Senator, for inviting me.

STATEMENT OF MRS. ISABEL VAN FRANK, PRESIDENT, EAST BAY LEGISLATIVE COUNCIL OF SENIOR CITIZEN GROUPS, AND VICE PRESIDENT, CALIFORNIA LEGISLATIVE COUNCIL OF OLDER AMERICANS

Mrs. VAN FRANK. I speak as a lay person, a senior citizen who devotes much time to volunteer work with organizations seeking a better deal for our elderly, and indeed for all poor and underserved persons who do not share in the good life of this affluent Nation.

Because I have great respect for education, for knowledge, and for research leading to deeper understanding of the human mind and body, I endorse legislation that would promote such understanding, hoping that it will result in a better life for all humanity.

However, as an advocate for Mr. and Mrs. Senior Citizen—and personally I consider this a most honorable title—I feel I must plead their cause today, leaving it to the researchers and planners to address themselves directly to the need for the legislation under consideration. There should be no conflict between our two causes, one bears directly on the other. Unless funds are so limited that it becomes a matter of either/or. And I am definitely not enthusiastic about research for the prolongation of life, unless that life is made more rewarding for millions of older men and women.

My first plea then is that the fruits of past research and present knowledge be made more universally available immediately. After all, our future is today, not 10, 20 or more years from now.

In my humble opinion this could be achieved readily if you gentlemen in Congress would take seriously the most basic recommendations made at the White House Conference. You are always telling us voters: Let us hear from you, tell us of your needs and wishes. Well, we've been telling you for many years now. Two White House conferences 10 years apart have told you loud and clear. The special Senate Committee on Aging and your own subcommittee have held innumerable hearings, issued reports giving facts and figures, describing the extent, indeed the increase in poverty, ill health, deprivation and desperation affecting millions of elderly men and women in this croesus rich nation.

I'd like to remind you briefly of three of the most basic recommendations made at the recent White House Conference, reflecting as well the thinking of practically all the 6,000 preconference meetings held.

1. Establish for every older person the 1970 Bureau of Labor Statistics intermediate budget: \$4,500 for couples, \$3,375 for individuals, some \$85 and \$65 respectively per week. Hardly extravagant sums in today's terms—personally I argued for higher levels at the conference—but even these low incomes together with implementation of the other two recommendations I will mention, would help solve many, although certainly not all, of the problems now making life a burden hardly worth prolonging for millions of elderly.

Priority No. 2 is the recommendation for early passage of a truly comprehensive health program for all Americans, eliminating medicare and medicaid. Better health care and nutrition from birth and throughout life must lead to better health in old age. The conferees said if it takes several years to prepare for comprehensive health care—and I know, Senator Cranston, that you advocate this—then both medicare and medicaid should immediately be improved and expanded, with deductibles and co-insurance eliminated.

Priority No. 3. A massive building program of low-income housing but especially of congregate housing for those of advanced old age or frailty offering meals, medical and social services, homemaker services, as an integral part of residency. Surely less costly in the long run than building more and ever more nursing homes, and certainly offering a happier alternative to spending ones last years in such institutions.

Now, I'm not so naive as to expect legislative action on these and other important recommendations the week or even the month following the conference. I've been around too long for that. But we were told that we were establishing a new national policy on aging at the conference. Gentlemen, where is there so much as a hint of that national

policy spelled out at the conference, where is it reflected in all the rhetoric in and out of Congress since, even in the legislation introduced by our friends?

From the President down we have heard declarations, promises that deep poverty and deprivation can no longer be tolerated and must be and shall be eradicated at least among our elderly. And yet the administration continues to urge support for its so-called welfare reform bill, H.R. 1. The shockingly low income floors the bill provides—\$2,400 for families of four, and for the elderly, blind, and disabled less than \$30 weekly for individuals, less than \$50 for couples. Nor does the bill prohibit States with higher levels from reducing them to these standards. H.R. 1 further reduces medicare benefits while increasing costs to the patient.

It is true that amendments have been introduced to improve these and other sections of H.R. 1. Even presidential aspirant Wilbur Mills announced last week that he now favors a 20-percent increase in social security rather than the 5-percent increase he so vigorously supported as chairman of the Ways and Means Committee.

But my deep disappointment lies in the fact that even our best friends in Congress, and you know who they are as well as I do and I count you among them, seem already to have forgotten our recommendations or are simply not taking them very seriously.

I can say in all sincerity, Senator, that you and I are usually on the same side of issues, on Vietnam, on full employment, and other vital issues. But in your letter of February 16 inviting me to testify today, you asked me to comment on the legislation you were planning to offer: Automatic cost of living increases for welfare recipients, full pass-on of social security increases to them, and a bill making medicare available to retirees at age 62 to 65. These are indeed laudable, righting great injustices.

Most persons who retire and accept reduced social security benefits do so because they find themselves unemployable. But Senator, in all honesty, isn't this once more treating an extensive cancer with a bandaid? First of all our absolute over-all attention should be given to providing employment opportunities for everyone seeking employment.

But for the elderly wouldn't it be more to the point if Congress would act now when H.R. 1 is before the Senate. You may not have another such chance for years. Scrap the bad features of H.R. 1, abolish welfare immediately, federalize income programs of all elderly, blind, and disabled using general funds to supplement social security. But establish immediately the income levels recommended by the White House Conference at least. Or how many more such conferences and hearings and pleadings must it take for this Nation to change its priorities and values and establish a national policy on aging and human worth more worthy of our great wealth and power. This is where we should outshine other nations. We would be a much more potent force than through military might.

In concluding, I would ask you to keep in mind that it is estimated that by the year 2000 there will be some 45 million persons 65 and over, and millions more 55 years of age and over. Remember, too, that the trend is toward earlier and earlier retirement. Unless you do something really heroic, no, not heroic, just plain common sensible, to maintain

the purchasing power of today's and tomorrow's retirees, protect and prolong their independence with proper housing, offer them and all Americans full health care with emphasis on prevention and rehabilitation. In short, unless you take our recommendations seriously, I predict that Congress may well look back to 1971 as the turning point when you could have prevented the multiplicity of problems that will surely overwhelm the Nation.

Action now was offered us as the rallying cry at the conference. We delegates responded clearly and honestly. This must be your year of action but not with half measures.

Thank you.

Senator CRANSTON. If you would stay there a moment I would like to ask you a couple of questions, please. I appreciate very much your frank testimony. You have been frank like quite a few of the other witnesses this morning and I don't blame you for some of the feelings of great concern about lack of action on many matters that are very, very important. I am glad that you count me among the friends of senior citizens.

Mrs. VAN FRANK. I certainly do.

Senator CRANSTON. Please do not count me among those who ignore the White House Conference or ignore the needs for hearings and discussion or action and I think you recognize that also.

In regard to the three main recommendations you testified about, the minimum income concept to each family or single person is coming now. The President has that in his welfare bill. He doesn't have it at a figure that you and I would like to see as a minimum. It should be higher. I think we will get a higher figure although still not as high as you and I would like to see but at least that is a beginning and once the principle is accepted we will be in business on that score.

Mrs. VAN FRANK. Senator, we have had beginnings for so many years and I am growing old.

Senator CRANSTON. I recognize that, I wish we could move more rapidly but we will be moving.

On comprehensive health care and insurance the President again yesterday reiterated his desire for that. Senator Kennedy has a more far-reaching bill which I have cosponsored and we will see a comprehensive national health insurance plan enacted by Congress.

I mentioned several times this morning where I translated several of the recommendations of the White House Conference into action. On that score one of the recommendations was for an Assistant Secretary for Housing for the Elderly. President Nixon, who called the White House Conference, opposed that recommendation, or his spokesman did, on the Senate floor yesterday. We nonetheless passed it over their opposition.

The reason for hearings like this, as I have indicated, is to make sure we try to learn exactly what those people who will be affected most feel is necessary before we act. This committee and Senator Church's Special Committee on Aging are holding hearings on the recommendations of the White House Conference on the Aging, with a view to implementing as many of them as we can, once we know exactly what would seem to be the proper way to go.

On employment, I am about to introduce a public service employment bill to provide far more jobs than under the present emergency

act. After President Nixon vetoed the original bill we came through with a much tighter, more limited version called an emergency bill. I am now introducing a continuing bill that will be a major move toward providing jobs for all those seeking meaningful employment, although I am not certain at this point what will happen if we manage to get that down to the White House, whether the President will sign it or not.

I recognize that some of the bills or amendments that I mentioned this morning are just limited solutions to limited problems. We need more sweeping ones, but meanwhile if we can get some of these limited solutions realized that will be of some beginning help.

I know and trust you will be pleased to hear that I have just co-sponsored a bill to eliminate the part B premium on medicare which will be one little, but I think somewhat significant, step forward.

I would like specifically to ask you one question, whether you have any comments on my amendment which would allow retired social security beneficiaries to buy into medicare.

Mrs. VAN FRANK. People under 65?

Senator CRANSTON. Yes.

Mrs. VAN FRANK. By all means, certainly. I believe I said I thought this was one of the injustices. After all, they are forced into unemployment, usually it is not of their own choice, and certainly they should be entitled to receive social security, they should get all the other benefits that the ones 5 years older are entitled to.

Senator CRANSTON. I thank you very much and assure you we will heed your words.

Our next witness is Rev. John Duffy, executive director, San Francisco Council of Churches.

**STATEMENT OF REV. JOHN F. DUFFY, JR., EXECUTIVE DIRECTOR,
SAN FRANCISCO COUNCIL OF CHURCHES**

Reverend DUFFY. Good afternoon, Senator, I am very pleased to be here. I happen to have a hobby, sir, of attending track meets. It has been my privilege to watch you run the 60-yard dash on many occasions and my hat is off to you, you do a great job and we are very happy, too, for showing we still have some steam left and we can compete.

I want to thank you very much for your letter of February 17 inviting me to testify. I appreciate very much your interest in these matters concerning older persons such as—

- (a) Study, research, and training concerning the aging process;
- (b) The evaluation of the effectiveness, relevance, and overlap of all Federal Government programs affecting older persons;
- (c) The amending of the Social Security Act so as to provide automatic cost-of-living increases for aged, blind, and disabled recipients;
- (d) The need to make it possible for retired social security beneficiaries and their spouses who have not yet reached age 65 to buy into medicare; and
- (e) The provision of direct funding to local entities when Administration on Aging requirements are not met by States.

Senator, I support you in all these proposals.

In connection with the legislative proposal concerning study, research, and training relative to the aging process, bills 887, 1925, and 2934, I find however that there is a good deal of duplication and overlapping involved. And because of the outstanding track record of the Institutes of Health in the Department of Health, Education, and Welfare, I am disposed to favor the establishment of a National Institute of Gerontology in that agency. It is my hope that your subcommittee will, through conference, be able to bring such a proposal forward, including the most appropriate features of all three measures. The establishment of such a National Institute of Gerontology will go a long way toward dispelling many of the mistaken notions, the stereotyped attitudes, and the prejudices now prevalent in our culture concerning our Nation's older persons.

Excellent though the results of establishing a National Institute on Gerontology may prove to be, such an Institute, I feel, is unfortunately confined by the present proposed legislation, to focusing primarily on matters relating to the aging process and the diseases and other special health problems and needs of the aged. Much more is needed than this. We do need to give attention to the hurtful, the painful, the deficiencies of memory, learning and feeling, and the infirmities of age which fill the lives of many older persons. But we must also begin to give attention to continuously increasing the vital participation, intellectual growth, citizenship involvement, and problem solving, and the entrepreneurial skills of older persons. We need to relate to the productive older person as well as to the sick older person.

And to this end I humbly suggest that you and your associates give consideration to the establishment of a National Public Service Corporation under the leadership of, and involving older persons. This Corporation should be on the order of Comsat and NASA. It would provide the flexibility and the competence needed, first, for the effective coordination of public, private, and voluntary programs relating to older persons; and second, at the same time maximizing nationwide programs and services while at the same time meeting special needs and opportunities that are local in character.

As NASA and Comsat have done in their areas of specialization, this Corporation could provide the skilled management, the systems planning and the program budgeting which would produce the greatest number of services and opportunities for the greatest number of our senior citizens.

Leadership, of course, is the key to such an effort. And in the suggestions that I am about to make I have limited myself to Californians and San Franciscans, although I am certain that other competent older people can be found in other States and other cities. Top leadership persons could include, for example, Simon Ramo, of Thompson, Ramo, Woolridge; Rudolph Peterson, retired chairman of the board of the Bank of America; E. G. Pat Brown, former Governor of California; Mariner S. Eccles, former head of the Federal Reserve Board; Clark Kerr, former president, University of California; and here you notice my bias, Mr. Senator, I don't know what the information is about Mr. Sterling, but I certainly take my hat off to him for the extraordinary job he did while president of Stanford and he would very well fit into this category of leadership, and lastly, Earl Warren, former Chief Justice of the U.S. Supreme Court.

We have in San Francisco indigenous leadership which could be very helpful here, including Mr. Samuel Yuen, age 60, director of Self-Help for the Elderly in Chinatown-North Beach; Rev. Edward L. Peet, seated right over here, age 70, chairman of the California Legislative Council of Older Americans; Walter Knox, age 64, an American Indian and chairman of the Central City Citizens Council; Mrs. Helen Little, black, chairman of the Northern California Welfare Rights Organization; Sidney Amber, age 85, retired small businessman; Mrs. Mary Harvard, age 75, Senior Community Organizer, Self-Help for the Aging; and Mrs. Grace Cashion, age 62, Spanish speaking leader. All of these persons, although their life experiences are different, are characterized by alertness, ability to work, capacity to produce, broad experience with human problems, and are possessed by a forward thrust which gives lie to the concept that older people have no significant contributions to make to the life of our Nation.

Under the leadership of such people as these, this corporation could develop major private and public thrusts, well-designed and coordinated, on basic matters facing older persons such as health, housing, employment, food service and nutrition, education, transportation, communication, and insurance. Much of the financial input to this corporation will come from Federal funds, as is true of COMSAT and NASA. Additional funds however will come from older persons, or as a result of their labors, being able to use public and/or private resources more effectively and imaginatively. The funds now invested through Federal contributions, social security, pension systems and old age security could be used much more advantageously than they are at present through the creative utilization of this cooperation. America's senior citizens represent a fantastically large market (over 20 million now; 45 million by year 2000); the public and private funds related to them each year exceed \$20 billion, almost the size of the Bank of America. Our Nation's program for its senior citizens could easily match the magnitude, competence and ingenuity of our space program. Life for our older citizens then would cease being a foot-dragging activity, but would move forward with involvement, with power and with zest.

In closing, Mr. Chairman, I want to speak about a different kind of a matter which I realize to some people may seem to be unimportant. It has to do with population statistics and the map that is on the table in front of you. If you would kindly look at the map* you would see in different colors the percentage distribution of people over 60 in every census tract. There is much misunderstanding and confusion, when the distribution of funds or other services is based on national, regional, State or county-wide percentages, and I submit that the time has come to make the census tract the only significant way to consider the needs of the elderly. For example, in San Francisco, the percentages, according to 1970, are national, 10 percent are over 65; statewide, 9 percent are over 65; countywide, 13.9 percent are over 65.

But when we get down to census tracts, as is evidenced by this map prepared by Mrs. Betty Knowles and Mrs. Virginia Glover of our Self-Help for the Aging staff, we find that persons over 60 years of age are under the State and national averages in only 9 out of 143 census tracts. In the majority of San Francisco's census tracts,

*Due to mechanical limitations imposed on the subcommittee, the map could not be reproduced, but may be found in the files of the subcommittee.

the number of older persons exceeds the State and national averages; in many census tracts the excess is 200 percent or 300 percent and in one census tract it is over 400 percent greater than the national and the State average. And I submit to you, Mr. Chairman, that it is necessary to build the census tract into the legislation because that is where the people live, and the closer we come to where they live the more adequate will be the help that we can render to them.

I will be glad to try to answer any questions that you may have. I appreciate this privilege very much.

Senator CRANSTON. Thank you very much for your very interesting testimony. Could you explain in regard to this map how two of the census tracts could have no people over 65 in them. What are those areas?

Reverend DUFFY. They are out toward the Bay View southern section of the city, Mr. Chairman, where the Navy yard is located, and they are mainly in industrial sections. Nobody, so far as I know very, very few, if any, people live in those two census tracts.

Senator CRANSTON. No young people or old people?

Reverend DUFFY. That's right.

Senator CRANSTON. I appreciate your suggestions as to whom we should look for leadership; there certainly are a number of very able people that you named in California and of course there are many others in other States that could also serve. I'm pleased that several of the people you mentioned contributed to our hearing today.

Reverend DUFFY. Mr. Paul Hoffman would be another good man.

Senator CRANSTON. Do you feel that rather than create an Institute on Gerontology along the lines of the bill, the National Public Service Corporation you suggest is a better alternative.

Reverend DUFFY. I appreciate your question, Mr. Chairman. No, I don't. Research is very, very important and particularly research in relationship to health. I would like to see research expanded into other activities, such as economic and social and culture, in addition to health. But take, for example, the housing problem. People on OAS get a \$63 a month allowance. Through a public service corporation like this which could buy property all over the United States of America we could open the door for equity systems, for all of our people on OAS and we could open the door for better management of the property and better service within the property to meet their needs and their uses.

At the present time they are hopeless pawns, helpless pawns because there are very few of them that are in housing that costs less or costs anywhere near \$63. Most of their housing costs a lot more. But this kind of combination private-public enterprise could offset the gigantic unmet need of public housing because they could have decent housing at reasonable rates which belong to them through the corporation. That is just one example. There are hundreds of other things we could do just as NASA has done in its field and just as COMSAT has done in its field. It is time that we saw this problem for the size and the scope and the ingenuity that it presents to us. And I kind of agree with Mrs. Van Frank, if you will forgive me, I don't mean to lower the boom on you, but we in America get an A for the bandaid approach, we still are looking for an A in fundamental workmanship.

Senator CRANSTON. I couldn't agree with you more and I thank you very much for your testimony and for that very interesting idea which I am glad you submitted to us.

Our next witness is Dr. Harry Weinstein, director of medical education, Mt. Zion Hospital.

STATEMENT OF HARRY WEINSTEIN, M.D., DIRECTOR OF MEDICAL EDUCATION, MOUNT ZION HOSPITAL

Dr. WEINSTEIN. I am very pleased to be here and I appreciate your invitation. I am a little disappointed that I have not also been able to renew my acquaintanceship with Jon Steinberg but I gather he is not here.

Senator CRANSTON. He wanted to be here but he had to stay in Washington.

Dr. WEINSTEIN. My, I now feel as though I am not asking for very much in asking for a National Gerontology Institute. I do want to say I do not think that a National Public Service Corporation and a National Gerontology Institute are mutually exclusive, but I also want to point out that in my concept of this National Gerontology Institute, it is not a geriatrician institute, it has a much broader scope and will be concerned with the quality of life, but I still feel we will not conflict with this broader notion. It would seem to me that because it is a more modest aspiration and would have some chance of being brought to fruition earlier, I therefore would like to proceed to defend it.

I think that it is an important concept. I have submitted written material, and in that written material I have described my own or at least some aspects of my background as a physician and as I become involved with the issues of the aged, and I will not bore you with that kind of curricula vitae, but I do want to make it clear I have had 25 years on the firing line taking care of people, and I have been people oriented and I have been older people oriented because as an internist much of my work is with older people.

Now, in the written material that I presented, and I am not going to read it, but I wanted to talk about it a little bit, the first point that I made was that we have, we seem to be reaching, an area of declining benefits by attacking disease, and at the same time we are reaching a point where the potential for increasing benefits from concentrating on understanding the aging process, and the nature of the losses we sustain as we age; that there is an increasing potential for exploiting these to the benefit of the aged and I believe some very distinguished scientists in our country have testified to that fact before this committee.

We now, it has been estimated, and I think this figure has been bandied about, I won't run into all the others, that, if we were to solve the problem of cancer, we might extend our life expectancy by some 2½ years. It also becomes apparent that the physiologic losses of man have kind of a linear quality, we steadily lose them, but the probability of death moves existentially so it doubles every so many years. This, too, implies that, in a way, in the present state of our knowledge, we are sort of like carrying water in a paper bag, we patch it one place and it breaks someplace else, and no attack on disease is going to

provide the kind of health and quality of life that I think is possible at this time for our older citizen.

My son, who is a product of that august institution, Harvard, and who has one foot in each camp, has been trained with a Ph. D. in biophysics and an M.D. in clinical medicine. When I told him I was going to appear before this committee, he asked me whether my interest in aging was a recently acquired interest and did it have something to do with my old fear of aging and its consequences and death as I approach 60, and I was able to say not at all, and I hope, however it does reveal, and I think it is very revealing because it suggests that younger people look upon concerns about aging as being something that you get interested in when you get old, and what we need is to have people who are interested in it when they are young. But I didn't want to get hung up on the process of aging or the losses sustained with aging, I think there are some real gains with aging which I can't detail here.

But in line with the Reverend Duffy's concern that we develop something with a broad enough scope so that it is concerned with something more than literal minded health matters, I am concerned about the quality of life and at this moment at our hospital we have a visiting scholar who I think is one of the great thinkers of the 20th century, Mr. Erik Erikson, Professor Erikson I should say. He does not hold a single higher degree but he is one of the most distinguished scholars, and a psychoanalyst, and he has been very much interested in these final cycles of life and he refers to that as a middle age of generativity. And I think almost everybody here has qualified by being here, that whether they are currently still in middle age or will go on to an older level, have been concerned with making the world a better place, and these are the people who he refers to as in their old age arriving at an age of integrity. When they have time for reflection they can look back on their lives with satisfaction. And he draws this in contrast to those who have not focused on these goals in their middle life, have not developed their resources and whose old age is an age of despair. It is a succession of missed opportunities and it's too late to start again. Well, many of our aged people didn't concern themselves with making this a better world and yet find themselves in old age, in an age of despair, not because of their lack of their own resources, but because our society has not made it possible for them to have an age of reflection and satisfaction with their accomplishment.

Now the second point that I wanted to make is that there are waves, it is like dropping a pebble in the water, that the establishment of a National Gerontologic Institute I think will do more than just expand slightly the research activities, but I think it is necessary because I think in the publication that you provided, on the back of it was a statement by Charles Bartlett, in focus, to the effect that research on aging is languishing as a stepchild in the vast complex of National Institutes of Health.

I think that we need to move our concerns and our research and our study from aging into a status which would be equal to that of the other 10 National Institutes of Health. If my initial thesis was correct that attacks on the understanding of physiologic losses and biologic processes of aging have great promise today and perhaps more promise than continuing narrow attacks on disease, then I think that status may be where it is all at.

It's a form of logic, a fact of life, Senator, if you give somebody a drug for a case of sinus, it not only dries the nasal mucous membranes, it dries the mouth. I am struggling with that particular disease at the moment.

One of my main encounters is with medical students and house staff and practicing physicians. And wherever I go I am astonished by the lack of knowledge in the areas that I find so fascinating, concerning the aging process and the rewards, the potential available for knowing how to take care of the aged. What I think we need, amongst other things, is an improvement in our education of health professionals. I think from the moral point of view we need to push them into greater concern about extended care, long term care, home care, rehabilitation services, for those who are already sick, but I think we also need to get them involved in the aging process itself. I think if we had more career investigators, and more people supported by the National Institutes of Health, or a National Gerontologic Institute near our teaching hospitals and medical schools, that this would give a great shot in the arm to the interest of aging and subsequently to the care of the aging.

And Senator, even as it has been pointed out, we really need more budgetary clout, not groups to establish a National Gerontologic Institute, mind you, and not just to support these trainees and academicians in the various medical schools, but we need more budgetary clout to provide the necessary moneys to deliver the kind of care that our older Americans are entitled to.

It has been my personal observation, having popped back and forth from San Francisco to Washington, that every time the Senate Finance Committee calls a hearing in which the Bureau of Health Insurance staff have to defend themselves that the Bureau of Health Insurance runs home and issues a whole flock of intermediary letters, directives, becoming more restrictive on what medicare will allow as covered care. These kinds of directives are not always shared with the people who are providing the service and they are left in the dark. They first discover some of these directives and their content through claims denials. The end result is neglect, suffering inadequate rehabilitation, and increased dependence of these individuals, these older people, and the final result of that is I think a greater cost over the long haul. An individual with a stroke who is rehabilitated, and if we had time I would quote exact cases where the failure to rehabilitate the patient results in a lifetime of care in an intramural institution when that individual could have had a higher level of meaningful life on the outside.

I want to read quickly my conclusion. Obviously the establishment of the aging process and physiological changes may bring more bene-all the ills that I referred to but it is an important step in the right direction. I do not believe that a duplication of effort would—this is some of the evidence, there is some difference of opinion about its effect on our other institute—I do not believe that duplication of effort with categorical disease institutes need occur. On the contrary, the information gained in pursuing the broader concerns of gerontology could contribute to the work of the other institutes. Cooperative rather than competitive efforts should result. Further, if the amendments proposed by Senator Cranston were adopted, the Institute of Gerontology could make a major contribution in evaluating all Federal

programs affecting older persons. I think this evaluated effort alone would justify the existence of these national institutes because I think they are so badly needed.

In summary, we are approaching the time when our understanding of the aging process and physiological changes may bring more benefits in the understanding of disease. And we need to elevate the status of research, and increase concern for the health care and welfare of the aged. I think the establishment of a National Gerontologic Institute could help a great deal to accomplish this.

Thank you.

Senator CRANSTON. Thank you very much for your very interesting testimony. I am delighted you support my proposed amendments to the bill relating to the Institute of Gerontology. Do you have any comments on the other legislation I am working on, specifically the amendment that would permit certain social security beneficiaries to buy into medicare?

Dr. WEINSTEIN. I had one remark to make about your proposal about an automatic cost of increase for the aged, blind, and disabled recipients. I am not competent to know what its consequences would be actuarially, but I said this I think 3 years ago at the Western Gerontologic Society meeting and I will repeat it as an indication of my support for this and that is the greatest biologic need of the aged is money.

Now on the other piece of legislation, medicare for those 62 to 65 years old, I think this too is important legislation because there are large numbers of people, retirement, as somebody said, is occurring earlier and we are having another group of people drop between the cracks who for a number of years when they really need health care coverage it is not available to them, and it is not that I feel that medicare coverage in its present state really answers our purpose fully. I think many of us who had high hopes for it are somewhat disappointed at its incompleteness, but certainly dollar for dollar it would buy more for that group than any other kind of health insurance and I would certainly support it.

Senator CRANSTON. I would like to ask you where specifically you feel we should focus our attention in our efforts to enrich the lives of senior citizens.

Dr. WEINSTEIN. Well, that is kind of complicated. First of all, I think that the losses that the aged sustain, I think everything from loss of dignity, income, the physiologic losses, there is a long list of things, changes in heart output, in diminished body water, diminished kidney function, and so forth, I think one of the real investments we could make would be in attempting to develop, to find I think some training programs. I once also thought we were getting to that point where the slogan was being distorted into millions for research but not one cent for service. I would like to have what we know now reach the people who would benefit from it, and in order to do this I think we need to, and I think the national gerontologists will give you help. We need some funding for education of health professionals. I would say it is very high on my list. I think that, however, would go beyond the specifics of disease or even physiologic change. I would like to see if we can reach the health profession in terms of giving them a more optimistic look toward our aged. Five percent out in the community,

only 5 percent of whom are institutionalized, and to see if we could, well, I think we have to fund both the research and the education but I think the education right now comes first and should be one of the byproducts of the National Gerontologic Institute.

Senator CRANSTON. Do you feel that research leading to an expansion of the lifespan under circumstances where the added years would be valuable and pleasant should be encouraged?

Dr. WEINSTEIN. I think the idea that we might live 2,000 years is not very likely to come to fruition. But I do think that the 23 theories of aging that have currently been proposed by Dr. Strehler in a recent monograph, and the evidence that there are certain things such as gene depression and we would depress these genes, I think we are on the threshold of all sorts of exciting things. I would quote one kind of research and suggestion that some aspects of aging are reversible and this has to do with the lonely cockroach where if wounded, the cockroach has the ability to regenerate a limb, a leg through its several molts. After its final molt it loses that ability. But if one creates a Siamese twin arrangement with another cockroach that is a young cockroach in the premolt period with this older cockroach having lost its ability to grow its leg, that old cockroach regains its ability to grow the leg.

Obviously we are human beings and not cockroaches but the fact is there is in a sense a possibility, it seems to me, this is more promising in attacking disease, not that we would necessarily live beyond our genetic program but that rather we might slow down the biologic clock in such a way that during the period of our lives we would have a better quality of life and a healthier quality of life. I know it is categoric in the sense that there would be new pressures introduced if everybody lived for extraordinary lengths of time but the truth is older people living a little longer are not really a threat to us. It is the reproductive period, the genetic period, the process of selection during which the population grows that poses the real threat to man, because in the postreproductive period we are only adding a few years to lives of people.

Senator CRANSTON. Isn't there a possibility that their reproductive time might also be expanded?

Dr. WEINSTEIN. Yes I perish the thought. I think that is one thing that man at this moment does not need. I am ready to be a grandparent, I am not interested in being a parent again.

Senator CRANSTON. I thank you very, very much.

(The prepared statement of Dr. Weinstein follows:)

PREPARED STATEMENT OF HARRY WEINSTEIN, M.D., DIRECTOR OF MEDICAL
EDUCATION, MT. ZION HOSPITAL

The benefits likely to be realized by improved understanding of the aging process have already been pointed out to you by many distinguished authorities, among them Dr. Strehler, who in a recent monograph described 23 possible models of aging. His monograph reflected not only how much exciting information we already have but also how very much remains to be learned in order to translate our understanding into tangible benefits for the aged.

If one moves from the theories of aging to consideration of the physiologic changes which accompany aging, the potential tangible benefits of understanding become even more apparent. As Dr. Ralph Goldman has pointed out, "The great reduction in premature causes of death has produced an enlarging residual population in which altered physiologic responses are primarily determinants of

the outcome of disease processes. Knowledge of these changes is essential to rational treatment. Modification of aging changes is probably more central to prolongation of life than is attack on many of the disease processes that currently command major attention." Our concern should not only be with prolongation of life but with the quality of life. One would hope that increasing numbers of us will enjoy what Erik Erikson referred to as a middle age of generativity (in which we concern ourselves with making the world a better place) and an old age of integrity in which as our major efforts near completion we have time for reflection and can look back on our lives with satisfaction). I believe that the legislation we are discussing is intended to contribute to the realization of that hope.

It was not my intention to become philosophical or to go deeply into a discussion of the aging process. I have discussed it only to indicate that I believe we are on the threshold of a new era in understanding aging, and in bringing new health and social benefits to the aged. I take it for granted that expanded research programs are urgently needed in order to exploit the recent advances in biomedical, behavioral and psychosocial knowledge of aging. I believe that the best way to bring this expansion about is to establish a National Gerontologic Institute. Charles Bartlett referred to research on aging as "languishing as a stepchild in the vast complex of National Institutes of Health". (The fact that there has been a reduction of the budget for research in aging supports this view.) What is needed is to get rid of this stepchild status by creating a Gerontologic Institute of equal status with the other ten institutes of health. The magnitude both quantitatively and qualitatively of the aging problem and the potential benefits for the aged justify such a status.

Maybe status is the key word in my testimony. I will pursue this tack by starting with the medical student and the medical school curriculum. I have occasion to encounter senior students from most of the medical schools in the country. On random sampling I rarely encounter a student whose current knowledge of aging, theoretical or practical, or whose interest in caring for the aged matches his knowledge or interest in disease categories such as cancer, heart, etc. The same is true for interns, residents and most practicing physicians. We need a National Gerontologic Institute to dramatize the importance of the problems of aging and the aged—to stimulate interest in and research concerning the fascinating process of aging and to awaken interest in providing better care for the aged. We need more N.I.H. supported fellows and career investigators at medical schools and teaching hospitals working in problems of aging as well as on heart disease. We need what Senator Eagleton referred to as budgetary clout in order to fund the activities of a central Gerontologic Institute as well as its peripheral programs. This will require some reordering of priorities. I will not indulge in clichés concerning the system of societal priorities which proposes we spend billions for tours of space but cannot supply additional millions for research on aging or improved care of the aged.

Within the confines of our budget for health, the magnitude and importance of the problems of aging demand that we invest more in solving them. By our failure to do so up to now, amongst other things, we have turned out physicians interested in disease and in acute episodic illness but who have taken little interest in or responsibility for dealing with the multiple circumstances of illness which characterize old age. We as physicians have not concerned ourselves with the quality of care in nursing homes (largely occupied by the aged) as we have with the quality of care in "acute" hospitals. We have not made full use of available rehabilitation services, and Home Care services on behalf of aging patients. One could go on and on but the substance of it is that there is an absence of status in research, education and patient care in the field of aging and the care of the aged. This is true at the National Institutes of Health and at medical schools and this in turn is reflected in the absence of status for the aged in patient care.

