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PROBLEMS OF THE ELDERLY

A BRIEFING

BY THE

SELECT COMMITTEE ON AGING

CLAUDE PEPPER, *Chairman*

U.S. HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION



NOVEMBER 1977

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BRIEFING ON PROBLEMS OF THE ELDERLY

WEDNESDAY, NOVEMBER 23, 1977

U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
Miami, Fla.

The Select Committee on Aging met, pursuant to notice, at 11 a.m., in the Caleb Community Center, 5400 22d Avenue, Miami, Fla., Hon. Claude Pepper (chairman of the committee) presiding.

Committee member present: Representative Pepper.

Staff members present: Robert S. Weiner, staff director; Marie Cunningham, executive assistant; Yosef Riemer, professional staff assistant; and Nancy E. Hobbs, minority staff director of Subcommittee on Retirement Income and Employment.

OPENING STATEMENT OF CHAIRMAN CLAUDE PEPPER

Mr. PEPPER. Thank you, very much.

Mrs. Alexander, Vice Mayor Barry Schreiber; Vice Mayor Father Gibson; Mr. Freedman, representative of the Advisory Council of the Senior Citizens of Dade County; Mr. Dewey Knight, the assistant county manager of Dade County, all of you wonderful Americans that honor us with your presence here today.

It is wonderful to have an occasion like this in one's lifetime, when you can hear those beautiful words and appreciate the warmth and the friendship of those who utter them, as I have been privileged to do here today.

We are proud of this great county of Dade, this great city of Miami, of the people of our community, the warmth of their hearts, the idealism there is in their minds, the nobility there is in their spirit, all of which are personified in the generous expressions which we have heard here today.

I first want to express my gratitude to Vice Mayor Barry Schreiber and to our county mayor, Mayor Steve Clark, and to all the members of our distinguished county commission for that most generous and gracious proclamation which Vice Mayor Schreiber has presented here today.

Thank you very much.

I am especially grateful also to Mr. Freedman for the very eloquent proclamation that he has been kind enough to present here today on behalf of the Advisory Council of the Elderly of Dade County.

I just observed that we have honoring us here today one of our distinguished State senators, Senator George Firestone.

I saw him a minute ago—where is Joe Kershaw? Here he is, one of our distinguished representatives.

Mr. Freedman, I hope you will take back to the members of your advisory council my gratitude for the gracious and generous sentiments you have expressed for them here today.

I hope, Father Gibson, you will also accept my gratitude for what you have said here today for yourself, and the beautiful proclamation that you have presented on behalf of our great mayor of Miami, my devoted friend, the Honorable Maurice Ferre.

So, it is a very happy occasion. But, the significance of this occasion is this is Senior Citizens' Day, not Claude Pepper Day—it is Senior Citizens' Day.

While I am only 77 years old, I appreciate you letting me join you here today.

I was afraid somebody would say Claude Pepper is not old enough to be a part of this crowd. I know if we were talking about the orchestra you are going to hear here in a minute, that that would be true because their average age is 80 years of age.

In my lifetime, and in my experience in the Congress, I have seen some great steps forward, great humanitarian strides of progress.

When I first went to the U.S. Senate in 1936 we didn't have any civil rights legislation, any equality before the law, the right to employment and the like, for black people.

Even as late as 1952 I went into a restaurant in Miami with two black people who were here from Nassau, and a local friend of mine, and they would not even put a glass of water on the table, let alone serve a meal. That was in 1952.

Now the law of this land forbids discrimination on account of race.

Until I was 20 years old women couldn't even vote in this country. In 1920 we finally passed a constitutional amendment and legislation that gave the women for the first time ever in this great Republic of ours, the right to vote.

I remember a Congressman in my district in Alabama where I grew up who talked about women's suffrage, and ridiculed the campaign to give women the right to vote.

Now women not only have the right to vote, but women have the right of equality of access to get a job and equality of treatment as an employee. If they don't get it, the law of the land will give them protection, and that is the way it should be.

