

SERVICES FOR SENIOR CITIZENS

HEARINGS
BEFORE THE
SUBCOMMITTEE ON FEDERAL, STATE, AND
COMMUNITY SERVICES
OF THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
EIGHTY-EIGHTH CONGRESS
SECOND SESSION

Part 3.—Providence, R.I.

JANUARY 21, 1964

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NOTE.—Four hearings on services for senior citizens were held and they are identified as follows:

Part 1—Washington, D.C., January 16, 1964.

Part 2—Boston, Mass., January 20, 1964.

Part 3—Providence, R.I., January 21, 1964.

Part 4—Saginaw, Mich., March 2, 1964.

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SERVICES FOR SENIOR CITIZENS

TUESDAY, JANUARY 21, 1964

SUBCOMMITTEE ON FEDERAL, STATE, AND
COMMUNITY SERVICES OF THE
SPECIAL COMMITTEE ON AGING,
Providence, R.I.

The subcommittee met at 10 a.m., pursuant to call, in the Providence Journal auditorium, Hon. Edward M. Kennedy (acting chairman of the subcommittee) presiding.

Present: Senator Kennedy and Congressman Fernand St Germain.

Also present: J. William Norman, Jr., staff director; Frank C. Frantz, professional staff member; John Guy Miller, minority staff director; Patricia G. Slinkard, chief clerk.

Senator KENNEDY. The subcommittee will come to order. It is a pleasure to welcome you to this hearing of the Subcommittee on Federal, State, and Community Services. It was very kind of you—who share our concern for improving services to our senior citizens—to come here today to give us the benefit of your experienced judgment.

This is an official hearing of the U.S. Senate. Everything that is said here will be taken down by a reporter and will be printed and considered as we formulate our report to the Senate. A hearing such as this is an important part of the legislative process of our country. It is one of the major ways in which the information and ideas of people concerned with the problems of our older population are brought to the attention of the Congress. Incidentally, copies of the record of this hearing will be available free of charge as long as the supply lasts. If anyone present would like a copy of the hearing record, he should give his name and address to a member of the committee staff after the hearing or write to the Senate Special Committee on Aging or to me.

This is the third of a series of hearings on services for the elderly which this subcommittee is conducting. The first hearing of the series was held in Washington last Thursday, and the second was held in Boston yesterday. In the weeks ahead we hope to hold additional hearings in other areas of the country. In these hearings we will gather information on the services now being provided for senior citizens at all levels of government and by private organizations. We will seek ways of improving these services and of stimulating new services. We will make recommendations for legislative and administrative action.

There is a need for progress on the problems of our senior citizens. Their difficulties are many. They are complex. They are serious. It is not enough to face and solve the needs of our older citizens for health care, for housing or for other material necessities, even though those

objectives have the highest priority. A wider range of services is required if the needs of our older people are to be fairly met. This is the richest Nation on earth and I do not believe that hardship and want should be the reward which we give our senior citizens, who have served us longest.

In Washington, we have heard of the pioneering in Rhode Island in rendering services for the aging, and we are here today to learn all we can about the Rhode Island experience. We have heard, for example, of Rhode Island's program in which volunteer high school girls "adopt grandparents" and brighten their lives with visits and help with errands, and of the active retirement planning and counselling program you have here. In addition, the Rhode Island Health Department has been active in taking advantage of the Community Health Services and Facilities Act.

We know of the keen interest of Rhode Island's delegation in Congress in solving the problems of our older Americans. Senators Pastore and Pell and Congressmen Fogarty and St Germain have been in the forefront of those in Congress who are fighting for humanitarian legislation. Each of them will present testimony at this hearing today. We will be happy to have their views in this hearing, as well as those of other witnesses.

I am confident that the information which we will compile, exchange, and evaluate in these hearings will help us to advance the quality of the lives of our citizens.

Congressman St Germain, we want to welcome you here to appear before this subcommittee. We know you have been greatly interested in the problems of our senior citizens. The subcommittee appreciates your taking the time to make this appearance before the subcommittee, to give us the benefit of your understanding of the problems of the senior citizens here in Rhode Island. We welcome you here.

STATEMENT OF HON. FERNAND G. ST GERMAIN, MEMBER OF U.S. HOUSE OF REPRESENTATIVES

Congressman ST GERMAIN. Thank you, Senator Kennedy. Certainly all Rhode Islanders are appreciative that the Senate has seen fit and that your subcommittee has seen fit to take the time to come to Rhode Island and investigate, as you have said, the progress made in our State. It certainly is an honor for us, for all Rhode Islanders, to have you in our midst this morning.

It is certainly a great pleasure for me to appear before this subcommittee today. I extend to the acting chairman, the distinguished junior Senator from our neighboring Commonwealth of Massachusetts, and to the other distinguished members of the subcommittee, a warm welcome to our State on behalf of all the citizens of Rhode Island.

The stated purpose of these hearings which are being held in Providence and Boston is to receive testimony from those in government, private organizations, and businesses who are now rendering services to our senior citizens. Such persons will supply expert testimony which will, I am sure, aid this subcommittee in fulfilling its principal tasks, the study of services presently being rendered to older Americans by all agencies on all levels and the recommendation of action to stimulate and improve services for the elderly.

For my part, I would like to discuss briefly the general situation in which the senior citizen of the United States finds himself and what this means to the Nation.

There are approximately 18 million older Americans in this country, nearly 10 percent of our entire population. Over 12½ million senior citizens receive social security benefits. Better than 2,300,000 of our elderly people are war veterans.

The average senior citizen of the United States is between 65 and 70, or perhaps older. Most of these people do not have truly adequate incomes to meet the cost of decent living. Far too many are in poor health and do not have adequate funds to meet medical expenses. The vast majority of these people would like to have more to do, but such opportunities do not exist for them.

Until the end of the Second World War, very little was known about senior citizens as a group. However, because this group was rapidly expanding in numbers and because the problems and interests of its members were perceived to be unique, extensive research was begun to find out as much as could be learned about older people and their needs.

The work of this subcommittee and its parent committee is an extension of this effort. The present study being undertaken by this subcommittee is of the greatest importance because the manner in which we as a nation help our older Americans to fulfill their role as citizens will have a tremendous impact on us all. That is why it is so essential that the services afforded to our older people be studied to determine how effective they are and how we can improve them.

I know that the subcommittee will discover that the services we are rendering in Rhode Island are of high caliber. Even so, we are constantly striving to do better, and for that reason we are grateful for the opportunity to tell the subcommittee what is being done and what we contemplate doing in the future.

It is my earnest hope that these hearings will be most productive for the subcommittee and for our senior citizens in the very near future.

Senator KENNEDY. I want to thank you very much, Congressman, for being good enough to come here and give us the benefit of your experience in this field. I certainly welcome you to join the subcommittee, if you feel you have the time, and to inquire of any of the witnesses.

Congressman St GERMAIN. I will be happy to do so and appreciate your invitation.

Senator KENNEDY. Our second witness will be Mrs. Rose A. Swagger, who is the assistant for the senior Senator from Rhode Island, Senator Pastore. Senator Pastore has sent an extremely comprehensive statement of his position and his own belief in, and concern for, the problems of our senior citizens, which I have before me. It is only with the greatest regret, I know, he wasn't able to be with us today. We want to welcome his assistant to appear before this subcommittee. We want to thank you very much for coming this morning.

STATEMENT OF MRS. ROSE A. SWAGGER, SECRETARIAL ASSISTANT
TO U.S. SENATOR JOHN O. PASTORE, RHODE ISLAND

Mrs. SWAGGER. In line with the Senator's direction, and with your gracious indulgence, I am prepared to read a letter addressed to the acting chairman of this committee by Senator Pastore.

JANUARY 17, 1964.

Hon. EDWARD M. KENNEDY,
Acting Chairman, Subcommittee on Federal, State, and Community Services for the Elderly, Senate Office Building, Washington, D.C.

DEAR SENATOR KENNEDY: I am most grateful for your invitation to attend and sit with your subcommittee, January 21, at Providence, at your hearing on Federal, State, and community services for the elderly.

Regrettably, previous committee obligations at Washington prevent my acceptance. I would certainly like to be present to express my appreciation of your visit to our State of Rhode Island so that our senior citizens, at firsthand, may have this convenient opportunity to speak for themselves and their needs and desires.

I have been rather proud of the practical, progressive solicitude of my State in providing housing and help for our elderly neighbors and for the concern of all the elements of our economy in recognizing their worth.

We prize them as those whose labors in the past have made possible any present security and prosperity we possess. We want their later years to be a rewarding time in health and happiness, in the decency and dignity they so richly deserve.

Ours is a sense of pride but not a sense of complete satisfaction. For the rollcall of our senior citizens is constantly changing, constantly increasing. Tomorrow's needs are already today's deficiencies, as time does not wait upon our good wishes. Our good works are needed. We need a practical understanding and an active undertaking, at individual and organized levels—at private and public levels—so that an age line may not become a disaster line in community living.

One could well be dismayed by the population facts on older Americans as your Senate committee has researched and compiled them. Our achievements in health and prolonging life are counted by a tardiness in searching and solving the aggravated problems and even perils of longer life.

We could be dismayed—but we will not be discouraged as long as responsible committees like yours will seek out the human facts that are more convincing than any printed tables ever compiled.

No—we will not be discouraged—and we will not be defeated.

For, to all the private and local effort, we will pledge the supplement and support of Federal action to maintain the sound character of our common country and our covenant with all our people.

We shall never desert our senior citizens—nor forget their years of service as they move into the sunset of their lives.

Most respectfully yours,

JOHN O. PASTORE,
U.S. Senator.

Senator KENNEDY. Thank you very much for coming down. Of course, Senator Pastore's letter will be included as part of the official record. We thank you for being with us here this morning.

Mrs. SWAGGER. Thank you, Senator Kennedy. I am glad to be here.

Senator KENNEDY. The next witness will be Mr. John L. Lewis, the executive secretary to the Honorable Claiborne Pell. We welcome you here today, Mr. Lewis. I want to thank you for coming. Senator Pell had talked to me and indicated he was unable to be here because of Senate business. I certainly appreciate your being good enough to come and express the Senator's viewpoints on this important question. You may proceed in your own manner.

STATEMENT OF JOHN L. LEWIS, EXECUTIVE ASSISTANT, SENATOR
CLAIBORNE PELL, RHODE ISLAND

Mr. LEWIS. I am John L. Lewis, executive assistant to U.S. Senator Claiborne Pell. In the Senator's absence, I should like to read the following statement he has prepared:

STATEMENT BY SENATOR CLAIBORNE PELL

Mr. Chairman, I would like to commend you highly for your dedicated and persevering interest in the problems of our older citizens, and for your willingness to go out into the field to learn firsthand, the scope and extent of these problems. I know the data collected through these hearings will be invaluable to those of us in Congress, and these public hearings will also have a decided effect in this and other communities by focusing our concern and bringing it before the public eye.

Rhode Island has always had a particular interest in this area. National attention was drawn to the medical-health needs of our elderly by the outstanding efforts of our beloved former Congressman and my old friend, Aime Forand. He has been succeeded in these efforts by John W. Edelman who is presently doing an excellent job as acting president, National Council of Senior Citizens, Inc. These efforts have been joined in and are being carried on by my good friend and colleague, Congressman John E. Fogarty, who as chairman of the House Appropriations Subcommittee on Labor, Health, Education, and Welfare and related agencies has done so much to see that the needs of all our citizens in these fields are met.

Rhode Island, with a population of approximately 860,000, has nearly 93,000 persons 65 or older. This is 11½ percent of the total, and well over the national average. A fantastic 82.3 percent of our older people, or 67,560, have an annual income of \$3,000 or less. And 59,898, or 64 percent try to live on a yearly income of \$2,000 or less.

These are stark economic facts, but they do not fully portray the misery and lack of hope of many of our older citizens. They do point up, though, in the most vivid fashion that the largest percentage of our elderly do not have the financial means to meet their barest minimum everyday needs. Their problems deserve our most careful attention, and our willing and imaginative assistance.

This Nation stands as the greatest and wealthiest in the history of the world. But insofar as we have neglected and failed to meet the needs of our older citizens, we cannot be considered the most progressive.

I am not speaking of charity. I speak of those services and facilities, hospital and medical insurance, low-cost public housing, and the many other necessities that any enlightened society should and must provide for its people. I speak of the obligation Government has, the Federal Government working in close cooperation with State and local governments, to meet these needs.

Since my election to the U.S. Senate in 1960, I have pledged my efforts to support farsighted, comprehensive programs that seek to meet these needs. It is my privilege and pleasure to work with Senator Kennedy, our friend and Massachusetts neighbor, the distinguished chairman of this subcommittee, on the Senate Committee on Labor and Public Welfare which is directly concerned with these important matters. We are making some progress, and it is my hope that in this and subsequent sessions of Congress we will be able to enact the legislation that we recognize is so urgently needed.

Senator KENNEDY. I want to thank you very much. I know, personally, full well the great concern of Senator Pell for the problems of our senior citizens, and I certainly do support his statements you have presented here as to his support for programs which vitally affect a large number of senior citizens. It was a pleasure to welcome you here today to speak for Senator Pell.

I am going to ask Mr. William J. Lynch, who is representing Congressman Fogarty, if he will come up and take the witness stand.

We are going to continue with the witnesses that have been scheduled this morning, and afterward we are going to ask any of you

who so desire to come forward to give us the benefit of 2 or 3 minutes of testimony on your own personal experience and interest in this important problem.

We are directing our attention to the two pieces of legislation which deal most directly with Federal, State, and community services for the elderly, that is S. 1357 and S. 2000, both of which provide for Federal seed money for training many of our citizens so that they could work more effectively with our senior citizens, and for seed money for various States so they could set up a central planning and programing operation to coordinate the program for our senior citizens; and also provide funds for nonprofit agencies that will develop community centers and facilities.

These are the areas in which this subcommittee is most particularly interested as we hear the testimony this morning, and I anticipate that Mr. Lynch, speaking for Congressman Fogarty, will direct attention to the great need of our senior citizens in these areas. We want your participation because I personally feel that it is most important and helpful, and most beneficial to this subcommittee to give the opportunity to people in the different parts of the country to speak out on these questions on which they feel so deeply. There is another reason we welcome you all here this morning.

Now, Mr. Lynch, I want to welcome you here this morning to participate in this subcommittee hearing. I know full well that not only in Rhode Island, but throughout the country as well, all are fully aware of the significant contributions that Congressman Fogarty has made in meeting the health needs of all citizens, and of his greatest concern for the senior citizens. I want to certainly welcome you here this morning as his spokesman. You can proceed in your own manner.

STATEMENT OF WILLIAM LYNCH, ASSISTANT TO HON. JOHN E. FOGARTY, REPRESENTATIVE, OF RHODE ISLAND

Mr. LYNCH. Thank you very much. I would like to make a brief statement in advance to indicate that Congressman Fogarty sincerely and genuinely intended to be here personally this morning. However, his library bill, and the Senator is cognizant of what I am talking about, his library bill is coming up in the House. It is John's bill. Originally he was scheduled to speak tomorrow. However, it is coming up today. He regrets deeply not being able to be here this morning. I hope I can give the statement he would give if he were here this morning.

Mr. Chairman, esteemed and close and dear friend of our neighboring Commonwealth of Massachusetts, your cordial invitation to appear before the subcommittee is deeply appreciated. I am especially glad that Providence was selected as one of the locations for the hearings and I would like to extend a sincere welcome to Rhode Island.

A review of our program for the aging in Rhode Island would reveal that we were among the first to recognize the special needs and problems of the increasing proportion of older persons in our population.

The concern for broadening the base for action for aging began in 1951 when Governor Roberts in his inaugural message stated that "the time has come for us to take steps to correct a maladjustment in our economic and social machinery which has been doing a great deal of injustice to our citizens over 65." It was in response to this request that the general assembly created the Governor's Commission To Study Problems of the Aged.

Several of the finest reports in the field of aging were developed here, including "Old Age in Rhode Island" published in 1953 and later "Aging in Rhode Island" in 1957. These might well continue to serve as excellent examples of study techniques and demonstration projects for Federal, State, and community teamwork directed toward defining and assessing the needs of older persons.

The combination of my experience as chairman of the House Subcommittee on Appropriations, hearing budget proposals and appropriation requests of the Departments of Labor and HEW and my personal knowledge of our State problems in aging prompted the introduction of my bill to call a White House conference on the subject. The purpose of this national forum was to convene the most knowledgeable people in the field, including older persons themselves to share ideas and experience that could result in a coordinated, practical action program. The urgency of the problems demanded the best thinking that could be assembled on a nonpartisan basis.

Throughout the planning that preceded the White House conference, I cautioned the Federal, State, and local leaders not to regard the conference as an end in itself. Rather it should be a significant milestone making the most progressive step in a long-range program that would touch not only the lives of persons already old, but to prepare for those who would be added to the ranks as the result of medical, scientific, and social achievement.

With my congressional responsibilities for assuring full value for dollars expended, I was, and still am, concerned that the money spent for the White House conference be justified on the basis of action to implement, expand, and initiate programs, and projects that were identified and documented in the conference report with its 600 recommendations.

I tried to anticipate the outcome of the conference by proposing the establishment of an independent U.S. Commission on Aging to be responsible for the national program on aging and to give the statutory status so long needed to carry out the many programs that were lost or buried among other departmental projects that were assigned higher priorities or where pressures were more clearly defined.

Senator McNamara and I jointly sponsored the legislation to create an independent commission immediately following the opening session of the conference in January 1961. We believed sincerely that such an organization would provide the framework for a dynamic program in aging that would operate above personal or organizational self interest.