But this is not the whole story. The lack of budgetary clout for the aged is not confined to N.I.H. The deficiencies in care of the aged do not stem from professional inadequacies alone. The best institutions, doctors and allied health professionals in the world can deliver the care but they cannot pay for it. Some of the responsibility belongs to the Congress itself. It is my impression that each appearance of the Bureau of Health Insurance staff before the Senate Finance Committee is followed by the insurance of new ambiguous restrictive intermediary letters and directives to fiscal intermediaries (not shared with providers). Retroactive claim denials follow. The providers respond by pursuing the policy "when in doubt (recovered care) don't serve". But even this doesn't save

the provider because the claims reviewers of the Fiscal Intermediaries are so inconsistent and seemingly bewildered that no service is assured of being adjudged covered care. No one knows how much we are spending to decide who we will not take care of but the cost must be staggering. The end result is neglect, suffering, inadequate rehabilitation efforts and needlessly progressive illness amongst the aged. Many agencies and aged may be worse off now than before the Medicare law was passed, when philanthropic and local tax dollars were available.

Obviously the establishment of a National Gerontologic Institute will not provide a remedy for all the foregoing ills, but it is an important step in the right direction. I do not believe that duplication of effort with categorical disease institutes need occur. On the contrary, the information gained in pursuing the broader concerns of gerontology could contribute to the work of the other institutes. Cooperative rather than competitive efforts should result. Further, if the amendments proposed by Senator Cranston were adopted, the Institute of Gerontology could make a major contribution in evaluating all federal programs affecting older persons. This evaluative effort is very much needed and I fully support the sense of the proposed amendments.

In summary, we are approaching the time when our understanding of the aging process may bring more benefits than our understanding of disease. We need to elevate the status of research and teaching in the field of aging and increase concern for the health care and welfare of the aged. The establishment of a National Gerontology Institute in my opinion could help a great deal to accomplish this.

Senator CRANSTON. Our next witness is Dorothy Eichorn, research psychologist, Institute of Human Development, and administrator of Child Study Center, University of California at Berkeley.

STATEMENT OF DOROTHY H. EICHORN, Ph. D., RESEARCH PSYCHOLOGIST, INSTITUTE OF HUMAN DEVELOPMENT, AND ADMINISTRATOR, CHILD STUDY CENTER, UNIVERSITY OF CALIFORNIA, BERKELEY

Dr. EICHORN. Thank you for covering my title so I don't have to go through it.

Our previous speakers have already used some of the phrases I intended so it may not be necessary. In my research I am also principal investigator of the Intergenerational Studies of Development and Aging, HD 03617, and member of the advisory committee for the training program in developmental physiology and aging (also sponsored by NICHD), directed by Prof. Paola S. Timiras, Department of Physiology, University of California, Berkeley.

Our research project includes the original subjects of the institute's longitudinal studies, one group of whom has been studied since preadolescence and the others of whom have been studied since birth. In addition, the program includes the spouses, children, and parents. We have antecedent data on the parents, collected during the childhood of the original subjects. In a majority of instances we also have earlier data on the offspring of the subjects.

Except for administrative efforts, my contributions to this part of our research have been minor, for my training and experience are in earlier stages of development.

Unfortunately, I cannot offer you any hard data, because until this year our time was spent primarily in data collection. This is our first year of data reduction and analysis. However, our studies can serve to illustrate three points bearing on the several pieces of legislation under consideration.

First is the question of the effect of the availability of reasonably adequate food, housing, medical care and the like on the lives of older persons. On the average our subjects are somewhat privileged in these respects. As we saw them during the data collection years, they presented a much happier picture of mental function, participation in the life of the community, and attitude toward living than has been found in studies of less-advantaged groups. Our data will speak to the relative effects of past and current life conditions, but as of now I think we can safely say that some measure of economic security, although not itself a sufficient condition for a satisfactory later life, plays a vital role.

Second, our study serves to illustrate the difficulty of determining how funding has been devoted to research on aging to date. One views such research in a limited perspective as being conducted with persons over, say, 60, then only a portion of our grant can be so classified.

My conceptualization of the lifespan is such that the entire continuum may be interpreted as either development or aging. I am convinced long-term studies of the same individuals are essential for a real understanding of either developmental or aging processes.

Third, projects such as ours show the need for flexibility and/or diversity in funding. The members of the original study groups are now in their 40's and 50's; their parents range in age from the 60's to 90's; their children span the ages of 1 to 30 years. The data collected include psychological, sociological, and biological variables. One of the strengths of funding through NICHD is that institute's ability to adjust to projects of this sort, which fit into none of its departmental rubrics. In providing additional funding for research on aging this sort of flexibility needs to be maintained, whether through inter-agency cooperation or other means. Experience with other national problems of health, education, and welfare suggest that substantial funding and direction of attention to a problem are required to achieve the "ripple" or "trickle down" effect that produces a sufficient number of teaching programs, positions in industry and government, and the like.

As you may infer from the foregoing statements, I wish I did not feel it necessary to speak in favor of a National Institute of Gerontology but could defend the funding of research on aging in a broader context. As previous testimony before this committee has indicated, however, this approach has not produced the results we need for healthy, productive older citizens. The existence of an institute specifically concerned with aging would provide the focus and status, and I believe I am again quoting my predecessor, which seems necessary if any field of endeavor is to attract the quantity and quality of work needed to solve problems. This committee has already heard the earlier testimony that persons trained in a few excellent university programs now supported by training grants have difficulty securing employment that utilizes their knowledge and skills. This phenomenon implies that colleges and universities, industry and communities have not integrated aspects of work on aging appropriate to their functions into their programs in the same way that is true for childhood. For example, students in either academic or practical programs in a wide variety of fields, not simply education, are required to have at least

course work in developmental psychology. Yet few have even the opportunity to enroll voluntarily in courses on gerontology in any of its aspects. I think an analogous statement could be made about employment opportunities and prerequisites.

I should also like to take this opportunity to speak to another point which may also appear foreign to my interests. Basic rather than applied research is characteristic of our institute. Although our work is weighed in the direction of the behavioral and social sciences, it has strong biological aspects. I would urge that the Institute proposed under S. 887 and the activities promoted through S. 1925 include provision for what is often called demonstration research. Simply to understand, through basic research, some of the associations among conditions and phenomena in the lives of older persons is not necessarily to know what or how to do something about undesirable conditions. Nor can we afford to wait for final answers when undesirable conditions exist. Often it is possible to ameliorate situations whose causes are not yet shown. Thus attention must be given not only to basic research but also to translation of research findings into social policy proposals and to what might be called operational research. Examples of the latter include controlled field studies of housing arrangements, delivery of health services and of nonenforced retirement. My colleagues who are responsible for phases of our basic research program concerned with the older subjects, but who themselves teach in schools of social welfare, have stressed to me the paucity of operational research and the very great need for it.

Thank you very much for asking me to testify. I wasn't able to get my copies to you earlier so I have a stack which I can give to your staff.

Senator CRANSTON. I appreciate very much your being with us.

I would like to ask you if you feel generally that the bills under consideration by this subcommittee today would enhance efforts such as those you are undertaking.

Dr. EICHORN. Yes; I think they would. As I outlined in my presentation, I think there are always some difficulties in coping with the things that don't quite fit but given past history being able to adjust such irregularities I trust that something with gerontology on it will not necessarily interfere with it.

Senator CRANSTON. What are your views on the question of extending the human lifespan?

Dr. EICHORN. I guess I should speak for myself first before the rest of the population. I don't want mine expanded, if the quality of it is going to be poor. I certainly would not wish that on anyone else, though I think each should have his own choice. However, I take great heart from the subjects that we have seen in our own studies which, as I indicated, although they cover the range of socioeconomic and education continue as biased upward on all such measures, there among them are persons who have severe physical handicaps, but their mental function is excellent, they have an active, lively interest in the things about them, they are still useful to the community and their families and enjoy being so. If my life could be that way I would be delighted to have it prolonged.

Senator CRANSTON. Thank you very much.

The next witness is Dr. Alfred Azevedo, principal, Pacific Heights Adult School.

Dr. Azevedo, we welcome you.

Dr. AZEVEDO. Thank you.

STATEMENT OF DR. ALFRED AZEVEDO, PRINCIPAL, PACIFIC HEIGHTS ADULT SCHOOL

Dr. AZEVEDO. I am Dr. Alfred Azevedo of the San Francisco Community College District.

Before I read some of the notes which I have here I would like to comment on a couple of things in relation to education. In San Francisco the board of education, which at the moment is also the board of education for the San Francisco Unified School District, 2 years ago separated out and formed the San Francisco Community College, and in the last 2 years and in the previous years this board of education has been very strongly interested in the program for the aged and the aging, and has participated with the mayor's committee and the director and other agencies, crusade agencies throughout the city in furnishing teachers and leadership training for the aged in order that they may receive their proper share of the educational dollar. I think that the program here has been unique and interesting, and particularly in the field of training of volunteers for the aged and of the aged. So I would like to have it noted for the record that there is one community agency that is strongly in favor of these programs and probably will continue to be so interested in educational training.

I speak today for Dr. Louis Batmale who is superintendent of the San Francisco Community College and who wishes to express his regrets at not being able to be here today but that he is strongly in favor of many of the programs which we have, and if I may speak to the point of your two bills.

There is a need for research in the field of aging, it has been well documented by your hearings in the previous years, and there has been much testimony given by various organizations here today and individuals who are far more competent than I to speak to the points in regard to the physiological or psychological aspects of aging.

I will say on Senate bills 2934 and 887 as we have read them, that the community college district agrees that more study, investigation, experimentation, and demonstration is needed in the field of aging. And I think that what we wish to express is that we feel that they are focused primarily on the national level and it is our opinion that we would love to have more done on the State, regional, and local level.

Here you have a core city, a central city with a tremendous group of people in the older age brackets and we feel that the local level should be given as much emphasis as possible for financing and for work for research. There are numerous agencies here I am sure that would agree with this.

Then on Senate bill 1925, we feel that it is important and fulfills the need of the aging population. We as a community college district naturally would have to receive permission of our board to participate in any of the activities that perhaps might come up in regard to funding, but I am quite sure the board has expressed in the past that at the local level they would be interested and willing to share in some con-

sortium, work with or to receive funds which would aid in the training at either the junior college level or on the adult and occupational side. We are quite interested in training not only the younger people to work in the field of aging, but our volunteer training program at the moment is involved with training older people to work as volunteers in these agencies where they cannot afford nor are there funds where the leadership of the aged is needed, so that we are quite interested on the associative arts level or the adult level to train some of our senior citizens and give them an opportunity to go back to receive specific training to continue work in the field of aging.

I think again the recent White House conference, which unfortunately I did not attend, did point up some action steps that we are all interested in seeing followed, and that the need for additional research certainly is apparent.

If I may just comment on that briefly, we ourselves are interested in how well adults learn, we in our adult program have 18 up to 100, 120, and I recall one of the previous speakers saying about the cockroaches and it made me think of one training program we did with some senior citizens in North Beach, in the Italian section there, where we gave them citizenship training. Those who have been here 20 years who are over 50 years of age could take the examination in their native language, and the immigration authority asked us, I think it was an 88- or 89-year-old Italian lady, if she would bear arms for the United States and she said in Italian, "Bear arms, I could hardly lift my cane," and I, too, would like to point out that there was a place for her, though, in the education program where she did learn and she did acquire a citizenship by going through a program and in passing the test.

But I think we are also in great need of additional research on the learning abilities, in either how they may be applied, improve our teaching, our methodology and working, and what kind of programs would be well for these people to participate in, I think that is obvious and I am sure others have stressed it.

We are also interested in the placing of any National Institute for Aging in an office that would be of great value to us. In talking with the people in the community, they feel that the office of Dr. Arthur Flemming and the Office of the President, or the establishment of an independent commission which could work with the local, State, and the regional people perhaps would be more effective than being lost in some other bureau, so I imagine what we really are saying is we would like direct and close contact with the agency that would be handling the program.

Those are the extent of my remarks, Mr. Cranston, and I thank you for asking us to participate.

Senator CRANSTON. Thank you very much.

Do you feel the amendment that I propose to introduce to the bill regarding the Institute of Gerontology would solve the problem of coordination with other Government entities by giving it the power to survey what they are doing and the effectiveness of it and whatever efforts there are by other agencies relating to the aging?

Dr. AZEVEDO. I am not familiar with that but I would say any method or group which would establish the guidelines based on all the agencies that are participating and clarify the role that each

would play would be most helpful to us, and if it is designed to do that I would say certainly we would be for it.

Senator CRANSTON. Do you favor the concept of the institution over the concept of the commission?

Dr. AZEVEDO. Again, my feeling, as a person, as a personal feeling, is I would rather see a Commission on Aging which would be dealing directly with the aged.

Senator CRANSTON. Thank you very much.

Our final witness this afternoon is Dr. Paola S. Timiras, professor of physiology, University of California at Berkeley.

Perhaps she is not present. Is Dr. Timiras here?

(No response.)

Senator CRANSTON. I guess she is not here. We will take her prepared statement and place it in the record at the proper location.

Is there anyone else that has testimony?

Mr. KNOX. Yes.

Senator CRANSTON. Would you please submit it for the record. I regret not being able to stay, but I have some other appointments.

STATEMENT OF WALTER F. KNOX, CHAIRMAN, FIRST HEALTH CENTER FOR SOUTH MARKET AREA, OEO PROGRAM, SAN FRANCISCO, CALIF.

Mr. KNOX. I don't have any testimony as such, but I am Walter Knox, I am going to talk about the aged, I don't really know how old they are and I really don't care.

I was born in Oklahoma. My mother and dad are Scotch and Irish, that doesn't make any difference, but here is the thing: you are talking about the aging and what the aging are doing. I just left a meeting of a young man 80 years old conducting the meeting of other young men and women 80 years old, and do you know who are really doing something? They do not want a handout, they want education. They want training, they want you to institute a program where they can have the training and they can be paid for it, where they can do things on their own.

I am also chairman of the First Health Center for the South Market area, directly funded by the OEO program. We are opening up—we have our next meeting the 8th of March at 7:30 pending setting up a complete health center for the South Market area in 1973. These are some of the things, and as I said I only consider a person old, a person that can't get out of bed or is too lazy, a person too lazy to get out of his wheelchair and do something about it, the problems in the area. He can do as we are proving in the South Market area. Unless something is really done, then the seniors are going to be, their talents, their skills and all are going to be bypassed. We want to use the seniors' skills, their talents to teach the younger persons, my son, my grandson, granddaughters, and so forth, to teach them.

In your bill you have said that you are interested in getting better medical care for the seniors, and as you said you are interested in getting services, whatever they may be. Then I am saying here that down in the South Market area, in the city of San Francisco, and I think about the country, they have been neglecting the aging person too long. We have about 40 percent of our boarders in the city of San Francisco

who are aging, 55 and up. The age of 55 and up is wrong. You start aging really about 40 as they say. If you are a woman when you go over 30 then you start aging, the insurance and everything starts to cut you off. What I am saying here is into that area use these seniors, get a bill started where you can go into the area to use these seniors. They are not bad. Young men running around, a young man running around Golden Gate Park this morning, he is 105 years old. I would like any of you to run around with him and see if you can keep up with him.

As I said, I do not have degrees, I don't care about degrees. All I am interested in is seeing action in the community. Clementine Towers, as you may know, is 276 units. We are doing something there, we have organized, we are getting organized, and we have a nurse full time, we have two social workers, one is Chinese, one is white, we have others. And those are the things that I want to bring up.

Senator Cranston, the questions that you want to ask, I say this, I know my time is up, but like I said, this is aging, we are 40 percent and we have a big vote in the area. I have just organized 35,000 votes of Filipinos, that is 35,000 votes, and we are really stepping out and doing things.

Senator CRANSTON. Thank you very much. We appreciate your comments.

We will now stand in recess and meet again tomorrow in Los Angeles.

Thank you all, for your presence and for your help.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

(The material referred to follows:)

PREPARED STATEMENT OF PAOLA S. TIMIRAS, M.D., PH. D., PROFESSOR OF PHYSIOLOGY, UNIVERSITY OF CALIFORNIA, DIRECTOR, TRAINING PROGRAM IN DEVELOPMENTAL PHYSIOLOGY AND AGING, BERKELEY, CALIF.

I should like to add my statement to those of others in support of Senate Bills S. 887 and S. 1925, which are of important concern not only to the specific health needs of the aged but to the viability of the society as a whole. Indeed, the advances that have been made in the area of child health and development have had important impact on the size, alone, of the population attaining advanced age—and yet the needs of this increasing population in its postmature years have been essentially neglected. My viewpoint, as a physiologist, has been to regard the study of aging as integrally related to that of development and, in many respects, dependent on early life factors; at the same time, certain distinctive features of the aging process that have emerged in recent years, particularly from advances in the field of molecular and cellular biology together with progress in medical and social sciences, now render the study of aging a research in its own right. These considerations, however, are more than theoretical; for not only is aging an inevitable stage in our lifespan, but an increasing number of infants will live to reach old age. The improvement of health for the aged—a predictable outcome of a national effort to promote aging studies—would not only benefit that specific population but such an investment would result in a substantial return to the entire population.

Traditionally, the health problems of the aged have been considered only under the blanket of studies on specific diseases, rather than by any systematic focus on the physiological aspects of postmaturity as a continuing life-stage. The results of such isolated studies of diseases, while they have been fruitful in many respects, are of diminishing value in terms of the health needs of the whole man as they appear today. For example, it has been correctly stated that even

if heart disease, the prime cause of death in the U.S., were to be cured overnight, life expectancy would be prolonged by only a few years. It is evident to those of us working in the field of gerontology that the study of aging problems requires concerted attention to the complexity of processes involved in aging, itself, and not on selected pathological manifestations of old age. The recognition of the need for a comprehensive and systematic study of aging, in all of its varied aspects (biological, psychological, social, economic, etc.) calls for a reassessment of the conventional priorities that have characterized health research in past years. The establishment of a National Institute of Gerontology, as proposed in S. 887, as well as that of a commission for the intensive study of human aging, as set forth in S. 1925, represent two vital pieces of legislation, commensurate in their significance with the high standards the world has come to expect of our nation.

It is important to note, also, that interest in the field of human aging has grown steadily in the last decade in parallel with the technical and scientific achievements needed to assure a successful research program. No preliminary propaganda campaign is required to encourage young scientists to careers in aging research; on the contrary, an increasing number of well-qualified applicants to our own training program are turned away annually for lack of support funds and space. And yet, even a cursory appraisal of the distribution of funding by N.I.H. for the various Institutes and Research Divisions demonstrates clearly the inadequacy of federal support for aging studies. The productivity of our later years is a matter of concern not only to each of us as individuals but to the life-force of a society which, in dramatically reducing the rate of infant and childhood mortality, now demands that we find ways to utilize the years thus gained not in disease and dependency but in health and fruitful activity.

I am most pleased to have had the opportunity to address myself to these concerns, which I believe are becoming one of the central preoccupations of the biomedical sciences today, and should receive the intense consideration of our citizenry and our lawmakers.

SENATE SUB-COMMITTEE on AGING HEARINGS in SAN FRANCISCO on March 3, 1972

TESTIMONY TO SENATOR ALAN CRANSTON ON ESTABLISHING AN INSTITUTE
FOR
THE STUDY OF GERONTOLOGY

BY: SAM YUEN, DIRECTOR, SELF HELP FOR THE ELDERLY
3 Old Chinatown Lane, San Francisco, CA. 94108
(415-982-9171)

During the past five years, Self Help for the Elderly has worked with over 8,200 elderly in the Chinatown North Beach area of San Francisco. The large majority of the people are Chinese and other clientele include Filipinos and Italians. Most of our work has been helping elderly to live in dignity and independence, and toward this goal we have offered assistance with individual problems, developed group activities and educational programs, participated in community planning, and involved the elderly in social action on issues that affect them. We have always tried to respond to the concerns the elderly bring to us, whether it's a matter of concrete problems like money, health, or housing, or psychological problems like family arguments, or how to adjust to retirement.

Senator Cranston, we appreciate your concern to find out from the communities if there is really a need for research and for an Institute for the Study of Gerontology. One of the problems with research seems to be that it develops an independent life of its own, without regard for its relevance to the needs of the people being studied. A graduate student develops an interesting hypothesis that is easily tested, and then when the results are printed, someone else develops an alternate hypothesis in response and then another research project is underway. The statistics and controls necessary in a behavioral science research design are often so rarified that the laboratory atmosphere is far removed from the human condition being studied. In addition, the funds used for such projects often far exceed the funds made available for actual solutions to the problems being identified. From our perspective the financial priorities should always be on the side of programs that offer solutions to problems and not on self-perpetuating research. The elderly definitely do not need this kind of research, and we would support building in ways to insure the research is relevant and that it provides for demonstration projects and service components at all stages.

The elderly cannot wait for the cumbersome process of getting action results from research. They are not sure they will live long enough; and to involve them as guinea pigs without sharing in the benefits is exploitation. Academic exploitation is not much better than material exploitation.

We have often seen areas in need of research. One of the most obvious is the need for continuing research in health and disease problems. In the Chinese community we see a high incidence of cancer in the mouth, cheek, and nasal areas. The Cancer Society verifies the fact there is a higher incidence among Asians, but they do not know why. We would certainly encourage all kinds of medical research, and while this is not the exclusive domain of the aging field; there should be shared information and results easily available.

Improving the quality of life for the elderly is a broad area for research. Throughout the country segregated housing for senior citizens is being built, partially because researchers said that the elderly wanted to live separately and not be bothered with noisy active children. While this is certainly relevant research, it does not allow for the minority of elderly who would like to be around younger people. Their option then in many

cases is to remain in private housing, if they can afford it.

The bulk of social-psychological research on aging has been with white middle class elderly, and there is a need for research on the special needs of minority elderly. There have been numerous studies on the relationship of elderly to their adult children and grandchildren, but all the studies I know of are with white middle class families. A study done in the Chinese community would probably present a very different picture. Perhaps the greatest trauma experienced by Chinese elderly who expected respect in their old age is to find that their children do not want them around, and there is no respect. This not only occurs with their children living in America, but when they return to Hong Kong and their children there see them as old and poor which is not what they expected of their relatives who had been to the Gold Mountain (the phrase for California). There are still some families who do take care of their parents, and there are other elderly Chinese, especially men, who have been in this country forty years and have no family at all. The psychological ramifications of each of these conditions may have great influence on the life and sense of self among the elderly. This is also an example of a research need that should be combined with a service and demonstration project component. It would make no sense to combine a statistical survey and series of interviews in which many feelings would be exposed without providing some assistance in dealing with the feelings.

The number of elderly from Asian countries is increasing every year, especially along with West Coast, and there should be not only research but programs that allow for special needs. We are looking forward to new food programs including meals-on-wheels programs for the elderly, but we know there will be no provision for ethnic foods, whether it is Chinese, Filipino, Mexican, or Jewish foods. Yet the provision of special foods will be crucial in solving the problem it is designed for--malnutrition among the elderly.

We are interested in the formation of an Institute for the Study of Gerontology, but we hope it would not be solely for study. Such an institute high in the federal government could become a catalyst in helping see that new resources are made available for the elderly, both experimental and permanent resources. Legislators need information to justify bills that would benefit the elderly and hopefully the Institute would make such information easily available to all. But more than that, we would hope that the Institute would become an advocate to see that certain needed programs and legislation are presented. The elderly cannot wait for the long process from research to program, and the Institute could help speed up that procedure. The Institute also seems like a natural place to provide training for those who work with the elderly, and the elderly themselves. About half of our staff at Self Help for the Elderly are in their sixties and seventies and are excellent workers. Perhaps another idea for a research and training project would be to see under what conditions older workers are best and what is appropriate training.

In summary, we would support the establishment of an Institute for the Study of Gerontology with the qualifications that all research be relevant to the needs of the elderly and adequate provision be made for demonstration projects, service components, training, and concern for minority elderly. We would concur with the American Association of Retired People that 5% of public funds for aging is a "reasonable allocation for research and demonstration on the aged" and hope that percentage would not be exceeded.

STATEMENT ON A BILL TO CREATE A NATIONAL INSTITUTE OF GERONTOLOGY
UNITED STATES SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE

By Lambert L. Choy, MSW
Director of Social Services
Donaldina Cameron House
San Francisco, California

My name is Lambert Choy and I am the Director of Social Services at Donaldina Cameron House in San Francisco, California. Donaldina Cameron House is a United Presbyterian community services center located in the heart of the San Francisco Chinese community. For close to 100 years, we have been providing social services to the non-English speaking residents, not only of Chinatown, but of the greater Bay Area, and at times in our early history, throughout the United States. Our chronological history alone has given to us the experience of knowing, first hand, those concerns and plights and problems that are continually plaguing the population of our community.

We are especially cognizant of the growing number of elderly persons who have come to retire in our San Francisco Chinese community. In essence, our Chinese community has literally transformed into a "retirement ghetto" over the past five years. The United States Bureau of the Census Statistics will indicate that the elderly population of San Francisco's Chinatown has greatly expanded. But gentlemen, do not let unverified figures be your guide. In reality, there are probably ten times more elderly Chinese persons residing in Chinatown than the census has found in its surveys. This is one of the disheartening factors of the census taken every ten years--that so many of our people are not counted for reasons ranging from language barriers to fear of outsiders to simple ignorance of the importance of census surveys.

While we in the Chinese community are naturally more concerned with the availability of services that may directly benefit our elderly people here and now, we would nevertheless heartily endorse the establishment of a national institute of gerontology whose main focus would be upon scientific research as related to the elderly persons of our country. There is the real need to begin a continuing process of advancing into the arena of verified scientific research related to the behavioral and social problems and concerns of the elderly. This certainly does not need explanation; no program or demonstration project or institution or agency can ever be validated without the needed backing of scientific research and its resulting answers.

However, gentlemen, we would be severely remiss in our community responsibility if we did not register our feelings of some complaint as related to the present thinking on the establishment of a national institute of gerontology. Nowhere in the present proposed legislation does it indicate what the priorities of research will be; more specifically, nowhere does the possible establishment of a national institute of gerontology link itself to those MINORITY elderly persons who are residing and subsisting on meager pensions and allowances in our urban ghettos such as San Francisco's Chinatown. Gentlemen, I would be somewhat fearful of another bureaucratic institution in The National Institute of Health that would merely verify scientifically the concerns of the elderly as they are related to White America. For too long, the history of Chinese elderly persons in America has been at a disadvantage; for too long, our elderly has not only been neglected, but they have been virtually ignored. The dollars and cents from the federal pocketbook that have flowed into concrete services being made available to the minority elderly

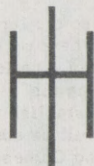
(OVER)

person--especially the Chinese elderly person--has put this nation literally to shame. Federal programs and services as related to the elderly of San Francisco's Chinatown, I would dare say, are less than half a million dollars, if that much. This is the atrocity that has been afflicted upon our people.

We are the largest Chinese community in the United States ; we have also the largest residential community of non-English speaking Chinese elderly persons, and here we are today, being asked to give our view points and support an the establishment of a national institute of gerontology, whose research we are not too certain will in the long run benefit our people. Let me repeat myself though, we do endorse the bill to establish this new federal bureaucracy. But it would be our anticipation that stipulations will be added to the final legislation insuring that the minority elderly non-English speaking Chinese person will receive his full share of benefits from those great volumns of research that will eventually be put forth by the proposed National Institute of Gerontology if established. We would also hope that the staff and related personnel of the proposed National Institute of Gerontology will reflect the make-up of our minority elderly population in the United States; in other words gentlemen, we would anticipate that no final legislation in this area of gerontology will be effected without equal and ample numbers of qualified minority persons being given the equal opportunity to use their expertise and talents in scientifically researching the concerns and problems of our community's elderly. In addition, we would also note that Senator Alan Cranston's proposal to provide the National Institute of Gerontology, if established, with the responsibility to conduct on-going scientific evaluation of the effectiveness, relevance and over-lap of federal governmental programs effecting the older person can but be a beginning towards real and good services for older persons in our country. Our hope would only be that if the National Institute of Gerontology is given this responsibility, that they will turn their research into practical results for the elderly person. Too often, bureaucratic structures, especially those with scientific and research priorities, merely pent our volumns of words and at seldom times turn those words into real services for the population. It would moreover behoove the National Institute of Gerontology, if established, to conduct these on-going evaluations of federal government programs in conjunction with the elderly and minority communities. This would be the golden opportunity for the proposed National Institute of Gerontology to employ consultants from various minority communities including the elderly to participate in these research and evaluative studies. While we are very cognizant that the federal government needs such a watch dog agency to see that their programs for elderly persons are of real relevance and effectiveness, we are not altogether sure that a scientific agency should be given this responsibility. We think that possibly, if the institute is given this responsibility, then an advisory panel should be formed with who power should be established in order to assist the Institute with their studies. In other words gentlemen, we will endorse Senator Cranston's amendment to this particular bill on the establishment of a national institute of gerontology with some qualifications.

In summary, let me express my appreciation for having been afforded the opportunity to testify before this Committee on Labor and Public Welfare of the United States Senate. We look forward with great anticipation for the establishment of a National Institute of Gerontology and we would hope that those reservations which we have mentioned will be written into the final legislation. Moreover, we are pleased that the Congress of the United States is finally getting around to substantially putting dollars and cents and manpower into the problems of the elderly. Now we would hope that the elderly in the minds of our representatives in Congress does not exclude the minority elderly person. Thank you again for your time and your consideration to the matters of our community of elderly people. Your efforts will certainly reap its benefits, for yourselves, when you, too, reach the sunset years of your lives. May you have a happy and prosperous old age.

NATIONAL CONFERENCE THE CRISIS IN HEALTH CARE FOR THE AGING



Priority: Aging and Physical Health . . .

We know that perhaps 70 percent of the patients who have had strokes in the past, developed the stroke for reasons that are now known to be correctible.

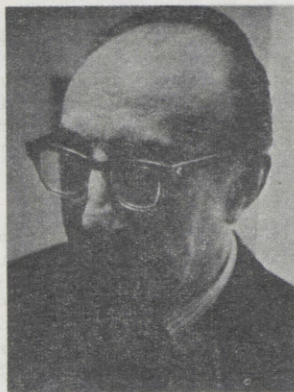
And with proper knowledge about this, both in terms of the patient's understanding of the problem and the doctor's understanding of the problem, we can now pick these things up before they have a full-fledged stroke, and actually prevent them from having a stroke and have them go on for years afterward without strokes. In my own experience, this has proven to be the case. We have good studies for a period of ten years on the follow-ups of these individuals, you see, showing what they can do and how long they can go on.

We, as yet, are unable to control those factors that lead to what we call the aging process. By that I mean that once certain types of changes have taken place as a consequence of aging, that we are unable to really control those factors very much, and I think that, at the present time, one must sort of relate them to the genetic programming in the individual. But within certain age groups, age categories, there is a way of improving the capability of function of the individual and this includes brain function, as well as other organ functions, and thus extending useful life by various medical and surgical means.

Individuals who are in their fifties, let's say, and sixties, with certain disease processes that we know from past experience would inevitably lead to death . . . we have now been able to overcome those conditions by surgical treatment and thus extend that period of life for the individual for ten, fifteen or twenty years.

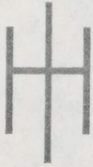
I have, in my own experience, which is a fairly large experience, perhaps in totality say some 15,000 patients, many in that age category. And I have done various types of corrective procedures with conditions that would otherwise lead to an early demise. And many of these people are back at work where they had had to stop work completely and were leading a life of very restricted activities. So, you see, they are back and are productive and are enjoying life again.

—Michael E. DeBakey, M.D.



MICHAEL E. DeBAKEY, M.D.: pioneering vascular surgeon; president, Baylor College of Medicine, Houston, and chairman of its Department of Surgery; director, Cardiovascular Research and Training Center, The Methodist Hospital, Houston.

NATIONAL CONFERENCE THE CRISIS IN HEALTH CARE FOR THE AGING



Statement Of Purpose

Every tenth American today is age 65 or older. Of these 20 million Americans, only 14% have no chronic conditions, diseases, or impairment. Older individuals are subject to more disability, see physicians more often, and have more and longer hospital stays. Six million of the elderly live below officially-defined poverty levels, unable to provide for the increased medical care they require. Without sufficient income, they cannot maintain minimum standards of nutrition and often become victims of the memory loss, disordered thought, and other malfunctions we call "senility".

The Huxley Institute for Biosocial Research is convening a national conference to increase public understanding of the needs and possibilities for substantial improvement in health care for the aging. Established in honor of Sir Julian Huxley and the late Aldous Huxley, and in the spirit of their incalculable contributions to scientific understanding and human ennoblement, the Huxley Institute has selected this major national problem as the subject of its first public event because it crystallizes the health concerns of all Americans for themselves and their families. While the recent White House Conference on Aging drew much-needed public attention to the broad spectrum of problems faced by the elderly, it is now urgent that we deal more concretely with the basic questions it provoked. None can be more immediate than health care.

The Huxley Institute believes that we are on the brink of a biological revolution that can result in substantial breakthroughs in man's understanding of the aging process and make possible significantly more effective and economical preventive, therapeutic, and rehabilitative health care programs. By assembling the best scientific thinking and the leaders of concerned and involved public and private organizations, it will be possible to begin implementing on a national scale the innovations in health services for the elderly that are now within our reach.

The conference will include panels on health care priorities for the aging, research innovations in health care, health care delivery and the role of genetics and nutrition in the aging process. Keynote speaker at the luncheon plenary session will be Senator Edward Kennedy, Chairman, Senate Subcommittee on Health.