But there is another kind of discrimination that we have not yet eliminated, and that is discrimination against the elderly, discrimination against the man or woman, solely on account of age, without regard to the ability of that man or woman to do a job.

All over America, until we can get our bill passed, curbing mandatory retirement on account of age alone, you can kick a man or woman out of a job, no matter how good a job they are doing, simply because the calendar says they are 65 years of age. That is wrong.

That is age discrimination. That is agism, just like racism and sexism; a basis of discrimination which should be forbidden by the law of this land. So now we are making progress in that field.

So, we are going to get it into the law of this land that older people are just people, people like everybody else. They don't change. I used to be on the cross-country team in college. I could run 10 miles

a day. I cannot run 10 miles now, but I walk faster than most people who walk with me, and I can work longer than most people.

I still have dreams like you have of the future. I am not willing to cuddle up over in a corner and die. I want to do things.

But not only are the elderly entitled to the enjoyment of their rights, but they are entitled to special consideration, too. The elderly people of this country have a right to a decent retirement benefit when they retire, and I think they ought to get it, when they get to be 65 or earlier.

Even if they want to keep working, they should have a right to it. They should have a right to earn all they can without losing any of their social security.

They should have a right to live in a decent home, or a decent apartment. They should have a right to needed medical care in the home, as well as in a hospital.

There is something else. Florida, I regret to say, is the only State in the Union which does not provide under medicaid either dentures or eyeglasses or hearing aids for the elderly.

Either the State and the Federal Government, one or the other, must assure the elderly people, most of whom need dentures or eyeglasses or hearing aids, the right to get them.

The elderly people have a right to transportation, the ability to get around. I want to compliment Dade County and the city of Miami, especially the county, which operates our bus system, on the progress that they have made.

Yet, much is needed to be done to make it possible for the elderly to be mobile, to get around, to go to the things that they want to go to. They have a right to have transportation facilities available to them, and we are determined that that shall be done.

Now, these programs for the aid of the elderly have sort of grown up at the Federal, State, and local level like Topsy "just growed," as the book says.

What we are here for today is to give you an opportunity to ask questions about your needs and how they can be met, about programs and how they operate, about how to locate the people that you want to help you.

In other words, this is a day of information and a day of service by Federal, State, and local representatives of the Government of our country to the elderly people who are here today, and by non-government organizations which provide services. We are going to give you an opportunity to ask any questions and to get your questions answered.

Then, after we have a general session of questions for about an hour, an hour and a half, we are going to let people divide up into sections and there will be different agency representatives at tables throughout these rooms, and you can go to the one to whom you would like to talk.

Some people have expressed the idea that they would like to ask me about some things. I will be here during the whole workshop. I am here for the purpose of trying to serve you, as is my committee, in any way we possibly can.

But now, let me interrupt for a moment and give you a real treat, a real delight, that you are going to enjoy; that is, to hear this wonder-

ful Washington Federal Orchestra, which is headed by Mr. Henry Osman.

I want to present to you the orchestra at this time.

[Selections by the Washington Federal Orchestra.]

Mr. PEPPER. Ladies and gentlemen, we will start the workshop part of our program. Here at the head table available to attempt to aid you is a representative of the Social Security Administration, Ms. Queen Mohammed.

For medicare there will be Mr. Terry Martling.

For Florida State rehabilitative services, Miss Barbara Broadbar and Miss Olga Connor. They will be able to answer questions about food stamps and other services. We want to make it clear to everybody—we favored food stamps unless the Government will give you money instead of the food stamps, then you can buy what you want.

Representing the Florida Public Service Commission, Mr. Bruce Redditt.

Little Havana Activities Center, Miss Miriam Cruz-Bustillo.

Dade County Area Agency on Aging, Miss Vanessa Cambridge.

Cuban refugees assistance program, Mr. Guillermo Urbizo.

Housing and Urban Development, Mr. Al Tedlow.