Time does not permit a detailing of the jurisdictional conflicts and individual efforts that were made to maintain a status quo, block action, or confuse the issues. It is sufficient to say that once again the older American became the helpless victim of governmental bureaucracy.

In spite of the testimony presented before the congressional committee that was almost unanimously in favor of the Commission, the strategy of delay and the introduction of conflicting legislation blurred the basic issues and the bill for a Commission became mired and overlooked and Congress adjourned without taking action.

About a year ago the program in aging received one of its most shattering blows. The Secretary of the Department of Health, Education, and Welfare downgraded the Special Staff on Aging which was a part of the Office of the Secretary, to be known as the Office of Aging under the authority of the Commissioner of Welfare.

This was not a reorganization that required congressional approval, or I am reasonably certain it would not have been authorized. To suddenly place 18½ million of the Nation's mature adults under a welfare banner was a disillusioning and crushing blow to healthy, able, independent, and responsible older Americans who were beginning to gain public recognition as a community asset and not a public welfare client.

No one who had worked so closely with programs of such deep concern to the elderly could stand by without making a further attempt to rescue the principle of the independent commission, and to provide funds so urgently needed to support a minimal effort at the State and local levels.

Once again Senator McNamara and I joined forces to introduce identical bills known as the Older Americans Act of 1963. This bill would provide funds for community planning, demonstration programs, training of special personnel, and would assist in establishing new or expanding existing programs.

Recent testimony of the Department of Health, Education, and Welfare documents the dilemma of State and community organizations on aging. In April of 1963, 45 State councils and commissions were reported as being operative with 839 at the local or community level.

Before your committee last Thursday, Dr. Ellen Winston, the Commissioner of Welfare, indicated these figures had been reduced to 34 at the State level and approximately 700 at the local level. This is tragic. To know how difficult it was to establish such councils—then to see them fail for the want of a small grant or seed money to see them through to the point where they can become self-supporting or properly financed at the State or community level.

These figures reflect only the diminishing number of official bodies. I am concerned that an equally discouraging ratio of other projects and programs have suffered a similar fate.

Representatives of the Department of Health, Education, and Welfare have favored another bill that would provide grants but under the authority of the Commissioner of Welfare. While funds might be available, the guidelines and approvals would have to meet welfare standards which are contrary to the principles of independent living in the later years.

The major provision of the Older Americans Act is the establishment of a Commission for Aging within Health, Education, and Welfare, but appointed by the President, by and with the advice of the Senate.

Such an organization would share an equal status with the Commissioner of Social Security and the Commissioner of Welfare. At this level the broad range of programs of aging would be given the consideration they deserve, without being slanted intentionally or otherwise to meet the current trends or interests in the Department.

Such an administration would:

1. Serve as a clearinghouse for information related to the problems of the aged and aging;
2. Assist the Secretary in all matters pertaining to the problems of the aged and aging;
3. Administer the grants provided by the act;
4. Develop the plans, conduct, and arrange for research and demonstration programs in the field of aging;
5. Provide technical assistance and consultation to States and political subdivisions with respect to programs for the aged and aging;
6. Prepare, publish, and disseminate educational materials dealing with the welfare of older persons;
7. Gather statistics in the field of aging which other Federal agencies are not collecting; and
8. Stimulate more effective use of existing resources and available services.

I am mindful of the potential impact of the Older Americans Act on the national level, but I have a very personal interest also in its application in Rhode Island.

In the report of Aging in Rhode Island, 1957, the importance of a university centered program was recognized. Since then on many occasions I have stressed the need and desirability for a center on aging or an institute on aging to be established at the University of Rhode Island.

Great interest has been expressed by the university in such a program. President Horn is recognized as a national leader in aging and his staff and faculty are extremely willing and able to develop an outstanding facility. As a State-supported institution, the findings would have an impact on every resident of the State and make a significant contribution to the total national effort.

Rhode Island is uniquely well qualified to become a laboratory for constructive study and action in aging. Its very size and composition would contribute toward effective research, training, and demonstration programs.

In summary, I would urge favorable action on the Older Americans Act, permitting no compromise on the need to separate aging from the welfare program.

A Commission for Aging recognizes the importance of aging as Federal, State, and local concern. Its statutory status will insure its independence and freedom from department influence of coercion.

Rhode Island, by reasons of its long record of activity and concern for its older citizen, is ready to establish a university-centered program to serve as

a State or regional institute on aging and to supplement the national program on aging. This is a logical dimension to be added to our State projects. I can assure your committee and the residents of this State that I stand ready to assist in any constructive way to see these goals for older Americans achieved at the national and State level.

As one of the programs that our beloved late President had given his "nod of approval," it would be my wish that early favorable action by the Congress might give added meaning and purpose to the later years of our older citizens.

Thank you very much, Senator Kennedy.

Senator KENNEDY. Mr. Lynch, I want to thank you for presenting Congressman Fogarty's viewpoint on this important matter. In my general remarks a few minutes ago, I discussed the scope of the two bills we are hearing this morning. Mr. Lynch brought up a fourth point which is certainly equal, if not more important, than any of those I mentioned; that is, establishing a Commission for Aging within the Department of Health, Education, and Welfare. This, of course, was the thrust of Congressman Fogarty's excellent presentation, the great need for the upgrading of this area of concern, or it could be the centralization of information, of authority, and responsibility within the Department of Health, Education, and Welfare.

This, I think, is something on which we have had a great deal of testimony; it is a proposal subject to some opposition from the Secretary of Health, Education, and Welfare. It is something which is of constant concern to this subcommittee during these hearings.

I think that Congressman Fogarty, through Mr. Lynch, should certainly be congratulated for bringing such a forceful presentation, and for the clarity in pointing up the need for such an administrator in this important field. I want to say that, certainly, this subcommittee is fortunate to have this kind of testimony.

The next witness will be Mrs. Alice DeSaint, the administrator of Rhode Island's Division on Aging. I will ask her to come up to the stage.

STATEMENT OF MRS. ALICE A. DeSAINT, ADMINISTRATOR, RHODE ISLAND DIVISION ON AGING

Senator KENNEDY. Mrs. DeSaint, the subcommittee welcomes you here this morning. You come with an extremely fine presentation to the subcommittee which points out in detail the many undertakings of your department. I will ask that the statement in its entirety be included in the record. If you could take this opportunity to maybe summarize and highlight it, it will be helpful to this subcommittee in expediting its business.

Mrs. DeSAINT. Thank you, Senator. I would like to thank the members of the committee for inviting me to testify here today. I am sure that I speak for the 94,000 elderly in Rhode Island when I say we appreciate what is being done here today. The members are doing a wonderful job. It would certainly be our wish that some type of action program would come from this hearing.

I am happy to hear that the Senator is aware of our program with elderly and youth, the future nurses' program. I can assure you it has been a heartening program on our part.

Our office is within the Family Court Building, and we watch many, many so-called juvenile delinquents, young people going in and out of

those doors to the family court. It has been very heartening to know that for every one that goes through there, we know about 15 youngsters who are doing a marvelous job voluntarily for the elderly of Rhode Island.

I am Mrs. Alice A. DeSaint, administrator of the Division of Aging, Executive Department, State of Rhode Island. I have been administrator of the division on aging for a little over 1 year. I am not an expert on aging, I must apologize to the committee. I am, however, very concerned with the problem of the elderly and extremely aware of the responsibilities of my position with the division on aging.

Rhode Island, though the smallest State, has 94,000 persons 65 years of age and over—more than 10 percent of our total population. The number of persons 65 and over in Rhode Island is increasing at a faster rate than the total population. Thus the proportion of older people to the total population is increasing as well. However, we do not think of our elderly as statistics, but as individuals. We are concerned with all their problems, and Rhode Island is doing something about it.

I do not think that the problems we meet in the Rhode Island Division on Aging toward accomplishing our set goals in the area of the elderly population differ from any other State's. I am sure this committee will agree they are similar—lack of funds and lack of personnel to help do the job.

As for the aging program itself, there is absolutely no area in which we do not have a problem, whether it is medical care, housing, recreation, employment, transportation, or just plain day-to-day living. I do not have to point this out to the committee, I am sure.

In the area of recreation and leisure time activities, with an elderly population of 94,000, we do not at the present time have a multipurpose day center operating full-time, year round, exclusively for the use of the elderly. This, I am sure the committee is aware, has been one of the top recommendations in every conference on aging over the last 10 years.

It would certainly seem to me that Rhode Island, which is one of the first to concern itself with the aging population should have a center of this type.

We are conferring with the Federal and State officials on plans to finance such a project. This project is important and necessary in contributing to the well-being of the elderly. I certainly believe a center such as we propose, to be in the area of a community health service. This full-time, statewide center would help the elderly take the significant step away from alienation and withdrawal, keep busy and active, try to reestablish rewarding human relationships, and develop an interest that is related to ability—a constructive substitute for the loss of the workday, or loss of routines.

I am sure from looking over the audience, there are 90 percent here who are senior citizens, and you know how the long hours that ordinarily you worked from 8 o'clock in the morning to 5 o'clock at night stretch out very long when you are retired or forced into retirement.

Senator KENNEDY. Can I interrupt? We might ask for a show of

hands of all the people over 65. We can say for the radio audience that there is a very high and significant percentage in the audience over 65.

Mrs. DeSAINT. The need for such a center in Rhode Island is vividly indicated in the program being carried on by the Providence Recreation Department. Although space is extremely limited, as well as facilities in general, the recreation building on Plain Street reserves space for the operation of a golden age center.

I had intended to elaborate on the plan they have there, but I see Mr. Jack Cronin is here. It is his center and idea. We hope he will make a contribution on his program there. The center is open there from 10 a.m. to 3 p.m. and even provides light meals so that the elderly do not have to go home for lunch and return again in the afternoon.

The same type of service is extended by Nickerson House and the John Hope Settlement House. Both are financed in the most part by the United Fund.

In addition to the above-stated program on centers for the elderly, I know this committee is especially interested in community programs. With the help of the division on aging, there has been established a statewide recreation group called the Rhode Island Senior Citizens Recreation Society. They, in cooperation with the Rhode Island Association of Senior Citizens, and Senior Citizens Clubs, are bringing entertainment programs to in-State and out-of-State institutions, to nursing homes, veterans hospitals, homes for the aged, and various organized golden age clubs. The need for this type of program was strongly pointed out to me by Dr. Basilevich of the State institutions and by administrators of other institutions. People sit there with nothing to do all day, no break in the routine monotony. This is carried on by the Golden Agers, and they deserve the credit for carrying on the programs and getting out to the State institutions and nursing homes at least once a month to each one.

An orchestra has been formed recently by a group of retired professional musicians; and, at their own expense, they plan to represent the Rhode Island Golden Agers at the New York World's Fair and they intend to finance the trip themselves and will enter competition with golden age orchestras from other States. We are sure they will do us well.

A high percentage of recreational programs are carried on by the elderly through the individual clubs and through the Rhode Island Association of Senior Citizens and Senior Citizens Clubs. This statewide association makes it possible for all the individual clubs to meet monthly to exchange ideas, inform each other on the various activities, and coordinate programs with an aim to lessening the costs of transportation, et cetera. This, in Rhode Island, is an extremely big problem, transportation.

In the area of health, Dexter Manor, which is a model in units for the elderly in housing in Providence, they employ a full-time nurse through a 1-year demonstration grant from the Public Health Service for preventive care. The grant was extended for 1 more year, after which time the cost will be borne by the Providence District Nursing Association.

Also at Dexter Manor, a social worker sponsored by the city of Providence Welfare Department provides services 1 day a week.

Another organization, HELP, Inc., a voluntary organization which loans hospital equipment to anyone in need within a 50-mile radius. Upon the recommendation of doctors or nurses who fill out a statement of need, the equipment—such as hospital beds, wheelchairs, walkers, over-bed tables, so forth—is then loaned to individuals.

There are two projects which come under the committee's Health Facility Act. I had intended to mention them, but I see Dr. Cannon is with us this morning. They are the chronic diseases, and the other is the visiting nurses. I think that Dr. Cannon's group can elaborate on this.

The Butler Health Center in Providence provides an inpatient and outpatient psychiatric services, including an 18-bed geriatric section. It also has a comprehensive day-care plan which provides service to 20 to 30 persons daily, of which 18 are active. The center has applied for a Federal grant; if the grant becomes available, they will be able to expand its care for the aged.

Gov. John H. Chafee of Rhode Island had legislation introduced this year which will allow persons 65 years of age and over a \$20-a-day Blue Cross and Physicians Service plan A coverage.

Based on the 1960 enrollment figures, more than 79 percent of the elderly, in the direct-pay group, had a \$14-a-day plan or less. It is heartening to notice that based on the 1963 enrollment figures, in the direct-payment plan, about 74 percent of the elderly have \$14 a day or more. I think this speaks well for the Golden Agers themselves who realize the problems that they have in the medical area and are doing something about it themselves; instead of just waiting, and waiting, and waiting.

A student nurse training program in chronic diseases of the aging will be instituted at the Dr. U. E. Zambarano Hospital at Wallum Lake. This will be supervised by the State welfare director and the administrator of the hospital.

I see my time is almost up. I will skip over most of this, as the committee members each have a copy of my full report.

Senator KENNEDY. You just continue along, as you wish.

Mrs. DeSAINT. Thank you very much. The division on aging staff, in cooperation with the department of education, was on the planning committee and distributed materials, data, posters, et cetera, to all golden age clubs, concerning Operation Alphabet. Two 20-week series were offered by channel 6, station WTEV of New Bedford. The programs were available to adults who cannot read and write, or who need help in improving these basic skills. I am sure you are all aware when a person gets to be 65 and has some leisure time, what a marvelous thing it is to be able to read and write, and you would be amazed at the number in the State that are not able to do so. The television programs enabled many of the elderly in Rhode Island to take advantage of this educational series in their own home. The primary objective of the program was an attempt to raise the educational level of illiterate adults to at least a third-grade level.

The division on aging staff participated with radio and TV station WPRO—who I feel we must thank, because they have been very generous to us—and presented five half-hour programs called "The Older American" series. Most all aspects of the aging problem were discussed. An attempt was made and attention was focused on what

was being done in Rhode Island and what was needed to be done to alleviate these problems. Many retired persons were guest speakers and gave testimony in the many areas of direct concern.

In the employment area, the division on aging works closely with several groups endeavoring to provide employment for senior citizens and handicapped persons. Such groups include Community Workshops of Rhode Island, Inc.; Rhode Island 60-plus program; the industrial work program of the Volunteers of America; the State employment service; and the Governor's committee on employment of the handicapped.

The New England Telephone Co. has introduced a preretirement program which is meeting with huge success. Over 100 of their workers have enrolled and are taking an active part in this course.

A 10-week course which commenced September 27, 1963, at the University of Rhode Island Extension Division was offered free of charge to persons 60 years of age and over. The purpose of the course is to help persons approaching or in retirement to adjust to the economic, psychological, and social changes in the years which lie ahead. To help the enrollees better develop their full potential in retirement, a standardized test was administered and the results interpreted. There was a charge of \$15 for those under the age of 60 who wished to take the course.

The division is continuing to catalog and classify all literature, reference materials, pamphlets, so forth, on hand when received. These materials have been collected and accumulated over the past 12 years; and, to date, the division has the most up-to-date and complete reference library, with the exception of medical and biological references, on aging within the State.

I am sure that the congressional committee is aware of this. We have had the pleasure of serving them with much of the material we have on hand.

The division on aging staff assembles and provides diversified data to the Rhode Island Legislative Council, Blue Cross officials, members of the Rhode Island congressional delegation, heads of State departments, local governments, and to organizations and business firms requesting information.

I would like the committee to bear this in mind, that we have a staff in the division on aging of three people. The division on aging has recently initiated a friendly visiting program for patients in rest homes, homes for the aged, and so forth, with the aid of hundreds of teenage girls who are members of the future nurses and community service clubs in the high schools throughout the State. The students in their enthusiasm are broadening this program on their own initiative by providing magazines, shopping services, library services, and so forth. Each student concentrates on one individual, whom they consider an "adopted grandparent." We are very pleased to develop this type of program, inasmuch as two of our youngsters took elderly people home for Thanksgiving this year.

I would like to say, before I came into the division on aging, I worked with young people. I have been very pleased to see a program incorporating the abilities of the elderly and abilities of the young to work together. I think that if you were in my place at the division and watched as I do the youngsters going in and out of the

doors of the family court, you would be heartened by the number of young people in this State who should certainly be an inspiration to those kids.

Senator KENNEDY. I would like to ask a few questions of you, if I may. One of the programs you have outlined, which I mentioned in my opening statement, dealt with the teenage programs of having young high school students work with our elderly and senior citizens. I was wondering whether you had found from their participation that this had been as rewarding for the high school students as for the senior citizens.

Mrs. DeSAINT. It most certainly has. These girls are future nurses. They have been so pleased with the type of thing they were doing that it brought a little jealousy among the girls in the school. Now, the community service clubs, the future teachers clubs, have all asked that they be allowed to participate in the program. It is the future teachers clubs who are doing most of the library work. This gets to be a tremendously important thing. This is a program that does not cost the State a cent, yet it covers so many, many people.

I have had an opportunity to go out and visit different nursing homes, the State hospitals, and the pathetic thing is the long, long hours in a day for these people. I have asked that they pick a nursing home in their area, something that isn't a hardship to get out to, someplace where they can drop in on the way to and from school, to say hello. I have a youngster that told me she sent a birthday card every single week to her adopted grandparent. I said, "When is the birthday?" She said, "I don't know. She doesn't know. She is just so thrilled to get mail every week on a card." This points out how very, very much little things are needed. Of course, we do need finances, and we do support Mr. Fogarty's and Mr. McNamara's program; to be technical, S. 2000, and H.R. 7957. This, it would seem to me, would be the one way we can get off the ground into bigger programs, larger programs; programs for centers that we really need in the State.