In the richest nation in the world, the daily tragedies of our aged cannot be allowed to continue. With the support of America's leadership in government, the private sector, the health services, and public education, they need not continue.

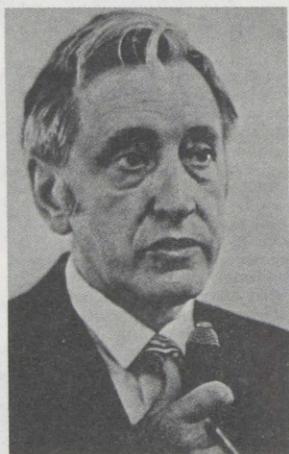
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Priority: Aging and Mental Health

There is a tendency to link growing older with the term senility and then with the confusion, poor memory and deterioration you see in some individuals, as though that were typical of us as a species. Most of us will live and die without ever having that kind of senility. About five percent of the elderly are in institutions now. That's a big number, of course, but it's not large statistically. Let's say one out of a hundred other people may develop a chronic brain syndrome of senile dimension. Now, if you have such a person in your immediate family, you begin to think about that as being aging. It's really an organic deterioration of the brain that's not typical. On the other hand, a great many older people do have great stress reactions of some kind. They have what we call reversible affective states. But in our community mental health centers, very few have any staff that is competent in the problems of aging. They love to deal with the problem of the child, the adolescent, the young married adult, and then they dump the problems. They have almost no services for the aged, a population which supplies at least half of the major mental health problems.

So, what you have is professionals who were never really trained—you can go through your entire training in the profession without ever treating an older person—so that the psychiatrist, or the clinical psychiatrist or the psychiatric social worker may not know anything about aging. It's not in the training. You take some of these people out and put them in a Community Mental Health Center. They are very uneasy if they get a 60-year-old depressive patient. They don't know what to do. And so now what is happening, in view of the nursing home development since the Community Mental Health Program, these people are shuffled into nursing homes, convalescent homes, and then they are kept sedated. And they have less access to mental health care than they had before when they went to the State Hospital. So, what is ostensibly an improvement in mental health in this country, through the Community Mental Health Program, is actually a deterioration of the quality of service given to the older mental patient.

—James E. Birren, Ph.D.



JAMES E. BIRREN, Ph.D.: director of Gerontology Center, and professor of psychology, University of Southern California; formerly director of Aging Program, National Institute of Child Health and Human Development, and chief of Section on Aging, National Institute of Mental Health; past president of Gerontological Society, currently editor of its *Journal of Gerontology*.

California Nurses' Association

ADMINISTRATIVE OFFICE
185 POST STREET
SAN FRANCISCO 94108 • (415) 786-2220

A. LIONNE CONTA, M.S., R.N.
Executive Director

1543 West Olympic Boulevard, Los Angeles 90015 • (213) 385-4281

Legislative Office: 1127 Eleventh Street, Sacramento 95814 • (916) 446-5019

March 14, 1972

The Honorable Alan Cranston
United States Senator
18051 Federal Building
1450 Golden Gate Avenue
San Francisco, California 94102

Dear Senator Cranston:

The California Nurses' Association supports the legislation that you are proposing to establish a National Institute of Gerontology and Aging Research Commission, if it is action-oriented as well as devoted to increasing knowledge of the aging process. To date, the biological and behavioral studies of aging have hardly made their first steps. Furthermore, the biological revolution seems more interested in limiting life than in enriching it. Biological scientists show little concern for the quality of life of the older population.

Studies of the aging are likely to provide much needed direction for different methods for care delivery systems, among which will be health care. Care must be provided that optimizes self-care, independence and the autonomy of the person upon which rests his human worth, no matter what his age may be. The dignity of each human person demands this. The present institutional system of care implements these beliefs, but inadequately. The void between knowledge of disease and aging is vast and, therefore, the approaches to coping with the needs of disease in older people are unsatisfactory and often distressing. And yet, some of the answers are obvious. In many instances, older people become disoriented, depressed, and they lose drive to productive living when they are removed from their familiar surroundings. Home services could alleviate these very apparent problems. While research can reveal ways of adding meaning to the life of the aging person, there exists many ways of enhancing the quality of life of the older person that are not being applied. There is need for commitment of the public, legislators and the administrators of tax-supported agencies to give the services that we know are needed in the way that permits the maintenance of basic human integrity of people. We have both the manpower and the know-how to give the obviously needed services.

There are more than enough information and referral services available to meet the needs of the aging in their struggle to live a moderately peaceful life, free of disabling disease and still more would develop, if there were funds for providing the services needed. It has not been the will of the older peoples' public servants to provide them with the care they need.

The Honorable Alan Cranston
March 14, 1972
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The California Nurses' Association is concerned about the critical limitations placed on the care of people who are dependent upon Medicare for their health care. Provisions for rehabilitation are restrictive to the point of preventing many people from progressing to a condition of comfort and self-care. Skilled nursing care that could be effectively given through the services of Home Health Agencies is denied through rigid, legalistic interpretations of regulations. Nurses are disturbed because they see older people subjected to indignities and sometimes their life-saving needs are neglected. Nurses have the capability of providing the health care the older people need, but there is no system by which they may apply their competence.

Will the National Institute of Gerontology be innovative and action oriented? Will it design model communities that reflect understanding of the aging citizen? Will these communities provide easy access to the services needed? Will it provide patterns of health care appropriate to their health problems? Will they provide easy access to intellectually stimulating activities? Will there be opportunity for the development of talents as well as use of talents? Will meals, housing and shopping be facilitated or provided where needed? These and many like questions need answers in order to muster the enthusiasm of the public for the support of the proposed bills.

We do not need research to know that some services should be brought to the older American; he should not have to go out to get his health maintenance services, when his health is further impaired by the effort of going to services. Man deserves the services of his fellow man even when this means they are brought to him, where he lives.

The nurses of the California Nurses' Association are concerned about a proliferation of more programs. Therefore, we look for evidence that the authors of the bills being proposed place high priority on conscientious coordination of all efforts and activities related to the aging.

Nurses are most concerned about the serious gaps in services available to older people. In relation to health services, we know the demoralizing effects these deficiencies have on older people; we know that the older person's long cherished home means nothing to the ruler, who says that if you are to receive the care you need, you stay in this institution. The ruler does not have time to make rules for providing the same care in the more familiar environment of the person's home.

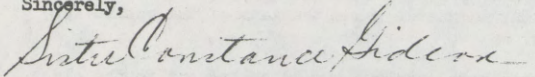
In summary, the California Nurses' Association appreciates the praiseworthy intent of the establishment of a National Institute of Gerontology. Nurses also want you to know that they cannot continue to be silent about the insufficient funds that plague the service professions in their conscientious efforts to provide even minimal care for the aging people of our country. The aging, like children, are helpless in many instances to provide for themselves.

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Gerontology is important, but provision of on-going, health maintenance service is also important. Health is inseparable from a decent standard of living for older people. We must move on at least two fronts at once. One front is the existential situation of life for the older American as it is today, and the other, is the one you propose in the realm of study of the aging process. The situation for the older person in the seventies is distressing; we need the Institute to give us new knowledge from which will spring new hope.

California Nurses' Association members were present for the hearings of the Subcommittee on Aging of the Committee on Labor and Public Welfare in both San Francisco on March 3, 1972 and in Los Angeles on March 4, 1972. We did not have an opportunity to publicly express our support and concern for the legislation you are introducing, but we are grateful to know that the Record will be open until March 17, 1972 for receipt of testimony for the Subcommittee's consideration. We are confident you will readily understand nurses' urgent sense of responsibility for providing more adequate services to our aging Americans.

Sincerely,



Sister Constance
 Coordinator
 Nursing Practice Program, CNA

SC:ct

cc: James Hudson, R.N., ANA,
 Director, Membership and Association Services

Susan Moon, R.N., ANA,
 Asst. Director (Washington), Government Relations

Constance Holleran, R.N., ANA,
 Director, Government Relations

A. L. Conta, R.N., CNA
 Executive Director

A. Polipeo, R.N.,
 U. C. Medical Center

Ms. Lloyd A. Behymer

Ms. Florence C. Patton

CALIFORNIA RURAL LEGAL ASSISTANCE
SENIOR CITIZENS' PROJECT

A PROJECT OF THE NATIONAL COUNCIL OF SENIOR CITIZENS

942 MARKET STREET - SUITE 606

SAN FRANCISCO, CALIFORNIA 94102

TELEPHONE 989-3966

(AREA CODE 415)

PETER D. COPPELMAN
PROJECT DIRECTOR

FRED J. HIESTAND
COUNSEL

MRS. WANDA R. COLLINS, M.S.W.
DIRECTOR OF SOCIAL SERVICES

March 7, 1972

Senator Alan Cranston
Senate Office Building
Washington, D.C.

Re: Testimony to be included in hearing record on legislation
to establish an institute for the study of gerontology,
San Francisco, California, March 3, 1972.

Dear Senator Cranston:

The California Rural Legal Assistance Senior Citizens' Project

I am Peter Coppelman, Project Director, California Rural Legal Assistance (CRLA) Senior Citizens' Project in San Francisco. The CRLA Senior Citizens' Project consists of two attorneys, a director of social services, and five senior citizen lay advocates. The attorneys devote their time to law reform litigation and legislative activity, both in the state legislature and in Congress. The five senior citizen lay advocates are located in health centers throughout the city of San Francisco and provide assistance to elderly San Franciscans in the area of health and income maintenance. In addition, we are training seniors in various California communities to be lay advocates.

This Project is an action project. Consequently, when your office first asked us to testify at the hearings in San Francisco on March 3, 1972, regarding establishment of an Institute of Gerontology, I declined on the grounds that there was little we could add in view of our extremely limited experience in pure research regarding the process of aging and the adequacy of current sociological and psychological enquiries into that process.

The Need for Research

However, I have reconsidered, and would now like to add my voice to the many who have expressed support for such an Institute. Recently, the Advisory Council on Elderly Mexican-Americans to the Senate Special Committee on Aging, requested Cruz Reynoso, Director of CRLA, and myself to prepare a report on the special barriers to utilization of federal benefits which effect elderly Mexican-Americans.* In doing research for that report, I was astounded to discover how little systematic research has been done on the particular problems of the Mexican-American elderly. Indeed, the most significant work in the field appears to be a series of hearings held by the Senate

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Special Committee on Aging in 1968-69. While the information elicited at these hearings is both useful and interesting, the highly personal and kaleidoscopic testimony is not the result of systematic analysis and does not provide the basis for any hard data.

One can conclude that there is very little money available to conduct in-depth studies of the problems of aging in general and of minority group elderly persons in particular. Consequently, a National Institute of Gerontology would be most welcome to the extent that it would obtain funds to conduct such research, and would coordinate such efforts as are now taking place throughout the country.

More generally, I would like to support the concept of a National Institute of Gerontology for the simple reason that action, including congressional legislation, is based upon knowledge. And where the state of knowledge is inadequate, the quality of any action suffers measurably. In the course of my research for the Report, I found that there was a general awareness that federal services do not reach the Mexican-American elderly, but there was little hard information on precisely the reasons for or solutions to the problem. For example, many witnesses at the Senate Committee hearings on elderly Mexican-Americans testified to the importance of the family to Mexican-Americans. If the family is indeed central, then certain action conclusions follow, such as the necessity of spreading the word about federal programs through family communication channels, the need to build low cost housing for entire family units rather than for isolated communities of the elderly, and so on.

But the validity of the basic assumption regarding the centrality of the family has been seriously challenged. Dr. Joan Moore has noted:

"... Both [studies of the Mexican-American elderly] reprint frequent quotations from the literature about the 'warmth' and 'supportive quality' of the Mexican-American family, particularly toward the aged, but both also tend to report data which contradicts such normative stereotypes. Despite data indications, both studies tend to conclude that the family remains a significant support to the Mexican-American elderly. Much the same can be said for neighbor relations; their data tend to belie the stereotype derived from the literature ... that neighbors are supportive of the elderly."**

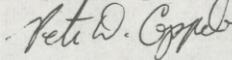
Surely further studies must be conducted to determine which is the correct view regarding the position of the family in the life of the Mexican-American elderly person, if Congress, or any other legislative body, is to act intelligently to assure that intended benefits reach this highly invisible section of the poor.

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The Need to Tie Research to Action Components

For these reasons, then, we support the establishment of a National Institute of Gerontology. We do so, however, with this caveat: More money must also be allocated, in addition to and independent of any money for research, to programs which are action-oriented, programs which will obtain tangible benefits for the elderly. Research is a necessary but not a sufficient precondition for action. Research by itself will not buy decent housing, nor an adequate diet, nor high quality medical services. Nor will research, in a vacuum, improve society's attitude toward the aged. More programs are needed which draw upon the skills and abilities of America's senior citizens and give them new and useful functions in their later years when they can no longer find jobs in their lifelong professions.*** Seniors can be trained, as are our advocates, to assist their fellows in dealing with such complex bureaucracies as welfare departments, the Social Security Administration, and local housing authorities. Congress must assure, if it establishes an Institute of Gerontology, that the work of the Institute will not simply collect dust on the shelves, but will be placed in the hands of those who can use it to improve the quality of life of America's senior citizens.

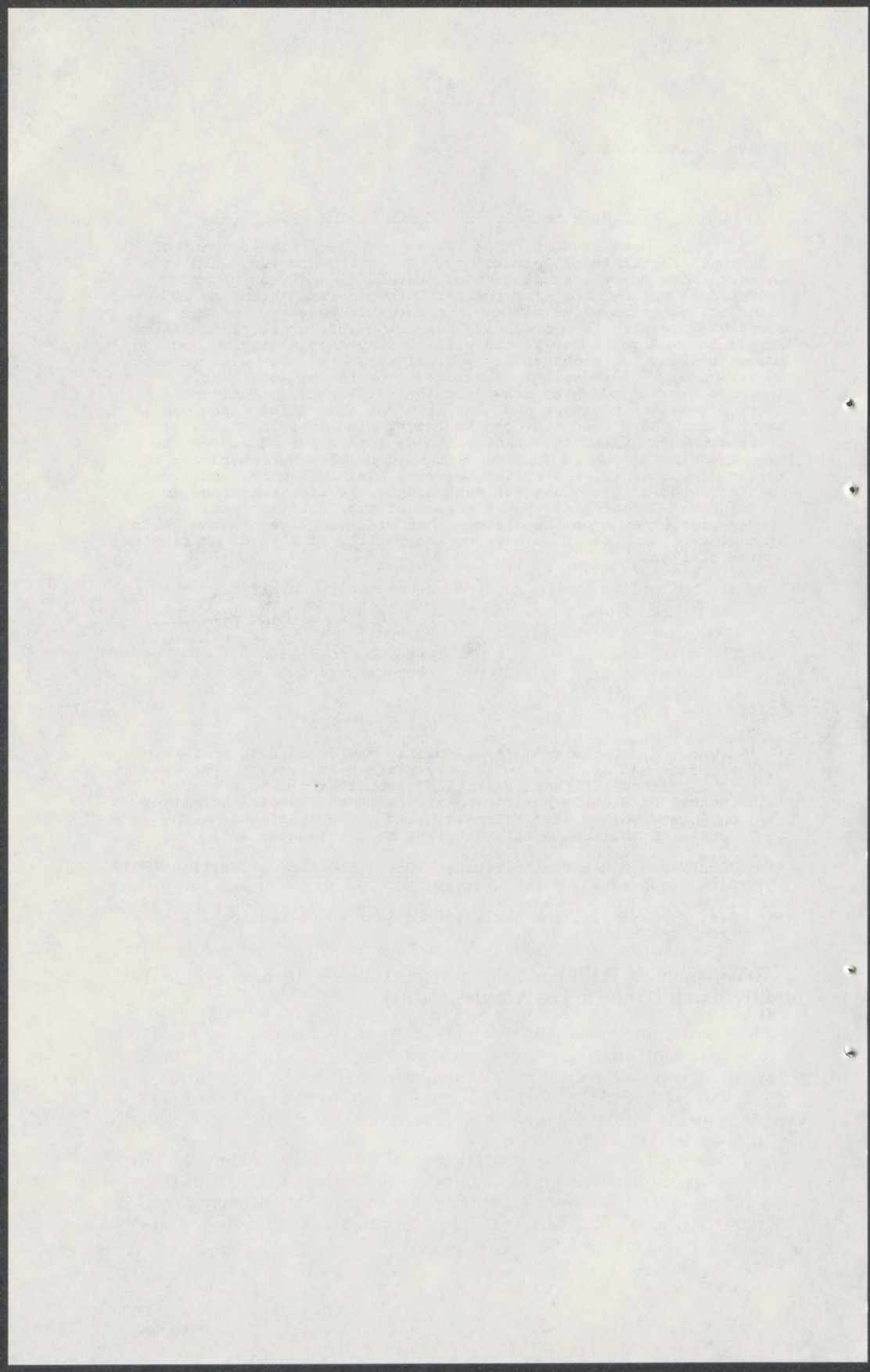
Respectfully submitted,


Peter D. Coppelman
Project Director

PDC:mw

- * Reynoso and Coppelman, "Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans: Proposals to Eliminate the Legal Barriers", submitted to The Advisory Council on Elderly Mexican-Americans to the Special Committee on Aging, United States Senate, and to be published by The Special Committee on Aging, United States Senate.
- ** Joan Moore, "Mexican-Americans", The Gerontologist, Spring, 1971, Part 2, pp.32-33.
- *** See, for example, the newly formed Retired Professional Action Group in Washington, D.C.

(Whereupon, at 3:40 p.m., the hearing recessed, to reconvene Saturday, March 4, 1972, in Los Angeles, Calif.)



RESEARCH IN AGING, 1972

SATURDAY, MARCH 4, 1972

U.S. SENATE,
SUBCOMMITTEE ON AGING,
OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE,
Los Angeles, Calif.

The subcommittee met, pursuant to notice, at 9:30 a.m., in the Church parlor, First Methodist Church, Senator Alan Cranston of California, presiding pro tempore.

Present: Senator Cranston.

Senator CRANSTON. The hearing will please come to order. These hearings continue the study of the Subcommittee on Aging of the Senate Committee on Labor and Public Welfare on the subject of research in aging. We will be focusing our attention on three pieces of pending legislation, S. 887 and S. 2934, bills to provide for the establishment of a National Institute of Gerontology as part of the National Institutes of Health within the Department of Health, Education, and Welfare, and S. 1925, a bill to establish an Aging Research Commission to promote the advancement of research in aging through a comprehensive and intensive program for the systematic study of the aging process in human beings.

I plan to introduce amendments to provide that if a Gerontology Institute is established it would be charged with the responsibility of conducting an ongoing scientific evaluation and study of the impact on the process of aging of all Federal programs. If we are to establish a Federal agency to study the impact on man and woman of growing older, then certainly we need to be fully aware of what effect Federal spending is having on the aging process. I urge our distinguished witnesses to address themselves to this proposed amendment in their remarks today.

I hesitated to cosponsor legislation to establish a National Institute of Gerontology because I questioned the advisability of any further proliferation of the institutes within NIH. I feel at this point, however, that the Federal Government's effort in the area of research into the process of aging must be vastly increased and that perhaps establishing a single, centralized agency or commission to advance this research would create the necessary stimulus which seems to be lacking now.

I will be relying heavily on the testimony presented here today in reaching my final decision on how best to achieve a far greater Federal emphasis on research in aging.

I also plan to introduce shortly several bills in the aging field which I feel are most pertinent to our discussions today. The first of these is a bill to amend the Social Security Act to provide automatic cost-of-living increases for recipients of grants to the aged, blind, and dis-

abled whenever there is enacted a social security cost-of-living increase.

The second bill would amend the Social Security Act to allow retired social security beneficiaries and their spouses who have not yet reached the age of 65 to buy into the medicare program.

The third is a bill to amend title III of the Older Americans Act to require direct funding to local entities when States do not satisfy AOA requirements and thus fail to qualify for allocations under its programs. I am also considering including in this bill a permanent State bypass option for local entities within States.

I was prompted to draft this legislation because of the intolerable situation here in California where the State Commission on Aging has failed to satisfy Federal AOA requirements, and thus is jeopardizing present and future Federal funding for programs for the elderly in our State. For instance, because Governor Reagan won't spend \$37,000 for the commission on aging in order to meet Federal regulations, the older people in our State are losing \$231,000 for statewide planning and coordination which they could be receiving from the Federal Government.

I hope that our witnesses today will provide the subcommittee with their views on these measures as well. I will include for the record at the conclusion of my remarks a more detailed description which has already been supplied to the witnesses of this proposed legislation.

I am delighted that Senator Eagleton, who is chairman of the Subcommittee on Aging, asked me to chair these hearings on his behalf. I serve as ranking majority member on Tom Eagleton's subcommittee, and I have been extremely impressed by his own dedication and that of his staff in advocating programs to better the lives of our senior citizens.

Senior citizens are recognized as the fastest growing segment of our population; the total population of the United States has tripled in size since 1900, but the older population has multiplied 7 times. I believe it is past time that we focus our attention of our older citizens' needs, be they health, income maintenance, employment, housing, transportation, nutrition, recreation, or otherwise. I am confident that the exchange of information at these hearings will prove extremely valuable in developing effective legislation in these areas.

We must do much more to enable older Americans, to enable all our people, to make the most of their later years. The enrichment to society as a whole and to the individual lives of senior citizens will be immeasurable.

We are fortunate to have with us today a group of witnesses who have distinguished themselves through their outstanding work in programs affecting older Americans. I regret to have to ask each of you to summarize your written statements into no more than 10 minutes of oral remarks, but I want to assure you that your entire statement will be included in the record as if it had been delivered here. In addition, we will leave the record open for 2 weeks so that other persons and groups interested in the subject matter to be covered here today may submit written testimony for the subcommittee's consideration.

Our witness now is Dr. Albert G. Feldman, associate director for community programs, USC Gerontology Center. He is delivering the

testimony for Dr. James Birren, director of the Ethel Percy Andrus Gerontology Center at the University of Southern California.

We are delighted to have you with us.

Dr. FELDMAN. Thank you, Mr. Cranston.

Dr. Birren is very sorry he couldn't be here himself. He is out of the city. I shall read the statement that Dr. Birren prepared.

STATEMENT OF DR. JAMES BIRREN, DIRECTOR, ETHEL PERCY ANDRUS GERONTOLOGY CENTER, UNIVERSITY OF SOUTHERN CALIFORNIA, PRESENTED BY DR. ALBERT G. FELDMAN, ASSOCIATE DIRECTOR FOR COMMUNITY PROGRAMS, UNIVERSITY OF SOUTHERN CALIFORNIA GERONTOLOGY CENTER

Dr. FELDMAN. Senator Cranston and members of the Subcommittee on Aging of the Labor and Public Welfare Committee of the U.S. Senate:

I welcome the opportunity of presenting my personal views on Senate bill 887 and Senate bill 1925. I am the director of the Ethel Percy Andrus Gerontology Center at the University of Southern California. The center is a major academic activity of the university for research and training in problems of aging. Staff members teach and do research on the biomedical, behavioral, and social environmental problems associated with aging.

The legislation to establish a National Institute of Gerontology is timely. The White House Conference on Aging of 1971 has indicated that the problems of retired and aged persons in our society have not diminished, rather there is more public interest expressed by retired persons that action should be taken that will elevate the quality of life for our older citizens. Such attempts, however, will be piecemeal and firefighting in character unless they are planned and rest upon a secure knowledge base. Such a knowledge base is developed through research in the constituent sciences and professions that bear upon the problems of aging.

The legislation establishing a National Institute of Gerontology is admirably broad in its approach. The biomedical, behavioral, and social processes of aging interact and it would have been arbitrary and unproductive to limit consideration of the processes to some narrow preconceived scheme.

In addition to the admirable perspective supporting research on aging, the legislation also provides for training and fellowships. I had surveyed the training needs in the field of aging in depth in the preparation of a technical paper on training for the White House Conference on Aging. Clearly, without the availability of training scientific and professional personnel in this field we will not be able to take advantage of the knowledge that we have gained and will gain through research. Furthermore, in some instances we will not even be able to undertake needed and vital research because of the shortage of personnel. I am very pleased, therefore, that the legislation recognizes the need for training. This is not the occasion to document needs for training but activities in this area are appallingly low in relation to projected manpower needs. The Public Health Service has in the past shown foresight in the encouragement of research and training

in aging; however, the magnitude of the problems has now grown to the point where the existing structures of the Public Health Service and the National Institutes of Health in particular are no longer adequate. A professional and scientific atmosphere that has been created within the Public Health Service would be highly supportive of the responsibilities to be given to the new institute. It is with considerable pleasure that I give my wholehearted support to this legislation.

I would, in addition to the items emphasized in the legislation, urge that the language of the legislation be amenable to the interpretation that specialized centers for gerontology could be established and supported in various parts of this country. Without the establishment of some specialized research and educational centers in the various regions of this country, the efforts in gerontology will remain diluted and inefficient in relation to investment. It is very difficult to have one or two isolated investigators in a university proceed with their research with anywhere near the efficiency they can in a center in which there is a major group of persons concerned with the same problems and in which supporting facilities and personnel are available. This does not preclude the support of individual investigators and fellowships in single institutions. However, I am recommending that, in addition to the support of single investigators, specialized centers with a concentration of effort be created in selective institutions that have a background of interest, professional capability, and administrative support. Attention should be given to the strategic placement of such centers in various States and regions of the country.

There is a need for research on the effectiveness and relevance of various techniques for intervention in the problems of older persons. This is a valid and important research function that could be undertaken by the National Institute of Gerontology. I assume this responsibility could be limited to research and evaluation and not include administrative surveillance of programs on aging.

I would like to take the opportunity also of expressing my personal opinions on the contents of Senate bill 1925. This legislation is designed to promote similar objectives as those in S. 887; that is, to encourage the development of information about the processes of aging. To do this it is proposed that a national commission be established consisting of seven members to be appointed by the President. I support the formation of such a commission insofar as it is authorized to carry out the gathering and analysis of authoritative information concerning the various aspects of aging and to appraise the various programs of the constituent agencies and institutions of this country. Furthermore, the thought of directing this information toward the development of priorities is also useful. With regard to any possible conduct or support of research programs by the Commission I am less certain. It seems to me that a commission of this sort might be in existence for a period of 2 years, and no more than 3 years, would achieve a great deal in the way of developing a soundly based policy of support of research, training, and services in the field of aging.

The high quality reports of which this commission would be capable of preparing would clearly be a great asset to the development of a National Institute of Gerontology proposed in legislation S. 887. It is also conceivable, and very likely, that some elements of a comprehensive

report by such a commission would have to be implemented by several of the separate components of existing Federal agencies. There is great virtue in the Commission's taking a comprehensive view of the issues and problems of the field of aging. Such a comprehensive view would be entirely in line with the results of the White House Conference on Aging and would indeed continue the momentum toward a better definition and resolution of the problems facing older people. However, the carrying out of the recommendations of the Commission would best be done by groups other than the Commission itself, such as a National Institute of Gerontology and other existing units of the Federal Government.

Certainly we are aware of the fact that support of research on aging and of training of needed personnel has been very, very low. A National Commission on Aging would help to document and to secure the support of the top levels of our Government to meet these needs. One should be wary, however, of initiating the Commission with an organizational scheme that does not take into account the natural occurrence of the problems of aging in our society. For example, under the Commission there were to be created a biomedical research board and a social and policy sciences board. One of the important feature of aging is a documented interaction of forces. Increasingly we are becoming aware of the interaction between the biomedical aspects of aging that result from growing up in a particular region with a special social psychological and physical environment. Thus our concepts of the health of the aged, for example, have to be increasingly broadened so that we have expert input from many types of scientists. I would suggest, therefore, that the Commission be given the power to create such boards with such composition as it may judge desirable to further the goals of the Commission.

I wish to compliment the Senate on the two items of proposed legislation that are directed toward meeting a national problem.

Senator CRANSTON. Thank you very much.

You feel then, that it would be wise to have the commission precede establishment of the Institute of Gerontology?

Dr. FELDMAN. Not necessarily. Certainly my point of view, and I am sure this is Dr. Birren's point of view, the two could be coincidental. If you establish a National Institute of Gerontology, it could proceed to some things that clearly, obviously, are in need of doing right now, but in the meantime another commission could be established with a limited life which could do a study which would, in effect, then provide some guidelines for the Institute itself. I don't think Dr. Birren nor I would feel strongly about whether the function of such a commission might be incorporated in the Institute itself. I think our primary objective is a National Institute of Gerontology without delay.

Senator CRANSTON. How would you coordinate the commission and the institute if they were created simultaneously?

Dr. FELDMAN. I suppose there would have to be a lot of integration and intermerging, not only of functions but of composition and so forth, and the composition of the board and so forth ought to be done by the commission, but probably would be done or should be done in consultation with the National Institute of Gerontology. I suppose one of the problems would be if some of the recommendations of the gen-

eral point of view of the commission in its report would not be consistent with those of the institute itself.

Senator CRANSTON. Yesterday in San Francisco Dr. Russell Lee testified before this same subcommittee and stated that in addition to having research probe the ways and means of extending the life span, that quite possibly this research can lead to far more productive and rewarding years than we now normally live. Do you have any comments on that viewpoint?

Dr. FELDMAN. No. I think that is a very realistic and certainly important objective. It is hard to make, one shouldn't make, a dichotomy, but if you have to, I think increasing the quality of life is much more important in the later years. It is much more important than increasing the lifespan.

Senator CRANSTON. In other words, increasing the lifespan without increasing the quality of life would not be a very worthy objective, but if you could combine them, that would be the ideal.

Dr. FELDMAN. That's the ideal. Perhaps later in the testimony Dr. Strehler, a biologist, who is a member of our center, may have some comment.

Senator CRANSTON. Thank you very much, Dr. Feldman.

Our next witness is Mrs. Marjorie Borchardt.

Mrs. Borchardt, we appreciate your testifying.

**STATEMENT OF MRS. MARJORIE BORCHARDT, PRESIDENT,
INTERNATIONAL SENIOR CITIZENS ASSOCIATION, INC.**

Mrs. BORCHARDT. Thank you very much.

I am Marjorie Borchardt, president of the International Senior Citizens Association, Inc. My opinions today are my own and not those of the international.

Senate bill 1925, research into the causes of aging, biomedical research, medical education in geriatrics, and training, all are of value. I advocate such research.

Senate bill 887, to amend the Public Health Service Act to provide for the establishment of a National Institute of Gerontology, causes me to have some reservations. What is the definition of "old" and of "gerontology"? Is gerontology the study of the aging process as continuous in the life cycle or does it mean a study of individuals of a chronological age?

I have reservations in regard to gerontologists because they rarely mingle with those they research. This lack of communication causes misunderstanding with us older people. Gerontologists are labeling us and thus separating us from other age groups. The older people resent the implication that they are different, that they are problems, and nonproductive. This gives a bad image and puts them in a dangerous position in a society that is materialistic.

If a National Institute of Gerontology would coordinate the results of research made in the several institutes of gerontology located at universities, I would be inclined to believe it worthwhile. So many studies are filed away and never seen again.

Of long-range importance is the relationship with the United Nations. At the 26th General Assembly, the Assembly adopted a resolution on the elderly and the aged. Under the resolution the United Nations system is called upon to study conditions and suggest guide-

lines for national policy and international action and report to the Social and Economic Council in 1973.

Now, how will this relate to a National Institute of Gerontology? The International Senior Citizens Association, known as ISCA, is on the roster of nongovernmental organizations of the Economic and Social Council and also on the list of nongovernmental organizations of the International Labor Office. We have been on these lists now for several years.

Through our experience we are aware that the United States can benefit from programs in other countries. For example, the Scandinavian countries, and also that we, in turn, can make a contribution to the well-being of people all over the world, especially in the developing countries, some of which look to us as friends.

To return to the question of the establishment of a National Institute of Gerontology, we prefer at the present time a program of action that would implement the recommendations of the White House Conference on Aging.

The elderly resent the idea of spending money on research when they have so many unmet needs. For example, housing; research in this area is unnecessary. The seniors want housing at rents they can afford, not more than one-quarter of their incomes. The high-age group wants home services so that it does not have to end up in institutions, and, finally, prevention of illness and its consequent problems.

Senator CRANSTON. Thank you very much.

I would like to say, first, that I don't think we have to consider the institute as competitive to meeting the immediate needs of senior citizens. If the money has to be taken away from something, there are other programs that we spend a lot of money on, that we should take money away from, and not from the housing and transportation and health care and other needs of senior citizens.

We just made a very significant breakthrough in housing for senior citizens. Some amendments I introduced were included in a bill passed by the Senate on Thursday and I think they will provide quite a bit more money in many more sensible ways for senior citizen housing.

I think we are going to make a breakthrough in health care shortly in various ways. So the institute should be considered on its own merits and not as something competitive to needed programs.

Mrs. BORCHARDT. This is the way we older people have expressed ourselves.

Senator CRANSTON. Yes; I understand. Let me ask you one question. Do you have a suggestion on ways in which we can better integrate enrichment programs for people of all age groups?