State Office of Veterans Affairs, Mike Perricone.

From the Library of Congress, who will be able to aid us here in the information about Federal agencies, Evelyn Tager.

Also, I would like to introduce Mr. Bob Weiner, who is staff director of the Select Committee on Aging of the House of Representatives; Mr. Tom Spulak of my congressional office here in the Federal building, who arranged this affair here today; and the other members of my staff that are here.

I am glad to acknowledge the presence among of us of one of the distinguished private citizens of our area, although we call him the honorary mayor, Charles Hadley.

Now, ladies and gentlemen, let me start. Does anyone have any question about any matter? Give your name and state your question, and we will try to get you an answer.

MEDICARE REIMBURSEMENT

Mr. SHAPIRO. My name is Max Shapiro. My question is about medicare. My doctor passed away and I need a statement from the doctor, and I can't get it. I paid the doctor and the doctor kept no itemized statement. All he had written was what he did, and the amount specified on the bottom.

My doctor passed away a couple of days after I was there. I got a signed check, I cashed it, and I can't get any satisfaction from medicare. First they said they are looking into the matter. Then I get a report back that they want an itemized statement.

So, I told them, if I had to dig them up, to sign a statement, that I would dig up my wife first.

Mr. MARTLING. The gentleman's question regarded services that were rendered in New York City. Now, I represent Group Health, Inc., who process medicare claims for Dade and Monroe Counties.

The laws that we must go by, the procedures we must follow, are dictated to us by the Social Security Administration. One of the policies in the laws which we must follow is that services that are rendered outside of our geographic location, which would be anywhere outside of Dade or Monroe Counties, must be forwarded or sent to the carrier in that respective area.

Now, on the bill that Mr. Shapiro has just given to me, this shows that Dr. Horowitz, 14th Avenue, Brooklyn, N.Y., was the physician that rendered the service. So, to obtain information, Mr. Shapiro must contact Blue Shield in New York City.

I myself could not do anything about processing this claim or handling it.

Now, it is medicare guidelines or regulations that we should have an itemized bill to enable us to process the claim, to show services were rendered.

What I can suggest is that Mr. Shapiro contact Blue Shield in Greater New York City, with their post office box in Murray Hill Station, advising them in detail of the situation surrounding the circumstance.

He does have here a copy of his canceled check. All I can suggest is that he write to them with this copy and maybe they can do something for him.

Mr. PEPPER. The gentleman has explained that these services for which Mr. Shapiro is asking compensation were rendered in New York City. Apparently one of the problems is that the doctor who rendered the service died, and he hasn't been able to get the necessary papers.

I am asking one of the members of my House Select Committee on Aging staff, Mr. Riemer, to sit down here with Mr. Shapiro, get all the information we can, and we will try to help him.

Is there another question?

MEDICARE IDENTIFICATION CARD

Mr. BEAN. My name is Stanley Bean. I am living in Ward Tower, 2200. I have a medical care card that came from Baltimore, and I went to the 10-cent store Friday evening and I left it there. I went back to see if they turned it in, and they haven't turned it in.

I need that to get on the bus to present that to the people for that 15 cents, and I haven't got it yet. I need that. And just like he said, the social security is not enough for the people. They need more social security because they are not giving them enough money.

I sure need more myself because groceries are too high, and we can't make it. If it goes any higher, we are all dead from hunger. We need to get more, as the Senator said, we need to get more because we need it day and night because the people have to support their children and the family.

If they don't get more, they can't make it. They have to get more. They sure have to get more because they can't live by that. I can't live by what I get.

Mr. PEPPER. Thank you very much. We are trying to get more. You deserve it, and we are trying to get it.

Now, Miss Gorrin from Social Security will try to answer your question here.

Ms. GORRIN. It is very easy to get your medicare card. You can call a number, which is a central number, 944-2011 for any problem. We will get your medicare card to you in the mail. If you give us your name and address and social security number, we will be very glad to do it for you.