Let us not overlook the youngsters. They are doing a marvelous job. There are over 2,000 future nurses in the State. Some of the schools in West Warwick have 150 future nurses in 1 class, so there are 150 people that will be contacted by these youngsters. I think it is a marvelous program. I certainly commend the youngsters.

We initiated the program, they are doing the work.

Senator KENNEDY. Do you have any questions, Congressman?

Congressman St GERMAIN. I have a few brief ones, to sort of cap-sulize. I find that in going through the entire statement that you as the director of the division on aging, feel that there is definitely need for funds, for Federal funds in this area, despite the fact as mentioned in the statement, in the many instances, the elderly, retired persons are doing their utmost to finance their own activities. Nevertheless there is still a need for additional funds and grants, is that correct?

Mrs. DeSAINT. The division has an application in for a grant.

Congressman St GERMAIN. Fine. As a member of the Subcommittee on Housing, Senator, I am also pleased to note the stress placed on the housing for the elderly program. There is certainly a good deal of emphasis in this statement on the projects that have already

been completed, and those that are in the contemplation stage. I take it, therefore, that you, yourself, personally, are in favor of this type of project and the benefits it brings to our retired citizens.

Mrs. DeSAINT. Without qualification, Senator.

Congressman St GERMAIN. Nothing further.

Senator KENNEDY. Thank you very much for the splendid presentation, Mrs. DeSaint.

STATEMENT BY ALICE A. DeSAINT, ADMINISTRATOR, DIVISION ON AGING, EXECUTIVE DEPARTMENT, STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I am Mrs. Alice A. DeSaint, Administrator of the Division on Aging, Executive Department, State of Rhode Island. I have been administrator of the division on aging for a little over 1 year. I am not an expert on aging. I am, however, very concerned with the problems of the elderly and extremely aware of the responsibilities of my position with the division on aging.

Rhode Island, though the smallest State, has 94,000 persons 65 years of age and over, more than 10 percent of our total population. The number of persons 65 and over in Rhode Island is increasing at a faster rate than the total population. Thus, the proportion of older persons to the total population is increasing as well. However, we do not think of our elderly as statistics, but as individuals. We are concerned with all their problems, and we are doing something about them, with limited resources.

I do not think that the problems we meet in the Rhode Island Division on Aging toward accomplishing our set goals in the area of the elderly population differ from any other State's. I am sure this committee will agree they are similar; lack of funds and lack of personnel.

As for the aging program itself, there is absolutely no area in which we do not have a problem, be it medical care, housing, recreation, employment, transportation, or just plain day-to-day living. I do not have to point this out to the committee.

Recreation

In the area of recreation and leisure-time activities, with an elderly population of 94,000 we do not at the present time have a multipurpose day center operating full time, year round, exclusively for the use of the elderly.

We have been successful in securing from the State administration a good-sized brick building, surrounded by a fair piece of land, in the heart of the city of Providence. We must, however, provide means for the maintenance of this building as a center. We are conferring with State and Federal officials on plans to finance it. It is our hope that we will receive this financing before the building, which is now ours, is no longer available to the division.

Such a project is important and necessary in contributing to the well-being of the elderly. I certainly believe a center such as we propose, to be in the area of a community health service. This full-time, statewide center would help the elderly take the significant step away from alienation and withdrawal, keep busy and active, try to reestablish rewarding human relationships, and develop an interest that is related to ability—a constructive substitute for the loss of the workday, or loss of routines.

The need for such a center in Rhode Island is vividly indicated in the program being carried on by the Providence Recreation Department. Although space is extremely limited, as well as facilities in general, the recreation building on Plain Street reserves space for the operation of a golden age center. Various golden age clubs are allowed special days on which they may use the center. However, with more than 50 golden age clubs in Rhode Island, this center, whose facilities must be shared with all other age groups in the Providence area, is less than adequate.

The center, which is open daily from 10 a.m. to 3 p.m., provides light meals, materials for arts and crafts, and organized activities, such as singing, dancing, games, and instruction in arts and crafts. The response and need for this type of activity was so great that the director of the day center organized a hobby and craft club. Soon, because of the overflow, a second club of this type will be formed.

The same type of service is extended by Nickerson House and the John Hope Settlement House. Both are financed in the most part by the United Fund.

In addition to the above-stated program on centers for the elderly, I know this committee is especially interested in community programs. With the help of the division on aging, there has been established a statewide recreation group called the Rhode Island Senior Citizens Recreation Society. They, in cooperation with the Rhode Island Association of Senior Citizens and Senior Citizens Clubs, are bringing entertainment programs to in-State and out-of-State institutions, nursing homes, veterans hospitals, homes for the aged, and various organized golden age clubs. The need for this type of program was pointed out by Dr. Basilevich of the State institutions and by administrators of other institutions. The division on aging initiated this action, but it is being carried on by the golden agers.

Because the demand for the services of this group was so great, the Rhode Island Association of Senior Citizens and Senior Citizens Clubs found it necessary to form a second branch of the recreational society in order to extend its services. The two major events planned by both associations are a statewide **Senior Citizens Day and Grandparents Day**.

An orchestra has been formed by a group of retired professional musicians; and, at their own expense, they plan to represent Rhode Island golden agers at the New York World's Fair and will enter competition with golden age orchestras from other States.

A high percentage of recreational programs are carried on by the elderly through the individual clubs and through the Rhode Island Association of Senior Citizens and Senior Citizens Clubs. This statewide association makes it possible for all the individual clubs to meet monthly to exchange ideas, inform each other on the various activities, and coordinate programs with an aim to lessening the costs of transportation, etc.

The division on aging, in cooperation with local bowling establishments, held meetings with representatives of various organizations who are concerned with the aging, as well as with the presidents or officers of the golden age clubs here in Rhode Island. It was our desire to promote an on-going bowling program within each club. For those clubs who could not afford this type of recreation, it was hoped that other organizations (such as voluntary and civic) would offer to underwrite part or the whole cost of the program. As a result, several golden age clubs have organized bowling teams, not to mention several handicapped groups.

Health

Dexter Manor, a new 200-unit public housing project for the elderly in Providence, employs a full-time nurse through a 1-year demonstration grant from the Public Health Service for preventive care. The grant was extended for 1 more year, after which time the cost will be borne by the Providence District Nursing Association. Also at Dexter Manor, a social worker sponsored by the City of Providence Welfare Department provides services 1 day a week. HELP, Inc., is a voluntary organization which loans hospital equipment to anyone in need within a 50-mile radius. Upon recommendation of doctors or nurses who fill out a statement of need, the equipment—such as hospital beds, wheelchairs, walkers, over-bed tables, etc.—is then loaned to individuals.

The Rhode Island State Department of Health has a chronic disease project, which is a nursing care plan to improve and expand the nursing care of chronically ill patients in their homes. This 3-year demonstration project was made possible by a grant from the heart disease control program of the Chronic Disease Division of the U.S. Public Health Service.

The program's aim is to supply the nursing care necessary to help the patient regain or maintain his maximum degree of health. Special emphasis is given to those patients having some form of cardiovascular disease.

The project has a staff of four public health nurses and a secretary. One public health nurse coordinates the activities of the project, one is a consultant in public health nursing, and two work as staff nurses in the cooperating visiting nurse associations, setting patterns of care. Consultant services of a physical therapist and a nutritionist are available from the Rhode Island State Department of Health.

The visiting nurse associations charge a fee for the service based upon the actual cost of making the visit and the patient's ability to pay for the service. The public health nursing agencies which are cooperating in the project are the **East Greenwich Visiting Nurse Association**; the **Cranston District Nursing Association**; the **Warwick District Nursing Association**; the **Pawtuxet Valley**

Nursing Association; and the Rhode Island Department of Health, Southern Health Unit.

The project staff operates within the framework of the individual public health nursing agencies. It does not conduct a service of its own. Medical orders must be received before nursing care can be given. An analysis of the patient's total needs is made as soon as the individual is admitted to the nursing service. The project team helps meet some of these needs. If additional service is indicated, the appropriate referrals are made to other community agencies.

Visiting nurse services are provided in most communities throughout Rhode Island. They check on the physical condition of the older person, make sure his medicine prescription has not run out, or provide any other care that might be needed and that they can professionally give.

The Butler Health Center in Providence provides in-patient and out-patient psychiatric services, including an 18-bed geriatric section. It also has a comprehensive day care plan which provides service to 20 to 30 persons daily, of which 18 are active. The center has applied for a Federal grant; if the grant becomes available, they will be able to expand its care for the aged.

Gov. John H. Chafee of Rhode Island had legislation introduced this year which will allow persons 65 years of age and over a \$20-a-day Blue Cross and Physicians Service plan A coverage. There will be no cost whatever for those eligible as this would be implementing the Kerr-Mills program. Requirements are that a person 65 years of age or over who is single must not have an income exceeding \$1,500 a year, and married couples must not have an income exceeding \$2,000 annually. Two other plans included in the above legislation would utilize the direct vendor approach, rather than the insurance approach; but eligibility requirements are the same for the three plans.

In a statement presented to the commission on comprehensive medical care for the aged in Rhode Island on December 10, 1963, the Rhode Island Blue Cross officials said that there are some 67,500 persons over age 65 who are enrolled in Blue Cross, and some 58,000 aged members enrolled in Physicians Service. In June 1960, Blue Cross released a figure of 68,712 persons over age 65 enrolled. Therefore, despite the fact that rates are below cost for aged members (rates are subsidized for the direct pay group, to which most of the aged belong), Blue Cross has not been able to increase its percentage¹ of aged enrolled in 1963 over 1960. It is significant to note, however, that while Blue Cross did not increase its percentage of elderly enrollment, a truly remarkable job was done by upgrading coverage, and thus benefits.

Based on 1960 enrollment figures, more than 79 percent of the elderly in the direct pay group had a \$14-a-day plan or less. Based on 1963 enrollment figures in the direct payment group, about 74 percent of the elderly have the \$14-a-day plan or more.

Thus, more than a 20-percent upgrading in benefits has been achieved by the elderly taking advantage of the higher payment per day plans. In addition, there were some 2,000 elderly enrolled in the semiprivate Blue Cross plans which became effective December 1, 1963.

A student nurse training program in chronic diseases of the aged will be instituted at the Dr. U. E. Zambarano Hospital at Wallum Lake. This unique program will be supervised by the State welfare director and the administrator of the hospital.

A special incentive inservice training program for registered nurses, licensed practical nurses, and attendants will be inaugurated at the Rhode Island Medical Center. Those who successfully complete the full 2-year program of four courses in their particular area of interest will receive a one-step increment in salary in accordance with State personnel rules.

COMMUNITY HEALTH SERVICES AND FACILITIES ACT OF 1961

Homemaker service

On November 29, 1961, Family Service, Inc., was chosen as the most appropriate existing agency familiar with homemaker services to be the sponsor for a new project. The proposal was submitted to the U.S. Public Health Service, accompanied by a request for a grant of money available through passage of the Community Health Facilities Act. Approval of the proposal and a grant of

¹ The over-65 population in Rhode Island has increased from 89,540 in 1960 to about 94,000 in 1963.

\$21,836, with the possibility of additional amounts of \$42,964 and \$48,688 for the ensuing 2 years, was announced on July 1, 1963. Organizational work and recruitment of staff to initiate the project to provide a community homemaker service has begun. This program would make homemaker service available to chronically ill persons with a view to extending coverage to the entire State and will be based in Wakefield, as the placement of homemakers will be made in homes in Washington County.

Rehabilitation

The Rhode Island Rehabilitation Council was formed and is operative through a 3-year grant provided by the Community Health Services and Facilities Act of 1961. It is a voluntary association of independent agencies, and is located in the Rhode Island State Department of Health. The council, which will work within the general policies of the health department, is founded upon a concern for prevention of disability and, where disability has occurred, upon rehabilitation. It is focused upon individual and family needs. The purpose of the organization is threefold:

(a) Planning and research in order to determine need and develop the best pattern and array of services.

(b) Coordination and integration, in order to encourage mutual and beneficial relationships between agencies, professions, and other interested parties for the best use of resources.

(c) Information and interpretation, in order to promote the use of services, to develop community consciousness of means for the prevention and amelioration of disability and to encourage the best use of existing knowledge.

Every agency in Rhode Island having a direct concern with the disabled person and in the kind of rehabilitation services provided to him is eligible for membership.

Adequate housing for the elderly

After collecting, tabulating, and analyzing data made available to the division on aging by the Bureau of the Census and the Providence Urban Renewal Coordinator, it was quite obvious that an action program on housing for the elderly had to be initiated. A subcommittee on housing for the elderly was organized and a program launched to get communities interested and stimulated to provide for adequate housing for the elderly residents.

One way that each community may accomplish this is for them to establish a local public housing authority, whose first responsibility is to prepare the groundwork with the help of the staff of the division and avail themselves of 100 percent federally backed public housing units especially designed for the elderly.

To date, there have been 19 new local public housing authorities established in the State, and several already have received either preliminary loans from the Federal Government to continue their work or approval from the New York office of HHFA of their proposed development for the elderly.

The division staff projected a need for this type of housing accommodation in Rhode Island amounting to 6,000 units. To date, there are 311 completed units, about 300 under construction, and HHFA approval was given to about 1,000 more units. It is hoped that, within the next year, an equal number may be under construction. Even if this figure is realized, the total units will only fill one-half of the estimated need for this type of housing.

Rhode Island will likely be the first State in which a substantial part of the elderly population which is in need of housing will find adequate housing available, at rents within their means, made possible by tax exemption on the dwellings and Federal annual contributions. Although tax exempt, these developments are represented on the tax rolls through a payment in lieu of taxes made by the local housing authority to the extent of 10 percent of the shelter rents.

Other groups are showing interest in apartment-type housing for the elderly: Round Top Church, the Rhode Island Retired Teachers Association, other church groups, and private individuals. Whereas the primary difficulty with local housing authorities is not being able to move along faster is the need to have an ongoing workable program within the community in order to avail themselves of Federal aid, for other groups the high cost of construction and the high tax rate on real property would, of necessity, increase the rental charge per unit beyond that which most elderly can afford to pay. In many instances, real estate taxes alone, when distributed on a per unit basis, amount to approximately one-third of the monthly rental charge.

Displaced elderly

In October 1961, the Providence Family and Business Relocation Service, after studying the need involving the relocation of elderly displaced persons with Providence Housing Authority officials, the Rhode Island Division on Aging, public assistance supervisors, and various other private social welfare agencies, hired and trained a person with social work experience who is now a staff member dealing directly with the elderly on staff projects. The agency's active caseload includes six different projects: two Federal, three State, and one city.

In the Central-Classical renewal project, there were 163 elderly 62 years of age and over out of a caseload of 2,769. In the Promenade-Charles Street project, there were 54 elderly clients. In the Mashapaug Pond Industrial Park project, many of the elderly homeowners expressed indignation over the fact that it would be impossible for them to repurchase homes based on their age bracket to the current market prices.

The agency is aware of their problems, which are economic, physical, and emotional. During the Aborn-Hayward Park section of Interstate Route 95, which had about 200 elderly, the problem of infirmities stood out quite vividly. Crippling diseases and the loss of certain faculties not only hampers the ability of the clients which the staff works with, but further complicates the client's willingness to cooperate in making a move from their old homes.

The staff of the Providence Family and Business Relocation Service has developed a program to meet the needs of these elderly. The number of elderly is rising; thus more attention has to be given to their problems. A complete case history on each of these displaced elderly, all of whom are of the lower socio-economic level, is being drawn up. By doing this, some significant statistical data may be derived that may serve as a basis for many purposes.

Education

A seminar on leadership roles in aging, which was sponsored by the division on aging, was conducted at the University of Rhode Island from July 30 to August 3, 1962. There were 44 participants. The number and kinds of participants at the seminar were selected so that representatives of State and local governments, professional and lay people who are working in the field of aging, and of the general public including older persons themselves would be brought together in order to prepare, develop, and/or improve the competence, professional capacity, and/or administrative responsibility of the participants for learned and capable leadership roles in improving or creating services in the field of aging, as well as to motivate others to assist in programs for the aged.

The participants were expected to attend all sessions held throughout the week, as well as assigned work groups held the last three afternoons. Academic credit in education was given to those who satisfactorily completed the course, and an extra credit was available to those who desired to write a paper on an assigned topic. Of the total participants, 43.2 percent spend more than half of their time in gainful employment in programs or services in the field of aging and are considered as being professionals in aging. Those not professionals in aging (43.2 percent) spend a good percentage of their time in the aging field, but not 50 percent of it. Six participants were retired or temporarily unemployed; they amounted to 13.6 percent.

It is interesting to note that the average educational level was better than a college education for all participants. Also, all except the retired and unemployed individuals held professional or managerial positions.

The average age of the participants was 49, and the median age was 48. The ratio of women to men was almost two to one—29 women (65.9 percent) to 15 men (34.1 percent).

The division on aging staff, in cooperation with the department of education, was on the planning committee and distributed materials, data, posters, etc., to all golden age clubs concerning Operation Alphabet. Two 20-week series were offered by channel 6, station WTEV of New Bedford. The programs were available to adults who cannot read and write, or who need help in improving these basic skills. The television programs enabled many of the elderly in Rhode Island to take advantage of this educational series in their own home. The primary objective of the program was an attempt to raise the educational level of illiterate adults to at least a third grade level.

The division on aging staff participated with radio and TV station WPRO and presented several half-hour programs called "The Older American" series.

Most all aspects of the aging problem were discussed. An attempt was made and attention was focused on what was being done in Rhode Island and what was needed to be done to alleviate these problems. Many retired persons were guest speakers and gave testimony in the many areas of direct concern.