Mrs. BORCHARDT. I would involve the people themselves, that is the first thing, and the older people, too. There are many qualified older people, retired professionals, who could be involved in the Institute, the National Institute of Gerontology, not only professional people who are working, who have jobs. I feel that they should be involved and also with other age groups. The minority people themselves and the young people, we would like very much, we older people, to work with the young people, and I think between the two age groups we could accomplish many things. So one of the efforts, I believe, that gerontologists should follow is to lessen this gap between the older people and the young people, every effort along those lines, and actu-

ally be with us and let us become friendly, because as it is now we really do not know them.

Senator CRANSTON. One of the amendments that the Senate passed which I had offered in the Committee on Housing and Urban Affairs would provide that a portion of funds available for senior citizen housing be spent on projects where there would be a mingling of people of different age groups rather than the segregation and isolation that comes from projects for the elderly only. That would contribute significantly to the issue that you raised.

Mrs. BORCHARDT. We deplore the segregation of older people.

Senator CRANSTON. I do, too. I think they should have the choice to live where they want. But I gather that most would like to be in projects or developments or homes where there is a mix of generations in the neighborhood or in the project.

Mrs. BORCHARDT. Yes.

Senator CRANSTON. Is it your feeling that provided the research does not take away from ongoing programs, that it is desirable?

Mrs. BORCHARDT. I think the research into the causes of aging and so on is very vital, is very important.

Senator CRANSTON. Do you have any comments on the legislation I have indicated I plan to introduce relating to social security and medicare?

Mrs. BORCHARDT. I think they are very fine. About the cost-of-living increase, it would depend upon what the base was before you started.

Senator CRANSTON. Thank you very much, Mrs. Borchardt, for your constructive testimony.

Our next witness is Ted Ellsworth, administrator of public programs, Institute of Industrial Relations, UCLA.

STATEMENT OF TED ELLSWORTH, ADMINISTRATOR, CENTER FOR LABOR RESEARCH AND EDUCATION AND PUBLIC PROGRAMS, INSTITUTE OF INDUSTRIAL RELATIONS, UNIVERSITY OF CALIFORNIA, LOS ANGELES, CALIF.

Mr. ELLSWORTH. Thank you, Mr. Cranston. I would like to identify myself as a senior citizen and a pensioner from the motion picture industry and an activist in the field of aging rather than of my position at the university. I was formerly a consultant for the House Committee on Labor and Education in the field of aging and also for the Administration on Aging.

I want to say, first, that I share in some of the reservations that Mrs. Borchardt expressed, and further, as a member of her executive board, I think that she was speaking for the executive board of the International. The result of the National Institute of Gerontology, or the need for the Institute, is obvious. I support it, but I have reservations as to how it is created and what it gets into.

The fear of most older people, and I think that this is almost unanimously widespread throughout the country and has been for a long time, is that we don't need more studies. That is, obviously we need studies in the field of health, and my written statement outlines some of the areas where I think we specifically need some study. As Mrs. Borchardt said, we don't need studies to find out that older people need more money, we don't need it to find out they need better housing.

What we do need, though, we need the training of professional people to understand older people. Many of the people in the field of geriatrics or who treat older people for disease just don't understand the older people themselves. So this is one area where we really need a national institute to center in on the field of the whole idea of training.

The second area is that we have to have a lot of research into the methods of avoiding institutionalization of older people. Too many are in institutions when they could be out of institutions. There are some experiments in Europe, on which I presume your committee has already heard testimony. There is one in Cherry Hill, N.C., specifically aimed at getting people out of institutions.

One of our problems is in the field of nursing homes. Our system of nursing homes in this country, being proprietary, are set up primarily to secure proper occupancy, and this really leads to having people in institutions who don't belong. The whole field of research in the nursing home services is one that needs a lot of study. And certainly the use of halfway houses, for example, getting people out in the community, is done in Europe in some degree and we don't do it at all. Once an older person gets in an institution, they are afraid they will never get out.

We need research in the nutritional needs, but especially we need research in the peculiar and particular problems of minority groups, the blacks, the Orientals, and especially the American Indians.

And finally, we need some research and training in effective methods of preretirement counseling. We do very little in this country anyplace. What we call preretirement counseling usually is just a recitation of what your pension plan is, if you have one, or how to get social security.

And finally, we need to do some thinking about what is being caused by the problems of early retirement, forced early retirement, and by "forced early retirement" I refer to the situation that exists now in the aircraft industry and the motion picture industry—and the motion picture industry especially—where people see no prospect for work and take an early retirement in order to survive.

So I recognize the need for the research. I hope it is directed properly. I hope it remains in the National Public Health Service. I would not go along with Dr. Birren in supporting a separate commission. I don't see the need for one. I think the research can properly be done in the health area and restricted to that particular area. Obviously, you can't talk about health without getting into some other problems.

To sum up my testimony, I think, first, as Mrs. Borchardt mentioned, that older people will be inclined to think that this is a substitute for the action programs they want. I hope that the statement you made that it will not be is correct.

Senator CRANSTON. It certainly will not be as far as I am concerned. I am sure that is true also of the members of the committee who are interested in it.

Mr. ELLSWORTH. And I also think they are afraid it will be just a vehicle for more studies and I hope we can avoid that.

In regard to the other legislation which you have proposed, I think all of it is good. I refer especially to the amendment regarding the relevance and overlap of fees in programs. I think an evaluation of the programs is needed. I have seen money wasted because of political pressure for certain types of programs, in fact, programs run polit-

ically for no other reason. The State commissions, unfortunately, from time to time become political, and this is true in California.

Senator CRANSTON. Would you be in favor of my statement that would make it possible to pass the Federal funds directly to local entities like Los Angeles instead of going through the States?

Mr. ELLSWORTH. Yes. That was one of the recommendations when the Older Americans Act was passed before it became active legislation that this be done. There was opposition that prevented it being done at the time. There was a shortage of money that would be spread out too far and probably wouldn't have worked at the time. I would be very much in favor of it because I think if a State commission becomes political there should be some way of bypassing it, and I agree wholeheartedly with that.

Your cost-of-living proposal, I think, would be unanimously supported by all of the groups that are in the field of aging. The rally this afternoon of the Older American Social Action Committee and other groups will support this unanimously, I am quite sure.

The buying of social security, the medicare, I think, is an especially important provision. What we have now, and again I refer to the motion picture and aircraft industries, in the motion picture industry a person can retire at 55, he becomes eligible for medicare at 65, he becomes eligible for the motion picture retirement medical program at 62. Now, if he retires between 55 and 62, he has no medical coverage unless he reverts to an individual program, which is expensive and inadequate. It is especially needed in this field. We have all kinds of people who hang on in the motion picture industry, I can tell you from first-hand experience, who would retire and get out of the industry and seek work elsewhere if they weren't going to lose their medical coverage. If they are sick and need treatment, they can't afford it. I would be completely in favor of that particular bill.

Senator CRANSTON. How do you feel about moves that are designed to induce earlier retirement, such as lowering the social security retirement age?

Mr. ELLSWORTH. Well, I have mixed feelings about it. If the pressure is merely to get people out to—if it is an attempt to furnish them with more income at an early age if they want to retire, fine. If it is an attempt to create a false desire on their part to retire, and by this I also include the mandatory retirement programs, I think that mandatory retirement is bad. Most people who retire because they have to, and I hope this will be a field for research, by the way, but from personal observation most people who have to retire are unhappy, they are not pleased with their retirement and I think we lose a lot of productive people. I am going to have to retire next year and I am not ready to retire.

Senator CRANSTON. Also, doesn't it often have a very depressing effect on the people who have to retire or do retire when they still would like to be doing productive work?

Mr. ELLSWORTH. Yes, very much, it has a bad effect. And many of them, perhaps this is one of the things that explains why some older people with the same disability, with, say, arthritis, become absolutely inactive upon retirement and others can remain active. And perhaps the circumstances under which they retire, some people age, as you know, at 50 and others at 70 and others at 80, and it is my opinion and I think this would certainly be a field for proper research.

Senator CRANSTON. I would like also to ask one other question. Do you feel we should promote the concept of home health care as an alternate to institutional care?

Mr. ELLSWORTH. Absolutely; I think we should not only promote it, we should give incentives for home health care. If we continue our present rate of institutionalizing people with 20 million retirees now and 30 million expected by the end of this century, we are going to be burdened down with people in the institutions. This is the critical issue, to find ways to do this, and in England this is being done. Dr. Lionel Cosin, I believe, testified before your committee, or maybe before a House committee, that they have almost eliminated institutionalizing other people in Great Britain because of the use of half-way houses, home health care, and other methods, and I think this is something that should certainly be given great consideration.

Senator CRANSTON. Thank you very much.

(The prepared statement of Mr. Ted Ellsworth follows:)

PREPARED STATEMENT OF TED ELLSWORTH, ADMINISTRATOR, CENTER FOR LABOR RESEARCH AND EDUCATION AND PUBLIC PROGRAMS, INSTITUTE OF INDUSTRIAL RELATIONS, UNIVERSITY OF CALIFORNIA, LOS ANGELES, CALIF.

Mr. Chairman, my name is Ted Ellsworth. I am an administrator in the Institute of Industrial Relations at U.C.L.A. However, more relevant for this hearing, I am Chairman of the Los Angeles County Committee on Affairs of the Aging, a member of Mayor Yorty's Senior Education Committee, and Chairman of the Older Americans Committee for Social Action. I have served as a consultant on Aging to both the House of Representatives and the Administration on Aging.

I mention these activities because while I recognize the merits of a National Institute of Gerontology and support S. 2934, I feel that any legislation in this field should be carefully studied and precautions taken so that it does not result in, or even appear to result in, a vehicle for just another group of studies without any related follow-up and programing.

At the recent White House Conference on Aging support was recommended for such an institute, but it was by no means unanimous or enthusiastically endorsed by all the delegates. Since I was not a delegate, I can hardly give all of the reasons for this. However, among many older people there is a suspicion of any new organization which purports to study the needs of the elderly. There are many who believe that the existing gerontology institutes and societies are merely social gatherings for the same professionals who study and debate but don't do much to improve the plight of the elderly. Indeed, there has been some feeling on the part of the elderly that the White House Conference on Aging was more of the same.

Obviously this is not always the case. As a person associated with an institution dedicated to research as one process in improving our industrial life, certainly I must believe in research in respect to the health problems of the aging. However, I would hope that in the final legislation emphasis would be given to this aspect of gerontology.

Certainly research is needed to try to find out why some people are old at 50, others at 80 or later. Certainly, we need to learn more about why some people remain active and happy in retirement while others under similar circumstances almost immediately go into a shell and fade away. We need to find out why some older people can remain ambulatory, happy, and active with a disability while others with the same ability become bedridden.

I believe that only through a national research and study program can we do anything about these problems. This is even more true when we start thinking about the health problems of minorities, blacks, Mexican-Americans, and others. We need to give special attention to the deplorable health conditions of the elderly American Indians and the Asians who have a high incident of confinement for mental illness and illness caused by sickle cell anemia.

The part of S. 2934 that disturbs me is that which relates to the "needs" of the elderly. Now, I am quite aware that you cannot conduct research in a vacuum or that social and behavioral problems cannot be separated from physical and health problems. Most of our older citizens are suspicious of studies of their

"needs" which, in the past, have too often been unrelated to either action motivated research or active follow-up projects.

The Older Americans Social Action Committee, which has a rally at the United First Methodist Church to which members of this Committee are invited, has established its priorities for action as follows: income, health, housing, transportation.

Certainly research to improve our knowledge about these items, especially the last three, is badly needed and a National Institute of Gerontology would give visibility to the problems of the aging, which tend to get lost when mixed in with the general and especially the youth population.

Let me conclude by mentioning several areas in which such an institute should become involved.

1. Training of professional people, doctors, nurses, and others, in better understanding the problems of the elderly and to help them toward rehabilitation rather than institutionalization of the elderly. Perhaps incentives are needed to encourage work in this field rather than in the more glamorous and often more lucrative work with the younger population.

2. Research to aid in the development of hospital and nursing home services to be coordinated with supportive and follow-up services, such as meals on wheels, homemaker services, and other social services. As Dr. Lionel Cosin, a famous British doctor, has pointed out, our medical care system is episodic, so many days in the hospital or nursing home and then out, but with no planning as to what follows. Such developments as podiatric services, half-way houses, use of hospital services although not hospitalized and others need study and encouragement.

3. Research to improve our profit-oriented nursing home system which leads to building nursing homes and then trying to fill the beds rather than training nursing home personnel in methods of rehabilitation.

4. Coordinated planning of our health care system to encourage movement from intensive care to intermediate, to minimum, and finally rehabilitation care rather than to continue to encourage a system which often becomes more profitable to make patients bedridden.

5. Certainly, continued research into nutritional needs of the elderly should have high priority with such a national institute.

6. Finally, research into the most effective methods of pre-retirement counselling, encouragement of pre-retirement planning programs, and training of counsellors for this purpose is badly needed. Our surveys indicate that many of the problems of the elderly might have been avoided through proper planning.

It seems to me that our biggest problem is not in studying the "needs" of the elderly, but in studying the needs of society to change a system which can only become an impossible burden if we do not find ways to turn the tide from institutionalization to ambulatory, out-patient rehabilitation care. With 20,000,000 Americans now over 65 and 30,000,000 estimated by the end of this century, the need for research and follow-up is certainly great and certainly there is a great need for an independent National Institute of Gerontology to spearhead research and action in this field.

Senator CRANSTON. Our next witness is Dr. Leon Marder, chairman of the Committee on Aging, Southern California Psychiatric Society, Rancho Los Amigos Hospital.

**STATEMENT OF DR. LEON MARDER, CHAIRMAN OF THE COMMITTEE
ON AGING, SOUTHERN CALIFORNIA PSYCHIATRIC SOCIETY,
RANCHO LOS AMIGOS HOSPITAL**

Dr. MARDER. Thank you, Senator.

Perhaps I had better clarify. I am a full-time faculty member at the University of Southern California School of Medicine with appointments in psychiatry and medicine. The opportunity that I wish to take to bring what I have to say to this hearing is that I have been chairman of the committee on aging for the psychiatric society and have been involved in other mental health activities here in Los Angeles.

I feel that, although I wish to support most heartily all of the present bills and I would echo what each participant today has said, I would like to direct myself to the immediate needs that we have seen for the elderly aging individual.

Senator CRANSTON. Fine. That would be very helpful.

Dr. MARDER. At the present time 25 percent of all the people who ever lived beyond the age of 65 are living today. This is just a statistic.

I would also like to say that we really haven't done much to prolong the span of life. There are just more people living the normal span of life than ever before because we have, through health measures, managed to eradicate many of the things that carry people away at early ages.

However, we have not done much to improve the quality of life for our aging population, for the elderly. There are severe limitations in our health programs, our insurance plans, the medicaid and the medicare programs are markedly limited. Elderly individuals have the same needs that younger individuals have, plus a few more, and they are unable to get the adequate care for these things that they really need.

One of the chief things that the elderly need is some kind of mental health help. In the first place, the thing you mentioned, retirement, plays a tremendous factor in producing the depression that we see in many of the aging individuals. Depression is the chief mental symptom that we see in our elderly people. Now, going to an institution, a State hospital, or a private psychiatric facility does not mean it is the end of the road. Within 2 to 3 months 75 to 80 percent of these individuals who are admitted can be discharged from the hospital, from the institution, and return to their so-called normal existence; that is, if we have the funds and if we have the facilities with which to treat them. There are higher percentages of individuals released from the private mental facilities than there are from the so-called public or State mental facilities.

We in California are facing a terrible situation at the end of this next coming fiscal year with the closing of State hospitals. I am not saying that a State hospital is a desirable end for many individuals. For years we in California prided ourselves that New York had 30,000 people over the age of 65 in State hospitals and we only had 5,000 or 6,000. Well, if we had seen where our other 25,000 were, it might have been preferable that some of them had been in State hospitals. At least they would have been provided some reasonable housing, some reasonable nutritional state, some reasonable kinds of medical care. I do not wish to speak for hospitalization or for institutionalization. I wish to use all methods possible to avoid those things or to make them a short period of stay.

What we must do is educate the medical profession, the general public, and the politicians, and our lawmakers as to the fact that there have been certain myths created that concern the aging population. The institutes for research and for study will be fine, but we must be able to implement educational programs now.

Some recent studies done on medical students have shown that the attitude of freshmen medical students toward the elderly person is that this individual is a cranky person, he is old, has chronic complaints, and is quite dull. Doing the same kind of attitudinal study on

senior medical students shows there is very little difference. Doing it on a smaller segment of our practicing physicians, we find the same kind of attitude holds. An elderly individual coming to a practitioner is usually told, whatever his complaints are, that it is just due to aging. This really isn't so. We don't know what symptoms and signs and findings are really due to aging, and if we pass all complaints off as just the fact that you are getting older, we are going to overlook many things.

Many of the individuals over the age of 65 who have ended up in institutions, including State mental hospitals, are brought there because of what we call acute brain syndrome. The acute brain syndrome is a reversible disorder. It frequently is contributed to by malnutrition, by electrolyte and metabolic imbalances, by anemia, by diseases which could be treated, some kind of uremia, some kinds of congestive heart failure, many things that if someone directed themselves to the cause could be corrected; in a very short period the individual could be reestablished into his normal living condition. However, these things are overlooked because the individual is elderly and it is felt this is a terminal state.

We need to bring immediate implementation into all of our general hospitals to provide the kinds of screening that have been provided under certain special studies. We have had special studies galore. One of the best screening projects we ever had was up at San Francisco General Hospital, the geriatric screening project. It kept people from going into institutions. When the funds ran out, the program stopped. Other States have had similar programs; when the funds run out, the program stops.

We recently in Los Angeles County attempted to do a small survey on the kinds of individuals who were being brought to our psychiatric unit. Over a 2-month period we managed to find 125 individuals coming through the psychiatric evaluation unit at the Los Angeles County USC Medical Center. This is not a very large number. But of these individuals, half were found to be suffering from multiple medical disorders which were contributing to their altered mental state. They were not crazy, they were not psychotic in the true sense: they had acute brain syndrome, and when the immediate causes were treated, they reverted back to being perfectly sane and perfectly normal individuals who were not a menace to themselves or anybody else, were not sexually preoccupied and a danger to the community in that sense. We were able to revert the condition and they went back to normal.

Unfortunately, we have found that many individuals don't even get proper screening when they come to our institution. Many of them are bundled off and go to other institutions. Only half of those actually received a definitive care at our own medical center. Those who did were returned within 2 months back to their previously living situation.

We also know that physicians cannot treat patients if they don't get to the office. Transportation becomes a serious concern not only for their medical care but if they can't get to the stores they can't get the food that they need. Many of our aged individuals can exist in their own living quarters. Many of them own their own homes. Unfortunately, many of them have to give them up soon after retirement because they cannot keep up the cost of maintaining their homes or

keep up with the increasing property taxes. These individuals are fully able to care for themselves for much longer periods of time. We must be able to provide those kinds of services to them.

Many of them require only 1 or 2 hours of nursing care in a 24-hour period. These could be provided with more adequate home services. We have very few areas where home services can adequately be provided. We have very few services available that would insure proper nutrition. I cannot speak too much about the need for nutrition of the aged. They eat in strange ways and frequently they cannot prepare for themselves the kinds of things that they need.

I think with that I would like to stop.

Senator CRANSTON. Thank you very much. You provided us with a very interesting and helpful statement.

What are your feelings about the relative merits of the Commission on Research into the Aging or the Institute on Gerontology or some alternative approach to getting the research focused properly?

Dr. MARDER. I feel a commission and an institute could operate. I think they would share some responsibilities, but they would also have diverging means of dealing with them which support both the commission and the institute.

Senator CRANSTON. Do you have any reactions as a psychiatrist to the point of view that was expressed earlier today and in San Francisco yesterday that an extension in the span of life in a way that would provide meaningful, productive, rewarding years, and not just a longer period of senility, would be possible through research on the process of aging?

Dr. MARDER. If we could provide an increased quality of living for the individuals, I would have no objection to extending their span of life. I still feel from my talks with many individuals in their terminal stages of living that many of them look upon death as kind of a peaceful reward. I would not like to see individuals go on in a meaningless existence just to extend their lives.

Senator CRANSTON. No; I don't think anyone would want that. How much does fear of death affect the mental attitude of older people?

Dr. MARDER. In most of the aged that we deal with, fear of death is not as great a problem as fear of losing their faculties, fear of being unable to get around. A fear of loss of sight or loss of hearing or severe limitations from a massive stroke are the things that they really fear. Death itself is not quite as fearful as any of their loss of faculties that they concern themselves with.

Senator CRANSTON. Thank you very much.

Our next witness is Mrs. Marion Marshall, gerontology specialist, division of career and continuing education, Los Angeles City Schools.

STATEMENT OF MRS. MARION MARSHALL, GERONTOLOGY SPECIALIST, DIVISION OF CAREER AND CONTINUING EDUCATION, LOS ANGELES CITY SCHOOLS

Mrs. MARSHALL. I want to thank you very much for inviting me to testify today.

I represent, as you said, the gerontology department of the Los Angeles City Schools, which is kind of unique. I found at the White

House Conference on Aging, for example, that we were practically the only city in the country that has such a position in its public adult education, and I think Los Angeles is way ahead of many other cities here.

We are an activity program rather than a research program. However, we certainly support the idea of the National Institute, for we feel that research is extremely important. We need some organization that will coordinate the nationwide centers that we now have. We need more study that would be on a continuous basis. Direct services that would result from these studies, I think, is the thing that is lacking most and the thing that both Mrs. Borchardt and Mr. Ellsworth mentioned. We must study coping methods that will be effective. We must give education to the older adult himself so that he will learn how to use what is available so that he will actually learn how to seek out these things, the rights that are due to him. He must also learn to compensate for losses, the thing that Dr. Marder was talking about; how can he handle himself, how can he compensate for the losses he is encountering as he gets older. And mostly we have found in our adult students that the need is to how to reactivate themselves when these losses occur, be they losses that are physical or mental or sociological or family losses or any that they might be. We find that one of the best ways for people to reactivate themselves is to get them to stretch their minds, and that is what we try to do in education.

Our education is for the older adult himself. We organize classes to which the older adult can come and actually study and again educate himself.

We need ways of delivering services that provide for the greatest benefits to more of our older adults in the city, in the country. Now, the testimony on nutrition education has shown the value not only of good nutrition but of the education for nutrition. It is shown that group discussions, ongoing education, stimulating subjects, a teacher who is challenging, the actual interplay of one person with another, is just as important as the food itself.

A very fine study was done by the USC Department of Social Work and the young women who conducted the study were amazed to find that a year after attending classes the older adults were still going on with what they had learned in the nutrition education class.

There is little research on how to get older people into these classes. There is little research on how to organize the hard-to-reach area, the people in the hard-to-reach areas, where education is not a familiar pattern in their life styles. There are some studies that show, for example, that television is of great value to older adults and that it is the medium most often used by the older adult, it almost becomes another person in the household. But there has been no real followup as to whether or not these television programs, the things that are learned, are really used in later life.

At the White House Conference on Aging, for example, one of the questions that came up was whether classes should be for older people only or should they be mixed. Mrs. Borchardt made a real play for the mixing of age levels. The only findings, the only result, the only answer to this question at the White House Conference came from the experience that the people involved had had, but no real study had ever been made of this.

Another question asked was should moneys go into experimentation for new classes, demonstration of new classes, or should they be used in areas that have already been proved to be successful. And again the answers came only from what we had actually experienced and not from any widespread research.

If we really believe that education is a continuing process, then it is the right of all citizens and not just younger citizens. The values of a college, for example, that might invite seniors in has never been explored really fully. It is done very piecemeal here and there in the country, but no concerted effort has been made to study this, adult education on the public adult level, community colleges. We take our classes, for example, into retirement homes, we take them into senior centers, anywhere that we can go where seniors are and where they can get, yet this is not carried out throughout the Nation, nor is it one that is familiar to most people in the field of gerontology. They look at me very askance and say, "What are you talking about?" It is a wonderful opportunity, I think, for us to do more in this field.

Right now, for example, we are going into a new program that we are calling "School Grandparents" where older people actually go into the schools and act as a foster grandparent with the kindergarten, first-grade, second-grade children. A national gerontology study or even a local one really could document this kind of thing and pass this kind of information along to other people.

We have a model cities program that hires senior citizens as what we call visitation aides. We motivate people to try to learn. Some of our aides deliver hot meals to shut-in elderly people along with an educational lesson. So they are motivating the person to learn, stimulating them to help themselves as well as helping them nutritionally to better health. This is a program unique in the country, so far as I know, and we would like to see it studied to see what its values might be.

Research really must include more educators. They are usually the people who are left out. You do research in biology and psychology and sociology, but very seldom in the field of education, and I would like to see a National Gerontology Institute that would include educators.

We need also to educate those people who are dealing with the older people who are now being considered only in a few areas. We need to educate and train the older people for their new roles in their advanced years, and the fact that we have been able to add years to life has given us impetus for studying these new roles. We have shown that older people want to know their new roles and want to take part when their fears are allayed, when they are not afraid of being ridiculed, not afraid of forgetting, not afraid of entering into a new situation, when they can see themselves as being successful. They need to learn what research has already found out for them and how to use it.

We are now the Division of Career and Continuing Education, rather than the Division of Adult Education, for if we believe truly that education is lifelong, we need more programing in this, research, the findings of the research, the evaluation of it and the resulting program that would be passed on to the seniors. Having programs on paper is not quite enough. Having research that is documented is not quite enough. We need something that will activate these programs.

Thank you very much for inviting me to testify today.

Senator CRANSTON. Thank you for your very interesting testimony. I would like to ask you, first, what specifically do you feel that we can do to encourage an increase in older adult education programs?

Mrs. MARSHALL. I think one of the recommendations that came out of the White House Conference on Aging was that a National Department of Education have on its staff a person whose prime concern is the education for older adults, and that, hopefully, this would then be passed on to State departments of education and from there to local departments.

Senator CRANSTON. It was suggested yesterday by Dr. Russell Lee in our San Francisco hearing that it might be constructive to look upon the activities and stages that people go through in their lives in the following way: first, when they finish their education and get out into the workaday world and have their career, whatever it may be; second, the age when they get to the fifties and retirement is looming ahead—perhaps they should have an education program at that time geared to moving them into some new role where they would be active and rendering a service such as in beautification work or education work with children, which you are talking about, and therefore feel that their lives were still rich and rewarding and meaningful thereafter; and finally, the last stage, of integrity and reflection on what had gone before.

Mrs. MARSHALL. We found, too, for example, Mr. Cranston, when an older person enters a class and takes part in it, the family looks at him differently, he looks at himself differently, he becomes more active in the community, he is able to absorb more of what is going on, and the whole personality changes. It is a beautiful thing to watch. I would agree with the gentleman in San Francisco, and I would hope that we would really try to further research for better education in which the older person takes part, not just education about him, but education for him.

Senator CRANSTON. Yes; I certainly will.

Do you have any comments on the amendment I mentioned that I planned to introduce to charge the Institute on Gerontology with evaluating and coordinating to some degree all government programs that are geared towards our senior citizens?

Mrs. MARSHALL. I think this is very necessary. I think this has been the lack, this coordination, and only through such coordination, I think, can we really disseminate this information on a nationwide basis, otherwise it is piecemeal again. Yes; I would like it.

Senator CRANSTON. Regarding nutrition, both the House and Senate have now passed a bill calling for nutrition programs for the elderly, and I think it will be signed into law shortly. An amendment I offered will get \$3.8 million more for California.

Mrs. MARSHALL. Good. I have been trying very hard to get our schools here to consider opening their cafeterias after lunch for the older adults who live in their area. Maybe you can help with that.

Senator CRANSTON. I will be glad to.

Thank you very much.

Our next witness is John Anson Ford, former chairman of the Los Angeles County Board of Supervisors, former chairman of the California State FEPC.

John, we are delighted to have you with us.

Mr. FORD. Thank you.

STATEMENT OF JOHN ANSON FORD, FORMER CHAIRMAN, LOS ANGELES COUNTY BOARD OF SUPERVISORS, AND CALIFORNIA STATE FEPC

Mr. Ford. Senator Cranston and friends, I, first of all, really want to express the delight I experience in finding so much penetrating analysis of this problem of the elderly people. It is such a great contrast to the attitude, the public attitude, the official attitude and the popular attitude obtained back in the 1940's when I first introduced a measure in our county government for a senior citizens agency. It was a small beginning but it was the first in the 1940's, it was the first in the State of California.

I am still very much of a layman in this field but I do recognize very sincerely the great need that Senator Cranston, Senator Eagleton, and the others are seeking to remedy. I have a few notes here on which I will base my brief remarks. Knowing Senator Cranston's practical habits of mind, it is unnecessary for me to sound a precautionary note about research. My 24 years as county supervisor and 10 additional years with State and county agencies prompt me to suggest that research can sometimes supplant or unnecessarily impinge upon direct action that is sorely needed.

I interrupt also to say how much I was impressed with Dr. Marder's remarks. Dr. Marder comes from a county institution that has a great record. I suppose it is one of the pioneers in the world in dealing with these problems of the aging. I could have listened to him for another half hour.

The right balance between basic research, so often essential to sound programing, and the badly needed direct relief is sometimes difficult to arrive at.

I do believe that the measures now taking form and those already proposed by the Senator to eliminate the inequities that arise from present administrative procedures are highly important and should receive prompt and enthusiastic support. In further study of the scientific aspects of the aging process, I believe that great benefits can come to the elderly of future generation as well as to the present.

Our old people have many problems which I wish I had time to discuss and some of which are being very ably presented at this hearing. But one of these deserves special emphasis, even though it may have already been mentioned before I entered the room. It calls for both research and direct action. I refer to the appalling amount of exploitation of the elderly that exists in California and, I am sure, in all other States. Many elderly people are not sophisticated in the ways of salesmanship. Their earning period has ended. Wise investment of such savings as they have been able to make literally become a matter of life and death in many cases. Unscrupulous individuals in the guise of friendship mislead many elderly, especially widows, and get control of their life savings. The victims have no recourse, because in so many cases the exploiters are aware of the law and remain, cunningly remain, within the law, although they are, in fact, plain robbers.

If a Government research agency could promulgate sound norms or principles whereby investment schemes and insurance policies could be easily understood and measured by elderly people, it would be a great blessing. Contracts and programs for retirement homes sometimes fall in this category.

I do appeal to the agencies of our society, religious denominations, labor unions, fraternal lodges, and other groups to take a greater interest in the elderly and not merely rely up Government agencies to carry the load. The elderly need transportation to church and to the shops, to club meetings. They need friendship such as no official agency can give. They need outings in the mountains and by the seashore. And above all, they need friends.

Historians and sociologists take some delight in trying to measure the durability of our modern day civilization. They like to point to the 19 or 20 cultures that have flourished and then have floundered and disappeared. The causes of decline and fall are many. But I will let you in on a secret, an open secret. The civilizations or cultures or forms of society that have the greatest enduring strength are the ones whose individual members have a concern for their individual fellow man, and the strongest and most enduring of these civilizations and cultures is the one which has the widest scope of concern for its fellow man, concern that has depth as well as breadth, and that can only be obtained by scientific research implemented by sympathetic human hearts.

Wise men have expressed this idea in different ways down through the ages. Some say it is not armies and military might that might prevail in the end, but a wise administration of justice. Other wise men have devoted their lives to trying to tell their fellow men how the other half lives. Others have approached even closer the remedy for social decay by advocating democracy, self-government, but the question arises who motivates our democracy, and here is where we come in. Believe it or not, self-government, too, can fail. At least we call it self-government, it depends on where the emphasis lies. If it is self-government with a cheap emphasis on self, we will fail. The larger concept, the sound concept, obtains only when self-government gives as much consideration to the other fellow as it does to itself. In a sense, this is so simple that we can't believe it and practice it fully. But the ancient saying is true and it is the formula for research and for individual enterprise that will bring justice and peace to the mind of the elderly, namely, "Love thy neighbor as thyself."

Senator CRANSTON. Thank you, John, for a very eloquent and wise statement. Let me ask you one question. How do you feel about the concept of the Commission on Aging versus the Institute on Gerontology for research. Do you have any preferences?

Mr. FORD. I have a feeling that we are going to prove it very much by research in spite of my remarks about research. I have seen it in county and State governments, particularly the research carried on seemingly, to a layman, unnecessary, to an unnecessary length. But there is so much that we laymen don't know, such as Dr. Marder suggested. If we can get that through research, I believe it is going to be invaluable. I don't know whether it will make us live longer, I wouldn't object to living longer, but if we could live profitably and interestingly, that's the point and that will come with research. I think you are working along the right line.

Senator CRANSTON. Thank you. I thank you very much.

Our next witness is Mr. Robert G. Medina, director, Los Angeles County Senior Citizens Affairs. We appreciate you being here.

STATEMENT OF ROBERT G. MEDINA, DIRECTOR, LOS ANGELES
COUNTY SENIOR CITIZENS AFFAIRS

Mr. MEDINA. I want to thank you, Senator Cranston, for giving me the opportunity to participate at this hearing. I would like to read a very brief prepared statement here, if I may.

Senator CRANSTON. That will be fine.

Mr. MEDINA. I think that you and Senators Eagleton and Williams are to be commended for the concern and vision dealing with a much neglected area that affects a very important national resource, the elderly American.