MEDICARE COVERAGE: INSULIN

Mr. PEPPER. The gentleman back there. Come right up here, please.

Mr. SINGER. My name is Allan Singer, Miami Beach, Fla. I work with the Jewish community centers of south Florida. I am here today particularly representing homebound diabetics who could not be here to express this problem, which I will describe, in hopes that there can be a solution to this problem.

The Federal Government has passed legislation which will now eliminate services such as a registered nurse or a licensed practical nurse who will be able to give the diabetic an insulin shot.

Therefore, people who are in my agency, for example, will not be able to have any way of getting their insulin shots, which you know is important in order for them to live. I would like to just know what can be done to readminister the legislation which provided for medicare payments for the RN's to give these shots.

Mr. PEPPER. I have introduced legislation, and it is pending in the Congress now, to eliminate the requirement that the only assistance that people may get in their home is skilled care; that is, a doctor or a registered nurse.

There are many practical nurses or nurses aides that could render valuable services to the people in their home, if we can get that authorized under medicare.

Now, your problem was, can somebody come to the home and give the insulin shot?

Is there anybody here from medicare that can answer that?

The gentleman wants to get insulin shots at his home. Can that be worked out?

Ms. BURGESS. No, under the medicare guidelines that we have at the present time insulin is considered a self-administered drug and it is not covered under medicare.

Mr. PEPPER. It can only be administered by a registered nurse?

Ms. BURGESS. Not even then. Insulin is something not covered unless in an emergency situation, a doctor or a nurse administers it. It is considered self-administered and it is not covered unless in an emergency situation.

Mr. PEPPER. Where can the individual get the administration of the insulin?

Ms. BURGESS. Through a doctor, but only an emergency, maybe where the person is not conscious, and cannot administer himself. Otherwise, it is not covered. If you go to the doctor on a regular basis, medicare cannot make——

Mr. PEPPER. If he goes to a doctor, medicare will take care of the expenses of it?

Ms. BURGESS. Not unless he is in a diabetic coma or something like that, where he is not conscious.

Mr. PEPPER. You mean the administration of insulin is not covered by medicare?

Ms. BURGESS. Not at all.

Mr. PEPPER. Well, it should be.

Ms BURGESS. Unfortunately we have to go by the guidelines.

Mr. PEPPER. That is just an example of what we are trying to do to improve these programs, to render the services that should be rendered. I will ask the staff to make a special note of this case, about insulin, and we will see what we can do about it in Washington.

Thank you very much.

A PARTICIPANT. I would rather not give my name. My wife is partially blind. She cannot do the insulin herself. I have to be home at all times to fill the hypodermic needle, twice a day.

Now, I don't see why the husband of the diabetic, under medicare, or under social security, should be taxed to that extent. I think medicare should take care of a problem like that, having—I forget what they call it—a nurse's aide come to the house during the day while I am away.

Mr. PEPPER. I agree with you. Our committee is making our next major objective, after we get mandatory retirement prohibited, as we hope to do this year, or the early part of next year, home care—including medical care, homemakers services, and other types of assistance, that people need at their home, to keep them from having to go into a nursing home. That is one of the principal objectives of our House Select Committee on Aging.

NEED FOR SENIOR CENTER

Mr. TURNER. My name is Charles Turner. I am here representing Miss Mae Woods, president of a senior citizens group in Miami, which is known as the Togetherness Senior Citizens Club.

We have no place to meet because the place where we are meeting on June 5 of this year, all the machines and other working materials that the senior citizens had to work with, were taken away and later evicted. There was no reason given to us why this happened.

But Mr. Sherman Mills of Human Resources in this building interceded and found a place for us, that we can meet temporarily. It is said now that they are going to try to renovate a portion of that building that we will have permanently.

But, I want to say here now, in that particular place, in Laurel Park, it is surrounded by a clump of trees, and my wife, the recording secretary, would not be present because I myself as a man would not go in that vicinity at night.