Employment

The division on aging works closely with several groups endeavoring to provide employment for senior citizens and handicapped persons. Such groups include Community Workshops of Rhode Island, Inc.; Rhode Island 60-plus program; the industrial work program of the Volunteers of America; the State employment service; and the Governor's Committee on Employment of the Handicapped.

During 1962, three persons over 65 made use of the testing service available at the Community Workshops of Rhode Island, Inc., for the first time and participated in sewing or contract work at the workshop. Two of these people are now sheltered workers. Six elderly persons who are sheltered workers now, had used the facilities during 1961. In addition, there are four elderly persons who are classified as industrial home workers, and who work 6 hour per day at home. Two other persons over 65 are limited to homecrafts; however, the finished product is displayed and is for sale at the workshop. Thus, 15 persons over 65 have made use of the facilities and/or services provided by the Community Workshops of Rhode Island, Inc.

Under the Area Redevelopment Act, Rhode Island obtained a grant for a pilot program in training and retraining unemployed workers. A total number of 716 persons enrolled in this program, and 570 completed their training. The courses that were available included typing, turret lathing, and machine shop. There was no age limitation; however, participants must be eligible for employment upon completion of the training. In the more recent program of Manpower Development and Training Act of 1962, Rhode Island enrolled 306 trainees, of which 181 are still attending and of which 43 have completed their respective courses. This act provides for counseling and vocational training for workers to provide them with skills in demand in the labor market. Special attention is given to older workers whose earlier skills may no longer be useful and who can profit from learning a new skill that is needed.

There are 12 courses available. A request to add five additional courses is still pending, and several others are being proposed. During the training, the enrollees are entitled to a subsistence allowance if they are not receiving unemployment compensation benefits. Significantly, a few of the training courses offered are for occupations that the elderly have more interest in. Building custodian and homemaker courses are listed as being available.

Legislation

The 1962 general assembly passed an act in amendment of and in addition to the law on discrimination because of age or sex, in which the law barring job discrimination because of age would be extended to employment agencies. "Employment agencies" shall mean and include any person undertaking to procure employees for opportunities to work. An unlawful employment practice is to discriminate against any individual because of his age if such person has attained the age of 45 years and has not attained the age of 65 years. The amendment also states that an unlawful employment practice is to print or circulate any statement, advertisement, or publication, or to use any form or application for employment, or to make any inquiry in connection with employment, which expresses directly or indirectly, any limitation, specification, or discrimination, or to discriminate in any way on the ground of age, unless based upon a bona fide occupational qualification.

The Director of the Department of Labor shall be empowered to subpoena witnesses and compel their attendance, administer oaths, take the testimony of any person under oath and require the production for examination of any books and papers relating to any matters under investigation or question. When a person refuses to obey a subpoena issued, the proper jurisdictional court can issue an order, and failure to obey such order may be punished by said court as a contempt thereof.

Retirement

The administrator and one other staff member of the division on aging are members of an adult program committee of the Providence YMCA and have attended numerous meetings during the year concerning availability and practicability of providing a retirement course for persons who are retired and who

are about to retire. Two public meetings were held, and the response was considered to be favorable.

The New England Telephone Co. has introduced a preretirement program which is meeting with huge success. Over 100 of their workers have enrolled and are taking active part in this course.

A 10-week course which commenced September 27 at the University of Rhode Island Extension Division was offered free of charge to persons 60 years of age and over. The purpose of the course is to help persons approaching or in retirement to adjust to the economic, psychological, and social changes in the years which lie ahead. To help the enrollees better develop their full potential in retirement, a standardized test was administered and the results interpreted. There was a charge of \$15 for those under the age of 60 who wished to take the course.

Miscellaneous

The division is continuing to catalog and classify all literature, reference materials, pamphlets, etc., on hand and when received. These materials have been collected and accumulated over the past 12 years; and, to date, the division has the most up-to-date and complete reference library (excepting medical and biological references) on aging within the State.

The division on aging staff assembles and provides diversified data to the Rhode Island Legislative Council, Blue Cross officials, members of the Rhode Island congressional delegation, heads of State departments, local governments, and to any organizations and business firms requesting information. Housing data, population statistics, and income of the elderly, as well as utilization of existing health benefits, are examples of information requested and furnished.

Space within the division on aging office continues to be available for meetings of the Rhode Island Association of Senior Citizens and senior citizens clubs, the Rhode Island Senior Citizens Recreation Society, and to other organized groups of senior citizens. The division sends out a monthly newsletter to all delegates of the association and to all presidents of the some 50 golden age clubs in Rhode Island. The division also mails out notices of meetings and important new releases affecting or benefiting the elderly in Rhode Island.

The division has available and sends out on request an excellent book on how to organize and operate a golden age club to persons or organizations interested in establishing a club. Several new clubs have been established as a result, and several others are in the planning stage. The division also cooperates and works with the newly established Rhode Island Chapter of the American Association of Retired Persons.

The division on aging has recently initiated a friendly visiting program for patients in resthomes, homes for the aged, etc., with the aid of hundreds of teenage girls who are members of the Future Nurses and Community Service clubs in the high schools throughout the State. The students in their enthusiasm are broadening this program on their own initiative by providing magazines, shopping services, library service, etc. Each student concentrates on one individual, whom they consider an adopted grandparent.

I would like to thank the members of the committee for inviting me to testify here today. I am sure I speak for the 94,000 elderly of Rhode Island when I express my gratitude to the members of the committee for the wonderful job they are doing and hope that these concerted efforts will bring forth results and action programs in Rhode Island.

Senator KENNEDY. The next witness is Dr. Joseph E. Cannon, the director of the Rhode Island Department of Health.

STATEMENT OF DR. JOSEPH E. CANNON, DIRECTOR, RHODE ISLAND DEPARTMENT OF HEALTH

Senator KENNEDY. Dr. Cannon, I understand you will be accompanied by Mr. Robert Reidy, who is the executive secretary of the Rhode Island Rehabilitation Council, and also by Mr. Edward Kenly, the executive director, Family Services, Inc.

Dr. CANNON. Perhaps they can come up later. I don't think what I have to say will take too long.

Senator KENNEDY. As you like.

Dr. CANNON. Senator Kennedy, Congressman St Germain, gentlemen, I don't have a written statement since I was a little late in realizing that the committee would be interested in our work in the State health department concerning the various grants programs. I understand, however, why the committee would be interested in the effects of the various grants programs, largely administered by the Public Health Service, in the field of aging.

As you know very well, in health departments we are concerned with all age groups and their health, so of course, we have a concern with the aging. Several years back when the Community Health Services and Facilities Act was passed, we felt that this would be a most valuable tool to develop programs for the aging in communities. In keeping with our philosophy and I think the philosophy of the Government, we felt this was a job that could be done best when all groups were concerned, the professional societies, volunteer agencies, and official agencies working together. Therefore, we brought to all of these groups information concerning the Community Health Services and Facilities Act.

We have been fortunate—I wish we were more fortunate—and we have applied for some six grants; not the State health department alone, but voluntary agencies too, with our encouragement and help have applied for grants which we think are quite helpful in the community. One of these is the Rhode Island Rehabilitation Council. I will ask Mr. Reidy in a short time to present that to you.

Another is a homemaker service which will be done by a voluntary agency, the Family Service, Inc., and I will ask Mr. Kenly to tell you briefly about that.

In addition we have been able in the State health department to use other funds, grant programs, Federal assistance, to develop certain projects. For example, heart disease funds were used to support the initial project at the Dexter Manor, one of Providence's housing projects for the older citizen, chronic disease funds are being used to support the training programs for nurses in chronic diseases at the Zamborano Hospital. In addition we have been able to use some Public Health Service funds in the areas of heart disease, cancer, and chronic diseases for the support of visiting nurse agencies in our communities, so that they might provide home nursing care to patients who might otherwise be forced to be in the hospital or some other kind of institution.

We in the department of health are very definitely in favor of the various project grants that are administered by various agencies of the Government; and, in particular, the U.S. Public Health Service.

We feel that the Community Health Service and Facilities Act has been a most valuable tool in the development of programs for the aged. We wish that we could take more advantage of it, and that others would take more advantage of it.

However, I have been concerned, and I will very clearly state this as my opinion, as one State health officer—you may find different reactions or the same from others—that the special project grant in itself is not sufficient. It is one thing to demonstrate the value of a program, but then we must be sure that that is ongoing. I am convinced that until we have very strong health departments in communities, working

very closely with the voluntary agencies, other governmental agencies, and professional societies, that we will not have effective programs for any age group.

So, my hope would be that, while it is not the complete role of this committee, if the opportune time arises they would look to the advantage of more Federal formula grant money to assist States, so that some of these very worthwhile programs would be kept going, that these would be done in a cooperative way, not Government alone doing it, not the Federal Government alone, but the Federal Government, State government, city government, and voluntary agencies, as well as the individuals themselves.

With your permission, I will ask Mr. Reidy to give a brief presentation.

Senator KENNEDY. That is very fine, Doctor. I want to thank you for coming. I think, because of the Doctor's long experience in this field, he was able to give us a good deal of helpful information in this area. We are particularly appreciative of your coming here and we will welcome as well, Mr. Robert Reidy, to talk about some of the areas he is familiar with.

Dr. CANNON. I should advise you that Mr. Reidy is executive secretary of the Rhode Island Rehabilitation Council.

STATEMENT OF ROBERT R. REIDY, EXECUTIVE SECRETARY, RHODE ISLAND REHABILITATION COUNCIL

Mr. REIDY. Thank you. I have a typed statement I would like to read, if I may. This is the record of the community health service project, CH-42-1, rehabilitation services planning.

This project was formally begun in July 1961. The project is for 3 years and after that it is anticipated that the functions will be continued without Federal assistance.

The major objectives of the project are basically as follows:

1. To provide staff support to the newly formed Rhode Island Rehabilitation Council.
2. To foster and strengthen the relationship between public and private agencies by public leadership in order that a more effective approach can be made to meet the needs of chronically ill and aged.
3. To make available to all areas of the State and to all types of agencies involved in rehabilitation, the highly developed skills of physical medicine departments in the larger hospitals and to foster a community approach to rehabilitation on the part of hospitals.

The Rhode Island Rehabilitation Council carried on with the help of this project is a voluntary association of 88 member agencies and is founded upon a concern for prevention of disability, and where disability has occurred, upon rehabilitation. It is focused upon individual and family needs.

Since inception, this council has served as a device for bringing together professionals in the health and related rehabilitation fields to encourage planning, and to discuss research endeavors for developing the best pattern and array of services. At periodic meetings of the rehabilitation council opportunity has been afforded agency representatives and others to hear discussions of the major issues of social policies affecting rehabilitation services.

In meetings held thus far we have heard from such authorities as Representative John E. Fogarty, Mr. W. Scott Allen, and Dr. Mary E. Switzer in discussion of such topics as "Cooperation Among Federal Agencies in Rehabilitation and Its Effect at the Local Level," "One or a Hundred Rehabilitation Agencies," and "Need for Financing Rehabilitation Expansion." At each meeting there has been wide representation by the rehabilitation agencies and also good participation by the persons attending the meetings.

One of the first undertakings of the Rhode Island Rehabilitation Council after the project began was the formation of an architectural barriers committee under the joint auspices of the Rhode Island Rehabilitation Council and the State's Easter Seal Society. This group has concentrated on promoting the use of the American standard specifications for making buildings and facilities accessible to, and usable by, the physically handicapped. These standards were sponsored nationally by the President's Committee on Employment of the Physically Handicapped and the National Society for Crippled Children and Adults. The use of these standards by architects, builders, and owners of buildings will serve thousands of persons in Rhode Island who have physical handicaps or whose activities are limited because of disabilities associated with the aging process.

Another undertaking which the council has seen fit to sponsor is titled "A Demonstration Project Providing Rehabilitation Services and Personnel Training in Rehabilitation to Nursing Homes and the Promotion of Improved Nursing Home Operations in Conjunction with a General Hospital."

This project is attempting to stimulate more and better involvement of nursing homes in the existing structure of quality medical care and community health services in Rhode Island.

Recognizing that out of the 76 proprietary and voluntary nursing homes in the State there were only 2 or 3 which had a direct or informal affiliation with a general hospital, we are seeking to stimulate improvements in nursing home care and create a general awareness by those associated with nursing homes of the usefulness of rehabilitation techniques as a component part of quality nursing care.

This project makes available on a part-time basis the services of a physician, social worker, a registered nurse, and physical therapist to teach the staff personnel in the homes and to render service to the patients.

Because the project's staff is connected with a community general hospital, the services generated to the home have been enlarged to include consultations from the hospital department heads for medical records, pharmacy and medication control, and other allied areas. The project which started with a limited number of homes is intended to expand to include some additional nursing homes. Before the end of this project's life the declared intention of the council is to encourage other hospitals and nursing homes to undertake associations of this nature for improved care to the chronically ill.

Another project of the council that currently is underway and has gained wide interest among the membership is the development of a guide to rehabilitation services. A special editorial committee has been formed within the council to develop the guide. The guide to rehabilitation services has a threefold purpose: to provide detailed

information of services to agencies and physicians in making referrals, to serve as a repository of information for planning purposes and lastly to provide material from which information may be taken to promote better public understanding of rehabilitation.

In developing the guide the committee seeks to present a comprehensive directory of rehabilitative sources including not just medical services available but services of a social, psychological, vocational, and educational nature, sufficiently detailed to present services both in qualitative and quantitative terms.

Upon completion of the guide, the committee contemplates a wide distribution to medical and social agencies, to all physicians in the State, educational institutions, public libraries, and other professional groups and societies.

Among a number of other functions being carried on by the rehabilitation council and with the help of this project has been a detailed statistical survey of rehabilitation services in the State, study of the status of rejected draftees and their prospects for rehabilitation, consideration as to the need of areawide planning in rehabilitation, and examination of the needs of professional personnel in agencies serving the chronically ill.

That is the total statement.

Senator KENNEDY. Can you tell me, what is the personnel involved in this program?

Mr. REIDY. There are only two individuals, myself and another, in this grant.

Senator KENNEDY. How many do you think are directly affected by it?

Mr. REIDY. As I said, there are 88 agencies in the council, and if we count all of the professional individuals, and the number of people which these agencies serve, the project affects a very large proportion of the State, I would imagine, Senator.

Senator KENNEDY. Any questions, Congressman?

Congressman ST GERMAIN. No questions.

Senator KENNEDY. I want to thank you very much.

Dr. CANNON. Thank you. With your permission, I will ask Mr. Edward Kenly, the executive director of the Family Service Agency, a voluntary agency in the community. He will speak briefly about his hopes for the project. He has had experience in the department.

STATEMENT OF EDWARD M. KENLY, EXECUTIVE DIRECTOR, FAMILY SERVICES, INC.

Senator KENNEDY. Mr. Kenly, we welcome you and would like to hear your statements.

Mr. KENLY. Thank you, Senator, and members of the subcommittee. I do not have an officially prepared statement but, at Dr. Cannon's request I am here to describe briefly what is intended in the community homemaker service project which Family Services, Inc., under a grant from the Community Health Facilities and Services Act, intends to carry on in Washington County, R.I.

Just to give you a brief background, a study conducted by the Rhode Island Council of Community Services identified chronic illness as the major health and welfare problem in the State; and further suggested

that homemaker service was the service most susceptible to rapid development which would assist in resolving some of the difficulties created by chronic illness.

Cooperating with the council of community services, Family Services, Inc., prepared a proposal requesting a grant under the Community Health Facilities and Service Act to establish a community homemaker service in Washington County, R.I., to alleviate some of the troubles families and their individual members encounter because of the chronic illness of one of the members. We were awarded such a grant in 1963 and have been working since that time to develop this program.

This program would consist of the services of specially selected and trained women who would serve as homemakers and be placed under supervision of professionally trained social workers in the homes of families where a member is ill with a chronic condition. Presumably many of these ill people, will be aged persons, although from our experience in the administration of the homemaker service for the care of children in their own homes, chronic illness is not a respecter of age, and it does affect others besides aged persons.

With the cooperation of the University of Rhode Island, we have already developed a training course for such women. We need now to locate a professional social worker for the on-the-spot director of project and supervisor of homemakers.

The project office would be located in Wakefield, in Washington County, and the territory to be encompassed by the service will, within the 3-year period covered by the grant, take in all of Washington County beginning with towns in the eastern section and gradually spreading to include the total county. The intention of this service is to help chronically ill and aged persons to remain in the safety and comfort of their own home and in familiar surroundings, in touch with members of their family, but to relieve the well members of the family from the total burden of constant care of these chronically ill and older people.

Thus, we hope to serve two purposes in this project; one, to make ill and older people more comfortable by helping them to remain in their own homes; and two, to relieve employable adult members of the family so that they can go about their business of being self-supporting, of keeping themselves and the ill members of their family independent of other kinds of aid.

This tells you briefly about what we have in mind. We are at the point where, if we can secure a director within the next few days, as I hope we will, we should have the service in active operation by the first of March.

I will be glad to answer any questions.

Senator KENNEDY. What would be the extent of this service from the standpoint of the number of women that would be participating in rendering the actual homemaker services?

Mr. KENLY. We expect to have an enrollment for the training course, when it begins, of 20 women. We would hope we can repeat this course several times over the period of the duration of the grant; so that if the project itself were not able to use all of these women under the supervision of the professional staff, we would put in the communities within reach of the families where there are chronically ill persons, women with special training in the care and understanding of the

feelings and behavior of such people, and also capable of performing certain personal care duties under medical supervision.

This kind of help, as most anyone in the State knows, is not now very readily available.