I think the Federal Government with its capability to deal with the major problems of our Nation is in a strategic position to actively address itself to the needs and problems of the Nation's elderly.

Senate bill 887 will provide, I think, the vehicle that is a prerequisite to identifying, understanding, and establishing priorities that will give the necessary direction toward the establishment of national policy on aging. Senator Eagleton's bill is comprehensive in its approach and has in it the requirements as they relate to research, not only in the biomedical research in the aging process, but also with behavioral and social research related to the special problems of the aging. Perhaps a major consensus of this bill would be to fill a much needed role in the Federal Government, as you stated in your comments on your amendment, through a proposed National Institute of Gerontology and the impact that this would have at the State and local government level as well as in the private agency level in the volunteer sector.

Senate bill 1925, Senator Williams' bill, supplements and enhances Senate bill 887, and perhaps these two bills could be brought together as there is no conflict in purposes, and in many instances they are similar. There are serious deficiencies in research and training in the field of gerontology which have the consequences of public policy based upon inadequate information and where ongoing programs exist they are often directed or staffed by persons with limited experience in gerontology. Senator Williams' bill can create the opportunity to accept applied research that can be converted to service. The main concern of people directly involved in the field for aging would then be to translate research findings and to approve programs and how to go about delivering adequate comprehensive services to the elderly.

I think your plan to introduce amendments to provide that the Gerontology Institute, if established, would be charged with the responsibility of conducting an ongoing scientific evaluation in the study of the effectiveness, relevance, and overlap of our Federal Government programs affecting older persons is a critical must to coordinate our resources to give us the best possible results of the funds and energy invested in this area by the Federal Government.

I think that the Federal Government's concern for our elderly Americans as expressed through these hearings is the type of action that is dedicated to getting acknowledgment that our elderly have made a major contribution in making this Nation what it is today, and I feel that implementation of the kind of legislation we are discussing today will help our Nation's elderly in making their declining years of life happier and more worthwhile.

I want to thank you for allowing me to make the statement.

Senator CRANSTON. Thank you very much. I would like to ask you if you feel that government entities like Los Angeles can make better use of Federal funding coming directly to them rather than going through the State commission on aging as would be provided by the amendment I have been discussing.

Mr. MEDINA. Yes, I would prefer that. I think another problem, though, is the difficulty in the restrictive parts of the funding requirements, and I think it sometimes doesn't allow participation for the asking of these funds at the local level and I think that has to be worked on, too. But I certainly would agree with you that I would like to see that opportunity.

Senator CRANSTON. Regarding the commission and the Institute, do you feel they should be combined into one body or should there be the two separate entities?

Mr. MEDINA. I would prefer two separate to give the commission the kind of influence on the center in terms of more objective approach so you could have laymen from other areas of life and parts of society to give it, I think, a wider perspective in its effort in doing research.

Senator CRANSTON. Thank you very much.

Our next witness is Mrs. E. R. Bixby, Executive Director of volunteer bureau, Voluntary Action Center.

Mrs. Bixby, thank you very much for being with us today.

STATEMENT OF MRS. E. R. BIXBY, EXECUTIVE DIRECTOR OF VOLUNTEER BUREAU, VOLUNTARY ACTION OFFICE

Mrs. BIXBY. My name is Mrs. E. Rew Bixby. I am Chairman of the Committee on Research and Planning for the Aging, which is a committee of the Welfare Planning Council.

We have included in our paper here a list of the agencies which are involved in this particular program and they represent a wide spectrum across the community.

I think our committee has worked on some basic assumptions: No. 1, the right to produce, this right fast fades away as you get older, the right to be valued in our society, the right to live independently, the right to enjoy the fruits of years of labor, and the right to end life with dignity.

Our committee approves the general direction of the Federal and local governments in meeting maintenance needs through Social Security rather than welfare. The concept of separating eligibility and services is desirable; however, we are concerned that the aging receive more than crisis intervention. Our studies have demonstrated the need for preventative, supportive, and protective services, some of which must be offered through reach-out means and not be dependent on older persons actively seeking them.

Our committee sees the needs of the aging as multiple. No single volunteer or professional person can realistically meet all the needs. A constellation of services, legal, financial, medical, personal, and social services is more typical. We have found out more and more locally that our services are fragmented and with the aging it is terribly difficult for them to get a group of services before they fall between the cracks getting from one place to another.

We also find that many single, elderly persons without family or close friends are faced with a system too complex for the staff, let alone the people who need the service. We deplore the proliferation of information and referral services in the face of insufficient resources at the end of the referral line.

Members of our committee are finding many examples of institution-alization because of gaps or fragmentization in community services, for example, insufficient attendant, home health aid or homemaker service, which might have enabled the older person to remain in his own home. Once in the institution, there is too little orientation to return to the community and assistance in functioning at highest potential. There also is concern on the part of our committee that standards of licensing are not upheld in the face of personnel cuts.

I have attached a copy of a letter sent by our group on November 3, 1971, to our Congressmen and State legislators which expresses disenchantment with the pattern of short-term demonstration grants, and, if I may, I will read that.

I have been instructed to convey to you the conclusions of a Committee on Research and Planning for The Aging of about 40 lay and professional persons who have been giving serious and thoughtful consideration to the applicability of area-wide aging grants in a county like Los Angeles.

This group is disenchanted with this pattern of grants. They cannot accomplish their purpose without more adequate funding, more realistic time for effective demonstration, and without assurance of continuing funding. We doubt that any organization or partnership of organizations in this country could have serious impact on the development and delivery of innovative services under these conditions. The community wastes its energies and resources as well as federal grants trying to "innovate" when already well documented needs of the aging are not met. For example, we are saturated with information and referral services with insufficient services at the end of the referral line.

There already exist in our community many innovative programs for the aging which are underfunded. These organizations engage in unproductive competition for grants and waste their resources in the preparation of proposals. Entirely new programs require recruiting and training new staff for only a one-year period. These demonstrations build expectations and hopes which can only lead to frustrations.

We conclude that this pattern of funding is incorrect. It may be necessary in our present state of planning, but we write to you because you are in a position to influence the design of demonstration grants so that they are more realistically attuned to the needs of our community.

We believe these grants are constantly being designed, also, too completely in an area that does not affect local decisionmaking, in other words, local decisionmaking on setting of priorities and what is needed in the community. I think, is vitally necessary because we haven't been able to—someone told me the other day, one of the researchers, that so far on our grant system we have it backwards, the local community sets the priority, the Federal Government does the evaluation. As it stands now the Federal Government sets the priority and the local community does the evaluation, and we think it is just backwards.

The intent of the bills to establish a National Institute of Gerontology is praiseworthy. Local experience in demonstration nutrition programs have shown their value.

On this national institute. I would say, too, and caution, that I had hoped that somewhere in this bill might have been a substantial allotment of money to improve the image of the aged. The program

research that was conducted in New Jersey proved that an older person's health was directly related to his productivity, to his involvement, also to his self-image. So in any kind of research program that is set up, hopefully there will be some money expended in changing image values.

We appreciate the opportunity to have commented on other aspects of these bills.

Senator CRANSTON. Thank you very much, Mrs. Bixby.

Do you feel that the commission or the institute approach is more sound?

Mrs. BIXBY. I like the institute.

Senator CRANSTON. Do you have any comments on the legislation that I indicated I will introduce regarding social security and medicare?

Mrs. BIXBY. I didn't hear it.

Senator CRANSTON. The proposals were, first, increases in the "standard of need" used to determine public assistance for the elderly—these would be commensurate with social security increases.

Mrs. BIXBY. We approve.

Senator CRANSTON. Secondly, to allow certain social security beneficiaries under the age of 65 to buy into medicare.

Mrs. BIXBY. Yes, I think that would be a good idea, especially at this point.

I might also say someone said the worst illness of the aging is the atrophy of disuse, and I think that in our present economy anyone aged 50 on up who might be unemployed is suffering from that disease and it is a problem in our society, I think, that somehow we must solve so that each person has a valuable place in it.

Thank you.

Senator CRANSTON. Do you concur in the view that we should develop the concept of home health care as much as possible rather than institutional care?

Mrs. BIXBY. Yes, I do; I think that the elderly must have the right of choice. One of the very great difficulties we have had, and I am sure other people will testify to this—one of the really great tragedies, it seems to me, is that we have so many thousands of elderly people losing their own homes because of taxes and that, in essence, institutionalizes them automatically and I think that is very, very sad.

Senator CRANSTON. Yes, I wholeheartedly concur, and I will work to enact solutions to this problem.

Thank you very much.

Our next witness is Mr. Larry Chrisco, President of Allied Senior Citizens Clubs of California.

Mr. Chrisco, thank you very much for being here.

STATEMENT OF LARRY CHRISCO, PRESIDENT OF ALLIED SENIOR CITIZENS CLUBS OF CALIFORNIA

Mr. CHRISCO. My name is Larry Chrisco and I am president of the Allied Senior Citizens Clubs of California. I serve as chairman of the transportation division of Mayor Yorty's executive committee for senior citizens and am also vice chairman of the Los Angeles County

Commission on Aging. And in order that I might not be considered prejudiced toward the older people, I also work with youths through the Legion's oratorical contests of the senior highs and the school awards to the junior highs and also with the drum and bugle corps. In reminiscing, talking about the span of the various age groups, I just reminded myself from my youth up to the present time that I fraternized with the veterans of six national wars. My subject today is to keep the older American at home.

Senator CRANSTON. Which was the first of those wars?

Mr. CHRISCO. The Civil War.

Senator CRANSTON. I shook hands with a man who shook hands with Lincoln!

Mr. CHRISCO. And you are still running.

Senator CRANSTON. Yes.

Mr. CHRISCO. Our Government was founded upon the principle that men are endowed with certain inalienable rights and among these are life, liberty, and the pursuit of happiness and these are secured and guarded under our Constitution.

In our present society a change has come about through the working of our free enterprise system. Until 40 years ago the older person seemed to have no problems due to his age alone. He was a part of a three-generation family and as such he enjoyed the benefits and comforts of freedom of movement as any other member of the family. Today he is no longer a part of that family but is a person apart and finds it necessary in his golden years to start again and carve out a place for himself as an individual along with others of a similar age.

Besides being isolated from the family life as he has known it, he finds that the services which had formerly been within a block's walk have moved beyond his reach. No longer is the grocery store in sight or the doctor's office 3 blocks away. The profit motive in big business and even among professionals has resulted in these services being located great distances away and the older American has not been able to keep up with this trend, so he is left confused and frustrated.

It seems traditional in our society that conditions have to reach an impasse before action is taken to compensate for what has been allowed to take place over a period of time. The stock market had to suffer a major catastrophe in the 1920's before any Government regulation was forthcoming.

The earning period of a tradesman's life is gradually being reduced so that one reaches the category of a senior citizen at a much younger age. With the increasing numbers of the elderly and the isolation thrust upon them by the above conditions, they are left with no means of availing themselves of the services necessary for health, comfort, and the necessity of a normal life.

When a government, through franchising and licensing, has allowed the necessary services to be pulled away from any portion of our society, it is duty bound to compensate for permissiveness by providing the transportation to take those so isolated to where the services are available.

The greatest punishment meted out to those who have been found guilty of criminal offenses is to confine them and isolate them from

other elements of society and restrict their movement at will. Have we not placed the same restrictions upon our elderly by taking from them, from within their reach, the ordinary necessities and making no provision for any means of transportation so that they might obtain those needs. The means for people to move at will are as necessary as the services of the police and fire departments.

Local transportation systems should not be operated primarily on a profitmaking basis but should be supplied strictly for the public benefit in the same manner as other municipal services. How much longer are private-minded bondholders going to determine the destiny of our older citizens who have given the better part of their lives to the support of our way of life? It does not make much sense to see school buses standing idle 80 percent of the time and taxicabs and government vans with drivers in the seat sitting idle for hours while the elderly at times in emergencies are unable to move.

The designing of equipment should be considered when planning transportation for the elderly. Operation is also important. At times it is a traumatic experience for an older person to board or exit from a bus with quick starts, stops, and turns requiring the agility of an athlete.

We believe that the aged should be encouraged to remain in their homes, whether owned or rented, as long as it is possible. Where the property taxes become burdensome or it is difficult to obtain home health care when needed, there is a tendency for them to dispose of their homes and in such cases the money received from the sale usually gets away and they end up being cared for by the State, and this results in a greater burden for the average taxpayer than if they had been relieved of a portion of the property taxes in the first place.

All grants for programs covering services for the elderly should have provision in the grants to cover transportation to enable them to avail themselves of the services, unless the means of transportation are already available locally.

Older people remaining in their homes will sooner or later have minor illnesses or slight injuries. If a homemaker or a home health aide is made available, they can be cared for at home, which will keep them out of the hospitals. This is not only better for them, but it is a great saving, either for them or the State. The homemakers and home health aides are in short supply. There are about 30,000 in the country; there should be 300,000.

Our State organization, the Allied Senior Citizens Clubs of California, had a Federal grant in 1967 and 1968 to carry out a project. It was called "Operation Reach Out." Besides forming new clubs in areas where they were needed, we set up, with the cooperation of the Los Angeles School System, some classes for home health aides. It was simply a demonstration project, and we graduated four classes. The Government should promote the training of many more of these.

One reason for the shortage seems to be that young married couples both working need this kind of help to care for the children and they absorb this type of help.

Transportation and home health care are two very important needs on programs for the aged and they should remain very high in priorities. Without these, most all of the projects seem to bog down.

Thank you, Mr. Cranston.

Senator CRANSTON. I would like to ask you whether you favor the concept of the commission or the institute or do you have some other approach that you think should be followed.

Mr. CHRISCO. Well, I haven't given that too much thought, but I think probably there is room for both, I would think so.

Senator CRANSTON. Do you have any thoughts or suggestions on the best way to integrate enrichment programs for people of all ages?

Mr. CHRISCO. Of all ages?

Senator CRANSTON. To get coordinated programs aimed at different age groups but that tie together in ways that would be appropriate.

Mr. CHRISCO. I think first we have to get the people looking in a different direction, both the older people and the younger people. I think of an example. For instance, in my referring to my work with the youth groups, and it also includes the drum and bugle corps, the musical organizations, I recall an instance where we had a Memorial Day ceremony with a parade and the young people had been up since 3 o'clock in the morning and the mothers were up all night ironing the uniforms and seeing that everything was spic and span, and it is cool early in the morning and they get ready for marching, so here they come now marching down in this parade and there was a senior citizens' club meeting in a civic center. Now, no one in that group, I hate to indict people of my own age group, but I think there is some room there for criticism, no one arose from their activities to go to the door to observe these young people. So I think that the older people need to be oriented and to kind of reflect back and realize that they have to accept these younger people and they have to encourage them if they expect to have the respect for themselves. So it is a two-way street.

Senator CRANSTON. How do you feel about moves that would tend to encourage people to retire early, such as lowering the social security age?

Mr. CHRISCO. Our system is now going in the direction that people are going, they are being forced to retire early.

Senator CRANSTON. What do you think of that?

Mr. CHRISCO. I think it is a bad thing and I think an older person, as long as they can work and are happy in their work, unless they have some program for their retirement, they should keep on working, and I think that we should encourage the developing of programs to have these people still remain active and busy after they retire. A person goes to pieces if they have no program. I know that in the old days they showed pictures of people out in the boat fishing, what a nice thing it was, and at that time \$150 a month was considered a nice income for retirement. We have a different concept today. Instead of looking forward to that ease, in other words, I think we should look forward to still continuing to be busy, because the educators and people who made a study of this tell us now that in another decade that we are going to have as many years left in leisure as we had in our working life, so we need to make better use of those years.

Senator CRANSTON. Am I correct in assuming that you would favor the amendments that I propose to introduce regarding medicare and social security?

Mr. CHRISCO. Yes, sir.

Senator CRANSTON. Thank you very much.

Our next three witnesses will appear as a panel. They are Dr. Bernard Strehler, professor of biology, U.S.C., also in charge of biological research in gerontology. Appearing with him will be Dr. Robert Nathan, staff scientist, Space Sciences Division, Jet Propulsion Laboratory, and Dr. Roy L. Walford, professor of pathology, UCLA School of Medicine.

Dr. STREHLER. Shall we proceed by making brief statements and then exposing ourselves to your questioning?

Senator CRANSTON. That will be great.

**STATEMENT OF DR. BERNARD STREHLER, PROFESSOR OF BIOLOGY,
UNIVERSITY OF SOUTHERN CALIFORNIA**

Dr. STREHLER. Senator Cranston, it is a great pleasure and privilege to be here today to discuss these bills.

You may or may not know that I helped in the drafting of S. 1925. I want to say, however, that I feel that of the two bills, as indicated in the testimony I submitted, written form, that S. 887 will do the job provided that the charge to the institute includes that very systematic kind of approach which is lacking at present in the field.

In testimony before the Senate in June, the Under Secretary or Assistant Secretary for legislative matters in HEW indicated that the time was not yet right to make an intensive attack on the aging problem, that's what the field lacked, and there are very specific statements to be made, but basically what he said was, that until there is a sufficient body of information available and a sufficient number of good, clear, scientific questions which can be answered by such an approach, that there is no basic justification for establishing an institute.

Now, if this were true, if these claims were true, there might be some merit to not establishing an institute, even though it is also true that if a problem is sufficiently important you do your best to understand it with whatever tools are at hand. But I maintain that the information upon which this judgment was based is out of date, that whatever the sources were, that an awareness of the advances in molecular biology and in other aspects of biomedicine that occurred during the last 15 years, a real revolution, have not really been taken into account.

In order to substantiate this, I would like very briefly to do a kind of an experiment. I would like to outline for you and for the use of anyone else who wishes to, I would like to outline a series of questions which we are presently able to attack. They are good, sound scientific questions, they are very basic, they influence each of our lives. Then I would like to comment on the fact that only 25 percent of these questions, and others like them of equal merit, are being funded at any level at all, and that those which are being funded are being funded at grossly inadequate levels.

The areas of gerontological research that may be included in those particularly fruitful areas for exploration at this time fall into a number of different categories. Among these are the following:

(1) What controls the switching off of the body's ability to use specific parts of its genetic information as aging occurs? You probably

are aware that each body cell contains the total information for specifying every part of the body, and as we develop certain of these genes, as they are called, are expressed in some cells and certain genes in other cells, but as life goes on some of these genes become switched off. The question is, what is the mechanism for this switching off process?

(2) Is the switch-off at the level of gene copying, that is, transcription or of the read-out of this information, which is called translation?

(3) Are the agents which switch off gene function built into the genetic instructions themselves or are they the byproducts of accidental damage?

You see, the switching off is a most key process and it is likely what leads to aging.

(4) To what extent are errors in decoding genetic information responsible for aging?

(5) To what extent is the accumulation of age pigments—you know, our brains, muscles, hearts, adrenals, gonads accumulate pigment, inner cellular pigment, which comes to occupy 25 percent of the cell column. We don't know what their precise origin is and nobody has attempted yet in a scientific way to determine what their effects are. But, at any rate, to what extent is the accumulation of age pigment within brain and heart cells responsible for the decline of function?

(6) To what extent is death of irreplaceable cells responsible for aging? We are reported to lose something between 200 and 2,000 brain cells per second.

(7) To what extent is loss of ability to form antibodies to bacteria and viruses responsible for aging?

(8) To what extent is autoimmune disease, to which Dr. Walford can speak, responsible for aging?

(9) To what extent is aging due to the loss of ability to replace cells? Some good work is being carried out on this.

(10) To what extent can the aging process be slowed down in humans as it is in experimental animals by lowering body temperature slightly without interfering with the function, one might say?

(11) How can the regeneration of lost tissues be achieved or what are the controlling events in regeneration in experimental animals?

(12) To what fundamental cell changes is the spontaneous activity of the brain attributable? There is a decline in brain wave frequency, for example. Why does this happen? What are the changes in cells? Brain waves appear to be involved in the processing of information, and this 20- or 25-percent decrease in brain wave frequency ought to be understood.

(13) Does decreased sensory and social input to the brain, sensory deprivation or social deprivation, cause losses in the ability of the brain due to this disuse? We do not know this for certain, particularly as it applies to aging.

(14) What level of exercise will restore function and to what extent in older persons? What limits the usefulness of exercise in older men and women?

(15) What is the genetic basis of old timers' disease, senile dementia, that affects some 15 percent of all older people and causes the most severe and unhappy kind of suffering?

(16) To what extent can the circulatory system be caused to regenerate in older persons?

(17) How can an individual determine what is for him an optimal diet, which bears on the other bill that you have held hearings on?

(18) What causes the decreased insulin output of the pancreas in old age, maturity onset diabetes characterized by this?

(19) In what respects do changes at synapsis, the little places where ever information is handled, affect brain function in the aged?

(20) What changes in the hormone systems or ovaries lead to menopause? We know menopause occurs; we know there are changes in hormonal balance.

(21) What is the effect of sexual activity on health in later years and what is the mechanism of this effect?

(22) Why do older mothers produce hundreds of times more mongoloids per mother than younger mothers do?

(23) To what extent do age changes in collagen, part of the connective tissue, increase the informaties of age? We know changes occur; we don't know what their effects are.

(24) Are any present youth pills really effective?

(25) What is the effect of vitamins and other supplements on the rate of aging?

Mr. Chairman, these are only a few of the basic questions that are waiting to be attacked by outstanding researchers in and out of the formal discipline of gerontology. Each of these problems is susceptible to imaginative scientific research and to be answered with tools available. Less than 25 percent of these problem areas are currently under investigation with research support from NICHD, according to the testimony provided to your committee in June.

These questions by no means represent even 50 percent of the fascinating puzzles on aging and are the chief justification for an institute of gerontology which has as one of its principal functions the detailed exploration for the means to provide the answers and the funding of researchers in and out of the field to solve these problems.

The commission function specified in S. 1925 should be a primary charge to this institute, whether it is a formal part of the legislation or not. It is precisely because no governmental body is using the expertise and fundamental scientific background available to attack these problems that a new governmental structure is needed, either in NIH, AOA, or elsewhere in HEW.

Thank you, Mr. Chairman.

Senator CRANSTON. Thank you very much. I am glad you made a point of not asking me the answer to those questions.

(The prepared statement of Dr. Bernard Strehler follows:

PREPARED STATEMENT OF DR. BERNARD STREHLER, PROFESSOR OF BIOLOGY,
UNIVERSITY OF SOUTHERN CALIFORNIA

On behalf of my self and the organizations I am privileged to speak for, I want to endorse fully your efforts and those of your colleagues to develop a public awareness leading to action in Senate Bills S. 1925 and S. 887. I believe no pending legislation can have a more lasting benefit in the lives of Americans of all ages than these two pieces of legislation, for the quality of life is limited by the physical and mental health we enjoy, or fail to enjoy, more than by any other single factor. There are convincing reasons to believe that these bills, if enacted by Congress and implemented vigorously and imaginatively by a sympathetic administration, will add years, perhaps decades, of additional health in the middle years to all who attain this age during the last quarter of this twentieth century. Equally important, they will provide the knowledge needed in the social

and psychological science areas to permit a more wise use of the still-too-limited funds available to improve the quality of those in the last third of their lives, our presently elderly citizens. We all owe so much to these people for the remarkable land they have built with their toil, sacrifice, and love. In a very real sense our sensitivity to and action for the needs of the aging is a true measure of the degree to which we have adopted the higher ideals of our civilization, ideals they hopefully have transmitted to us.

Despite the dark cloud which present federal inaction in this area casts over us, this is a time of considerable optimism in that branch of science called gerontology, the study of the origins and effects of the aging process. The reason for this bright outlook stems from the nearly miraculous progress biological science has made in the last 15 years, particularly that contributed by our own countrymen largely under federal research sponsorship.

This revolution in biology consists of the discovery of the essential nature of life and how it is specified in the master material called DNA. Each of us, as well as all other living things, is written down in a coded library consisting of very long chains of just four relatively simple substances, called nucleotides. It is the arrangement of these four genetic elements in long chains that determines what we can be, a moth, a mouse, or a man. It was just ten years ago that the essential nature of the code was deduced, and just five years ago that the final details were worked out and confirmed experimentally.

During this last decade we have also made astounding progress in understanding how these coded blueprints are converted into the working parts of our bodies and the cells which make it up. We are now rapidly developing a knowledge of how each kind of body cell makes use of only that part of the DNA-library present as a complete library, in each body cell, which is needed to provide its special structure and function.

This last area of research, which is closely related to the means through which an adult human develops from a single cell, the fertilized egg, also opens the door to the understanding and, probably, eventual control of the physical process of aging. For once we understand how different parts of the DNA, called genes, are switched on and off in different parts of the life cycle, we will have the basic information required to develop means to slow down and probably reverse many or all of the effects of aging in the individual human.

Ten years ago I was pessimistic that such a breakthrough in biomedicine could occur in my lifetime, for at that time the machinery controlling cell specialization just seemed too complex to interfere with in practical terms. But with the realization that even very old cells still contain the information in their DNA to generate replacement parts of all kinds and in view of the fact that the control points are remarkably simple compared to what was previously believed likely, the present optimistic projections appear well justified.

It is for the above reasons, Senator Cranston, that I believe the time is ripe to establish the governmental research base that will bring these potentialities to realization in our lifetimes. The question is not whether future generations will benefit from such inevitable biological advances; rather, it is whether this generation, yours and mine, will benefit by action now that will move forward the date of the inevitable.

THE SURPRISING INADEQUACY OF PRESENT FEDERAL EFFORTS OF AGING

The basic reason, Mr. Chairman, that passage of these bills, or an appropriate synthesis of the two, is crucial to the realization of the above possibilities is that this is without doubt the most neglected of all biomedical areas, despite the fact that the aging process is a key, though indirect, cause of most human misery in this country and the dominant source of expenditures for medical care.

The past era of neglect stemmed from three main causes. The first is the fact that ours has been a youth-oriented culture that tried to hide from itself the fact that we all eventually age. Age carries with it certain benefits, such as the potential wisdom that can derive from a full lifetime of experience. But who in his right mind looks forward to the aches and pains, wrinkled skin, or mental deficiencies that effect so many older relatives and friends? It is because men try to shield themselves from unpleasant realities that the process of aging, unlike specific diseases, heart, lung, arthritis, cancer, which grow in aged bodies and cells, has been so largely ignored.

The second reason for neglect was the widespread, but mistaken, belief, even among leaders in medicine, that nothing could be done about aging. If nothing

could be done about it, obviously it would have been a waste of time and money to try to understand it.

The third, and really most crucial, reason for this neglect is that no governmental agency has been charged with primary responsibility to move the field forward on all fronts. Instead, with a few exceptions, there has been a consistently negative influence, as reflected most recently in testimony on this pending legislation by the very agency, HEW, which logically should have been at the forefront in supporting research in this area. There are a few possibly hopeful signs that this administrative opposition is changing. For example, the President's Advisor on Aging, Dr. Arthur Flemming, has stated on numerous occasions that the recommendations of the recent White House Conference on Aging will be implemented without delay. Among these recommendations, Mr. Chairman, was a unanimous one by the broadly representative members of the Research and Demonstration Section that the No. 1 priority is the creation of a National Institute of Gerontology. To quote from this document:

"that a National Institute of Gerontology be established immediately to support and conduct research and training in the biomedical and social-behavioral aspects of aging. The institute should include study sections with equitable representation of the various areas involved in aging research and training." (Page 78.)

The training committee recommended:

"We urge the creation of an adequately funded National Institute of Gerontology for training and research. A substantial portion of the funds allocated to it should be earmarked for training." (Page 84.)

The physical and mental health section recommended:

"Specific attention should be given to increasing the funds available for basic research and for operational research with a strong suggestion that a gerontological institute be established within the National Institutes of Health to provide the essential coordination of training and research activities." (Page 11.)

The report of the special concerns section on aging and aged blacks:

"It is recommended that the establishment of a National Institute of Gerontology be supported". (Page 93.)

No reference was permitted under White House Conference rules to any specific legislation, but it is obvious to all that S. 887 will create precisely what was unanimously called for by the public's representatives at the White House Conference. The President's excellent speech at the close of the conference pledged action during this year on a number of important recommendations. We all applaud this commitment. Notable by its absence in his speech, however, was any mention of research or a national institute. This very likely does not reflect a negative view by the President; rather, it suggests that he has not been fully apprised of the explicit recommendations of the delegates, which, without doubt, reflect the opinions of the great majority of Americans aware of the needs and possibilities.

For the above reason, Mr. Chairman, you would serve us all if you were to find a means personally to take up the matter with the President at an early date. For the President could, as he did in the case of cancer research, immediately insure that the present neglect of aging as a biomedical challenge would end. The comments submitted to your committee by Dr. Paul Dudley White, quoted below, are particularly compelling. It is to be hoped that they have been made available to the President.

" * * * I am writing strongly to support your bill to create an Institute of Gerontology, which is a problem not adequately covered by any of the health institutes in operation today." (Page 106, June Hearings, Subcommittee on Aging.)

A CRITIQUE OF OPPOSITION TO S. 887 AND S. 1925

Mr. Chairman, about 17 years ago I decided to change my field of research from a successful career in photobiology to an attack on one of the then great biological mysteries, aging. I cannot truly say that I regret this move. But, Mr. Chairman, the path, like all new ventures, has been strewn with handicaps and disappointments, in large part directly related to inadequate governmental advocacy of research in this area.

In 1961, the White House Conference unanimously called for the establishment of a National Institute of Gerontology. This recommendation has never been acted on. Instead, the functions which the institute was to perform were made a minor part of the responsibility of the Institute of Child Health and

Human Development established at about that time. This administrative arrangement, as the record of funding clearly indicates,* has all but buried gerontology as an active research area. This is, of course, quite understandable, predictable beforehand, in fact. For it is natural that an institute whose primary goal is a totally justifiable, better understanding of problems in pediatrics, gynecology, and, more recently, birth control, will not automatically emphasize research at the opposite end of the life span, particularly in times when allocations for biomedical research in general were being reduced. The effect has been most unfortunate, to state it mildly. Within the NIH itself the Gerontology Center in Baltimore, under the eminent Dean of Gerontologists Dr. Nathan Shock, located since 1968 in a new building, constructed at a cost of \$8,000,000, houses about 50 per cent of its projected staff. Fewer NIH scientists are actively conducting research in this structure now than were on the staff before the building was completed.

Equally important, research funding in universities and other non-public research institutes has actually diminished since 1961, although very commendable support of several gerontology training programs, as also called for in the 1961 White House Conference, has been established by NIH in the meantime. In absolute dollars, the level of funding is down by 10 per cent or more. In real dollars, taking inflation in equipment supply and labor costs into account, the support of research has been reduced by about 50 per cent, assuming an average 5 per cent inflation rate.*

The shortage of funds allocated to aging research is a direct result of the fact that the responsibility for this activity was delegated to an institute with other worthwhile but usually financially competitive goals whose administrators and advisory governors council, are, with few exceptions, committed to research or clinical problems of infants and children.

The absence of strong advocacy for aging research at the policy-making level the intermediate level administrators in the NICHD are diligent advocates of the field, has had another disastrous effect. This is that no review body, Aging Study Section, has been set up within NIH, despite its unanimous recommendations by the 1961 White House Conference, that is specifically competent to judge research grant applications in the field. Instead of being judged by peers, scientists broadly aware of and emphatic to efforts in the field, the review bodies, except for large multi-personnel proposals called program projects, are made up of persons with great expertise in specialized areas, but usually with little concern for the overall problems in aging research. A particularly unfortunate feature of this review system is that an anonymous jury of scientists who are not, as a rule, broadly informed in the area can reject a research proposal. Such a rejection is without appeal as is usual in all other pseudo-judicial proceedings under our system. Even misinformation that the peer-jury has cannot be corrected or be a basis for review once the decision has been made. This inequity in an otherwise well-intentioned and well-structured system should be corrected not only as it applies to gerontological research but to other areas of biomedicine. It is almost inevitable, men being what they are, that approval and funds will flow to those who are best known to the jury. What are the chances of an obscure stranger or new researcher in this area? Pretty slim.

It is obvious that the channelling of the needed funds into this research area requires two things: (1) the supportive administrative framework an institute will provide, including (2) a new review and funding mechanism, a commission study section, specifically designed to evaluate new research proposals critically and fairly within the context of established scientific facts.

What is Needed?

*Testimony of Nelson H. Cruikshank in hearings before the Subcommittee on Aging, June 1, 1971.

"Here is the amount allocated to the aging program from the Institute's budget for recent fiscal years: 1967, \$7.3 million; 1968, \$8 million; 1969, \$7.7 million; 1970, \$8.1 million; 1971, \$8.8 million; and 1972, \$7.2 million." (Page 35.)

*In all fairness it must be pointed out that much of the excellent research NIH sponsors, intramurally and extramurally, including the breakthrough on DNA function, will provide benefits to the field of aging research. But it is unrealistic to expect that an answer to this puzzle will suddenly fall into view as an accidental byproduct of other meritorious studies. There are processes unique to the declining phase of life and the efficient way to understand them is to study them. It is true that a knowledge of what happens in an automobile assembly line is of some use if your automobile fails, but the repair of your auto demands that the mechanic know which parts fail and why before he can put it back into running condition again.