We have a lot of vacant premises all over that we should be given a place to have a permanent meeting. There is a beautiful place out there.

Of several groups in Miami, we are the only ones with gold card memberships. I don't see why we should be treated this way.

Mr. PEPPER. Is there anybody here from the county that could help these people find a meeting place?

County REPRESENTATIVE. I wasn't listening to all of your question. You are looking for a permanent place?

Mr. PEPPER. For the Togetherness Club.

Mr. TURNER. We are the only gold card club in Miami. We are out here in Brownsville.

County REPRESENTATIVE. I think we could probably make some arrangements.

Mr. PEPPER. You see this gentleman. You talk to this gentleman and he will try to help you find a place.

MEDICARE COVERAGE: PRESCRIPTION DRUGS

Ms. LEVINE. My name is Lillian Levine. I live at 6565 Collins Ave. I wanted to say, I never had so much trouble getting my sister into the hospital. She is now at the South Shore. She came in from Brooklyn. I had no place to put her. Now she needs an operation.

I just spent \$42 for medicine. Her medicine bills cleaned her out. I have to have that every month. What could I do about that? It is very hard on her particularly, to spend all that money on medicine.

Thank you.

Mr. PEPPER. What about the lady from medicare? Would you attempt to answer that question? You are speaking about medicine needs in the hospital?

Ms. LEVINE. No, when she comes out, at home.

Mr. PEPPER. Unhappily, medicare does not provide at the present time prescription drugs in the home. I have a bill pending in the Congress to that effect, and we are trying our best to provide that medicare shall pay for prescription drugs that people need in the home as well as drugs that they would get in a hospital.

Unfortunately, the law does not yet provide the drugs at home. But we are doing our best.

SPECIAL DIET NEEDS

Ms. MORGAN. My name is Natalie Morgan. I live at 950 Northwest 95th St. at the Palm Towers. I would like to suggest that something should be done.

I would like to suggest that we, the elderly, and the ill, who cannot consume or eat the same type of foods that other people eat, regardless of their age, that we are allowed food stamps or something that will subsidize food products for ourselves, things that we are allowed to have.

We have to be on certain diets, like low sodium, and no sugar, and no salt, and fresh vegetables, which is very, very difficult for us to come by.

Thank you very much.

Mr. PEPPER. Thank you. Is there anyone here from the State to comment on that?

Ms. CONNOR. There is no provision under the present law for special diets under the food stamp program. There is no way that it can be provided for. However, when the new law comes into effect around June of next year, you will not have to pay for the stamps.

Ms. MORGAN. We may not live another year. We weigh 85 pounds; we are very delicate.

Ms. CONNOR. You will get the stamps with no cost to you. You will not have to come in and bring the cash and pay for the stamps.

Mr. PEPPER. You understand. She said sometime next year there is going to be a modification in the food stamp program. You will not have to put up money in order to get food stamps, as you do now. They will just give you what would be equity, the amount of food stamps that you are entitled to receive.

We had hearings yesterday and the day before down in the county commission chambers. We were considering the effect of the President's proposed welfare reform bill upon the elderly poor.

Now, that bill, that program of the President, proposes to eliminate food stamps and the SSI program that we have now, and instead of those two programs give each individual person \$2,500 in money a year, and each couple \$3,750 a year.

But now, unhappily, we brought out in our hearings yesterday and the day before, unless the State is going to add to what you would get, the total amount that you now get under SSI and the food stamp program is more than you ordinarily would get under that proposed program.

So, we are trying to see to it that if the President's program does take effect, it will be an improvement over what it is now, so that certainly nobody will lose anything. We hope they will gain over what they are now getting under the new program.

Any other questions? Incidentally, any time you get in touch with my office, we will help you in any way we can with your problems.