Congressman ST GERMAIN. I wonder if I got the correct impression. Would this type of service be also rendered to a retired person living alone, where he or she has a disability that is not incapacitating, such as a heart condition, that would require that the individual not do too much strenuous activity? Would this type of service, this family service be provided for this person living alone by someone coming in and occasionally taking care of meals or cooking something that might last awhile, and just looking in on the individual to make sure that the individual is getting along?

Mr. KENLY. Yes, Congressman. We know there are many people in situations of the kind you are describing that need only a very few hours of this kind of help over any given period, a day, a week, or whatever it might be. We would expect that the woman whom we will have trained and placed under supervision might work in many homes of the kind you are describing, where help is needed for a few hours, one day, or a few days in a week, or whatever, to prepare meals, to help clean the house, to do shopping, to undertake many activities that the ill, though a relatively able person, is not able to encompass.

Congressman ST GERMAIN. Actually, I think in many instances we have these people living alone that might have a mild heart condition, and they want to be alone and independent. It is mostly just a look-in and see-how-you-are-doing situation. They would rather fend for themselves, except for maybe the shopping, where there are stairways to climb. However, the retired individual himself, or herself, wants to do for himself, and yet the other members of the family would feel much better and would possibly allow this older individual to stay alone and feel much better about it were they assured of the fact that someone on a regular basis could drop in and make sure everything is coming along all right.

Mr. KENLY. We would intend to perform this kind of service as well as for the people in families.

Senator KENNEDY. Thank you very much, Mr. Kenly. I want to thank you again, Dr. Cannon.

We have two final witnesses before we go into the open session.

(Short recess.)

Senator KENNEDY. The subcommittee will come to order. The next witness will be Mr. Robert Creaghead, who is the president of the Retirement Council, Division of American Heritage Publishing Co., Inc. We welcome you here, Mr. Creaghead.

STATEMENT OF ROBERT M. CREAGHEAD, PRESIDENT, THE RETIREMENT COUNCIL DIVISION OF AMERICAN HERITAGE PUBLISHING CO., INC.

Mr. CREAGHEAD. Thank you, Senator. I am glad to be here. I am doubling in brass for Henry Schmidt, Jr., our publisher who wasn't able to come today. I have a brief statement.

Senator KENNEDY. We will certainly include your statement in the record, if you can summarize it, or read it; whichever way you would like.

Mr. CREAGHEAD. I will paraphrase it.

Senator KENNEDY. Fine.

Mr. CREAGHEAD. I think the thing that is often overlooked, in the discussion of retirement, is the shock of the personal transition; the disruption of the person's habit pattern, and the personal changes which are involved in the actual retirement process.

We have heard a great deal about preparation for retirement from a financial point of view, and a great deal about retirement from the health point of view. Oftentimes we may assume that if a person's health is good, and if they have a pension, that this solves the retirement problem. Unfortunately this isn't true, because there are many personal, social, and psychological adjustments involved.

This is the area we of the council are working with. We are essentially a service organization. The retirement council was founded back in 1955 by some social scientists and personnel men in an effort to help employers prepare their older workers for retirement, because it was felt that not only does this benefit the employee by helping him through a rather difficult time; but, perhaps, will also benefit the company. This is true because the older employees who are concerned about the retirement, are usually in key spots. Therefore, if they let down, "coast," and are resentful toward the retirement process, these attitudes have an adverse effect on the productivity and morale of the organization.

The work that we do has to do primarily with two fields. We do specialized publishing of material which is suitable to help people plan for retirement. I might say that this emphasizes the positive aspect of the subject. We don't believe that people fold up and drop dead just because they reach a certain age. We think there are a great many unfortunate habit patterns and social norms which will tend to make some older persons think that this is the case; but, actually, as a result of the increasing longevity, the better health of today's older people; the benefits available from social security; the increase of financial security to hundreds of thousands of older people through corporate pensions, and so forth, it isn't true. Today we have a lot of people that approach retirement as it is today but are thinking of it in terms of how it used to be years ago. Therefore, they are very fearful.

So, the retirement council is working in that area, and we have served some 500 leading companies, including many large companies like RCA and IBM who are quite concerned with this problem.

I might quote a letter I recently had from one company, written by Mr. R. E. Seymour, president of Peoples Natural Gas Co. of Pittsburgh. A company which probably has one of the oldest preretirement counseling programs in the country. They started it back in 1951. Here is what he wrote:

Since its beginning in 1951, our preparation for retirement program has assisted and encouraged employees nearing retirement to plan for their retirement years. Our surveys indicate that this program is not only the most popular, but one of the most helpful of the various training and development programs we have. Certainly it has helped and will continue to help Peoples Gas employees look upon retirement as a pleasant, fruitful event.

I believe our company has the responsibility to assist employees in developing a philosophy of retirement as a new career full of promise and rewarding activity.

There is one other authority I want to quote here, when you consider the amount of preparation that goes into education and development of a young person entering the work force, and contrast this with a rather slipshod way that people are let out of the work force, it is most astounding that there isn't more thought and preparation given to this tremendous transition.

Not long ago Dr. Leland P. Bradford, director of National Training Laboratories, a division of the National Education Association in Washington, was on a seminar program which we conducted. He summed it up very well and said:

Older people must frequently expect that they will be viewed as submissively going downhill to senility. They are not asked to carry out active social responsibilities of which they are highly capable.

There is no question that older people can develop new interests and adjust to new social situations. A number of cities that conduct adult education programs have been impressed by the extent to which older persons, well trained, have gone out after courses and have been hired for responsible jobs.

One of the tragedies of our social situation is that we do have traditional norms leading toward the expectation of retirement.

These are mostly negative, however.

Obviously, this does affect many older persons. The neglect of their abilities by society leads to atrophy and a relatively useless social existence. To a large extent, the older age group is comparable to the adolescent group. Both face a problem of role transition. Both face a problem of identifying again with an expected, respected, and adequate role in society. Adolescents frequently tend to handle this transition with revolt. Older people too frequently handle it with passive submission.

Both industry and society need to take a clear look at the problem of the increasing number of older people and their productive utilization in society. Management can plan its work situations in a way that will better employ people of various ages as well as help them to adjust to the problems of role transition that comes with increasing age. We must expect and enable persons to be productive in varying degrees at all times in their lives. Otherwise, the load of dependency on those in the middle-age group becomes too great.

We certainly agree with Dr. Bradford. The one thought I would like to leave most with this hearing, Senator Kennedy, is that I think we must encourage the older people to think of themselves as a group that has a great deal to offer to our society, rather than encourage them to think of themselves as a dependent group.

They have experience and they have time. They have a certain richness which we believe they should and can impart to their friends and neighbors. We hope your hearing will help contribute to the further encouragement of many older people toward this goal.

Senator KENNEDY. I want to thank you very much. I just want to ask you what kind of success you find in communicating with our senior citizens group, generally? What is your biggest obstacle in communicating with them regarding many of the services which you mentioned here and outlined in your formal statement?

Mr. CREAGHEAD. Our work is mostly with management. When they make such an approach to older employees, for instance, by putting in a program of preretirement counseling, it is most important that they show some logical motivation for this. In other words, I think many older people don't realize what a tremendous change there has been in life in retirement in the last few years. Management does have an interest in trying to help people make these adjustments. Unless management does point out that this is being done to benefit

not only the worker but management, there is apt to be some suspicion and feeling that this may be the means of trying to accelerate retirement.

Actually, that is not so. In many cases unions have been quite cooperative in such programs. In one case I have in mind down in Elizabethport, N.J., where the Singer Manufacturing Co. had quite a high average age. They had a pension plan but the union contract said no able bodied employee could be retired without his consent. There were many times when someone developed a disability and he suddenly retired. This is a double shock. He wasn't in good health anyway. He had not expected to retire and suddenly found himself pushed out with no plan. The management approached the union committee and pointed out while it was not attempting to change the policy or union contract, that they felt there was a real service to the union members if they would remove the onus of fear from the idea of retirement.

The union committee went along with it and such a program was started back in 1958 and was successful—so successful that the union later modified their position on retirement from working as long as you were able to, I think, some kind of fixed retirement at 68.

This illustrates the problem, I believe.

Senator KENNEDY. Very good. Thank you very much, Mr. Creaghead.

STATEMENT BY ROBERT M. CREAGHEAD, PRESIDENT, THE RETIREMENT COUNCIL,
DIVISION OF AMERICAN HERITAGE PUBLISHING CO., INC., STAMFORD, CONN.

SUBJECT: PREPARING OLDER EMPLOYEES FOR PROPER ADJUSTMENT TO RETIREMENT

The present widespread practice of pensioning employees by thousands of corporations plus the widespread availability of increased savings, social security, etc., has made retirement possible to millions of Americans, but it has solved only the financial aspect of the problem. While no one doubts the primary importance of adequately financing retirement, too often it is regarded as the only serious obstacle to be surmounted. Experience shows that there still remains a delicate and complicated personal matter of adjustment which each individual must make as he goes into retirement.

Retirement is a shock which is particularly difficult for many older people who at best tend to resist changes even to moderate personal adjustments. This is so because the process of retirement involves a drastic reduction in earning power combined with the forced necessity of developing almost completely new daily habit patterns.

During the past decade, the difficulties of these transitions have been recognized by social scientists, by leading employers, and by others concerned with helping older people.

In 1955, the Retirement Council was formed by a group of businessmen, personnel executives, and social scientists for the express purpose of helping employers prepare their older workers for these adjustments. In the past 8 years, we have served approximately 500 companies from coast to coast in one of several ways:

1. We have provided them with information about what older employers were doing to meet the problem.
2. We have published a monthly newsletter entitled, "Retirement Planning News," which is designed for management to send to those active employees for the last 3 to 5 years before retirement. This publication is full of constructive and helpful material which alerts its readers to the many opportunities for worthwhile activities open to those past retirement age. It provides a steady flow of case history material showing how other people have successfully adjusted to retirement living. Such companies as IBM, RCA, and others have sent this publication to all active employees over age 60 since 1956.

3. We have published a series of retirement guidebooks, including our Retirement Planning Guidebook, Retirement Money Guidebook, and 101 Ways To Enjoy Your Leisure which are especially edited for those studying these aspects of retirement living.

4. We have also functioned as counselors to a number of corporations and other organizations aiding them in setting up programs of preretirement counseling.

5. From time to time, we run seminars for personnel executives on various aspects of preretirement counseling. Our last one in October attracted more management people than ever before.

In the process of this work, I have personally interviewed more than 2,000 personnel executives individually in their offices and discussed with them problems growing out of the corporate retirement process.

I find management is concerned because the older employees nearing retirement usually occupy key positions in the company, and therefore, can exert a major influence either positively or negatively upon the morale and productivity of the whole organization.

Personnel men have discovered that employees nearing retirement who are encouraged to think positively and plan ahead without fear of retirement make better employees right up to the last day of active service.

Contrarywise, those who feel they "have had it" or who regard retirement as a "vestibule to obscurity" tend to let down, coast, resist change and sometimes develop resentment toward the retirement process.

As a result, hundreds of leading companies today are beginning to undertake activities designed to help these people face up to the adjustments involved with courage and with understanding.

These programs can take many forms. The most common patterns involve the use of individual counseling, group counseling, special discussion meetings supplemented by carefully selected reading material on the subject usually mailed to the employees' homes.

Personnel men operating such programs feel that they are valuable both to the employee and to the company.

Recently, Mr. R. E. Seymour, president of the Peoples Natural Gas Co. of Pittsburgh, wrote me as follows:

"Since its beginning in 1951, our preparation for retirement program has assisted and encouraged employees nearing retirement to plan for their retirement years. Our surveys indicate that this program is not only the most popular, but one of the most helpful of the various training and development programs we have. Certainly it has helped and will continue to help Peoples Gas employees look upon retirement as a pleasant, fruitful event.

"I believe our company has the responsibility to assist employees in developing a philosophy of retirement as a new career full of promise and rewarding activity.

"We have every intention of continuing this fine program in the future."

Consider the amount of thought and effort that is given the preparation of people entering the work force where opportunities for self-fulfillment, status and prosperity are held up as inducements. Then contrast this with the almost routine method by which most people are ejected from the work force into a life in retirement where they have lost status, been deprived of their major source of income, and at the same time, forced to change all of their daily habits. You will see why more attention needs to be given this subject.

Not long ago, speaking at one of our seminars, a member of our advisory board, Dr. Leland P. Bradford, director, National Training Laboratories, division of the National Education Association in Washington, D.C., stated:

"Older people must frequently expect that they will be viewed as submissively going downhill to senility. They are not asked to carry out active social responsibilities of which they are highly capable.

"There is no question that older people can develop new interests and adjust to new social situations. A number of cities that conduct adult education programs have been impressed by the extent to which older persons, well trained, have gone out after courses and have been hired for responsible jobs.

"One of the tragedies of our social situation is that we do have traditional norms leading toward the expectation of retirement.

"Obviously, this does affect many older persons. The neglect of their abilities by society leads to atrophy and a relatively useless social existence. To a large extent, the older age group is comparable to the adolescent group. Both face

a problem of role transition. Both face a problem of identifying again with an expected, respected, and adequate role in society. Adolescents frequently tend to handle this transition with revolt. Older people too frequently handle it with passive submission.

"Both industry and society need to take a clear look at the problem of the increasing number of older people and their productive utilization in society. Management can plan its work situations in a way that will better employ people of various ages as well as help them to adjust to the problems of role transition that come with increasing age. We must expect and enable persons to be productive in varying degrees at all times in their lives. Otherwise, the load of dependency on those in the middle age group becomes too great."

We concur wholeheartedly with Dr. Bradford's views and believe that his opinion is shared by hundreds of leading personnel executives and others closer to the problem. We hope that as a result of this committee's investigation, wide publicity will be given to this problem and a new impetus for further study be added to the slow but steady progress which management has made so far.

Senator KENNEDY. Next, Dr. Mary C. Mulvey, instructor, preparation for retirement, University of Rhode Island; formerly administrator, Rhode Island Division on Aging. We want to tell you how much we appreciate your coming here and being with us this morning.

STATEMENT OF DR. MARY C. MULVEY, INSTRUCTOR, UNIVERSITY OF RHODE ISLAND EXTENSION DIVISION

Dr. MULVEY. Thank you, Senator Kennedy. Senator Kennedy, Congressman St Germain, and staff members, I deem it a great privilege that I have been asked by this subcommittee to speak at this hearing on Federal, State, and community planning for the elderly. It is a special honor for Rhode Island that Senator Edward Kennedy, the brother of our beloved President, and my friend, presides.

As part of the general topic of discussion today, I have been asked to discuss courses in retirement planning in Rhode Island and to consider certain questions such as difficulties in organizing these courses, problems encountered and how we help to solve them. I have not written a prepared statement; but, I respectfully request my written statement to be inserted in the published proceedings, which I will send to you later.

Senator KENNEDY. Fine. That will be done.

Dr. MULVEY. It would be presumptuous to state, or pretend even, that any effective programs are now in progress of any quantity in Rhode Island. We have made several attempts over the past 10 years with more or less success.

Probably the only formal ongoing course in retirement planning which is considered to have even a semblance of success is the one which I now conduct at the University of Rhode Island Extension Division. We ran it for the first time in the 1963 winter session, and repeated it in the 1963 fall session and are planning to offer it again beginning next month for the 1964 winter session.

The course is free to all persons 60 and over. The course is conducted by means of lectures, discussions and group guidance techniques. We also administer a battery of tests: the State Employment Service administers the GATB, and we at the university administer the interest and personality tests. We also interpret the results so that our older people may gain greater self-knowledge to enable them to plan for retirement more effectively.

The greatest difficulty lies in not getting enough people to take advantage of this course. I will submit in writing an analysis of reasons concerning lack of better progress in this respect.

A major roadblock in getting adequate education for the aging underway is the cost. While there is much that we can do alone, or in partnership with Government, Federal funds are needed as well as State and other kinds of subsidies to assist colleges and universities to meet the challenge.

More money and effort must be devoted to education and training of personnel to conduct the courses. The job requires a high degree of knowledge about all characteristics of the elderly and high skill and teaching and guidance methods in dealing with middle aged and older adults as "students."

It should be noticed that not one university in the United States offers a degree in gerontology. Until more personnel training institutes and resources are available, persons working in the field of aging, will never achieve any self-respecting or professional status.

Senator KENNEDY. We welcome that testimony particularly because bills on which we are holding these hearings deal and cope with that idea of the great need for trained professional personnel in this field. I particularly appreciate your observations.

Dr. MULVEY. Thank you, Senator. I support the Fogarty-McNamara bill which is called the Older American Act of 1963 because of its appropriations for training of personnel as well as for community planning and projects for research and program development.

I also request this, that you recommend passage of General Extension Service Act which also tends to up date people's knowledge in these areas, and also help older people themselves to greater knowledge and skills.

While lack of leadership, facilities, and money may be major deterrents to effective results in retirement planning courses, there are more serious impeding interferences. We find it foolhardy, and bordering on the ridiculous, to present a bright future to our students when we are only too aware of the basic problems that face them in retirement.

I will mention only three major problems: low income, poor health, and loneliness and boredom (or too much leisure). President Johnson's pledge to carry forward our late President's all-out attack to eliminate poverty holds great promise for eliminating or minimizing some of these hardships.

In the area of housing, we can present a fairly bright picture to our students in Rhode Island. While I was administrator of the division on aging, I was successful in getting local housing authorities set up in 16 communities, and soon afterward 2 more housing authorities in my status as consultant to Public Housing Administration. In addition to the 4 already existing housing authorities, we now have in Rhode Island 22 communities that have either built, or are planning, or are in the process of building public housing for our low-income elderly.

I request at this point that you recommend to Congress that they make immediate appropriations of funds so that we may meet our present commitments, and also the many more public housing units we shall need in the future. I think Rhode Island has run up a record of success in the field of public housing for the elderly.