Mr. Chairman, the picture which has been presented is bright as regards possibilities, but unpromising for the years ahead unless the Congress, hopefully with the support of the Administration, corrects the gross inadequacies that restrict a full attack on aging as a research goal. For this reason I applaud the fact that you are developing the background necessary to bring the present bills to the attention of the public and to engender appropriate action within the Congress.

Therefore, and on behalf of the Association for the Advancement of Aging Research, of which I am Executive Chairman, and as Chairman of the Los Angeles Chapter of the American Aging Association, AGE, and speaking as a past member of the Public Policy Committee of the Gerontological Society, I recommend favorable action on the two bills now before you.

As pointed out in previous hearings, these bills represent complimentary approaches to the same goal. Although I participated in drafting S. 1925, it is my belief that of the two S. 887 will more effectively meet the need. This opinion is based on the fact that an institute, properly established and vigorously administered, will logically carry out the basic purposes of S. 1925. However, I strongly concur with the testimony of Mr. Cruickshank of the National Council of Senior Citizens before your committee in June 1971 that the establishment of a body like the commission proposed in S. 1925 within a newly-established Institute of Gerontology is very desirable. Therefore, I join him in recommending that the two bills may well be combined, provided this meets with the approval of their respective sponsors, and that this doubly strengthened bill to establish an Institute of Gerontology be acted on during the present year, as called for (1) by the White House Conference, (2) by AGE, (3) by the National Council for Senior Citizens, (4) by the Gerontological Society, (5) by the Association for the Advancement of Aging Research and (6) by the American Association of Retired Persons, and the National Retired Teachers Association. The combined members of the above associations are more than six million persons and the scientific organizations include as members the leader in research on all aspects of this problem.

There is one final question I would like to raise. This deals with the location of the institute within the administration of the government. Three possibilities exist: (1) a separate administrative structure logically somewhere within HEW; (2) an institute within NIH; or (3) an institute within a strong AOA.

Senator Church has announced that he will introduce legislation reorganizing, coordinating, and strengthening the existing structures dealing with the problems of the aging. If this results in an AOA which is suited to fund and administer the needed broad program of research in the various aspects of gerontology, biomedicine, psychology and psychiatry and the social sciences, this may well be the most logical locale for this institute. There is, in fact, considerable merit in terms of coordinated responsibility and funding to the possibility that the institute will be a part of an enlarged AOA. On the other hand, the excellent history of achievement of NIH in many basic and categorized areas of biomedicine suggests that this also would be a very suitable location for the institute. The basic question to be resolved, it would seem, is whether the same creative dedication applied by NIH administration in other areas will be applied to a new institute. If it is a stepchild institute, the situation, though better than the present, would be far from ideal.

Summary:

Mr. Chairman, the above details the reasons that lie behind the widespread support of S. 887 and its logical companion bill S. 1925. I respectfully ask that these bills in toto or in such combination as is deemed wise by the Congress, hopefully with the President's concurrence, be enacted into law during this session of Congress.

Not only will such action be responsive in an election year to the recommendations of all organizations, including the White House Conference, which have considered the substance embodied in these bills, equally important it will give the many able scientists in this and closely related fields the tools and resources needed to do the job properly, economically, and at an early time. The results will include that understanding which is needed to extend the healthful middle years of life, a possibility most of us rejected a decade ago. Beyond that, who knows?

Thank you.

Senator CRANSTON. Dr. Nathan.

STATEMENT OF DR. ROBERT NATHAN, SPACE SCIENTIST, SPACE SCIENCES DIVISION, JET PROPULSION LABORATORY, CALIFORNIA INSTITUTE OF TECHNOLOGY

Dr. NATHAN. I am very glad to have this opportunity to give my endorsement to the Senate bills for creating the National Institute of Gerontology and the commission to create a systematic plan for the study of human aging.

To introduce myself, I have a sizable grant from NIH to study biological imagery in a quantitative manner, and, in fact, we have a larger grant, two-thirds of a million dollars per year, to study all kinds of aspects of imaging which are related to disease research. We are successfully working in heart, stroke, and cancer areas, and I have been working with Dr. Strehler in aging. In the area of heart we have been working on X-ray analysis to study arteriosclerosis. In the area of stroke we have been studying the small breakdown of blood vessels in the brain with Dr. Renbaum of UCLA. In the area of cancer we have initiated work with Dr. Robert Hubner in the study of the possibility that cancer viruses are a major impact area, a major source for cancer in humans.

With Dr. Strehler we have been working on the quantitative measure of how cells change their appearances as aging progresses, whether or not this is relevant to the manner in which cells survive. The distances between cells are an important factor in tissue conativity.

In addition to this research, there has been recently developed a team studying the possibility of converting a more significant portion of the Jet Propulsion Laboratory space expertise to bioengineering capabilities, and we have been having a large number of discussions with the faculty at Cal Tech in biology, mathematics, physics, the engineering groups, to study both the questions of what would be the national health priorities in the areas of basic health research, to understand and cure the underlying causes of disease, and also to discuss the optimum of health care delivery.

I would like to underscore the testimony presented by Dr. Strehler regarding our existing attitudes against providing adequate support of aging research. For too long there has been a blind spot in our cultural acceptance of a fixed life span and the inevitability of aging. With that attitude, any effort to solve the problem has been considered wasted and all too frequently has been ridiculed. These reactions have been reflected in the official resistance to the creation of a Government agency charged with the responsibility to solve age-related biological, behavioral, and sociological problems.

The official reasons given by the administration against pressing forward in these areas have been presented by Mr. Kurzman of HEW on page 249 of the Senate testimony hearings on S. 887, June 14, 1971. The administration is caught between two positions, that of a fixed number of dollars to support an entire program of disease and aging research, while, on the other hand, it endorses with high recommendations many good research projects but cutting them off without any dollars. It says this is very good work, we think you ought to do it, but, sorry, we don't have any allocation of dollars in our budget. There have been no new starts, no renewals this year out of a budget of \$4 million for research. Aging has been cut back down to \$3 million,

and because of that they have been forced to stop the renewals. To quote Mr. Kurzman:

We do not think that a separate institute for gerontological research best serves the research needs in the area of gerontology.

* * * experience in the management of biomedical research programs makes it very evident that no mere organizational change, of and by itself, can cause a research area to flourish. The irreducible need is for a substantial body of interested and competent research investigators, plus enough research leads or promising ideas within the field to challenge the researchers to productive endeavors. Only if these pre-conditions are met can one say that a particular research area is ripe for the injection of major new resources.

The matter of scale is most important, however, for there are significant administrative costs associated with a new institute's structure and these increased administrative costs would have to be at the expense of other high priority health activities.

NIH does bear the heavy responsibility for pressing forward research progress on the more obvious killer diseases such as heart, stroke, and cancer. Without clear-cut leads for research into the basic causes of aging, it may be considered justifiable by them to reduce the dollar support for aging when those moneys can be turned over to immediate application against disease.

But my strong reaction to that is that it is only too typical of short-term planning. What is needed is recognition of the overall perspective required for establishing long-term health priorities. To my knowledge, no such planning exists.

To bear that understanding of this lack of planning, I was privileged to attend a meeting last month or in January between Dr. Pickering, Director of the Jet Propulsion Laboratory, Dr. Sinsheimer, chairman of biology of Cal Tech, and we meet with Dr. Marston, who was accompanied by Drs. Berliner and Kennedy, responsible for planning. The purpose of that meeting was to explore the possibilities of optimizing the transfer of space technology expertise of JPL to biomedical engineering problems of national relevance. We specifically asked about these priorities and the planning which went into creating them. The answer to our question was extremely surprising in that NIH has not taken the position of setting such priorities. They have the authority to do so, but they have decided that it is not necessary for them to do this, that national experts are the people they would turn to, and as the occasion arises of pressure from Congress will also indicate their direction by choosing particular budget allocations.

Senator CRANSTON. Related to that point, is it your feeling and that of others in these fields that there can be a transfer of technology and research and so forth from what is going on in space to the topic we are discussing?

Dr. NATHAN. My particular grant is a major reflection of just that capability. In fact, I would say that NASA has been expending significant effort to try to guarantee that technology transfer. It has encouraged the work that we have been doing to a large degree. The work that I am doing is on the facilities paid for by NASA, yet the support of the personnel is by NIH, so we have been very pleased with this mix.

To return to the specific issue. The mandate by NIH to us appeared quite clear. We returned home with a recognition that we have the responsibility ourselves to create a set of interdisciplinary workshops, including all the various aspects typically involved in a university, the

sciences, biology, chemistry, mathematics, physics, the humanities, and engineering, and we also invited national health experts with the intent of hearing and understanding a set of national health priorities. We wish to optimize these lists of priorities and then be able to fit the capabilities of a laboratory to solve those problems.

My own personal experience has been to feel that the longer term one looks to say what is the importance in health research, that aging clearly comes to the top of the list. The fact that there is a significant amount of inroads in national research to the major killers, heart, cancer, and stroke, says that there is time now required for the long-range planning into health research priorities.

Even though it is not a part of today's discussion, I would like to perhaps initiate discussions with you at some other time to discuss the support of these interdisciplinary discussions.

Senator CRANSTON. I would be delighted to do that.

Dr. NATHAN. Very fine. Thank you. As part of that effort we were visited last week by Robert Rushmer, M.D., head of the Bioengineering Center at the University of Washington. He showed us a chart which indicated on one side his version of health priorities and along the top a list of applied technological capabilities, and in the center of that chart showing the cross relationship between technology and disease was a listing of the numbers of grants that NIH is funding in these particular areas. What was most obvious was that there was saturation point of prosthesis and materials analysis as applied to disease and hospital care, while in the area of aging it was extremely sparse.

The manner in which the grants are awarded is extremely dependent upon the competitiveness of ideas which would have comparatively short fruition time, and also in the areas where a lot of information already exists, where you have something, you have something that has a little bore of an idea, and you have funding on top of that, and there is an accumulation in those particular areas. I have been participating on many such technical evaluations for several years and have always felt a severe lack of overall perspective which is simply not available for these evaluations. I am, to a significant degree, in that peer group which goes to a particular site visit analyzing whether a person should be given a grant. We are not allowed to raise the question of just how does this fit into the overall picture, but just ask the question, Is this technically correct? Well, in many cases because it is a small addition to an already existing area, fine, and we give that high priority.

It is precisely to this point that overall long-term planning is required. It is not realistic to demand competition between areas where in one case solutions are immediately visible while, on the other hand, in spite of the eventual long-term rewards, the other problems are very complex and need expert and devoted exploration. That situation exists now between disease and aging research. It makes no sense to say the time is not ripe to expand this area while waiting for a chance spinoff or a breakthrough from other research. Dr. Strehler quoted from the testimony of Stephen Kurzman, the representative for HEW, who had said precisely those words, that we are still waiting for the time to be right, and I think that that kind of waiting just leaves us on the sidelines without any chance.

When the aspects of aging are expanded to include the complexities of behavioral and social research in addition to the biomedical aspects of aging, there is even further temptation to place the whole set of problems further and further away, lower down in the list of priorities. We, therefore, must make planning and support of this more diffuse area of research independent of the competition against disease research dollars. With the support of a focal point such as an Institute of Gerontology which, in my opinion, could well incorporate the Aging Research Commission, we will then have the opportunity to generate the necessary strong and enthusiastic leadership that this subject deserves.

It is relevant that you pointed out the need for the responsibility of conducting an ongoing scientific evaluation and study of the effectiveness, relevance, and overlap of all the Federal programs affecting older persons. These characteristics are inherent in carrying out a leadership role. There is need to update direction continuously based upon evaluation of efficiency. That is not to say that we should get caught again with the business of producing on a short term basis, but continually reevaluate and make sure that the measurements of effectiveness is being maintained.

It is more difficult to check on overlap of all Federal Government programs when authority reaches across department or institute boundaries. Such watchdogging is vital for efficient operation but protective responses within each of the various agencies spring up and it becomes very difficult to communicate without the fear that somebody is going to take something away. It is necessary in those cases, then, to pass judgments fairly with very careful appropriate technical peer evaluation. This difficulty is most evident when comparing priorities among biomedical versus behavioral and social aspects of aging research. Some visible mechanism must be created to keep a meaningful support balance among these diverse directions.

I guess I would like to end the discussion with saying that I have experienced a strong personal commitment to the area of aging research for at least 10 years and have been fortunate to have the opportunity to work with Professor Strehler over about the last 5 years. We have discussed and worked on areas of applying the new space technology instrumentation to many problems. We have been waiting for that opportunity to emerge for a major intersection of these new technologies with aging research. They include such areas as quantitative light microscopy; we have been successful in analyzing chromosomes with a microscope, high-resolution electron microscopy; we wish to see the individual molecular structure associated with the proteins tied to a cancer cell, and I have also been asked to look at the atomic resolution of the molecules associated with the deposition of fats associated with arteriosclerosis, a brand new area of microminiaturation, these all can be fed into aging research and national health research. I will be very happy to work on any efforts contributing to such planning.

Senator CRANSTON. Thank you very much.

Dr. Walford.

STATEMENT OF ROY L. WALFORD, M.D., PROFESSOR OF
PATHOLOGY, UCLA SCHOOL OF MEDICINE

Dr. WALFORD. Thank you, Senator Cranston.

It is a pleasure to endorse both of the bills before you, particularly the one, I think, for a National Institute for Aging Research.

I should perhaps begin by saying that I am a doctor of medicine and professor of pathology at the UCLA School of Medicine. I have been engaged in aging research primarily for about 12 years, and I have been reasonably well funded by the National Institute of Health. I still, nevertheless, feel that much greater effort is required against the aging problem and would like to speak briefly to that view. I do not have much of it prepared in a statement as I have been occupied in the last 2 weeks in breaking my leg, but I will make what I hope will be some pertinent rather extemporaneous remarks.

The first question, and, I think, the really critical question about establishing a national institute, is whether we are at that stage in biological research where this would be a fruitful thing to do. I think the way to illustrate that is to take the problem of infectious diseases, for example. A few centuries ago mankind then were doing a lot of research to try to cure infectious diseases before it was realized that these were caused by bacteria, and what bacteria were then, much of his research in those earlier days would have been irrelevant. But after it was realized that infection was caused by microorganisms and so forth one could begin making progress. The question is as far as making a major effort against aging, are we at that stage in the general development of biology where we have this kind of background, and I believe we definitely are at that stage. So I think that is the first point.

It is already possible, in fact, to extend the lifespan in animals very significantly by as much as 100 percent by several procedures. For example, the well-known McKay rat diet will extend the young and youthful years of animals, rats, mice, and other animals, by up to 100 percent. This is such a severe, restrictive caloric, restrictive diet, that it is not practical for the human population, but I bring it up to say that it is possible now to extend the lifespan significantly in many species of animals. It is also possible to get a very significant extension of lifespan by lowering the body temperature of poikilothermic animals by a few degrees. So we definitely have illustrations of not quite practical but possible mechanism whereby this could already be done.

In the present work that is being done in gerontology one must realize that it is a formal discipline, and much of the study section thought that goes into it at present and review of the grants, I think, are done by people who are not formally trained or knowledgeable in this discipline. I think this would be done away with by having a National Institute of Gerontology.

I wish also to stress the great usefulness which advances in gerontology will give to all other fields of biological research. For example, one of the major emphasis being placed now in the cancer problem

has to do with the immunological machinery of the body. One of the best bets as to why cancer develops is that the immune surveillance mechanism of the body which normally acts to eliminate cancer cells as they arise, that is, to eliminate them spontaneously by recognizing that they are foreign and rejecting them, that this immunological machinery breaks down with the spontaneous progress of the body's aging and therefore any cancers that develop are not eliminated by the body spontaneously. Actually, we are developing little cancers all the time and the body eliminates them because its machinery is intact. So this is one of the main areas of emphasis in cancer research, this immune surveillance mechanism. But we know very little about the immune machinery with aging in animals. In the past 10 years there have been only two people working in this area, so those working in cancer research are lacking a great deal of the basic information which would have come out of further progress in gerontology.

I think that concludes my statement.

Thank you.

Senator CRANSTON. I thank the three of you very, very much. Your testimony is fascinating and constructive and I think the committee will be particularly grateful for the responses you have given to that negative testimony we got from HEW last June.

Dr. Nathan, do you see any question of coordination of research within NIH if we create still another institute?

Dr. NATHAN. None whatsoever, no difficulty. My feeling is that there is need for focal points in each of these areas and the creation of an Institute of Gerontology would allow us to create such a focus.

Senator CRANSTON. Do you feel, Dr. Strehler, that the answers to those many intricate questions you have posed can come within reach by moving in the direction that the institute would take us?

Dr. STREHLER. Yes; of course, it depends upon who is recruited basically to do this work. I think each of these questions is within reach in terms of a firm answer within the next 10 years. We made very little progress on most of them. Now, in terms of how much this would cost, I think each of these areas could stand at least three groups of researchers, perhaps each funded, let us say groups of two or three researchers funded at the level of about \$100,000 or \$150,000 per year. There are 25 such questions here and that comes to roughly \$10 million.

Senator CRANSTON. You said that wasn't the total list?

Dr. STREHLER. By no means. And certain areas would require much more than this, but let us say on the average one could start at that point. So even with what we know at present, very definitely and with a list of researchers, highly respected, confident researchers, in various parts of the country, one could infuse at least three to four times as much research money into these kinds of questions, these very basic questions.

I feel that if the concept of Gerontology Institute is going to be rejected on the basis of the kinds of arguments that were made earlier, that it is incumbent upon those who use this negative approach to demonstrate that we are attacking these problems or that they are not very germane to ultimately improving the quality of our existence.

Senator CRANSTON. If the Institute were created and the answers to these questions were consequently found within 10 years, or the answers to most of them, what would that mean in terms of human life?

Dr. STREHLER. An awful lot depends upon what the answers turn out to be. If we understand how genes are turned off and can find ways to switch them back on, as you can with most machines, you understand, you can find a way to interfere with what is happening, it may very well be possible to restore a great many lost functions or at least to maintain them for a much longer period at the optimum, let us say, for what we have between age 30 and age 55 or 60 before the process takes its toll.

Senator CRANSTON. Do you feel it might be possible to restore as well as to maintain functions in some cases?

Dr. STREHLER. In a sense every generation represents a restoration of activity.

Senator CRANSTON. What about restoring within the individual?

Dr. STREHLER. I would want to reserve a clear position on that Senator, because I think it is unwise scientifically to be too much of a prophet. I do believe that it is possible, not guaranteed, but possible, that we will be able to restore many functions when we understand how genes are turned on and off. If we have the information in our cell and we know how to switch them on and off, it seems to me we should be able to restore many of those functions.

Senator CRANSTON. Each of you indicated a desire to comment on that question.

Dr. WALFORD.

Dr. WALFORD. I think there are two aspects to that, whether one is discussing an extension, a mere extension, of the lifespan by 20 or 30 years which would take place during the young or middle years, I think it will be impossible to extend or more difficult to extend the terminal phase of the lifespan. Gerontology is not set up, it will not have a large population of very senile people, but will be able to extend the middle years.

Senator CRANSTON. Do you mean life can be extended in its span but it will be middle years times years that will be added?

Dr. WALFORD. Stretch out the middle years rather than prolong the terminal years.

Senator CRANSTON. The lifespan might end at the same time but you would have more productive years?

Dr. WALFORD. No, I don't mean that. Let's say instead of starting to get old at whatever you want to say you start getting old, 50, say, when the life table begins to go down, it would not begin to go down until 80 or 90, so that you would be adding years to the middle chunk.

Senator CRANSTON. You would live longer in that case?

Dr. WALFORD. Yes, you would live longer. I think the possibility of living another 20 or 30 years, we very well may solve that problem within the next 10 years if adequate research is done in the area.

The other question that I think you asked has to do with whether we can achieve true rejuvenation or immortality, a kind of Ponce de Leon question. The only way to answer that is in a sense, I think, talk about, let's say, cancer viruses. If you do tissue culture of cells, they die out after about 50 doubling generations, so this seems to be a

spontaneous program of dying out of normal cells, but if the cells are infected with a cancer virus, they do not die out but will go on proliferating forever. So that the cancer cell knows something that the normal cell does not know, and the cancer cell really achieves this kind of total immortality that I think you are asking about a little bit. This is brought about by a cancer virus with probably just one or two genes in the virus and it is not associated with malignancy but may be a side effect of that. I think one can even think in the distant future of that kind of extension of lifespan, of not aging at all.

Senator CRANSTON. That is a fascinating concept.

One of the witnesses yesterday in San Francisco indicated that it was his feeling that what is within reach perhaps now is extending 20 or 30 years to the lifespan. Another witness said that would not create a real problem in our overpopulation context that concerns so many of us now because we would not be extending the reproductive time. What is your comment on that statement?

Mr. WALFORD. Well, I think it would be extending the reproduction time, probably.

Senator CRANSTON. You do.

Dr. STREHLER. May I comment on that?

Senator CRANSTON. Yes.

Dr. STREHLER. If one does extend life, let's say, to an average longevity of 90 or 95 years, it is going to take us something like 70 years to feel the full impact of that if we started with people who were just 20 at present. Now, the doubling rate of populations in underdeveloped parts of the world takes place in 23 to 25 years. In the United States we are about every 75 years at present. This increase by 20 percent in population density is a drop in the bucket compared to what the effects are of the contraceptive device, of education, of different attitudes toward how many people it is desirable to rub elbows with. I am saying this will not contribute a major difficulty in this area. If we are that populated, we won't be able to afford the treatment, anyway.

Dr. NATHAN. I would like to drop back to the earlier question when you asked what would the answers to the types of research accomplish. We have for a large number of years, especially in biology, been in an area of still trying to understand the mystery of life, that is, we have still been studying biology by analysis trying to just find out what are the constituents of the cell, what is going on. We are beginning now to have hope and are beginning to look into the question of synthesis. We have had analysis. Once we find out what things are we are going to enter into a stage of synthesis. In these meetings with Caltech, the biologists turned to the engineers and said, "What can you do to improve the methods for synthesizing change of proteins and cholalic acid sequences so we might be able to have an abundance of these to use to replace the missing components as either people grow old or when there is a genetic deficiency?" In fact, this is a whole area called genetic engineering, and the idea there is that we may come to the age where we will be able to synthesize an artificial virus which contains the missing component of a gene and affect a person that has a lack in this particular area, so that we will then, with the synthesizer era of emerging biology and engineering, utilize this research to improve the overall healthiness.

Senator CRANSTON. How many of the questions you posed and presumably answered there do lie in the realm of chemistry?

Dr. STREHLER. About 60 percent in one kind of chemistry or other. We are presently approaching a stage where we are beginning to understand the chemistry of brain function, what happens at synopsis when individuals learn, so that complex psychological functions are also involving chemical studies. I feel, if I perhaps am understanding, I can guess why you are asking that question, there should be a balanced program of research. I feel there are certain kinds of questions which are just waiting, like apples in an orchard to be picked, that are in the area of molecular biology, molecular genetics. These questions, how genes are turned on and off, what controls add to body production, how cells know how to divide, these are in a certain province. There are other questions and these come closer to the functions that make aging an unpleasant experience for many people. These have to do with mental deterioration, and we need to understand not only how do we lose the ability to learn or to respond quickly when we get old, how do our senses fail, we also need, just as in molecular biology, to understand the basic information how the brain stores information. I think within the next 10 years we may have a pretty good insight into how that happens and we should be ready to apply the more descriptive kinds of things that we can get from studies of EEG's, of other kinds of perceptive functions as a function of age now, so we will be prepared to apply these things.

Senator CRANSTON. The real reason I asked the question was an assumption on my part that chemistry matter, when understood, can be dealt with through what we know about chemistry.

Dr. STREHLER. Basically everything that happens in the body is the result of chemistry of one sort or another, but it isn't convenient to talk about, to describe the brain's function, for example, in terms of constellation of molecules, it is the principles upon which these molecules interact.

Dr. NATHAN. It is interesting to note that there is a physical change occurring, say, for example, on the Caltech campus you have a building for chemistry adjacent to it is a building for biology, they have now built the building joining them for molecular biology. The head of the biology department is a physicist at Caltech, the head of biology at the University of Columbia is a physicist. We have the enthusiasm with all the various disciplines coming in with the breakdown of the barriers. The concept of chemistry was originally that of working with very small molecules and the biologists working with very large ones, and they have now intermingled so that the boundary between them disappeared. We now are working with this region of molecular biology which is a geometric problem for how molecules are wrapped around each other. This is where the biggest mysteries of biology now lie. So to say chemistry, biology, or physics, it is somewhere between them.

Senator CRANSTON. Dr. Strehler, one of our witnesses took issue yesterday with the declaration clause in S. 1925 relating to the deterioration of memory. He testified that individuals become more alert if they have incentive to keep learning. Would you comment on that?

Dr. STREHLER. Well, there are a number of lines of evidence that bear on that. For example, people that go into deep depression and stay

there for a long period of time generally suffer from substantial deterioration as a result of that, even if they are brought somewhat out of it, which suggests that the brain, in order to retain its memories, may well have to receive inputs consistently.

One of the questions, as a matter of fact, was directed to just that; what is the effect of continuing experience of or of deprivation of sensory information or of social stimulation on the ability of the brain to function. If the brain needs to be stimulated in order to retain its memory, which is a question that hasn't yet been answered, then clearly this person is correct.

Senator CRANSTON. Mr. Walford, is the reduction of body temperature something that could be done for human beings or is it done by methods that are not acceptable?

Dr. WALFORD. It can't be done yet. This is one of the things we are working on in our own research, is to seek to do this with various drugs. The thermostat of the body is in the hypothalamus in the brain and it is hard to budget by any known drugs over a long period. One can turn the body temperature down for a matter of some hours or days by giving, for example, chlorpromazine or other drugs, but not as yet over a prolonged period. This is an area of research in neuropharmacology that should be fruitful.

Senator CRANSTON. Did the three of you have a common point of view on the point of whether we should have the institute or the commission, or a combination of the two?

Senator CRANSTON. Certainly.

Dr. STREHLER. We haven't conferred except very briefly. But speaking for myself, as I said in the formal testimony, I think that either of these bills will do the job in the biological area that is required, but I feel that the institute with a charge that is broader than this, if properly husbanded, if it is a loved child in NIH rather than a forced adoption, then I think that such an institute can very, very well carry out the things that need to be done in biological and biomedical gerontology.

Senator CRANSTON. Are there any other viewpoints?

Dr. NATHAN. There is this question of how the institute would report to the head of NIH or HEW, and I don't quite understand whether or not an aging commission would report to an agency above NIH, in which case, with this overall authority, it would have advisability to go beyond NIH, if you understand the point that there is a question as to whether or not all of the control of what we are discussing is within the NIH structure where they have the competition with the other diseases or whether or not this aging commission would then have a reporting to a higher authority. That would be the only point of undiscussed area that I think needs to be ironed out.

Dr. STREHLER. Could I ask you a question, Senator?

Senator CRANSTON. Yes.

Dr. STREHLER. Are you aware of H.R. 12017 that Congressman Brademas has introduced? It is an amendment to the Older Americans Act. Among the amendments there actually is essentially the commission structure, he gives it a different name, "Research and Development, Gerontological Research Plan." Now, I would hate to see the various promising possibilities that we have here fail because of lack of interdigitation. I think it would be fine if this were enacted to provide a companion Senate bill.

Senator CRANSTON. There are a number of different bills, that and others, and we have to agree on one. Probably the Senate will pass one version and the House another and we will get together in conference and hammer out the differences. I am determined to see that we do move in the direction of this kind of research. Senators Eagleton and Williams and Members of the House are equally determined, and I think we can bring passage about.

The three of you have been tremendously interesting and helpful and I look forward to working with you closely as we hammer out more compromises. We are determined to move and I think we can move.

Dr. STREHLER. I will do anything I can do, certainly, and I am sure I speak for the others. We will help you.

Senator CRANSTON. Thank you a great, great deal.

Our next witness is Mr. Mike Burk, Washington Legislative Advocate for the National League of Senior Citizens.

STATEMENT OF MIKE BURK, WASHINGTON LEGISLATIVE ADVOCATE FOR NATIONAL LEAGUE OF SENIOR CITIZENS

Mr. BURK. Mr. Chairman, gentlemen, ladies, I wasn't expecting to be called until this afternoon; consequently, you see me without the usual paraphernalia that I need to talk. However, let me read the prepared statement and then I can talk extemporaneously here for a few minutes on some of the questions that have been raised in fields that I think perhaps are not justifiably dragged into this area of aging. Much of the testimony that we have heard today bears on the problems that seem to me of pure science and are not strictly applicable to the field of aging as we see it.

Let me begin here by saying, first, thank you for your invitation to testify at this hearing on proposed legislation for the elderly.

To comment immediately on the bills to establish a department of gerontology and a department of research on problems of the elderly, the National League of Senior Citizens, of course, supports all legislative efforts to help the aged. We commend you, Senator Cranston, for your efforts here and for your continued interest in and support of legislation in this field.

To comment further on these bills, I would like to put them into a larger perspective. Important as gerontology is—and the National League of Senior Citizens offers more than lip service to the problems here as we are right now remodeling to establish a geriatric clinic in our own headquarters building in downtown Los Angeles—and important as research on aging may be, we believe that it is long past time to establish priorities for legislation aimed at solving the problems of the elderly.

Gerontology is important, but more important is the establishment of a decent standard of living for our aged. When we consider that the national average of old age assistance offered in this country is only about \$8 a month, the help that a department of gerontology offers pales into insignificance before the fact that our elderly need to be taken off a subsistence level of starvation. Let's solve this problem first.

Research is important, but mountains of materials have been collected by hundreds of research projects across the Nation—I have

myself assisted in one of these—and I do not believe that a new project will uncover anything new in this field. And compared with the establishment of decent housing for the aged, the value of a new research project pales again into insignificance. Let's solve this problem before we do any more research.

Let us also solve the problem taken up by the bill you are introducing to save for the recipients of old age security, or old age assistance, who also receive social security benefits, the raises periodically voted for them by Congress but which are confiscated by the States. As you know, when OAA recipients receive a raise in social security, California and other States simply reduce their total grant by an amount equal to the raise, so that the income of these people remains the same. This is an obvious thwarting of the will of Congress. Additionally, another problem arises here. Often even the small raises in social security or other Federal program benefits will disqualify a recipient from further State assistance under our current State-Federal programs of old age assistance. Such raises should mean an augmentation of their income, as Congress intends in voting these raises, and legislation should be passed to prevent the States from interfering with this. It should be made a part of our bill here. Legislation to do this has already been introduced for us in the House of Representatives by Barry Goldwater, Jr., of California's 27th District.

What really needs to be done for the elderly in this Nation, in order of importance, are these things:

(1) The establishment of a livable income level for our aged. The National League of Senior Citizens has sponsored legislation in this field as well, such as our H.R. 57, and a later bill by Congressman David Pryor, incorporating the recommendation on income made by the White House Conference on Aging.

(2) The provision of decent housing across the country for our elderly. One of the things already established by current and past research is the deplorable housing conditions of our aged poor.

(3) The provision of better medical care for our elderly, our blind, our disabled. Medicare is a vehicle already in operation which can do this. All we need do additionally is to extend coverage to the disabled; to eliminate the premium costs of medicare; to eliminate the deductibles from medicare; to include prescription drugs in medicare; and to expand the actual dollar help.

Only by establishing such priorities can Congress efficiently attack the problems of the aged. Research is nice, but given a choice between research and an adequate income, there is no question which the elderly themselves would choose. Gerontology is nice, but given a choice between an institute studying the complexities of gerontological problems and decent housing, there is no question which the elderly themselves would choose. Let's put the money where the need is, not use it to find out the need exists. This we already know.

The present helter-skelter approach, the multiplicity of legislative proposals, the ignoring of the problems generally, except in election years, has brought the elderly very little help over the years. It is long past time to bring them, not just something, but a real and final solution to the problem.

Thank you again, Senator Cranston, for the opportunity to be here and for your splendid help in this field.

Now if we might go further afield here for just a moment, I might add one more thing to the list which I have made, which Mr. Chrisco before me so adequately spoke for today, that is, better transportation. The reason that I didn't include it as a separate item is simply because if the elderly had a sufficient income they would have their transportation problem solved to a certain extent. Nevertheless, transportation is also a major problem for the elderly.

To go for just a moment into more abstruse fields here, let me say that I have spent much of my life in the discipline of philosophy. I have taught philosophy, lectured about it, written about it. I have, of course, formed a lot of opinions relating to, in some way, the problems that have been offered and an attack on them offered to be made here by the scientists present. They say it is possible to enlarge the human life in terms of years. They say it is possible to lengthen the productive years. I want to ask a question out of a past of philosophy whether this really is desirable. I am not saying that it is not nor am I saying that I do not support these bills, I do. I only want to establish priorities. I feel that we should take care of problems that right now exist and I can tabulate here for the rest of the day instances of elderly people who are eating on as little as \$5, \$6, \$7, \$10 a month. That is all they have to eat on. I say, let's solve this problem first. If we have \$26 million to apply to the problems of the aging, let's not apply it to science. This helps the scientist; this helps to further the progress of science in general, and I am for this, but let me again point out that not all of these do the results follow the intentions.