MEDICAID "SPEND-DOWN" REQUIREMENT

Ms. HERSHKOWITZ. My name is Lillian Hershkowitz, 1227 Meridian Avenue, Miami Beach. My neighbor became paralyzed. The husband tried to get her into a nursing home, and being they had \$10,000 in the bank they would not accept her unless she paid between \$1,000 and \$1,200. That was the least they could get a home for her.

They paid it for as long as they had the \$10,000. The woman died. The man now has to go on charity.

My question is, What is the sense of adding on some more people to get charity and depleting anybody that has any money whatsoever, causing such tension, mental anxiety to this man, who is 84 years old, and is left alone?

Now, I don't know what suggestion can be given, but I would hope that these kinds of situations would be looked into. There are many of them in the homes now, where the people have to give up every cent before they can get into a home. It even takes time after their money is gone until they can get on medicaid.

Mr. PEPPER. Thank you.

The lady from medicaid, would you attempt to answer that?

Before the lady gets here—ever since the late 1930's I have been supporting national health insurance, which would mean everybody would get the kind of health care, hospital care, that they are entitled to receive, that they need, for their health.

The President has announced that he is going to recommend to Congress early in this coming year a national health insurance program. Our committee has been working on it for a long time and I hope to live to see the day when everybody in America will be able

to get doctor's care, the nurse's care, and the hospital care that their health needs require.

When we get that, then we will have a comprehensive program. Now it is a patchwork program that is not at all adequate to meet the needs of the people.

Now in this particular case, will you tell them about the medicaid requirements?

Ms. BURGESS. The medicaid requirement for institutional care placement or nursing home placement is based on the social security criteria for supplemental security income.

You cannot have in the State of Florida more than \$1,500 as resources for a single person, or for a couple of \$2,500—if a person has \$10,000 until they have only \$2,500 left, would have to pay as a private patient in a nursing home, before they can qualify for the State to pay for their care.

Mr. PEPPER. We have been trying to keep them from requiring anybody to impoverish one's self before they can get this kind of assistance. Under the President's proposed new legislation we are going to exempt the home of the individual, I think, so that they at least won't have to sacrifice their home, or an automobile, a few things that they need, before they can get cash assistance.

OLDER VOLUNTEERS

Ms. BETANCOURT. My name is Ann Betancourt. I am project director of the senior companions program. I am here to express the need, the increased need for older people to get involved in their community, participating in voluntary services.

Our program is a twofold program. We have 70 senior companions. Then they serve 350 people in order to prevent institutionalization. There is a great need for increasing the senior companions, volunteers. We have a waiting list of people that want to get into the program.

We don't have enough funds. People are waiting to be served. So, I am very concerned about the need for increased funding for a program such as senior companions.

Mr. PEPPER. That is a good program, and I hope it can receive the assistance that it needs. We thank you very much. Our committee obtained \$400,000 more money in Congress for the senior companions program this year than had otherwise been provided.

INSTITUTE OF GERONTOLOGY

A PARTICIPANT. Thank you very much for coming to Miami, sir, you and the group from up North. I would like to indicate two things.

One is that we believe that you are a living example of what can be accomplished by older persons. We would like to see the ability of a community such as Miami develop programs that will allow people to keep themselves young inside and outside.

Because of the very large number of elderly patients, particularly in communities like Miami Beach, where a large percentage are over the age of 60, we are proposing that an institute of gerontology be created, not only in Miami, but in other cities of the country.

The objectives would be not only to coordinate the problems of medical care, hospital based, as well as daycare systems, but to make

it more effective and economical by centralizing it in institutions, in a place like Mount Sinai, Miami Beach, which is the largest community hospital, in the center of an elderly population.

Again, thank you, and I hope this proposal is looked upon well.

Mr. PEPPER. We are very much interested in a department or institution of gerontology.

We appreciate your giving us your recommendations here. Thank you.

Are there other questions?

BURIAL EXPENSES

Mr. MORROW. My name is Henry Morrow. I live at 4750 Northwest 24th. My question is this, Senator. I get veterans disability and social security disability. In fact, because of the cost of living I had to advance my insurance, which is \$100 a month.