In the economic area, we can't paint as bright a picture to our students. One of the areas which we cover in retirement planning courses is that of helping our older people budget their income.

Now, the gap which exists between retirement income and budget needs of our elderly is so great that it is impossible to present an optimistic outlook for constructive retirement for our middle aged and our elderly people. It is possible, however, even in the midst of these difficulties, to help them budget their housing, their clothing, their food, and their day-to-day needs—expenses which occur month after month in more or less the same amount. But when we think of health costs, that is impossible.

Our older people will have to meet health costs. These costs are unpredictable, and catastrophic in most cases. Some method is necessary to provide that basic health costs of prolonged illness be covered.

The Kerr-Mills welfare approach is not the answer, because this welfare approach does not protect retirement income. One of the things that we should try to do is maintain the meager inadequate income that our elderly do have, as well as to increase their income.

The Kerr-Mills approach does not do this. The Kerr-Mills approach waits until the older people have exhausted their savings and have been reduced to dependency before they are eligible for the benefits. They must pass a means test.

On the other hand, the King-Anderson bill, hearings on which are being conducted this week in Congress, does offer a method for protecting retirement income. It does cover the cost of prolonged illness, and thus realize for our older persons a more optimistic outlook for a constructive satisfying retirement.

I urge you to speed passage of this bill. Also, I would hope that the tax bill which would have relieved our older people of a large amount of their income tax burden, and which was killed last year by the House Ways and Means Committee, might be revived and passed.

The gentleman who testified immediately before me covered the psychological and sociological changes in approaching retirement. In this respect I would like to make the observation that, when we recommend to oldsters in retirement classes that they take up hobbies to fill their leisure time, we are aware that we are giving them empty advice, because we live in a work-oriented society in which recognition and prestige are gained only through gainful employment.

The transition from work to retirement is difficult. It is necessary to find appropriate and remedial means for helping retirees channel their energies and knowledge into activity which is both personally satisfying and socially acceptable. Let me note here that there are a host of problems needing attention in our country, and serious thought and strong support should be given to the passage of the National Service Corps legislation now pending in Congress. This program would offer ample opportunity to retirees to work in the problem areas of mental health, American Indians, juvenile delinquents, and migratory workers. We hope Congress will get immediate passage for this bill.

We also urge passage of the proposed National Cultural Foundation as another measure of channeling the energies of retirees toward activities in the arts and humanities. We recall that in the age of

Pericles in Greece the constructive use of leisure time resulted in the Golden Age of arts, culture, architecture, and philosophy.

There is no one answer to the problem. An effective attack must be launched on a number of fronts. A comprehensive educational program should be launched at the Federal level that would encourage Federal, State, and community programs at all educational levels to provide not only practical courses in retirement planning, but also learning opportunities for those who wish to earn degrees, for illiterates who wish to learn to read and write, and for all to gain comprehensive information about how to retire successfully.

It is impossible to realize this overall approach while the office of aging which is located in the Welfare Administration of the Department of Health, Education, and Welfare carries the main responsibility for Federal, State, and community programs on aging. The structure of this office is a deterrent to any major breakthrough in helping our oldsters help themselves through retirement education.

Furthermore, I have been informed that relationships between the U.S. Office of Education and the Office of Aging within the Welfare Administration are becoming thinner and thinner. Education for successful and productive aging encompasses tackling all problems associated with aging. A comprehensive program cannot emanate from a welfare agency since this kind of unilateral program may stifle program growth in education as well as other services because of its dominant and rigid one-type welfare orientation.

What is needed is an agency on the Federal level which will emancipate the oldster from the stereotype of dependency. An oldster should be enabled to live independently without the stigma of welfare. If he cannot, there is scant hope that he will be able to enjoy his retirement years.

The kind of Government leadership which is required is spelled out in the Fogarty-McNamara bill. This legislation proposes the establishment of an Administration on Aging within Health, Education, and Welfare, a high level agency which will have the status and prestige it deserves, free from the stigma of welfare, and which will be in a position to reflect the full status of our senior citizens as independent, self-respecting, and contributing members of society. When an Administration on Aging according to the Fogarty-McNamara formula has been set up in the Federal Government, we can expect a total program through expansion of functions, more ease of administration, greater coordination of activities and programs of all other Federal agencies and departments.

We would especially expect the kind of leadership in education for aging that would enable us to realize our goal of self-fulfillment in the retirement years.

Thank you.

Senator KENNEDY. I want to thank you on behalf of the committee, Dr. Mulvey, for an extremely comprehensive statement covering a wide range of issues, all of which are of great personal interest to me, and I know they are of interest to Congressman St Germain, many of which have particular reference to the legislation we are presently considering. I was wondering, in your own experience, and where you have been initiating the programs at the university, how we could best stimulate interest by the senior and older workers in

their more active participation in the programs, or have you been satisfied with the kind of response generally received?

Mr. MULVEY. No; we are not satisfied fully. There are many factors which contribute to lack of response: transportation is a major one.

When considering formal education courses which have been offered by institutions of higher learning, we note that about 10 years ago the University of Rhode Island offered extension division courses free of charge to all persons 70 and older. About one or two people responded. Probably the age limit was too high. Providence College, a couple of years later, offered all its courses in the adult education school to persons 65 and over free of charge. On an average, only from 5 to 10 older persons enroll each semester, which is significantly less than 1 percent of the whole enrollment.

There have been some attempts in other places too, all of which I have been involved in. As chairman of the Commission on Aging in Rhode Island since Governor Roberts appointed me in 1953 and recently as administrator of the division on aging, I have been involved in the development of programs in aging in Rhode Island for 10 years and have been involved in all of the attempts to get education-for-aging programs underway, among other things.

I myself ran a TV program on "Education for Later Maturity," a 9-week course, which had a wide audience judging from the volume of mail. This would indicate that this particular medium, particularly for the older people, might be one that we could work on more.

The Providence College and the University of Rhode Island courses which I mentioned earlier were offerings in traditional learning and not in preparation for retirement. Factors related to lack of response were largely distance from home with inadequate means of transportation, and also the fact that courses were held at night and older people don't like to go out at night.

The Warren, R.I., adult education director planned a retirement course for our elderly in 1962. Only two people, aged 45 to 55, signed up for it, so the course was canceled. This may have been due to the fact that the place where the class was to meet was a mile from the center of town. The director is now planning to run a course at the senior citizens center in the center of the town; and he expects a greater response.

We had only 14 graduate from the first class, and 16 from the second class of the University of Rhode Island course that I teach. We didn't launch any effort to get the students to enroll. The regular channels of advertising that are used by the Rhode Island Extension Division were utilized; but these channels do not reach older persons directly.

However, the Providence Journal ran an advance story on the first class last winter. When I asked the students how they learned about the course, most of them said it was through the story in the newspaper. The Providence Evening Bulletin ran a feature article on the class we held last fall. This may be a stimulus to enrollment, since many people have spoken about the story.

We hope that business and industry will send their retirees, and their prospective retirees. The same thing happened here as happens generally with business and industry. Management admits that when they emphasize or try to channel their people who are approaching

retirement into such a course, immediately these people become uneasy about their jobs, and suspicious of management. Furthermore, older persons don't like to think about their impending retirement.

In times of unemployment that would be more serious than even now. I think that the course is growing. It is catching on.

Congressman Sr GERMAIN. I am sure that it is evident to the Senator, and will be evident to the full committee when they read the transcript of the hearing, that the present witness is one who has a complete and exceptional store of knowledge in the many phases that should be covered. Her statement was brief and yet she transmitted to us the many phases and areas in which the elderly, the retired people, do need help. I am particularly aware of her work on housing for the elderly in Rhode Island, and her interest in hospital-medical care for the aging.

She has been very active. I have worked with her and received many communications from her in this area. I certainly feel that the committee will benefit to a great degree from Dr. Mulvey's testimony.

Senator KENNEDY. Thank you very much. Dr. Mulvey's prepared statement will be inserted at this point in the record.

STATEMENT BY DR. MARY C. MULVEY, FORMER ADMINISTRATOR, RHODE ISLAND DIVISION ON AGING

Senator Kennedy, I am Mary C. Mulvey, former chairman of the Rhode Island Committee on Aging from appointment by Gov. Dennis J. Roberts, in 1953 until my appointment in 1961 by Gov. John A. Notte as administrator of the division on aging; an agency which was established through my efforts and those of my committee. Since termination of my office as administrator in January 1963, due to change in State administration, I have served as consultant to public housing administration (HHFA), conducted a course in preparation for retirement at the University of Rhode Island Extension Division, and am employed full time in the guidance department, Hope High School, Providence School Department. For further information on my background and experience, I refer you to the 1963 editions of "Who's Who of American Women," and "Who's Who in American Education."

I deem it a great privilege to have been asked by this subcommittee of the Special Committee on Aging of the U.S. Senate to speak at this hearing on Federal, State, and community services for the elderly. It is a special honor for Rhode Island that Senator Edward M. Kennedy, the brother of our late President, is conducting the hearing.

As part of the general topic under discussion today, I have been invited to discuss courses in retirement planning from the standpoint of my own work in this field. Under this assignment I have been asked to consider certain questions, among which are:

How are these courses organized and conducted in Rhode Island?

What problems and difficulties are encountered?

What solutions have been developed to deal with these problems?

I have also been requested to discuss any other relevant aspects of this general topic.

INVENTORY OF RETIREMENT PLANNING COURSES IN RHODE ISLAND

It would be presumptuous to speak of retirement planning courses in Rhode Island with any degree of finality, or to pretend that effective programs are now in progress of any quantity, because the number of specialists engaged in attempts at education for aging plus the number of actual practitioners in this area could be counted on the fingers of one hand. Even when courses in retirement, and also courses in basic learning activities, or in the liberal arts and sciences, are offered, older persons frequently fail to take advantage of them.

Preparation for retirement may be provided informally through churches, community organizations, labor unions and management, day centers, etc., as well as through the individual's own efforts by means of reading, radio, and TV. However, formal courses are necessary; and these are best provided

through universities and colleges, although schools, libraries, and museums have significant responsibilities too.

For the past decade, as the head of the Rhode Island program in aging, I have been involved in getting education-for-aging projects underway (among other things). A chronological rundown of various programs would reveal a first attempt in 1954 by the University of Rhode Island Extension Division to make available, free of charge, all extension courses to persons 70 years of age and over. Almost complete indifference to this opportunity by older persons was the outcome. The age eligibility may have been too high; and the fact that courses were held at night may have been a deterrent. A similar response was experienced a little later by Providence College: For about 8 years this college has offered, free of charge, to all persons 65 years of age and over all extension courses except the teacher-training ones. Not more than 5 to 10 older persons take advantage of this opportunity each semester although it continues as an ongoing program. Obvious reasons for our older persons failing to enroll may be difficulty of transportation since the college is some distance from the business center and from the buslines, class sessions at night, feelings of inadequacy on the part of older persons because of deficiencies in previous formal education, length of time since last attendance at school, etc.

The response to educational and recreational programs in the more informal setting of the Providence Golden Age Day Center was and is somewhat greater. Opened in 1954, and operated and financed by the City of Providence Recreation Department, the center is open daily and has professional staff who conduct training in arts and crafts, orchestral and vocal pursuits, as well as the lighter recreational activities, both organized and casual. Formerly an adult education teacher conducted classes in reading, writing, and basic learning experiences, once a week at the center. Older persons take advantage of all these leisuretime and educational opportunities in large numbers daily. Some of the factors which may contribute to this productive response may be due, in addition to their basic enjoyment of the center programs and opportunities for sociability, to the fact that the center is a daytime program, bus transportation is furnished by the center free of charge (City of Providence Recreation Bus), and a free lunch is served.

An example of another approach is a TV program which I prepared and conducted in 1957, called "Education of Later Maturity"; a weekly one-half hour morning program on WJAR-TV for 9 consecutive weeks. The volume of mail received indicates that the audience was very large and heterogeneous. It further indicates the potential of this medium of communication for reaching older people, and also acceptance of this kind of instruction by individuals when it is brought to them; in other words, when it is made accessible to them in a feasible way.

A relatively unsuccessful attempt to conduct a series of weekly panel discussions on preparation for retirement was experienced by the Adult Education Committee of the Providence YMCA in the spring of 1962. Although announcements of the course were circulated widely, only a small number attended the first meeting, almost no interest could be generated for the second one, and the project was abandoned. Reasons for failure may include too large a meeting place (Providence Journal Auditorium) for participation by the "students" because of its formal atmosphere, reluctance of older persons to go out at night, a disinclination of prospective retirees to think about or prepare for retirement, and inability of those already retired to get transportation and/or to pay for transportation.

A successful course in preparation for retirement was conducted in the fall of 1962 by the New England Telephone Co., for its employees and retirees, the McLellan Chapter of the New England Pioneers. Planned by the adult education director of the Providence branch, the course took the form of weekly lectures by different speakers for each topic. It was well attended. I take pride in the knowledge that the education director of the telephone company attributes the planning and conduct of this venture to experience and insight which she gained through attendance at, and completion of, an inservice training seminar which I conducted as part of the University of Rhode Island 1962 summer session, the name of which was "Leadership Roles in Aging." This retirement course at the telephone company has not been repeated but some of the employees and retirees attend the University of Rhode Island Extension Division course which I shall presently describe.

The experience of the adult education director of the town of Warren, R.I., in his effort to launch a course in preparation for retirement in the fall of 1962, was not so productive. Only two men, aged between 45 and 55, registered for the course. The course was canceled. The director interprets this lack of interest to distance of the class meetingplace, which was 1 mile from the center of town and transportation was not available, the after-dark factor, and lack of orientation of people in general to this kind of instruction. The director is hopeful that his next attempt will be more productive since it is being planned for a place in the center of town—headquarters which the local senior citizens recently acquired.

RETIREMENT PLANNING COURSE AT UNIVERSITY OF RHODE ISLAND

Probably the only formal ongoing course in preparation for retirement which has evidenced a semblance of success is the one which I now conduct at the University of Rhode Island Extension Division in Providence. We ran it for the first time during the 1963 winter session, repeated it during the 1963 fall session, and are planning to offer it again beginning next month. The sessions are held 1 evening each week and run for 10 weeks. The course is free to all persons 60 years of age and over. Lectures, discussions, and group guidance constitute the general methods of procedure. We had one visiting lecturer—a representative from the Providence social security office—for one evening, and another visitor for part of an evening—the consultant of the information and referral center of the Rhode Island Council of Community Services, Inc.

A unique feature of the course is the testing program. The State employment service administers the GATB; and we administer interest and personality inventories. We also interpret results to the students so that they may gain greater self-knowledge to help them develop their full potential in retirement.

That we have not had greater response from older persons to this course (14 completed the first course, and 16 the second) may be due to the common factors of lack of transportation, time of meeting being at night, lack of self-confidence about attending "college" classes due to lack of formal education, a general feeling that "education is for young people," and fear of having to study and learn. Probably a significant factor is lack of knowledge that the course is available. No special effort was made to recruit older persons for the course. The regular channels of communication were utilized as those for all the extension courses. Business and industry receive the extension division announcements regularly; but their lack of response to this retirement course is noteworthy, though not surprising: In Rhode Island, as elsewhere in the country, there is reluctance on the part of management to emphasize this kind of course to their employees because of the fear that workers would become uneasy about their employment status and suspicious that management may have an ulterior motive in urging them to take a course in preparation for retirement.

We learned from those who enrolled in the first course that they became aware of the course offering through an advance story in the Providence Journal. The Evening Bulletin wrote a feature article about the second course; and this has attracted attention. We hope that this will help to enlarge the enrollment of the impending winter session offering.

NEED FOR FEDERAL FUNDS AS SEED MONEY

A major roadblock to getting an adequate education for aging program underway is the cost. While there is much that private individuals and groups can do, either alone or in partnership with government, Federal funds are necessary as well as State and other kinds of subsidy to assist colleges and universities to meet this challenge. It is a sad commentary on the state of education for aging in Rhode Island that the Baby Hoover Commission, which was established to devise ways and means to effect financial savings and better management for the State of Rhode Island, recommended in 1962 that adult education was a luxury and State funds should be curtailed in this respect. It is further regrettable that not one representative from the State department of education participated in the seminar on leadership roles in aging which we conducted at University of Rhode Island, 1962 summer session, although

they were invited and urged to participate. Staff from health, social welfare, employment, and other State departments and agencies, as well as municipal and private agencies, completed the course. Several programs in aging were activated around the State as a result of participants motivating them. The seminar was made possible through some financial help from NIMH and demonstrates on a small scale the need for Federal funds to help launch and maintain educational projects.

As administrator of the division on aging, I recommended regularly to the Governor that a consultant on education be attached to the division to stimulate, coordinate, and/or conduct courses in preparation for later maturity; and I spelled out the specific structure and functions of this proposed addition to the division. Obviously seed money is needed from the Federal Government to set up pilot projects to prove the value of such programs; only then can we hope to get adequate money from State governments to finance work for and with the aging. We urge that you recommend passage of the Fogarty-McNamara bill, called the Older Americans Act of 1963, which would provide (among other things) Federal funds for community planning, projects for research, and development of pilot programs.