One of the great problems that we have in the world today is a problem that has been mentioned here before, the problem of overpopulation. A lot of this problem has been brought on purely and simply by advances in science. Man, I think, can be adequately described as a plenteous animal. We have seen problems proliferate with every advance in science. Someone once said, for every answer science provides, it raises 10 new questions, and this is all too true.

Again, in trying to put this problem of lengthening life and expanding the productive years into a larger perspective, let me offer to you what is, to me, a really frightening thought, that if the present population increase trends were to continue unchecked, by the year 2500 every human being in the world would have exactly one square yard to live on. If we excluded such valueless real estate as, for instance, the polar regions, this could come about the year 2200. So I think what we need is not some way to find out how to make more people live longer, but some way to feed, cloth, and house the people we already have.

Again, this is what I insist that Congress has not done, that Congress should do, and what I think you are in favor of doing, to establish priorities here, to solve the problems that most desperately need to be solved before we put our money into something that has a value in the future, and I recognize the value of gerontological research and I am for it. I am for all pure science. But it should not be at the cost of letting our elderly people starve, not at the cost of making them live in ratholes, not at the cost, for instance, a woman that I know has only one dress to her name. She made herself underwear. She lives in this underwear, and saves the one dress she has for a visit to the doctor, which she makes once a week because she is ill. This woman lives on \$7 a month for food. Without compassionate neighbors she would have

starved to death long ago. I say this is the problem that needs to be attacked, not through a department of gerontology, or a department of research, but simply through a decent pension system for all the retired Americans that we have right at this moment and those that are right now coming into the field of retirement.

Thank you, Senator.

SENATOR CRANSTON. Thank you very much, Mr. Burk. I want also to thank you for your great helpfulness to my staff in working on the social security amendment that I propose to introduce shortly.

My bill to increase the standard of need does go quite a few steps further than the House measures that you have referred to and I am hopeful and quite sure the Finance Committee will work on it soon and we can move to enactment.

Do you have any comments on my proposed amendment to enable people to buy into medicare?

MR. BURK. I hope it will pass. I have discussed this social security bill with Senator Long when I was there for the hearing in January and I am sure that the Senate Finance Committee will be favorable to it.

Your other expansion here, to let other people buy into it, is a fine idea.

SENATOR CRANSTON. I have just cosponsored legislation also to eliminate the part B premiums for medicare and to include the cost of prescription drugs under medicare.

MR. BURK. Do you want me to comment on that?

SENATOR CRANSTON. Yes.

MR. BURK. God rest you!

SENATOR CRANSTON. I have long advocated the inclusion of disabled social security recipients under medicare. Both the House and Senate, in considering this question, have agreed to see that such a measure is enacted shortly.

You are concerned about the pressing problems of elderly people who don't have decent housing or health care or transportation or diet and so forth. I totally agree with you. Those are priority matters that we must deal with as swiftly and effectively and totally as possible. I do not think that we should consider research into the matters that we have been discussing this morning as competitive. I think we have to move on all fronts and I do feel that this depression that can come to a senior citizen when his faculties begin to decline can lead to as much unhappiness and suffering as malnutrition or inadequate clothing or housing or health care. I think they are on a par in terms of their impact on the life of people in their senior years. We should do what we can to eliminate that, too, but I don't consider that at all competitive. We should move on all fronts simultaneously.

MR. BURK. I am for this. The trouble is we have not moved on this other front. We are moving on the gerontological front now.

SENATOR CRANSTON. I think we are moving on those fronts, too. I fully expect us to move on all fronts, including the one you are calling for. I think we are on our way in each of these fronts. We cannot put one ahead of the other. They are all very important.

MR. BURK. Senator Cranston, I cannot adequately express my respect for your record in the Senate. I think you are certainly one of the finest Senators we have. This is not soft soap, this is mint. I think,

if we do have action on this front, I think it will be due to your efforts and again I say God bless you, Senator.

Senator CRANSTON. Thank you, Mr. Burk. I certainly appreciate your kind words of support.

Senator CRANSTON. We will take one more witness, Mr. James P. Hempler, assistant administrator, Episcopal Home for the Aged.

Mr. Hempler is not here just yet.

The Chair will next call upon Foster Pratt, president of the American Association of Retired Persons.

STATEMENT OF FOSTER PRATT, PRESIDENT-ELECT OF THE AMERICAN ASSOCIATION OF RETIRED PERSONS

Mr. PRATT. Thank you for inviting me and welcome to our beautiful State of California. I want to express the thought that has been expressed here that you have been doing a wonderful job and we look over your record, that you send us each month on your activities.

Senator CRANSTON. Thank you.

Mr. PRATT. I am Foster J. Pratt, for the record, president-elect of the American Association of Retired Persons, with offices in the Andrus Building, 215 Long Beach Boulevard, Long Beach.

Our association, together with the National Retired Teachers Association, our sister organization, has a large membership nationally, of about 500,000 in California, and about 3½ million in the Nation. We are nonprofit, nonpartisan organizations of persons age 55 and over, dedicated to the belief that dignity, independence, and purpose enable the older person to continue a life of meaningful activity, usefulness, and service to others.

A number of our members attended the White House Conference on Aging in Washington last fall and are now looking to Congress to implement the findings and recommendations of the Conference. Being experienced and mature citizens, we realize all those many recommendations cannot be put into effect immediately. However, we are appealing to you and other forward-looking Members of Congress to promote programs of benefit to the aged. In January the joint NRTA/AARP legislative council met in Washington and adopted an ambitious program embracing 90 recommendations.

Fundamental to creating a meaningful life in old age is insuring sufficient economic resources to support it. While possession of monetary resources does not necessarily guarantee happiness, the absence of such resources can keep people of any age level from dignity, happiness, and usefulness.

In 1970, the income in the United States for a 35-year-old skilled worker averaged \$11,000 per year. In the same year the income need of an elderly couple with a moderate living standard was about \$4,500. In contrast, one finds that the maximum social security retirement benefit which a worker and spouse can receive under today's social security law is a little over \$3,800. The truth is that nearly one-third of the more than 20 million Americans 65 years of age and older are living below the poverty level. An even more shocking fact is that many of these people were not poor until they became old.

During their working years they were thrifty and sacrificed to save for their old age. Now they find their nest egg has eroded away due

to inflation and increased cost of medical attention. Therefore, we endorse Congressman Mill's request for an increase of social security benefits by 20 percent.

Senator CRANSTON. I assure you I do too.

Mr. PRATT. In assessing the current social security system in light of immediate and future needs, one characteristic stands out: It does not adjust quickly enough to the fast-moving economy of today. The record is clear. First, rising prices have usually outdistanced social security benefit increases, making older persons more acutely aware of the increased costs experienced during inflationary periods. Secondly, despite the fact that average living standards of those still in the work force have risen year after year, social security benefits in real terms have improved very little.

The need to develop a dynamic social security system which keeps pace with the changes in the economy is apparent. Of course Congress in the past has periodically adjusted social security benefits but the increases have not even kept pace with increases in the general price level. The automatic cost-of-living adjustment mechanism which will take effect in 1972 as provided in the House-passed bill, H.R. 1, is urgently needed and most welcome. This provision indicates the willingness of Congress to take social security adjustments out of politics and gear such adjustments to our ever-increasing national productivity. However, we believe that benefits must be raised to a more realistic level than provided in the House bill before this automatic escalator is employed.

We are pleased to note that H.R. 1, together with other improvements, also provides that social security benefits for men and women be computed on the same basis. The increased benefit which would result from such a change is notable; the resulting principle of uniformity may be even more important. We urge your committee to accept this important suggestion for uniform treatment between the sexes.

Our two associations call for the Administration on Aging, to be located within the Office of the Secretary of Health, Education, and Welfare and headed by a person designated an Assistant Secretary and Commissioner on Aging. This Assistant Secretary-Commissioner post would be augmented at that high level by two other key positions, a Deputy Commissioner for Planning, Policy and Program Training. To further upgrade programs for older Americans, we would recommend additionally that an Office for Aging Programs be established within the Office of Management and Budget. It would have authority for planning and monitoring the progress of programs for the elderly through the budgetary process.

Our associations have been concerned for some time over the lack of an adequate and coordinated program of research and training related to the aging processes and the diseases of aging in order that we might successfully deal with the special health problems and needs of the elderly. We are shocked by statistics released by the Department of Health, Education, and Welfare that estimate that up to 85 percent of our older people suffer from chronic conditions, diseases, and impairments. The aging processes themselves increase susceptibility to these conditions. It is startling to contemplate that over 16 million older Americans could, through more adequate research be direct bene-

ficiaries of improved ways of delaying or mitigating the effect of the aging process.

Gerontology is a relatively new science. Its widespread recognition covers a span of less than 30 years. There has not been time to develop the leadership, technical specialists, and facilities from which to understand very thoroughly the impact of the various disciplines on the aging processes. The penalty we all pay for not facing up to the need for better organization and more information in this area is disheartening.

We are pleased by two provisions of this legislation which offer a stepped-up effort to uncover the mysteries and intricacies of the aging processes. The establishment of a national information and resource center with responsibility to collect, review, organize, publish, and disseminate information related to the problems of aging would be a valuable addition as a research center on the growing body of literature on aging. Given the proper authority to utilize the data of other Government agencies, this office within the Administration on Aging would help focus attention on both the capabilities and the needs of older Americans.

Furthermore, we support the establishment of a center for the study of gerontology. At present, the National Institute of Child Health and Human Development, NICHD, is responsible for research directed specifically at the biological, medical, and psychological aspect of aging.

We note that the legislation before this committee recommends the establishment of an independent gerontological research center. We are concerned that an independent agency would have difficulty receiving congressional support. Therefore, we recommend that an Institute on Gerontology be established within the National Institute of Health as a separate and independent institute. An Institute of Gerontology would open new avenues of research and new vistas of service to persons in the professions of biology, medicine, psychiatry, psychology, sociology, and social welfare.

Several universities and other institutions have established centers to study specific aspects of the aging process. Our associations have committed themselves to support such a center named for our late founder, Dr. Ethel Percy Andrus. Dr. Ethel Percy Andrus, during her career of leadership in our associations of older persons, often spoke out, in congressional testimony and elsewhere, on the need for older people themselves to take a hand in solving some of the more pressing problems of aging. In recognition of this spirit and as a suitable memorial to her memory, we have committed ourselves to make a \$2 million gift that will be made up of donations in small and large amounts from our members. This gift will supply necessary matching funds to develop the most advanced concept of a multidisciplinary research and training center for gerontology at the University of Southern California. We hope these dollars from our members can lead the way to more such projects in other potential centers throughout the United States. If we are to increase our knowledge in this area, we need to build the facilities to train the people who can supply the needed leadership.

Certainly, in light of the existing fragmented and underfinanced approach to aging research, coupled with a rapidly increasing older

population, an Institution of Gerontology and a coordinated, systematic approach to research on aging can be justified.

The National Retired Teachers Association and the American Association of Retired Persons oppose indiscriminate mandatory retirement for reasons of age alone. Age-motivated mandatory retirement policies in business and industry are wrong for two basic reasons: They rob our Nation of the wisdom, experience, and productivity of some of its most capable citizens, and they rob the affected individuals of the sense of purpose, dignity, and fulfillment that comes from meaningful work. At the same time, we have long been in the vanguard of preretirement planning programs for those individuals who wish to retire, and we urge Federal leadership in preretirement training in the private sector.

We are pleased with the program which we have initiated for the purpose of the younger people, the people between the age of 50 and 60, to look forward to retiring and being prepared to enrich their lives with new ideas on how to get maximum benefits from the independent maturity and to plan for a successful, dynamic transition to these retirement activities.

In conclusion, may I thank you, Mr. Chairman for allowing me the opportunity to present these views in brief of our two associations on this important legislation.

Your committee has the opportunity to do more than renew the verbal commitment of the Federal Government to develop a national strategy which will be responsive to the present and future needs of older Americans. If this committee will make the Older Americans Act part of the permanent law; strengthen the authority and responsibility of AOA for planning, coordination and operation of Federal programs for older Americans within a restructured AOA; provide adequate financial support for ongoing and future programs under the Older Americans Act, then, surely, we will have made a great stride forward in assuring that the quality of life owed to all our elderly will be achieved.

I am confident your committee will meet the challenge which I have offered. I thank you.

Senator CRANSTON. Thank you very much, Foster, for your very interesting testimony.

I was interested in your suggestion that there ought to be an Assistant Secretary for the Elderly in HEW. Two days ago in the Senate Senator Percy and I and some others offered an amendment to get an Assistant Secretary for Housing for the Elderly in HUD. That was opposed by the administration. We passed it, anyway, and I think we will get that, so perhaps we can also get the other.

Do you have any comments on the amendments I plan to introduce regarding social security and medicare?

Mr. PRATT. As far as I understand, we are backing you in those, both the establishment of the institute and the research department.

Senator CRANSTON. Do you feel my amendment that would give the proposed institute authority to evaluate all programs relating to the aging and seek to coordinate them would be appropriate also?

Mr. PRATT. I certainly do, yes, sir.

Senator CRANSTON. I thank you very, very much.

Before recessing, I would like to discuss further this matter of priorities. I have said several times that I feel that the various main thrusts that we have been talking about today are not competitive but all should be supported and all are, I believe, within our capacity to support.

There are many programs that are lavishly financed in the Federal budget, and that I think is where the competition comes. We should cut down on a number of them that really do not benefit senior or other citizens in our society in any way and, as a matter of fact, do them harm.

One example I would just like to note in passing is the Vietnam war which I have strongly opposed for many years, quite apart from the death and division and destruction that it has reaped upon us and upon the people of Vietnam. I wonder how many of you know the cost of that war in dollars. When you think of that cost in relationship to the programs we have been talking about today, it is terribly tragic. The cost of that war to date in dollars to us, the American people, is \$150 billion. The best estimate I have been able to get my hands on as to what the final cost will be when we pay the final bill a couple of generations hence—you know, our grandchildren will pay the last bill for that war—is \$1 trillion. When you think what we could have done with that trillion instead of fighting an undeclared war in Vietnam, it really boggles the imagination.

One other way to illustrate the cost of the war—I say this is not as a pacifist, because we need weapons to defend ourselves, I don't think that is a rational way to defend our affairs in the world, I think there is a better way through world law. Just one other dollar figure, if you took all the taxes you and I and everybody else pay, the income tax, property tax, sales tax, and business and corporation and transportation, gas and all of these taxes, and put them in one big pile and start taking out for various purposes, far and away the biggest claim upon all of those tax dollars is war, past, present, and potential. Of all the taxes you and I pay, 45 cents of each \$1 goes to pay for war. So rather obviously, rather high on the agenda of each of us should be the effort to abolish war so we have those resources available for wiser purposes and also might have a tax reduction which we will certainly never have while we have war and all of these other needs at the same time.

With that, we will recess until 1:30, and meet again in this room where we will receive testimony from two more witnesses.

Thank you all very, very much.

(Whereupon, the subcommittee recessed at 12:40 p.m., to reconvene at 1:30 p.m.)

AFTERNOON SESSION

Senator CRANSTON. The hearing will reconvene.

I apologize for our late start. I just had the honor of speaking at the Senior Citizens Rally being held here in the auditorium. I will include the text of my remarks at the conclusion of today's hearing record.

Our first witness this afternoon is Mr. James P. Hempler, assistant administrator, Episcopal Home for the Aged.

Mr. Hempler, thank you for your patience and your presence.

STATEMENT OF JAMES P. HEMPLER, ASSISTANT ADMINISTRATOR,
EPISCOPAL HOME FOR THE AGED

Mr. HEMPLER. Senator Cranston, ladies and gentlemen, I am James P. Hempler, the assistant administrator of the Episcopal Home for the Aged, Alhambra, and also the president of the Commission on Aging of the West San Gabriel Valley, and board member of the California Association of Homes for the Aging.

It is a privilege to share some of my observations and ideas with you about the concerns that you have expressed. It is obvious that we need a new consolidating force such as the National Institute of Gerontology to advance the cause of research and training relating to the aging process. However, rather than favoring a new patch on the sleeve of an old garment, meaning the National Institute of Mental Health and the Department of Health, Education, and Welfare, respectively, I urge this committee to consider and support the more effective method of changing the Nation's attitudes toward the elderly by creating a new Department of the Elderly at the Cabinet level.

In the meeting just a few minutes ago you indicated that there was a new person at the housing department in charge of housing for the elderly. I think there is a real need for someone to draw all the problems together, like a secretary of the elderly could.

Research into the unanswered questions of how to help people really be able to live each day of their lives is desperately needed. Arteriosclerosis and strokes are mysteriously robbing person who are still breathing of life as you and I know it.

However, as much as I feel the need for research, I more keenly feel the need for a person at the Cabinet level and of Cabinet quality and a new focus of concern in the Government with the power and prestige of a department to cope more effectively with the rapidly growing problems of the aged by consolidating and disseminating what we do know. Our older people are not suffering nearly as much from lack of knowledge about why they are old and why they succumb to the ravages of malnutrition, depression, and disease, as from a lack of action and priority given to older persons and their many problems. We need actions that demonstrate that our Nation and Government does give them the priority they deserve.

I share Senator Edward Kennedy's ire at giving a supplemental \$2.8 million for exhibits at the International Aeronautical Exposition at Dulles Airport priority over a \$1.7 million funding request for 18 ongoing nutritional programs.

I am also in agreement with Dr. Holmes in his testimony about meals on wheels and other meals programs. Working closely with the two meals on wheels programs sponsored by the Commission on Aging of the West San Gabriel Valley at the Episcopal Home in Alhambra and the California Christian Home in Rosemead, I have been surprised by the problems that seem to be the greatest so far. They are:

No. 1, how to get the word out to those people who really need the service. Though we will have been in operation for 2 years in May and have used all means of communication available to us, such as TV, radio, newspapers, working closely with the doctors in hospitals, we are only serving 85 people out of an estimated 30,000 in the area which we are serving, 30,000 people who really need this service.

The one method that we haven't tried, which I think would be effective, is door-to-door visiting to ferret out the isolated individual and explain the program to him, a project FIND kind of approach. The people who really need meals on wheels are not able to identify their own need and take advantage of the program. They don't have the initiative to call and find out what it is about, take the risk of signing up for something that is going to cost them some money, maybe inconvenience them by asking them to be there each day at a certain time, even though they have been there every day for the last 2 years.

Then, No. 2, the second problem that we have encountered is how we can provide more services than just food and a short visit. Important as are the two good meals that we deliver and their brief encounter between the volunteer and the lonely senior, it is obvious that there people on the meals on wheels program often need a host of other services such as regular medical treatments, housekeeping services, social contacts, transportation, et cetera.

Concerning your proposed amendment benefiting recipients of the grants for the aged, blind, and disabled, it is important to remember that these grants are very similar to social security. That is because we in society feel that those who, through no fault of their own, have been unable to accumulate enough reserves to meet the financial demands of their later years or injury or disability of any kind still should be able to have an income to meet the basic needs of minimum human dignity.

We have provided these grants which rapidly become insufficient in the face of constant inflation. Therefore, just as Congress has finally enacted legislation which ties social security benefits to the cost-of-living index, so it would be in the best interest of all society to also tie these grant benefits to the rising cost of living. This would enable all of our citizens to meet the rising cost of living at least in minimal fashion.

Your idea of permitting individuals between the ages of 62 and 65 to buy into medicare benefits at approximately \$35 a month sounds like a good concept if this amount is, in fact, going to be sufficient to carry this part of the medicare program. It would be most unfortunate to repeat the same mistake we made with the medicare program starting off with more promise than could be continued because of the financial imbalance of the program. Many people became disillusioned about medicare as the General Accounting Office began to apply pressure which necessitated the tightening up of the screening and utilization review processes. Many people at the beginning of the medicare program were getting services which now are completely unable to be delivered.

Regarding the bill to amend title III of the Older Americans Act to permit or require direct funding to such local entities in the amount of State allocation, in the event that the State for some reason does not satisfy the AOA requirements, this would seem to be an almost necessary bypassing of the State authority and may serve as a motivation for the States to comply with the Federal requirements to shape up. This, of course, assumes that the Federal Government is always right and that the States are only right when they agree with the Federal Government, which I know is not always true. It also in-

creases an already existing problem of fractionalization between the State commissions on aging and the local projects for the aging. I feel that one of the prime goals of the Government and your committee should be to increase the communication between the very important State commissions on aging and the local projects at the community level. Whether or not this bypass option which you are proposing is the best way to achieve these overall goals I will leave to your best judgment.

Senator CRANSTON. Thank you very much. I appreciate your helpful testimony.

On that question you raise about the economic viability of the proposals concerning buying into medicare, just before leaving Washington I was advised the cost of the measure would be approximately \$21 per month to the person who bought into medicare, and that would pay for the actual cost of the extension that I am suggesting, so it wouldn't jeopardize the financing of medicare at all.

One point I want to ask you about. Do you feel that the Aging Research Commission proposed in S. 1925 would be helpful and effective as a method of changing the Nation's attitude toward aging and the aging people?

Mr. HEMPLER. We need to do more research. Whether it is done through this Commission as outlined in the law or through a more comprehensive approach such as creating a Department of the Elderly at the Cabinet level, I favor that overall broader perspective because what happens so many times we make research studies and that research is done and it is disseminated to a few people who are involved in research but it really doesn't get out to the general public and it is not used.

For example, USC researched at Leisure World the effects of exercise on older men. They found some very interesting things, some very valuable things, which the general public hasn't been told. Even the practitioners in the field of gerontology don't know these results. But the people involved in that research project really aren't concerned with getting that out.

Senator CRANSTON. You are referring to the values of exercise?

Mr. HEMPLER. Right. Those researchers are already moving on to find out the values of the effect on women, and they are asking for more money to do that when I feel, in terms of priority, there is not enough difference between the effects of exercise on men and women and we need to disseminate what we do know and utilize what we do know and see if we can solve some of the problem that way.

Senator CRANSTON. Regarding the matter of the State commission on aging not meeting the Federal AOA requirements, what has happened as a result is that it is jeopardizing present and future funding for the elderly in our State. Governor Reagan won't spend \$37,000 for the commission on aging in order to meet Federal regulations and, as a result of that, the older people in our State are losing \$231,000 for statewide planning and coordination which they would be receiving from the Federal Government if Governor Reagan would spend the \$37,000.

Mr. HEMPLER. From an overall spectrum all the States in the Union contain very nearly the same problem that the State of California does in that respect. It is unfortunate that that may be the only way,

the only approach to take, what you have suggested, but I am concerned about bypassing the State completely. Maybe the carrot approach needs to be looked at harder if there are some more incentives for the States to cooperate.

Senator CRANSTON. I appreciate your candidness, Mr. Hempler, and want to thank you again for contributing to our hearing record.

Our next and final witness is Prof. Yung-Ping Chen, associate professor of economics, UCLA.

Professor Chen, we welcome you.

**STATEMENT OF PROF. YUNG-PING CHEN, ASSOCIATE PROFESSOR
OF ECONOMICS, UCLA**

Mr. CHEN. Thank you, Senator.

I am Yung-Ping Chen. I teach economics at the University of California at Los Angeles. I appreciate your invitation to offer my comments on S. 887 and S. 2934, proposing the establishment of a National Institute of Gerontology and also on S. 1925 proposing the establishment of the Aging Research Commission.

Since I will have written testimony to be submitted later on, I will be very brief, just summarizing some highlights of my thoughts.

First of all, it seems to me that the Aging Research Commission concept could be merged with the National Institute of Gerontology if the latter is to be established. It seems to me that a panel or panels of experts in the various areas of aging could be brought together to advise what is to take place in the proposed National Institute of Gerontology. So as far as I am concerned, I do not see a need for these two separate new entities.

Second, with respect to NIG, which I abbreviate that National Institute of Gerontology to be. I am not certain whether or not I would be 100 percent in support of it. It seems to me that the basic assumption, or one of the basic assumptions underlying the NIG is that presently aging research or research in gerontology is underfunded. There is an existing mechanism which is the National Institute of Child Health and Human Development, which has the jurisdiction for doing research in the field of gerontology.

One of the problems in recent years has been reduction in the support funding of that institute. I am curious as to what the current activities in aging research might be if the funding had not been reduced for NICHD. If the assumption stands that the only way to get new research and expanded research in gerontology is through the creation of a new institute, the National Institute of Gerontology, then this proposed organization would serve a useful function. But many people have misgivings, I think, generally with respect to Government institutions or Government agencies. A lot of times people feel that something is to be done, is to be accomplished once a new agency is set up.

I offer these comments, recognizing that these will probably be interpreted as quite a heresy because to be against the establishment of an Institute of Gerontology is almost like being against apple pie and motherhood.

I should then clarify, I am basically in sympathy with more research on aging and the dissemination of the information obtained from such

research activities, but I think we ought to be sure before we establish a new agency that that is the only way to go.

My third comment has to do with the contents of research. Should there be expanded research under existing institutional arrangement or through a new agency? That has to do with the balance in research between biomedical, on the one hand, and socioeconomic, on the other. It is my impression that there is a great deal of work, that there has been a great deal of work done on biomedical aspects of aging. Relatively speaking, the studies on the socioeconomic aspects of aging have been undernourished. If we liken the physical and mental facet of a person to a biological clock, there is much talk today about the fact that we lengthen the lifespan of individuals. I have no doubt that medical advances can some day accomplish this. Whether or not it would lengthen the average life to 100 or 150 remains to be seen. But some lengthening of the existing lifespan is entirely within reach.

So I don't quarrel with that. I think we may want to stop the slowing process of biological clock and we would want to make each tick much stronger so that we can have a healthy life until the end. But, at the same time, it seems to me it is highly important to make sure that whatever lifespan we have under our command, life will be worth living. Of course biologically healthy persons would make the quality of life much healthier, more enjoyable. But it seems to me—perhaps here I show my bias as an economist—the basic material support of life is very, very significant as a factor. So, if we can create a concept of an economic clock, we know that over the lifespan people's economic circumstances change with the time and we know many of our older people are in low income or poverty categories, and here we have no time to go into the reasons and background for the decline in economic power of the older person.

The basic point, then, is that we must make sure that whatever lifespan we have we should be able to support it with economic or material well-being.

So to sum up under this point, I would say it is certainly worthwhile to increase the quality of life in the sense of the number of years of living, but it is probably more important to increase the quality of life, and obviously health as an aspect of that quality is significant, but the socioeconomic aspect of quality of life is perhaps more important.

I would also offer some comments about the quality of the types of research that either existing institutional setups or a new organization would take. I have been very much impressed with the necessity to aim research on the quality of life as it relates to life cycles. In my written testimony I will spell out more specifically what I mean by that. Briefly, it seems to me that we all go through various stages of change in our lifetime and each change is connected to one degree or another with some form of crisis. With respect to the older people the retirement is a very significant stage of transition and the life style changes from prework to postwork stages. We would want to know a great deal more than we do now as to how the quality of life changes through the life cycle.

There are other needed researches in aging which I will not go into now since my time is about up. They will be detailed in the written testimony.

I will be happy to respond to your questions. I don't profess to have all the answers by any means.

Thank you very much.

Senator CRANSTON. Do you have any views on my proposed amendment to S. 887, charging the Institute with the responsibility for coordinating and evaluating Federal programs geared to the elderly?

Mr. CHEN. I certainly would think so. I would think that this specific charge might have been thought of as a natural step with this new agency that this new agency would take, but I think it is useful to highlight this particular aspect of its activity. Yes, it would be.

Senator CRANSTON. Do you feel that that coordinating function and evaluating function could be carried on by some other existing agency?

Mr. CHEN. I think we have a number of agencies in the field of aging so it is a matter of whether or not existing setups are performing their function. I think we have HEW, we have Social Security Administration, we have other administrations, the Welfare Administration, for instance, and we have the Office of Economic Opportunity. We have within NIH these other institutes and also the Administration on Aging, plus we have all kinds of organizations and governmental agencies at the State level and local level. So I think we don't lack for organizations and we don't lack for people. If they wanted to, we could do the coordinating work and the evaluative work within the existing arrangements, but it would be helpful just the same to have a central agency to do such tasks.

Senator CRANSTON. Thank you very much. You have been very helpful.

(The prepared statement of Prof. Yung-Ping Chen follows:)

ON RESEARCH IN AGING AND QUALITY OF LIFE

Testimony of Yung-Ping Chen at hearings before
Subcommittee on Aging, Committee on Labor and
Public Welfare, U. S. Senate, March 4, 1972.

I. Support of Increased Research in Aging

I warmly appreciate your invitation to offer comments on S. 887 and S. 2934, both of which propose the establishment of a National Institute of Gerontology, and on S. 1925 which seeks to establish an Aging Research Commission. I applaud the legislative intent of these bills. I would like to make two specific comments. First, I believe that the proposed Aging Research Commission (ARC) may well be integrated into the proposed National Institute of Gerontology (NIG). The research activities, both intramural and extramural, of the NIG will be strengthened by transforming ARC into several review boards for research in different fields of inquiry. The spirit of ARC may be preserved without instituting a separate entity with its inevitable overhead costs. The review boards for NIG should consist of scholars and practitioners who not only review the merits of proposed research projects but also evaluate the findings of research projects. For obvious reasons, the individuals serving on these boards should be selected from among scholars and practitioners known for their contributions to the field of aging. These boards should operate independently of the administrative structure of NIG. The board members should serve on the basis of staggered terms to ensure continuity and flexibility.

Second, the real problem in the research activities on aging in the past several years has been a lack of funds. It is not clear to me why the establishment of an Institute would necessarily mean increased funding.

Indeed, the establishment of another research institute may well lead to unnecessary proliferation of administrative agencies. However, if the "political visibility" of such an Institute is necessary to gain financial support, then I would be in favor of having it.

My remaining comments concern the substance and direction of research on aging as I reflect upon the scholarly work in this area. As you can see, I am optimistic, since I assume that there will be more and better research, either within the existing framework or under a new organization.

II. Quantity of Life and Quality of Life

There is much speculation these days with respect to how long an average human life span can be extended. If we compare the developmental and aging process of human life to a biological clock, the attempt to lengthen the average life span may be viewed as an attempt to slow down the ticking of that clock. Presumably, as the ticking is slowed, we would want to make each tick sound stronger. The lengthening of the average life span is the quantitative aspect of life. To make life more worth living is the qualitative aspect.

In bio-medical terms, what we would like to see is more longevity with greater vitality, so that we may live longer with greater physical and mental (psychological) health. This is certainly a most desirable objective. However, there are other dimensions of life--the social and economic aspects--which we may compare to an "economic clock."

We, likewise, would wish to slow down the ticking of that clock and make each tick sound stronger. As things stand now, our social and economic institutions have not, in my opinion, kept pace with the changes in the bio-medical field. The significance of the socio-economic aspects of the quality of life cannot be overemphasized.

There are many interactions between the biological clock and the economic clock. Although the effects of longevity and health on the socio-economic wellbeing can easily be seen, the effects of socio-economic wellbeing on longevity and health are likely to be more important, especially in terms of the quality of life--the question of whether life is worth living.

We would hope, naturally, for increased attention to both the bio-medical and the socio-economic fields of research. Yet, I am keenly aware of the inevitability of making choices. Haunted by the task of setting priorities, I would seriously urge that more attention be paid to improving the socio-economic dimensions of the aged so as to make life worth lengthening. Lest my position be misinterpreted, I should add that I am not at all opposed to further bio-medical research. I merely wish to stress the great significance I attach to the other side of the coin, socio-economic research. Should there be a choice, I would opt for better quality of life rather than for more quantity of life.

I now turn to another consideration bearing on the quality of life. It is actually an obvious point: the relationship between life-cycle stages and quality of life.

III. Life-cycle Stages and Quality of Life

Aging is, to state the obvious, an ongoing and continuous affair. Studies of aging should therefore be concerned with the developmental process of aging. Problems faced by the aged often have their roots in earlier years, although there are indeed new problems facing them. This observation is just as true in bio-medical terms as it is in socio-economic terms. Some problems may be attributed to the sins of commission or omission by the individual involved. Others may result from the failings of the society as a whole.

In a larger context, individuals and families go through a series of stages in their lifetime as they mature and age from cradle to grave; there are many transitional stages with varying degrees of stress of one kind or another. To view people as well as institutions in this life-cycle framework would enhance our appreciation of the quality of life.

In the most general terms, the life-cycle encompasses birth and infancy, early childhood, school age, marriage and family, middle and later maturity, old-age and death. As an individual or a family matures and ages, changes inevitably occur. Independent of any external or societal problems, these life-cycle stages may often produce distress or tension because not everyone is capable of making a smooth transition from one stage to another, free of adjustment problems.

Transitions in life-cycle stages are many--from early childhood to school life; from school to the world of work; from young adulthood to married life; from marriage to child-rearing; from parenthood with dependent children to parenthood with independent grown children; from one work situation to another; from work to retirement; from life as a married couple to widowhood; etc. These and other changes often produce problems of adjustment. The degree of success of coping with these changes has important bearing upon the quality of life.

It is my observation that a large number of people fail, to one degree or another, to cope with the transitional stresses that accompany life-cycle changes. As a result, quality of life suffers. Many of these adjustment problems are magnified into social problems. A few examples will suffice--drug abuse among the youth, parent-child problems, marital difficulties, mid-career blues, retirement income crises. Many of these problems transcend racial and income lines and may be more readily understood within the framework

of life-cycle stages.