They said that money was not counted as an expense of access. I would like to know why.

I would question the Federal guidelines. I have been getting disability since 1965. Burial costs so much. You cannot bury anybody for \$500 or \$600. I have a family of 10. My insurance alone, not counting accidents, on my income now is an unbearable burden.

I mean, if any of my children die, it takes around \$1,000 to bury them. At my age you can't get insurance cheap. The Government doesn't allow you anything for that, and they say it has to be medical, or sick and accident.

I have a medicare card, but my family is nine more people. My insurance runs me around \$100. They don't allow me more for that.

Mr. PEPPER. Anybody here can address themselves to that question. Social security allows a certain burial benefit.

Mr. GARCIA. You say you are receiving veterans benefits. You are looking for burial guidelines. That is a very hard thing to get. However, you as a veteran do have \$250 from the VA, plus \$150 for a plot, and up to \$255 for social security.

Your children don't come under the social security program unless they are working in it themselves. That is the part that you are trying to bring, is what can you get for a guideline. One of the hardest things in the world to do is go out and tell a businessman that a burial costs this much. That is what you are trying to say.

For you as a veteran—what he is actually asking for is a very hard thing to do. We can only give a picture as to what we have now. However, to establish a burial guideline, Senator, I don't know how you can really do that legislatively. That is what he is asking—can we establish a burial guideline for a man who has a large family, but not too much money?

Mr. PEPPER. The gentleman is raising the question of a family of 10 people—8 children, and his wife and himself. How old is the oldest child?

Mr. MORROW. My oldest child is now 21, but my grandchildren are in school.

Mr. PEPPER. He is raising the question of whether, if there were a death in his family, how would appropriate funeral costs be paid for that deceased member of the family.

I know there is only a limited benefit to anybody who is covered by social security.

Ms. GORRIN. Social security does provide a lump sum death payment to people who have worked and who have work credits of \$250. They don't have to be fully insured. They have to have 6 out of the last 13 quarters. If they have this——

Mr. MORROW. I am not worried about that myself, I have children.

Ms. GORRIN. Your children, as they grow and accumulate credits themselves, they will have the lump sum payment.

Mr. PEPPER. People can go into Jackson Memorial Hospital for medical care who don't have any money or means to pay for medical care. I don't know of any county program.

I am afraid that is one of the things that is not being covered by either local, or State, or Federal provisions at the present time. Yet, I realize there are many cases where it is needed.

I saw a case where a lady didn't have money to bury her mother, and the funds were provided by public subscription. There ought to be some way for somebody with a member of the family who has not enough money to be paid out of public funds.

There is no sufficient credit for burial insurance or life insurance, only for medical insurance. They should allow for medical insurance over \$10.

Mr. MORROW. I have to look out for my children.

Mr. PEPPER. Dr Rutherford wants to make a statement.

NEED FOR PREVENTIVE HEALTH CARE

Dr. RUTHERFORD. I came to address myself after Dr. Dimanti, to try to state that the problems in dealing with the elderly in the past have been on a rather haphazard basis. There seems to be very little centralization in the process.

We feel that there are problems of the elderly which medicine has created, since we have provided the means for people to stay alive longer. We would like to try to make certain basic suggestions to you.

No. 1, we have in Dade County, and particularly in Miami Beach, a large group of elderly people—in fact the average age of the patients, for instance, that we see at the Beach hospitals is around 67 years old.

Through our care of these patients, we have demonstrated that elderly are not a group that are very weak and are about to slip into the grave. They are very strong, viable human beings; and that the problem with the care that they are receiving through Federal, State, and county agencies is that it looks very good on paper, but it does not filter down to the individual person.

The reason that it looks good on paper, and it doesn't filter down to the individual person, is the fact that the amount of energy that is needed to take care of one human being is a tremendous amount.