More money and effort must be devoted to education and training of professional personnel who will conduct retirement planning courses because the job requires a high degree of knowledge about all characteristics of older persons, and high level skill in teaching and guidance methods in dealing with middle-aged and older adults as "students." It should be noted that no university in the United States offers a degree in gerontology, although some schools are giving consideration to an interdepartmental curriculum leading to the Ph. D. degree in gerontology. New methods of instruction and new approaches toward the special educational needs of older adults would hopefully help them become more flexible, motivate them toward development of the mind and spirit through continuing education, aid them in making adjustments to changes in abilities and capacities as they grow older and also to changes in the environment such as assuming gracefully their retired status role, and provide practical and factual information about health, income, housing, community resources, and their day-to-day needs. The Fogarty-McNamara bill provides for the education and training of professional personnel for work with the aging. It is a fact that the majority of persons working in aging across the country have never had a course in gerontology; many have not earned the college degree; and some have not earned a high school diploma. Until workers in all fields of aging have opportunities for specialized training in the field, we cannot expect that work in aging will gain a self-respecting and professional status; nor can we expect to attract the professional worker to the field. We therefore urge prompt passage of the Fogarty-McNamara bill. Funds provided through this legislation would enable us to conduct training courses on a broader and more concentrated scale. We are convinced of the benefits of such training and educational opportunities because of our success with the 2-day educational effort in 1961—New England Conference on Education for Aging—and the week-long seminar in 1962—Leadership Roles in Aging. Both of these were conducted at the University of Rhode Island under my direction.

We are also aware of the potential of Federal grants under this measure, not only for training of personnel, but also for development of research and pilot programs. I call your attention to my experience as administrator of the division on aging when I attempted to get funds from the State and from a private foundation to catalog all the materials which we had been collecting since we began to develop a program in aging in Rhode Island in the early 1950's. When all attempts failed I turned to the special staff on aging, U.S. Department of Health, Education, and Welfare, which resulted in my receiving a small grant on a contract basis: the agreement called for a workable document to be submitted to the special staff at the completion of a specific period, a document which was to be a complete and annotated classification system for reference materials and publications in aging (except the biological and medical aspects). As a result the State also appropriated its share, and has also provided funds again this year to keep the work going. With Federal funds forthcoming for initiating and furthering projects like this one, and for other community services that are needed, we can hope for real progress in the future. This realization can come with passage of the Fogarty-McNamara bill.

Development of the special library in the division on aging and of other programs of the division and in the State generally are contained in my report

to the Governor and the general assembly, entitled "First Report to the Governor and to the General Assembly," February 1962. For a record of the background, structure, functions, objectives, philosophy and accomplishments of the division on aging, I suggest you read this report which I prepared as administrator of the division on aging. You will also note in the report the difficulties we encounter in program development. You will further see that the legislation which established the division (and which was an accomplishment of my former committee on aging) charges the division to encompass a wide range of areas, including health, housing, income maintenance and income improvement, employment, education, training, leisure time activities, community organization, etc. Much of this report was reviewed in earlier testimony given by the present administrator, so I shall not be repetitious. I am submitting a copy to you with this testimony for your own reference. What I wish you to read especially is the section on recommendations in my report, beginning on page 69. The fact that recommendations for additional staff have been denied consistently year after year because of general financial problems in State budgeting gives further testimony to the need of Federal seed money through passage of the Fogarty-McNamara bill.

BASIC ROADBLOCKS TO REALISTIC RETIREMENT PLANNING

While lack of leadership, lack of facilities, and lack of money may be major deterrents to effective results from courses in retirement planning, there are more serious handicaps. How can we logically and bare-facedly stand before a class of older adults and present an illusion of a bright future when we are only too aware—as they are too—that there are three basic blocks to happy and successful retirement: poor health, low income, and boredom and loneliness through too much leisure. We are confident that President Johnson's pledge to carry forward our late President's all-out attack on poverty in this Nation will result in effective ways to relieve the problems of low income, to insure adequate housing and living arrangements for the low-income elderly, and to provide ways toward adequate financing of health costs. Removal of these handicaps would form the foundation of successful courses in retirement preparation.

HOUSING

Older persons in Rhode Island can look forward to better and better housing conditions. During my term of office as administrator of the division on aging I succeeded in setting up local housing authorities in 16 communities; and upon leaving the division I set up two additional ones as consultant to the public housing administration. I have helped these 18 communities to file applications with the Federal Government for public housing developments for the elderly. At present these 18 communities, plus the 4 that have been building public housing for the elderly up to this time, total 22 communities that have built, are building, or are planning housing projects for the low-income elderly. We urge you to recommend that Congress make immediate appropriations to cover these commitments as well as additional housing that will be needed.

RETIREMENT INCOME, BUDGET NEEDS AND HEALTH COSTS

We cannot portray as bright a picture to our elderly in the area of retirement income. Normally courses in retirement preparation include at least one session on how to budget retirement income. Because of the gap which exists between retirement income and budget needs, it is difficult, not only to plan a budget, but even to present a semblance of optimism to the majority that they will realize a modest but adequate budget. It is possible, however, even in the face of their low and fixed income, to budget with reasonable exactness costs of such items as food, housing, clothing, and other expenses which recur month after month in more or less the same amount. A major hurdle which stands in the way of adequate budgeting of retirement income is the financing of health costs, because costs for medical care are very uneven in their incidence and, on an individual basis, are largely unpredictable. To protect the retirement income of oldsters, and to maintain their health and a healthy society, some feasible way of financing their medical costs must be found. The average hospital cost per patient per day in Rhode Island was over \$42 in 1962; and it is above that figure now. Using the national norm of the average stay of 15 days per year for persons over 65 who are hospitalized annually, this means an average

bill of over \$600 for hospital board and room. This is a devastating burden which could not only exhaust their annual income, but also use up their savings and other resources, and reduce them and even their families to dependency.

The public assistance Kerr-Mills approach cannot serve as a solution because this method fails to protect retirement income, and waits until the older persons have been reduced to poverty and can pass a means test to prove dependency in order to get the benefits. The social security approach is the logical way to cover the costs of prolonged illness. A program of prepaid medical insurance such as the King-Anderson bill proposes, financed during the working years by no more than \$1 per month by the employee and employer alike, would cover the overwhelming costs of long-term hospitalization, nursing home and home care and outpatient diagnostic services. This program would protect retirement income. Older folks would then be free from the necessity of meeting high health costs, paying high premium rates for health insurance and which provide inadequate coverage, and clinging to their savings for fear of having to meet health costs. It would then be possible to advise prospective and actual retirees in our courses in retirement planning on how to budget their retirement income for day-to-day needs, enable them to be economically secure, enjoy full opportunity for participation in meaningful leisure-time activities, and contribute to the general economy of the State and the Nation. We request that measures be taken by this subcommittee to get speedy passage of the King-Anderson bill.

We also urge that this subcommittee revive the tax relief bill which was killed last year by the House Ways and Means Committee which would have relieved our oldsters of some of their income tax burdens.

THE CHALLENGE OF LEISURE

Transition from work to retirement is difficult. Yet advances in science and technology, and movements of industry out of Rhode Island are squeezing more and more older people out of employment; so the outlook for older persons is more and more leisure. A significant difficulty confronts us when we recommend to oldsters in retirement courses that they take up hobbies. We are aware that we are giving empty advice because we live in a work-oriented society in which recognition and prestige are gained only through gainful employment. We are rapidly coming to the realization that we must make adjustments in our value system and in our social, economic, and educational institutions. There is an immediate need to find appropriate and remedial means for helping retirees to channel their energies and knowledge into activity that is both personally satisfying and socially acceptable. There is a host of problems needing attention in our country. Serious thought and strong support should be given to passage by Congress (the Senate has already passed it) of the National Service Corps legislation now pending. This program offers real opportunity to retirees to work in problem areas of mental health, the American Indians, juvenile delinquency, migratory workers, and other disadvantaged people.

We also request that you recommend enactment of a National Cultural Foundation as a measure to direct the talents and skills of older adults toward activities in the arts and sciences and humanities. We recall that in the Age of Pericles constructive use of leisure time in Greece resulted in the Golden Age of art, sculpture, architecture, and philosophy.

NEED OF FEDERAL ADMINISTRATION OF AGING THROUGH PASSAGE OF FOGARTY-M'NAMARA BILL

There is no one answer to the problem; an effective attack must be launched on a number of fronts. A comprehensive education for aging program should be launched at the Federal level that would encourage Federal-State-community programs at all educational levels to provide not only practical courses in preparation for retirement, but also learning opportunities leading to college degrees for those who were unable to earn college degrees previously, for the disadvantaged to learn to read and write so that their minds may be enriched and their horizons broadened, and for all to gain comprehensive information about adjustment through the life developmental cycle into a successful retirement.

It is impossible to realize this overall approach while the Office of Aging, which is located in the Welfare Administration of the U.S. Department of Health, Education, and Welfare, carries the main responsibility for Federal-

State-community programs in aging. The structure of this office is a deterrent to any major breakthrough in helping our oldsters help themselves through retirement education. Education for successful and productive aging encompasses all problems associated with aging. A comprehensive program cannot emanate from a welfare agency since unilateral programming may stifle program growth in education because of welfare's dominant and rigid one-type program. It appears to be general knowledge that communication between the U.S. Office of Education and the Office of Aging in the Welfare Administration is becoming thinner and thinner.

What is needed is an agency at the Federal level which will emancipate the oldster from the welfare stereotype. An oldster should be able to live without the stigma of welfare. If he cannot there is scant hope that he will be able to enjoy his retirement years. The kind of Federal Government leadership which is required is spelled out in the Fogarty-McNamara bill. This legislation proposes the establishment of an Administration of Aging within the U.S. Department of Health, Education, and Welfare—a high-level agency which will have status and prestige, free from the stigma of welfare, and in a position to reflect the full status of our senior citizens as independent, self-respecting, and contributing members of society. When an Administration of Aging has been created according to the Fogarty-McNamara formula, we can expect a total program in aging through expansion of functions, more ease of administration, greater coordination of activities and programs of all other Federal departments and agencies. We would especially expect the kind of leadership in education for aging that would enable us to realize for our older adults the goal of self-fulfillment in the retirement years.

Also submitted as part of this statement is a description of the course offered by the University of Rhode Island Extension Division.

Thank you.

(This course description follows:)

RETIREMENT PLANNING, UNIVERSITY OF RHODE ISLAND EXTENSION DIVISION

A course in retirement planning was conducted for the second time at the Extension Division of the University of Rhode Island during the fall session, 1963 (the first one was held during the winter session, 1963). Designed for persons approaching or in retirement, the course was held each Wednesday evening at the University Extension Building, Promenade and Gaspee Streets, Providence, and ran for 10 weeks. The sessions began at 7 p.m., and lasted 2 hours.

Through action of the board of trustees the regular course fee was waived for students 60 years of age and over.

PARTICIPANTS

Sixteen individuals completed the course. Fourteen were 60 years of age and over, as follows: 60, 1; 61, 3; 63, 1; 64, 2; 65, 2; 66, 1; 68, 2; 71, 1; and 74, 1.

The remaining two enrollees were 48 and 59 respectively. Mean age of the over-60 students was 65 years. Mean age of the entire group was 63.6 years.

Geographical distribution of enrollees was: Providence, 8; Warwick, 4; Cranston, 2; and North Providence, 2. There were nine men and seven women.

Only one of the students had experienced no significant labor force participation: she was a homemaker who became widowed rather recently, and had never worked since she married many years ago. All others had been or are labor force participants. Three of the men and two of the women were retired. All remaining enrollees, six men and four women, were employed.

All levels of occupation were represented. Four enrollees were affiliated with the New England Telephone Co., of whom one woman and one man were retired and active in the Telephone Pioneers, and two men were still in active service with the telephone company. Three of the women enrolled were currently employed as schoolteachers and one as a nurse on a hospital staff; one retired woman was an insurance underwriter before retirement. Among the remaining enrollees (all men), several fields of occupation were represented: comptroller, jukebox-phonograph service, business, store owner and manager, salesman, purchasing agent, retired pharmacist, and retired linotype operator.

CURRICULUM

Lectures, discussions, and group guidance techniques constituted the general methods of procedure. The following topics were covered: aging in American society; psychological, social, physiological, and economic changes in aging; adjustment to changes within one's self and in the environment; physical and mental health; nutrition; planning retirement income; maintaining and increasing retirement income; family relationships; housing and living arrangements; meaningful use of leisure time; Federal, State, and local programs and services that are available (or should be made available) for older persons.

Several kinds of reading material were furnished the students free of charge by the instructor, and appropriate assignments made. The following were some of the reading materials:

1. "Psychology of Aging" (in *New England Pioneer*), Mary C. Mulvey, October 1962.
2. "Leadership Roles in Aging," *Proceeding of a Seminar*, University of Rhode Island (Mary C. Mulvey, editor), July 30-August 3, 1962.¹
3. "Planning the Later Years," Department of Health, Education, and Welfare, Bureau of Old-Age and Survivors Insurance, 1961.
4. "Now That You Are Retiring," U.S. Department of Health, Education, and Welfare, Social Security Administration, U.S. Government Printing Office, February 1963.
5. "How the Older Person Can Get the Most out of Living," American Medical Association, Committee on Aging, no date.
6. "Food Guides for Older Folks," U.S. Department of Agriculture.
7. "Toward a Better Understanding of the Causes and Prevention of Senility, Monograph," Blue Carstenson, National Senior Citizens Education and Research Center, 1627 K Street NW., Washington 6, D.C. (available upon request).
8. Several pamphlets and publications, including literature from: Office of Aging, Welfare Administration, Department of Health, Education, and Welfare; American Association of Retired Persons; Senior Citizens of America; National Council of Senior Citizens; local and State materials.

The enrollees have been placed on the mailing list of: U.S. Government Printing Office (for appropriate mailings); National Service Corps Citizens Committee, Washington, D.C.; Industrial National Bank of Providence (for regular issues of Taxes and Estates); etc.

To aid the students in greater self-knowledge so that they might better develop their full potential in retirement, we administered the following tests and inventories and interpreted results:

1. General aptitude test battery (administered by State Employment Services).
2. Kuder preference record, vocational.
3. Occupational interest inventory, California Test Bureau.
4. Guilford-Zimmerman temperament survey.

ACKNOWLEDGMENTS

It is fitting to commend Dr. Francis H. Hearn, president of the University of Rhode Island, for his dedicated interest in adult education, and for his part in making possible the retirement planning course. The success of the course is due largely to the sincere interest and enthusiasm of John R. Hackett, dean of the division of university extension. Also to be commended for their active cooperation are Dr. Hollis B. Farnum, director of advisory services, and Eugene J. Sullivan, chief counseling psychologist.

Senator KENNEDY. Before the subcommittee moves into the open session and we invite comments by the members of the audience, we will ask them if they will be good enough to come forward to the microphone on the floor and to give their names and their addresses, and we will ask them to form a line in the center aisle.

We will proceed. There has been such an indication of interest in testifying by those in attendance here today, that I must ask the ladies and gentlemen who will appear before us to limit their remarks

¹A copy may be received by sending 50 cents to Dr. Mulvey, 65 Edgemoor Road, Providence, R.I., 02906.

to 2 or so minutes. I have asked the staff members to indicate when the time is up in order to give an opportunity for as many as possible to be heard by this subcommittee.

Mr. JOHN F. KINDER. I think that there are three or four pieces of legislation in Congress now that will be of interest to senior citizens, if passed; namely, the medicare bill, which was sponsored by our beloved late President, and also a bill known as the National Service Corps, patterned after the Peace Corps. I believe that has passed the Senate and is in a committee in the House now.

Senator KENNEDY. You're correct.

Mr. KINDER. And also, the Older American bill sponsored by Representative Fogarty, and McNamara in the Senate. That will be of great help, I think, to all of the senior citizens when it is set up.

Now that President Johnson has done something to take some of the misery out of the low income group, I think that the senior citizens should be considered as one of the prime low-income groups, because there are about 70 percent of the senior citizens who only receive a pension from around \$40 to \$70 a month, which is very inadequate to take care of the personal needs.

I think that in that field the President has spoken of, if there would be a public works of some type set up to give part-time employment for the elderly citizens with the low, very low income, to be able to earn enough to replenish just their needs, not any extra. They would have to have a large amount of work to cover anything more.

Senator KENNEDY. I want to thank you very much for speaking out on these important questions, which are before the Congress. I appreciate your viewpoints on this.

Mrs. ANNIE BUTLER (president, Pawtucket Golden Age Club, YMCA). It is a great pleasure to meet you, as I have already met both your brothers. I told you so.

Now we have heard so much of this wrangling here today, Senator, we have heard about all the good you do for us, now let's hear some of the bad. When we were down and out and tried to bring our children up, there wasn't one of them ever come to see us who were working in the mills and foundries here in Rhode Island. There wasn't one of them ever come to see if we had a bit of food in our little bitty ice boxes, none of them did. Now we have gotten over that, and tried to get jobs and keep working when we should have been a benefit to them, we tried to save a dollar here and a dollar there.

We done without work. We also done without clothes and entertainment. Now they want to push Kerr-Mills on us, and ask us how we saved our money, and make a list of what we have. I don't know how they can sleep in their beds to think they can do that to us.

If they come to my house and ask me to sign any papers, it is too damn bad for them.

Now all we want is what our beloved President promised up in Washington last year, and the year before. We want it from social security and no other place, nothing whatsoever. We are behind all the other countries in the world; we are 50 years behind, Mr. Kennedy. We are 50 years behind all the other countries in the world. I have a son 50 years old today and born in England. When he was born I never had to pay one dime, not one dime, when he was born.

He is an American citizen with six children here today, and God knows they bleed him to death.

We have been so sick over all these promises that they have made to us, and we have never gotten them. I happen to be one of them that went with John L. Lewis to get our President in. He promised to us he would give us social security, which Roosevelt did, but only through labor and John L. Lewis did we get that, not through anybody else. I know because I was with him.

Also, your brother promised us the hospitalization, and through that, all the labor unions were with us, and they got us the pension to live on. If we stop 1 minute to think what all those people in America would do without these labor unions when they got us this social security — We do not want, under any condition, anything to do with Kerr-Mills bill. I hope you, as our President's brother, will see that we don't get it.