Quality of life in the population in general and among the aged in particular would be enhanced if stress and tension attendant upon transitions from one stage to another in the life cycle could be reduced. The individual, the family, the church, the school, and the government should all work together to prepare people for the multitude of changes that inevitably occur. We should also attempt to gain additional understanding of the continuing process of aging by means of greatly-augmented longitudinal studies. Such studies are costly, but their rewards are immense. Longitudinal studies would be invaluable for monitoring the ticking of both the biological and the economic clocks--the dynamics of changes and responses over time.

In conclusion, I favor increased funding for research on aging. If the proposed National Institute of Gerontology is the only politically feasible way to obtain augmented research support, then I would be in favor of such an Institute. I believe the proposed Aging Research Commission could be preserved in spirit when it is transformed into research review boards to advise the National Institute of Gerontology. It is my considered opinion that more attention should be given to research efforts and program measures which aim at enhancing the quality of life. Faced with a choice, I would choose quality over quantity of life. It is also my judgment that quality of life is importantly linked to life-cycle changes. In that connection, I urge that the difficult undertaking of longitudinal studies be given high priority in research funding.

Senator CRANSTON. We do have one more witness, Peggy Best, who is a trustee with the National Caucus of the Black Aged.

STATEMENT OF PEGGY BEST, TRUSTEE, NATIONAL CAUCUS OF BLACK AGED, ACCOMPANIED BY JOHN JACKSON OF THE STOVALL FOUNDATION, INSTITUTION FOR BLACK AGED IN SOUTHERN CALIFORNIA

Miss BEST. My name is Peggy Best and I am a trustee with the National Caucus of Black Aged.

One of my colleagues, Mr. John Jackson, is also here and with your permission I would like to have him sit up here with me.

Senator CRANSTON. That will be fine.

Miss BEST. Mr. Jackson is with the Stovall Foundation, which is the only black institution serving black aged in southern California.

I would like to address myself to three particular bills that you have given out and relate them to the recommendations which were made by the Black Caucus at the White House Conference in Washington in November.

I will first start with my own program, which is hot meals for the elderly, and talk about the nutrition bill, S. 1163. I would like to say that the recommendation of the Black Caucus at that time was in support of ongoing nutrition services which would be federally funded. The position taken by the caucus was that the experience of the project directors, particularly those in our southern low-income States, was that these States were neither financially able nor morally willing to support programs that would benefit particularly low-income minority poor.

For this reason it was our decision that such programs must be federally funded so that minority poor and low-income nonminority poor, particularly the elderly, would have a chance for a decent living in their later years.

I particularly want to call your attention to the fact that the bill, S. 1163, provides for the establishment of a new title. This means that there may very well be a timelag between the allocations of funds for the administration of nutrition programs and the administration of these funds, so that the programs can go into execution.

I would like to ask you to consider some interim money which might be used to keep those 1,800 nutrition programs presently in operation alive while the bill, S. 1163, moves into execution.

My next point is on research utilization. Our particular program has been of hot meals, a research program, and in this regard innumerable times we had to meet researchers around the country. The one thing that has been most apparent in our discussions is the need for applied research and I think this was a point Dr. Chen was referring to. What has happened too often is that material is gathered but never disseminated so that it can be made into useful services for seniors. What we are finding is we need to have more services. We also need to have some specific kind of data collected.

At the White House Conference in our Black Caucus we made the recommendation that any money set aside for research, a percentage of those moneys should be designated for the research of minority aged, particularly black, brown, and Asian, because we have found there is

little or no material that is factual and collectively compiled to give us evidence as to the needs of the minority aged. Therefore, we have no material on which to train our new students as to how to deal with the problems of minority people.

The third point has to do with the gerontology institute. I have been doing some work with our gerontology institute here at U.S.C. and it is apparent that there is a need to train people who will work in the field of gerontology. The problem becomes one of whether the money that will be available for training should be disseminated around the country so that many other communities will have the benefit of training or should there be a national institute.

It is my personal opinion that we do not need a national institute but that we do need to have more universities funded to set up gerontology training. I think a good start was the money recently released to enable black colleges and universities around the country to begin to train people to work on the problems of the black aged. I think there needs to be more money allocated to that.

I have found that the problems of the Spanish-speaking community have not been truly studied and there is a whole lag where we really need to get into more study, more research, and more services.

I also am working with our Asian population and I find the same problem occurs there. There is a need for the study and there is a need for training, but I don't think we need to have a national institute.

Mr. Jackson.

MR. JACKSON. Thank you very much for the opportunity to appear. I regret, however, that I had no formal notice of this meeting. I only found out about it prior to coming in here. I know about the other meeting here.

This is one of our other problems. Most of the Afro-American communities do not get firsthand information about hearings and what-not and, therefore, we feel you do not get the total input necessary when evaluating such ideas as the development of a national institute.

Senator CRANSTON. I am delighted you were here to give us your own insight and to shed some light on the problem.

MR. JACKSON. We are here by chance and we would like to say for the record we shouldn't have to be here by chance. We feel that we should have known about this prior to this.

I think Miss Best has touched upon most of the important points. My field is aging, housing for the elderly. We are very much concerned about the problems that now exist for housing for the elderly. For example, we have had a project ready for over a year to be developed in the Hoover redevelopment area and we cannot get funds for this project. It will be one of the most exciting projects in Los Angeles. One, it is across the street from USC; two, it is across the street from a mixed housing facility and we feel that this project could be one of the best research projects and also one of the best mixed projects, racially mixed projects, and we hope that something can be done, that you would look into this matter, because it is very important to this community.

Also the minorities are very disappointed by the California Commission on Aging and I feel that we have received very little or no assistance from this commission, and we hope that something can be done about this also.

I would welcome any questions you may want to ask.

Senator CRANSTON. We will certainly see to it that henceforth you are apprised of what we are doing.

Do you have any suggestion as to how we can correct the communications problem?

Mr. JACKSON. I corrected mine by putting my name on your list. But we do have agencies.

Senator CRANSTON. If you would let us know about other agencies that you think should be informed as to what we are doing, I would appreciate it.

Mr. JACKSON. The Stovall Foundation is one of the oldest nonprofit health and welfare agencies in the community. We are 38 years old and should be known about.

Senator CRANSTON. I have heard many good things about the hot meals program you have been carrying on. S. 1163 has passed the Senate and House and I am hopeful it will be signed into law shortly. I will certainly work for the intermediate funding of nutrition programs such as yours. When appropriations for S. 1163 are enacted, incidentally, \$3.8 additional million will be available for California programs because of an amendment I was successful in getting into the bill.

On the question of research being done locally at the various universities or through an institute if one were set up, those are not necessarily choices. I would expect that if we have an institute, it would direct the research, but it would not all be done in Washington. It would make grants to universities around the country to get different input and different approaches.

Miss BEST. I guess what I am saying is right now you have in the Administration on Aging a research unit under Dr. Davis and I am wondering if there is a need for a more elaborate research design, which is what is being suggested.

Senator CRANSTON. We need a blueprint of where the research should be going, what the objective should be. For example, setting forth questions like those that were posed this morning by one of the witnesses and then seeking the answers, and giving different facilities around the country responsibility for finding the answer to those and other questions.

Mr. JACKSON. We also have other agencies. I am also, like Jim Hempler, a member of the board of directors of the California Association for Nonprofit Homes for the Aging. We represent this large number of nonprofit homes and we feel we could do a great deal in the research in gerontology that would be most helpful because we have the residents and we feel that we have the experience and the expertise in our agencies.

Miss BEST. You did touch on one thing that has concerned me for 2 years, and that is the fact that California is out of compliance. I am a member of the Southern California Advisory Committee as a follow-up to the White House Conference and we are in the process right now of developing 100 people who will work for us in planning what will happen in California, implementing the White House recommendations. Our plans will be very good, but they will be nothing unless we can begin to get the assistance and cooperation of the Governor, and that seems to be an area where we have very little positive action going.

I really don't know what can happen. I think that the Commission has, in the number of years that I have been involved with it, tried to do something. But, particularly under the present administration, we have been cut short in staff, we have no communication in Sacramento as a result. Were it not for the recent institute of the Joint Legislative Committee we would have no way of having communication between those of us who are service providers and the legislators. But we still need the commission because, as the present structure is set up, all money coming in from Washington must go through the State commission.

Senator CRANSTON. Yes. Maybe we can bypass that under some circumstances, which I think would be wise to do, given the present attitude of that Commission.

I would like to ask you if you have any comments on one other point that kept coming up through the witnesses yesterday and today. That is, the suggestion of research in gerontology leading to an extension of the lifespan while at the same time ensuring that lives would be much more productive and pleasant by eliminating the unpleasant physical and mental aspects of aging.

Mr. Jackson. I think one of the first questions that can be removed, we should get rid of the term "welfare." We have subsidies for the oil companies, subsidies for the farmers; let's have a citizen subsidy and take away this statement and take away this stereotyped image of senior citizens. This is not just another citizen. Let's assist him so he can feel an integral part and I feel life would be more beautiful and longevity would come about more naturally rather than forced through other methods.

Miss BEST. I think the other point is the attitude we have about growing old and, as a social worker, I find one of the most devastating things in working with seniors is how they feel about no longer being needed and wanted and what I find often is in trying to involve, say, our 40- and 50-year-olds in working as volunteers with older people or even getting involved on committees in behalf of older people, they are fast approaching that point themselves and their attitude is so negative, they would rather work with children and babies.

So I think this is a monumental task, but I think that the biggest thing we need to overcome is our feeling about the whole aging process. How I am not sure. Perhaps there would be some residuals from research which would begin to make a more positive attitude. I am not really sure what we need. Maybe we need a good Madison Avenue public relations man to make the whole process of aging a more gentle kind of thing. That I feel is our biggest problem.

Senator CRANSTON. If the aging process can be changed, and certain physical and mental deterioration that occurs in many people, not all in the same way, could be stopped or postponed for a significant period of time, that would be a tremendous breakthrough. Lack of decent food and decent health care and decent housing and decent transportation are among the worst things that older people endure, but if you also have to endure the breaking down not only of your home but your body and mind and if that is something we can cure, we should cure that.

Miss BEST. I would say so, I would say so. But I think the biggest thing is the whole fear we have of getting old, and I think that there

needs to be some retraining of all of us from an early point to a later point that, you know, aging process is part of natural maturation and does not have to be a process that is feared.

We work with seniors who are as active, if not more active, than some of the 30-year-olds I have worked with. I think it depends on how involved you are throughout your life, and I think what people need is options to be involved.

Senator CRANSTON. How do you feel about compulsory retirement and incentives to retire?

Miss BEST. I don't feel very good about it. I recognize our economy is getting to the point where we need less people to do the work, and I think what we need to do is, instead of stressing work incentives as your model for positive mental health, we need to stress the use of time, and time can be used in terms of giving of service for which there is no money given, for example, like the volunteer R.S.V.P. senior volunteer programs, Peace Corps, and VISTA, and all of these things, which are using people who have time to give. I think that needs to be the answer. We must stop stressing that one must work if one is to have self-worth, because the unions are stressing we need to go on a 30-hour workweek. If we could do the work in 30 hours, you don't have to tell people, you have to work to be successful. That almost makes me sound radical.

Senator CRANSTON. Thank you very much. You have both been very helpful.

That concludes our hearing. I appreciate the attendance and interest of each of you.

At this point, I order printed all statements of those who could not attend and other pertinent material submitted for the record.

(The material referred to follows:)



PROGRAM OF RETIRED CITIZENS

PROJECT OF CHRISTIAN
ACTION IN CENTRAL CITY

813 South Hope Street
Los Angeles, California 90017

Lois V. Hamer, Project Director

(213) 477-4511

MARCH 13, 1972

THE HONORABLE ALAN CRANSTON
OFFICE OF SENATOR ALAN CRANSTON
452 OLD SENATE OFFICE BUILDING
WASHINGTON D.C. 20510

DEAR SENATOR CRANSTON:

THANK YOU FOR YOUR INVITATION TO TESTIFY AND FOR KEEPING THE RECORD OPEN FOR TWO WEEKS AFTER THE PUBLIC HEARINGS. THIS MATERIAL HAS TO DO WITH THE PROPOSED LEGISLATION S 887, S 2934, AND S 1925. WE COMMEND YOU FOR YOUR CONTINUED INTEREST IN AND SUPPORT OF LEGISLATION IN THE FIELD OF THE AGING. WE KNOW THAT YOU ARE AWARE NOT ONLY OF THE NEED FOR RESEARCH, BUT OF IMMEDIATE SERVICES TO THE AGING. I WOULD LIKE TO PUT THE BILLS FOR THE ESTABLISHMENT OF A NATIONAL INSTITUTE OF GERONTOLOGY, IN PARTICULAR, IN PERSPECTIVE. AS IMPORTANT AS RESEARCH IN THE FIELD OF GERONTOLOGY IS, THE IMMEDIATE NEEDS OF MORE THAN ONE THIRD OF THE ELDERLY POPULATION OF TWENTY MILLION ARE CRUCIAL. IT IS PARTICULARLY TO THAT ISSUE THAT I WOULD LIKE TO SPEAK.

WE HAVE SUFFICIENT STATISTICS CONCERNING THE NEEDS OF THE AGING IN THE UNITED STATES TO BEGIN TO ACT NOW. WE KNOW, FOR EXAMPLE, THAT IN DOWNTOWN LOS ANGELES THERE ARE MORE THAN FOURTEEN THOUSAND ELDERLY POOR WHO NOW LIVE IN SUB-STANDARD HOUSING, WHO NOW ARE HUNGRY, WHO NOW ARE UNABLE TO MEET MOUNTING MEDICAL COSTS, AND WHO NOW ARE REJECTED AND LONELY.

IT IS NOT RELEVANT TO ASK, "WHO IS TO BLAME?" NEITHER IS IT RELEVANT NOW TO SAY, "SOMEONE SHOULD CARE FOR THEM," OR "THEY SHOULD NOT HAVE ALLOWED THEMSELVES TO GET TO THIS POINT."

"... to maintain the independence of older persons in the Central City - Los Angeles"

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IT IS RELEVANT TO ASK, "WHAT IS THE RESPONSIBILITY OF SOCIETY FOR THESE THOUSANDS WHO HAVE WORKED TO THE BEST OF THEIR ABILITY TO MAKE THIS COUNTRY WHAT IT IS?" THIS PROBLEM MUST BE SOLVED IMMEDIATELY. A NATIONAL INSTITUTE OF GERONTOLOGY WITH ITS PROPOSED RESEARCH WILL DO NO GOOD FOR THOSE THOUSANDS WHO, IN THE MEANTIME, WILL DIE AS A RESULT OF LONELINESS, REJECTION, INSUFFICIENT FOOD, AND INADEQUATE HOUSING.

SPECIFICALLY, DOWNTOWN LOS ANGELES HAS COMPLETELY IGNORED ITS RESPONSIBILITY FOR HOUSING FOR THOSE PERSONS WHO LIVE HERE. THE CLUSTER OF CHURCHES LEFT DOWNTOWN, CHRISTIAN ACTION IN CENTRAL CITY, HAS NOT RUN AWAY TO THE SUBURBS, AND IS TRYING TO DO ITS BEST TO MEET THE NEEDS OF AS MANY OF THESE FOURTEEN THOUSAND OLDER ADULTS AS POSSIBLE. AS YOU KNOW, THEIR CONGREGATIONS AND BUDGETS HAVE SHRUNK TO THE POINT OF BEING MINISCULE. IN SPITE OF THIS, THEY HAVE STRETCHED THEMSELVES TO DONATE OF THEIR FACILITIES, HOWEVER INADEQUATE, TO OFFER A PROGRAM OF NUTRITION AND FRIENDSHIP. THROUGH THE PROGRAM OF RETIRED CITIZENS, THEY IDENTIFIED THOUSANDS OF PERSONS WITH SPECIFIC NEEDS. THROUGH A VERY SMALL STAFF, INADEQUATELY PAID, THEY ARE BENDING OVER BACKWARDS TO FIND SOURCES OF HELP. NO LONGER CAN THE DEPARTMENT OF PUBLIC SOCIAL SERVICES AND THE VOLUNTEER AGENCIES, IN ANY WAY, PRETEND TO MEET THESE NEEDS. FOR EXAMPLE, FOR A THREE WEEK PERIOD, WE WERE UNABLE TO CONTACT A SINGLE SOCIAL WORKER IN THE DEPARTMENT OF PUBLIC SOCIAL SERVICES BECAUSE THEY WERE "DOING A RESEARCH." HOW CAN WE KEEP PEOPLE FOREVER DANGLING WITHOUT THE SOURCES THAT ARE SUPPOSED TO BE AVAILABLE TO THEM ACTUALLY BEING MADE AVAILABLE?

ALSO, FOR EXAMPLE, THE STAFF OF PROGRAM OF RETIRED CITIZENS SPENT TEN DAYS TRYING TO GET A DOCTOR TO VISIT A LADY IN HER 80'S WHO WAS BEDRIDDEN, HUNGRY, SICK, AND EVEN UNABLE TO PHONE OUT. THESE ARE EXAMPLES OF THE KINDS OF NEEDS OF THE THOUSANDS OF ELDERLY POOR WHO LIVE IN THE CENTRAL CITY OF LOS ANGELES.

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WE HAVE ATTEMPTED FOR MORE THAN A YEAR AND A HALF TO PROVIDE SOME INPUT TO THE CORPORATION WHICH HAS BEEN RETAINED BY THE LOS ANGELES CITY PLANNING DEPARTMENT AND THE DOWNTOWN BUSINESSMEN'S ASSOCIATION TO REDEVELOP THE DOWNTOWN AREA. IT IS ONLY WITHIN THE LAST MONTH THAT WE HAVE BEEN ABLE EVEN TO TALK WITH THEIR REPRESENTATIVE. NOW WE ARE TOLD THAT, EVEN THOUGH THE PLAN FOR THE INNER CITY IS READY TO BE PRESENTED TO THE MAYOR AND THE PUBLIC, IT IS ONLY NOW OPEN FOR INPUT FROM LOCAL RESIDENTS. WE FIND IT HARD TO SWALLOW THAT ANY CHANGES WILL BE MADE IN THE PLAN ONCE IT IS PRESENTED. OUR EXPERIENCE HAS BEEN "GOVERNMENT BY SURPRISE." WHERE CAN THE VOICE OF THE PERSONS INVOLVED AND THE PERSONS AFFECTED BE HEARD? IT IS FOR THIS REASON WHAT WE FIND IT DIFFICULT TO THINK IN TERMS OF THE ESTABLISHMENT OF A NATIONAL INSTITUTE OF GERONTOLOGY WHEN THERE ARE ALREADY PRIVATE AND UNIVERSITY GRANTS DESIGNED TO DO JUST THIS. WE FIND IT HARD TO THINK IN TERMS OF THE EXTENSION OF LIFE WHEN WE CANNOT INCREASE THE QUALITY OF LIFE WITHIN THE SPAN OF YEARS NOW BEING LIVED BY UNITED STATES CITIZENS. WE FIND IT HARD TO ACCEPT THAT EVERY OTHER MAJOR INDUSTRIAL COUNTRY IN THE WORLD PROVIDES SOME FORM OF RESPECT AND DIGNITY FOR ITS CITIZENS.

IT SEEMS TO ME THAT WHAT NEEDS TO BE DONE, THEN, COULD INCLUDE THE FOLLOWING SUGGESTIONS:

1. THE DIRECT SUPPORT OF GROUPS LIKE PROGRAM OF RETIRED CITIZENS, WHICH IS UNIQUE IN THIS COUNTRY. THERE IS NO OTHER PROGRAM LIKE IT. AT THE MOMENT, IT IS SO POORLY FUNDED THAT, UNLESS SUPPORT COMES BY THE END OF JUNE, 1972, IT WILL HAVE TO GO OUT OF BUSINESS. IT DOES NOT HAVE SUFFICIENT STAFF EVEN TO DEVELOP ADEQUATE PROPOSALS FOR FUNDING.
2. THE ESTABLISHMENT OF A LIVEABLE INCOME LEVEL FOR THE AGED. IT IS IMPORTANT THAT AT LEAST AS MUCH AS RECOMMENDED BY THE WHITE HOUSE CONFERENCE ON AGING BE MADE AVAILABLE TO EVERY OLDER CITIZEN IN THE UNITED STATES.
3. IMMEDIATE ACTION TO PROVIDE DECENT HOUSING ACROSS THE COUNTRY FOR THE ELDERLY IN LOCATIONS WHICH THEY CHOOSE, AND IN THE

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MANNER IN WHICH THEY NEED TO LIVE DECENTLY. RESEARCH HAS ALREADY ESTABLISHED THAT HOUSING CONDITIONS FOR THE AGING, AND EVEN MORE SO FOR THE AGING POOR, ARE DEPLORABLE. THIS CRISIS CANNOT WAIT FOR CITIES TO PLAN. FOR EXAMPLE, AFTER TWENTY YEARS OF NEGOTIATIONS ON BUNKER HILL IN LOS ANGELES, STILL COMMUNITY REDEVELOPMENT AGENCY HAS NOT EVEN BEGUN TO HONOR ITS MORAL COMMITMENTS TO THE TWO THOUSAND PERSONS WHO WERE DISPLACED. THE ONLY WAY THAT WE CAN SEE FORTHIS TO HAPPEN IS FOR THE FEDERAL GOVERNMENT TO DEMAND THAT CITIES TAKE THIS STEP, AND FOR THE FEDERAL GOVERNMENT TO PROVIDE THE KNOW-HOW AND THE FUNDING.

4. IT IS IMPERATIVE THAT MEDICAL CARE FOR THE AGING, THE DISABLED, AND THE BLIND BECOME A PART OF A NATIONAL HEALTH PLAN. THIS ASSUMES THAT THERE WILL BE DEVELOPED, AND SOON, A NATIONAL HEALTH PLAN FOR EVERYBODY. ONE MAJOR MEDICAL EXPERIENCE CAN NOW FINANCIALLY WIPE OUT EVEN A FAIRLY AFFLUENT MIDDLE CLASS FAMILY. IT IS UNTHINKABLE WHAT HAS HAPPENED IN THE UNITED STATES TO THE AMERICAN MEDICAL ASSOCIATION, WHICH HAS AT ITS FINGER-TIPS MYRIAD RESOURCES NECESSARY TO HELP MAKE THE QUALITY OF LIFE AN ENVIABLE ONE IN OUR WORLD. MEDICARE, WHILE A VEHICLE TO MEET PART OF THE NEEDS NOW, IS MOST INADEQUATE. IT, HOWEVER, COULD BE A VEHICLE TO BEGIN THE OPERATION OF A NATIONAL HEALTH PLAN. THIS PLAN MUST INCLUDE ALL DRUG AND SUPPLEMENTAL VITAMIN THERAPY NEEDS.
5. I AM PAINFULLY AWARE THAT, UNDER THE TERRIBLY MIXED-UP TAX STRUCTURE OF THE PRESENT GOVERNMENTAL LEVELS, IT IS ALMOST IMPOSSIBLE TO SORT OUT THE RESPONSIBLE GROUPS FOR IMPLEMENTING THIS KIND OF NEED. I THEREFORE, IN ANOTHER LETTER, WILL MAKE A SIMPLE SUGGESTION AS TO A DIRECTION WHICH MIGHT BE TAKEN TO CHANGE THE SYSTEM TO MAKE POSSIBLE THESE KINDS OF FUNDAMENTAL LIFE-SUPPORT PROGRAMS TO THE CITIZENS OF THE UNITED STATES.

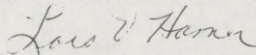
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RESEARCH IS NEEDED, BUT NOT AT THE EXPENSE OF SERVICE. IF THE PRESENT CHOICE MUST BE BETWEEN RESEARCH AND QUALITY OF LIFE FOR THOSE NOW LIVING, WE SEE ONLY ONE ANSWER: THOSE PERSONS NOW LIVING MUST BE SERVED. GERONTOLOGY IS NICE, BUT IF THE CHOICE MUST BE BETWEEN AN INSTITUTE STUDYING THE COMPLEXITIES OF GERONTOLOGICAL PROBLEMS, AND PROVIDING DECENT AND ADEQUATE HOUSING FOR THOSE NOW LIVING, THERE IS NO QUESTION WHICH CHOICE THE ELDERLY THEMSELVES WOULD MAKE, OR THOSE ABOUT TO BECOME ELDERLY. IT IS IMPERATIVE THAT THE MONEY BE PUT WHERE THE NEED IS NOW. IT IS KNOWN WHERE THE NEED EXISTS - THIS DOES NOT NEED MORE RESEARCH. THE UNCOORDINATED MULTIPLICITY OF LEGISLATIVE PROPOSALS, THE "SWEEPING UNDER THE RUG" OF THE PROBLEMS RELATING TO THE ELDERLY GENERALLY, EXCEPT "TOKEN" IN ELECTION YEARS, HAVE BROUGHT THIS POPULATION ALMOST NO HELP. SOCIETY IS LONG OVERDUE IN PAYING ITS DEBT TO THIS POPULATION. WE PLEAD FOR MORE ADEQUATE, LESS COMPLICATED, MORE DIRECT HELP, IMMEDIATELY, TO THE THOUSANDS WHO ARE LIVING IN POVERTY AND IN NEED. WE ALSO PLEAD FOR A LONG-RANGE NATIONAL PROGRAM WHICH PAYS ATTENTION TO ADEQUATE INCOME FOR ALL OF ITS CITIZENS, TO ADEQUATE NUTRITION FOR ALL OF ITS CITIZENS, TO ADEQUATE MEDICAL CARE FOR ALL OF ITS CITIZENS, AND FOR QUALITY OF LIFE FOR ALL OF ITS CITIZENS. THIS WOULD MAKE IMPOSSIBLE THE REJECTION BY SOCIETY OF THOSE PERSONS WHO HAVE SPENT THEIR LIVES TO BUILD THIS COUNTRY TO ITS GREATNESS.

THANK YOU, SENATOR, FOR THIS OPPORTUNITY TO ADD TO THE TESTIMONY PRESENTED ON MARCH 4, IN LOS ANGELES. IN PARTICULAR, WE THANK YOU FOR YOUR CONCERN AND YOUR LEGISLATION AND EFFORTS IN THIS FIELD.

WE LOOK FORWARD TO YOUR CONTINUED AND UNSWERVING SUPPORT AND YOUR UNDIVIDED EFFORTS TO BUILD FOR THE ELDERLY, NOW, THE QUALITY OF LIFE TO WHICH ALL ARE ENTITLED.

RESPECTFULLY SUBMITTED,



LOIS V. HAMER

LVH:HC

UNIVERSITY OF CALIFORNIA, LOS ANGELES

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SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF MEDICINE
SCHOOL OF MEDICINE
THE CENTER FOR THE HEALTH SCIENCES
LOS ANGELES, CALIFORNIA 90024

March 1, 1972

The Honorable Alan Cranston
United States Senate
11000 Wilshire Boulevard
Room 13220
Los Angeles, California 90024

Dear Senator Cranston:

Recent investigations have established that aging in a universal biologic phenomenon which as a major manifestation results in an increasing death rate from maturity onward. The increase in death rate is independent of specific cause. A favorable environment will reduce the death rate at all ages, but the same pattern of an increasing death rate with age still persists. It also appears that the environmental assault on disease and death is approaching the limit of its potential, since the effects of extreme age render the individual vulnerable to smaller and smaller stresses. The total eradication of heart disease and cancer may prolong the average life expectancy as little as seven years.

The new information, described by Dr. Strehler in his testimony, indicates that a vast potential exists by exploiting the evolving knowledge of the mechanism of aging. A better understanding of this process should make it eventually possible to slow its progress. The result would be to increase biological integrity, and by so doing, reduce the frequency of disease and death at all ages. Significant life prolongation would then result.

Despite its limitations, the environmental assault on disease and death has been extremely successful. In 1800 only about 10% of those born reached the age of 65 years. By 1900 it was almost 40%, and at present it is over 70%. Whereas in 1800 only one living person out of fifty was over 65, it is now one person in ten. One reason we are a youth-oriented society is because until recently most of our population was young.

The Honorable Alan Cranston

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The present problems of the aged are new problems and are the result of past success in increasing survival, not of failure to solve old problems. One of the reasons for this success was the development of an urban industrial society which, ironically, turned out to be less ideal for the increased numbers of aged it produced than was the older rural society. These new social problems, and the even greater ones which will be produced by further gains in health and survival, should be a major social concern.

It seems appropriate, since the success of all of our health endeavors results in focussing our attention upon the problems of age and the aged, and since recent scientific developments indicate research in this area can be potentially fruitful, that the ultimate National Institute of Health be devoted to the study of aging. For this reason I respectfully urge that you support legislation to establish a National Institute of Gerontology.

Respectfully,

Ralph Goldman

Ralph Goldman, M.D.
Professor of Medicine and
Assistant Dean for Allied
Health Professions
UCLA School of Medicine

RG:mj

ADDRESS BY SENATOR ALAN CRANSTON, A U.S. SENATOR FROM THE STATE OF CALIFORNIA, DELIVERED AT THE SENIOR CITIZENS RALLY, FIRST METHODIST CHURCH, LOS ANGELES, CALIF., MARCH 4, 1972

"SENIOR POWER ON THE MOVE"

I thank all the sponsoring groups for inviting me here to open this rally.

I am honored to kick it off.

I have just come from chairing hearings on the Senate Aging Subcommittee all day yesterday in San Francisco and this morning here in this building on the second floor on bills to establish a National Institute of Gerontology and general problems of aging.

These hearings, I am convinced, will be of great assistance to me in formulating various legislative initiatives to benefit our older Americans.

I invite those of you who are interested to stop in on the second floor upstairs during the course of this afternoon.

We will resume as soon as I finish speaking here.

It's good to see this fine turnout today, and I want to congratulate all of the men and women who worked to make this rally a success.

I hope this is the beginning of a new movement of senior citizens to develop political power in California.

For too long, to be a senior citizen has been to be a second class citizen.

That must change.

And you must help to bring it to an end, and restore dignity and pride to the term senior citizen.

You can do that by developing senior power.

And that is the only way you -- and I and the other men and women who support your efforts in the Congress -- are going to achieve our goal of removing the discrimination and injustices perpetrated against senior citizens.

We can no longer tolerate here in this wealthiest of all nations a class of haves and a class of have nots.

Yet today in our nation the poorest of the poor often are the elderly and the aged:

- undernourished
- living in slums or dilapidated dangerous housing
- in bad health and unable to afford good medical care
- lonely
- without transportation and, above all, watching month after month while inflation cruelly eats up their meager incomes.

Is there one person in this hall who thinks inflation has been halted?

That food is cheaper?

That rents are not still going up?

That clothing does not cost more?

The cold statistics released last week in the cost of living survey tell the real story.

The price of food in Los Angeles is up 4.1 percent over-all from a year ago.

Fruit and vegetable prices are up 8.5 percent over-all from a year ago.

National, poultry prices in January were up 2 percent over a year ago, fish prices were up 7.5 percent, meat prices in general were up 7.3 percent, and the prices of beef and veal were up 10.4 percent.

That's right -- the housewife is paying 10.4 percent more for beef and veal than she did a year ago!

The very foods we need the most to keep up good health and energy -- meats, fruits and vegetables -- have gone up in price the most.

I support President Nixon's efforts to halt inflation, but his cures are very slow, and they aren't working for some people.

That is why I believe the first order of business for senior citizens is to secure a substantial increase in social security benefits.

I fully support Congressman Wilber Mills' proposal for a 20 percent increase effective next July.

Congressman Mills' proposal would increase benefits both under social security and medicare by some 12 billion dollars.

The current proposal in the House-passed bill is for a 5.5 billion dollar increase.

As most of you know, Congressman Mills is one of the most powerful men in the Congress and his proposal, therefore, carries great weight.

But let me go back to my opening remarks.

We can make this happen if you keep the pressure on your legislators and if you can help develop national support for this measure.

I have emphasized one thing today, because I think lack of income is the most important problem the elderly face.

But I want to assure you that I am aware of the many, many other problems you face, and I am working on those too.

Just recently the Senate Banking, Housing and Urban Affairs Committee, on which I serve, approved a six point program I introduced to the administration's Housing and Simplification Act to provide older Americans with more and better housing.

My amendments reflected recommendations made by the 1971 White House Conference on Aging and by the National Council of Senior Citizens.

I was deeply involved in the formulation of the Nutrition Bill for older Americans which recently passed both houses of Congress.

It provides for hot meals to be served at senior citizens' gathering places.

An amendment I introduced to improve the allocation of funds under the program will bring 3.8 million extra dollars into California.

I am also working on legislation to improve the medicare program and make its benefits more readily available.

I have cosponsored legislation to eliminate the part B premium, and I am drafting a bill allowing retired social security beneficiaries and their spouses who have not yet reached age 65 to "Buy-Into" medicare, and another bill to provide to needy recipients of old age, blind and disabled assistance, an automatic cost-of-living boost whenever social security benefits are raised.

The latter bills are two of the items to be discussed at our hearings today, and materials describing them are available there.

I'd better say goodbye and get back to them before our afternoon witnesses decide they'd rather be here.

We now stand in recess, subject to call of the Chair.
(Whereupon, at 2:15 p.m., the hearing was recessed sine die.)

○