For instance, the people that were complaining about the insulin shots. That is the dumbest law God ever created, or man ever created. We have in this population groups of people living together, a man and a woman, one is sick, the other one is well.

So, they have a symbiotic relationship. If the well one gets sick, who takes care of the sick one. There are no provisions made for this. It seems that the people who sat down to write the laws try to come up

with a mathematical formula that is not equitable on a human being basis.

I propose along with Dr. Dimanti, since Mount Sinai Hospital on the Beach represents the largest community hospital, and has the largest number of geriatric patients coming through their door, that the sort of a central position of the care of the elderly on the Beach, so that we who are ready to discharge a patient—I will give you an example.

We just did a study on patients who had to have their gall bladders taken out as an acute process. All of them survived. All of them did well. But the millions of dollars that were spent on the care of these patients could have probably been cut in half.

About 15 or 20 percent of the patients would not leave the hospital because they had no place to go. The doctors did not discharge 35 percent of the patients because they felt that the patients sociologically were not able to take care of themselves.

The business with home care is the basic way to go because if it costs you \$250 a day in the hospital, and only \$30 a day at home, you are saving yourself a lot of money. We might not have to go to national health insurance, which is a little socialistic, and I am opposed to. But in general this is the way that we think that things could go.

Mr. PEPPER. Doctor, I think your idea of having the hospital as a central place to which people may go is excellent. Doctor, I would like to see the hospital give preventive care to the people; that is, give them a checkup, give them aid for small illnesses, things that are preventive in character, as you say, to save a lot of expense from acute illness that will come along if you don't get preventive care.

I think the hospital might well be the central unit for taking care of the people. But the doctor is right, the hospital cannot keep people there indefinitely—it costs an awful lot of money to run a hospital—when a person can be taken care of in his or her own home.

If you need a handyman, if the sink stops up, and you need somebody to unstop it, let a handyman do it. Whoever is ill, is not able to take care of himself completely, let an aide go there, a home aide go there, go to the grocery store, go to the drug store, clean up the house, cook a meal.

There is no reason why elderly people who are in good health, who are looking for a job, could not take care of other elderly people at a relatively low paid job.

As I said a while ago, Doctor, our committee has taken as its next major objective providing home care for the elderly people of this country. I hope we can make some progress on that in the next year.

Now we have JoJo the Clown, who wants to make some presentations.

OLDER READER SERVICES

Ms. RYAN. I work for the Miami-Dade Public Library System. In the special service we have for the elderly, the 65-plus club provides books by mail for senior citizens and outreach programs. That is why I am dressed as JoJo today. As soon as I leave here I am visiting a nursing home with a film and flowers for the patients, and books and so on.

The people that receive books by mail from the Miami-Dade Public Library System are very concerned with the lack of funding of the Older Americans Act for library services.

In 1973, amendments to the Older Americans Act had title VIII which had amendments to other acts, and one of those amendments was to the Library Services and Construction Act.

Title IV of that act is called Older Reader Services. It provides for formula grants for training of librarians, special services, and money for provision of special materials needed by the elderly, transportation, and funds for hiring of the elderly, to help in these programs, which we could certainly use.

As far as I can find out, this act, this title, has never been funded under Older Reader Services. In your recent publication for October, 1977, "Federal Responsibility to the Elderly," by this committee, Older Reader Services is listed as one of the Federal programs benefiting the elderly under social services.

But, if you could address yourself to getting this funded, we would all be very happy.

Mr. PEPPER. We certainly will do our very best, JoJo. I am glad that you came today to tell us about the value of library services to the elderly which should be made available.

We got an additional \$90 million last year for elderly programs, with the assistance of our committee, in the appropriations bill. We have not been able to get all we need yet. But we got an additional \$25 million in the nutrition program, and other additional sums in the other programs. We will try our best to get more this coming year, including some money for the library program.

Thank you all very much for coming.

We will break up now into smaller groups.

[Whereupon, at 12:30 p.m., the select committee adjourned.]

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