Senator KENNEDY. Thank you very much, Mrs. Butler. I know you know this committee has gone on record in favor of the social security approach to the financing of hospital and related benefits for the elderly. I can understand why your organization is such an active one in this State, with your fine warm endorsement of the programs. We want to thank you for your generous comments on these programs.

Congressman ST GERMAIN. Very briefly I might say I have experienced and am aware of one thing, the lady who just spoke is certainly one of the sparkplugs, one of the hardest workers amongst the golden agers in the State of Rhode Island. She is tireless, and should be commended for the work she has done.

Mrs. ANNIE LEANDRO (president, Senior Citizens Club, member of the American Association of Retired Persons, member of Cranston Mayor's Commission on Problems of the Aged). Working with senior citizens for the past 10 years, I am experienced with some of their problems. I can say they are very depressed with high hospital costs and very expensive drugs. Some can't survive if they don't have the drugs that their doctors have prescribed for them.

I have been told by some of them whenever they buy these drugs they have to go without food because they don't have the money for food. So, maybe every other week they do have to go without some food.

I know of a lady in Providence who was hospitalized for many weeks. She had a leg amputated in 1962. In 1963 she had a cancer of the breast. Then she had to go back for more treatments. Her hospital bill is tremendous. Her income is so small, and out of this small income she has to pay \$20 a month to these hospitals.

Another woman has arthritis in her legs. She has no income at all. She has three sons. Each son donates \$5 weekly to this little lady. When they are laid off from their work at any time, they can't donate one cent to her. She also goes without food.

It doesn't seem possible that this would really happen in our country. We are the richest country in the world. It is hard to believe. Some might say, "Why don't they apply for assistance from the welfare department?" Some people would rather die or starve to death if they have to go through this means test. I am sure that the medical care of the ill through social security is the only bill that will really answer the purpose. I can't believe that there is so much opposition against it. Why, we don't know.

So, in behalf of all the senior citizens, we hope and pray that this bill will be passed.

Senator KENNEDY. I want to thank you very much.

Mr. JOHN A. RYER (member of the National Executive Committee of the American Legion, and also the national commander's personal representative to the American Legion Subcommittee Concerning Problems of the Aged and Aging). I am very proud of the fact, gentlemen, that that committee was born here in Rhode Island, in the city of Providence, in the small post in the city of Providence, Fox Point.

Three years ago some of the men in Fox Point decided that this problem of the aging was something the American Legion should become interested in and further decided they should become interested in it from the angle in which your committee is doing such an able, capable, and enthusiastic job.

We felt that the problems of the medicare, the problems of the economics would be taken care of in due time by the Congress of the United States. We still feel that in fairness and justice to our elderly citizens these problems will be taken care of.

Millions and millions of dollars are spent each year on medical research to prolong the lives of our citizens. And then, abruptly, a line is drawn someplace, and they are declared elderly people. We, in the American Legion, feel that some sort of research program, some sort of program should be set up, similar to a child welfare program, that the American Legion instituted way back in 1925 when they pioneered in the thought, and philosophy of caring for the children, that a square deal to every child, every child should be taken care of, but taken care of at its home.

At that time it was a brandnew philosophy. We feel today the American Legion not only has a right to become interested in the problems of aging and aged, but it has a duty, because the American Legion is composed of 3 million men and women, plus 1 million ladies that belong to the auxiliary.

We have a readymade commission set up in Indianapolis and also in Washington, which would be of invaluable aid. We are mentioning this to your committee, Senator, because I feel personally that your committee, in all probability has been completely unaware of it.

By the same token, by informing you of this, I hope that we might be rewarded to the extent that when we are in Washington next month, that it is conceivable that you, Senator Kennedy, and you, Congressman St Germain, a member of the American Legion in Rhode Island, could perhaps help me to bring this committee within the American Legion to fruition, which we do so desire.

I might say in closing that we who have formed this committee, under no circumstances, consider the American Legion Subcommittee on Problems of Aged and Aging a wholly veterans' affair. We feel, certainly when I get to the age of 70 or 75 years old, and I have a problem and might be institutionalized, or convalescent, that certainly my wife would be a problem, too. It is not a wholly veterans' problem.

Thank you.

Senator KENNEDY. Thank you, Mr. Ryer.

Mrs. MARGARET HARLOW (secretary of the Nickerson House). I also do volunteer work for the boys' club in my neighborhood. I work

and have worked for 22 years at a store in town. At the moment I am working part time. I am coming to the gist of my speech in a moment.

My trouble is this, you get your pension, yet whatever pay you earn, if it is over \$25 a week, the Government will take out half of what you earn. I wonder why they do not allow the elderly citizens to earn a little more money to subsidize their pension, and therefore keep us away from poverty and keep us away from asking aid from the Government.

I am on my way now to the post office to file my income tax because I have made a little extra pay during the year, and for every \$2 you make, they take a dollar back. That is my problem. I wonder if something can be done to eliminate that so that we can earn a little extra money.

I see nobody brought that subject up. I have been waiting all morning to see if someone would say something about it.

Senator KENNEDY. Congressman St Germain has a comment.

Congressman St GERMAIN. I might say I agree with the lady. In fact, probably tomorrow or early next week I am introducing a bill. You are referring to the fact that once you earn \$100, you go beyond this, you lose your old-age-pension benefit.

Mrs. HARLOW. That is right.

Congressman St GERMAIN. I agree wholeheartedly, and am introducing legislation to that effect, as I have in the past. I hope we will be able to help you out in the near future in this area.

Mrs. HARLOW. If you have to go anywhere to a meeting, you have to pay carfare. People can't afford it. I think it would be wonderful, if at all possible, to keep whatever we earn. We do not have much longer to do it.

Senator KENNEDY. Thank you very, very much, Mrs. Harlow, for your remarks.

Mr. JAMES H. REILLY. I am administrator of the Rhode Island Division of Public Assistance. This morning there has been a lack of positive comment concerning welfare programs, as such. I wish to point out that the welfare programs serve people, people who are frequently in desperate need, and that the quality of the programs influence the quality of our community in general.

So that I think we should be concerned about strengthening welfare service. I will restrict my remarks to the problem of income maintenance, however. Health involves a state of physical, social, and mental well-being, and not only the absence of illness. Adequate assistance grants are prerequisites to the well-being of our older citizens.

The presence or absence of sufficient money to purchase the necessities of life affects not only the physical condition, but also the personal relationships within the family in the community. In 1956 the Congress promulgated the goals of self-care for old-age assistance. In 1962 there were amendments to the social security program, extending these objectives with social service amendments. Both the Congress and the President expressed a concern that the States not only develop social services, but also increase their assistance grants.

The Congress has increased the formulas for Federal participation, but few States pass this money along to recipients. A report in 1960

from the National Public Assistance Advisory Council indicated that unmet needs in monthly assistance allowances represented one-half or more the cost of 1 week's food.

The American standard of health and well-being assume that every human being needs food enough, and of the right quality; clothing and shelter, together with incidentals for personal grooming; and a little extra for a newspaper, and for the church collection, et cetera.

Are the payments to our needy elderly citizens sufficient to permit the maintenance of the level of health and decency? The following figures clearly indicate that they are not.

The average monthly payment in Rhode Island, in October 1963, was \$68.23 for maintenance, and \$15 for medical care.

Senator KENNEDY. The time has expired; could you conclude at this time?

Mr. REILLY. My purpose in making this statement was to encourage the subcommittee to have a concern with the adequacy of the allowances to the needy who are forced to apply for public assistance help. The allowances for the needy throughout the country have been very limited. I do not think it reflects the concern of Congress in this area.

Senator KENNEDY. Thank you very much.

Mr. RALPH F. LABRIOLE (field representative, IUE, AFL-CIO). I would only be repeating why we need this legislation. I do know it is needed. It has been a long time coming. We would like to go on record as the IUE, AFL-CIO, that we do support this legislation to help make a better living for the elderly citizens. Thank you, Mr. Chairman.

Senator KENNEDY. Thank you very much.

Mrs. ANNETTE CUSSON (Democratic national committeewoman for the State of Rhode Island). Senator Kennedy, Congressman St Germain, may I take this opportunity to say that our State is greatly honored by your presence here, to Chair this important meeting on the problems of the elderly. I come here today not as a member of one party or of another, but as a private citizen, one who is deeply concerned, personally interested in this great problem of the elderly.

Although many phases have been discussed, many problems concerning the elderly have been brought up, including recreation, housing, I believe that everyone here today would agree with me that the most important area is the area for medical and hospital care.

I want to stand in favor and say that I believe that the King-Anderson bill is the bill that could provide most for our elderly citizens, for all people over 65 years of age. We do not favor a bill whereby elderly people must take a means test, and must declare themselves paupers.

No, it is the privilege of all people, it should be the privilege of all people over 65 to get this care, hospital care, and payments as a form of insurance which they have paid through social security in their productive years.

I want to favor this. I hope it will take top priority in the Congress of the United States this year. Thank you.

Senator KENNEDY. Thank you very much.

Mrs. MARY E. FREEMAN. I am chairman of our beloved President's operation support program in the State of Rhode Island. I would

like to go on record as saying that over the past 3 years the women who have volunteered for this operation support—and I have given many conferences all over the State of Rhode Island on medicare—my remarks will be redundant in the light of Annie Butler's. Anyway, of the many thousands, or 90,000-plus elderly citizens 65 and over with whom I have come in contact, the consensus of opinion is that medical care should be theirs by right, as presented in the King-Anderson bill, with the social security setup, or something similar to that, and not a program which includes the means test plus public assistance, as the Kerr-Mills bill does.

I have a letter given to me to read. It was written by Edward H. Reale, of Pawcatuck, Conn. It will give some idea on this. It was written January 19, published in the Westerly Sun. This will give some idea of how our average citizen does feel.

Who is this high and mighty man who can delay such needed legislation? He is Representative Wilbur D. Mills, chairman, Democrat, of Arkansas, of the powerful Ways and Means Committee, who has already served notice on Congress he intends to continue his efforts to delay enactment of the program to provide hospital insurance for older Americans through social security. Legislation designed to treat health care needs of the elderly through a logical extension of the social security and railroad retirement systems has been stalled in Rules Committee for more than 6 years.

Mills told the House Rules Committee, which clears legislation before action on the floor of the House, that he did not intend to ask them for help on behalf of medicare in this session of Congress. However, he intended to schedule Ways and Means Committee hearings on the bill as soon as possible after the tax cut bill was out of the way. Although the tax cut bill has successfully passed the House, Mills has not announced the date of the hospital insurance hearing. Mills' announcement to the Rules Committee brought an immediate flood of protests, so forth * * *.

He concluded by asking them to please write their Senators and Congressmen.

Senator KENNEDY. Thank you very much. I am familiar with the operation and what they have accomplished.

Dr. HAYVIS WOOLF. I am an optometrist from the city of Cranston, R. I. I am former director of public welfare of the city of Cranston, and also former chairman of Housing for the Elderly, Rhode Island Division on Aging.

I was to appear tomorrow at the Ways and Means Committee hearing just referred to by the previous speaker. However, I chose to attend today, and not appear tomorrow at the postponed meeting, to present testimony.

As in all testimony before all congressional hearings that I have attended, people who are in the field of aging, who have any contact with the field of aging, certainly are tremendously enthused with whatever they are doing, whatever they are participating in, and whatever help is extended to them by the agencies of the Federal Government and the State government.

I say here and now that to receive money under S. 1357 and S. 2000 would certainly be of a great advantage. I have seen this for the past 3 years in the State of Rhode Island. I know how much this would help in starting projects that would have this tremendous enthusiasm that you see here this morning, right here in our State, and be carried on by other agencies that would begin with Federal money, and carry out the projects on their own, or with independent agencies.

Thank you very much.

Senator KENNEDY. Thank you very much, Dr. Woolf.

Mr. ERNEST DAVIS (Eight Harbour Avenue, West Warwick). I am not affiliated with any one of the senior citizens, but am quite interested. What I do have to say I can't say in a couple of minutes, but I will do it as quickly as I can.

What has been brought up here this morning in consideration of the elderly, I did not hear anything mentioned about medical care such as drugs, which I do know that some drugstores at the present are giving reductions. By "reductions," I mean whatever the cost is to the druggist, he will give to anyone he has signed up, and who can prove that he is getting a pension, whereas there is a 75-cent charge by all druggists. If a prescription was brought in that would cost possibly in the vicinity of \$15, his price would be probably about \$7. It would be the wholesale cost. That would be for each and every one who is retired. Also, he has agreed to go along with anybody that has heart trouble or laid up for 5 or 6 months, he will give them the same discounts, regardless.

I think it is one of the best things that has been started in the State, through the druggists. I think it should be pushed, and more and more get into it. I thank you.

Senator KENNEDY. Thank you very much for bringing to the attention of the subcommittee what has been taking place on the local level. It certainly concerns one of the major problems of our senior citizens, the cost of drugs and prescriptions.

Mrs. SADIE MACDONALD. Mr. Chairman, I am a member of the Westerly Democratic Town Committee, and member of the State committee. As area chairman of operation support, I have been a strong supporter of the President's bill on medical care. I feel that this is the only answer to the senior citizens' problem on medical care. I have been responsible for getting hundreds of signatures on petitions which have been sent in. I have been responsible for cards being sent in. But I am wondering if there isn't something a little more effective. I wonder if it would be more effective if all the people over 65 years of age who have access to hospital bills were to send those instead of the cards.

I wonder if this would be more effective, and it would let the committee know exactly what the needs are, by the hospital bills it would show just what the people 65 and over have to pay, and what the cost is for. I know I have one that belonged to my dad for \$1,296.72, for 4 weeks in a ward, out of social security pay, that was. He passed away, and the bill was sent to my mother who has been in a wheelchair for 4 years, who is also under social security.

So, I wonder if sending these bills would actually let the people down there in Washington see just what the people need and not listen to a lot of hearsay, or look at a postcard and toss it in the wastebasket. If they had the actual bills it might help.

Senator KENNEDY. Thank you, Mrs. MacDonald. I think particularly your own personal illustration you mentioned is extremely significant in light of all of the testimony that went on here this morning.

As I mentioned earlier, this Committee on Aging has gone on record in favor of the social security approach to the financing of hospital and related benefits for the elderly. The hearings have started in the House. I mentioned this morning, prior to this hearing, that I

believed that this King-Anderson bill has the majority support of the Senators in the U.S. Senate this year. It will be an issue before Congress, and I think we will have action on it in the late spring. Although members of your congressional delegation have pretty well indicated their position on this important legislation, I do think that at that particular time letters and cards from as many citizens as possible, and their opinions about this important piece of legislation, will be very welcome not only by me, but by your Congressmen as well.

I appreciate your comments here this morning.

Mrs. MACDONALD. Do you think that it would be more effective to send these bills just to Mr. Mills?

Congressman ST GERMAIN. If I may, Senator, I don't know if you mean you would like Wilbur Mills to pay the bills.

Mrs. MACDONALD. No.

Congressman ST GERMAIN. I might say this, naturally we are always looking for means and methods to most vividly put a point across. As you say, operation support in Rhode Island has done a great deal. We have received a great many signatures and postcards from our constituents. The members of the delegation have them. You people in the Senate have the votes. We in the House have the problems. We have forwarded all of the signatures and cards to the Committee on Ways and Means.

Now, this idea that you have on the bills I think is excellent. It is a vivid illustration of the problems that arise. I would say this, that I know that I—and my colleague, Congressman Fogarty—are both in support and favor of the legislation and want to see it enacted, and we will do the same thing, those bills that come from my constituents on my side of the State I will have photostated and return the originals to whomever sends them in.

However, I will have photostats made and sent to each and every members of the Ways and Means Committee, hoping this may possibly sway, or maybe tip a little, tip someone a little bit our way.

Mrs. MACDONALD. My dad's bill is paid. It left a big hole in our budget.

Congressman ST GERMAIN. Nevertheless, this will be an illustration of how much it cost.

Mrs. MACDONALD. Yes. On the housing, also; I think housing is wonderful for those who don't have a home, an elderly person that doesn't have housing. I think that something should be done, more should be done for the elderly people that don't have their own home, and try to see that they keep their homes.

Senator KENNEDY. Good. You know there are probably a lot of hungry people that missed out on lunch. We are covering our final three witnesses before the committee. After these three present their evidence, we will go into adjournment.

Miss JULIA RAGER. Senator Kennedy and Congressman St Germain, I am Julia Rager. I have been a professional social worker since 1923. I am executive secretary of the Catholic Charities of the Diocese of Providence.

At the present time I am the chairman of the social action committee of the Rhode Island Conference of Social Workers. I am not representing any of them officially here today, but I would like to speak for one moment on some certain phases.

I mention the Rhode Island Conference of Social Workers because they approved the King-Anderson bill.

There is a project in Providence which is very significant. Mr. Cronin, director of recreation, feels an obligation to provide recreation for the elderly on the same basis that he does for younger people. This is something that I would like to recommend to be considered by your committee. What I really want to talk to you about is the counseling and need for this in the field of elderly. When you're a social worker in an agency, and older people come to you who need this counseling, and you can give so little to the total number in the State, I would appeal to you to help strengthen this personal counseling professional service to these older people, which will help them in their adjustment to living outside their home, their adjustment to living sometimes with their own relatives, to their health problems, to many, many problems that come up.

So, I would like to say that whenever you can in any way strengthen the counseling service under public auspices, or in private agencies, it would be worthwhile.

Thank you.

Senator KENNEDY. Thank you very much.

Mr. GEORGE MAHONEY. Senator, I am president of the Rhode Island Nursing Home Association. I would like to make one bit of news public here. I don't think too many people know about it. By a survey made under the Hill-Burton State plans data, the national summary, as of January 1, 1963, issued by Health, Education, and Welfare, Rhode Island is one of five States in the Union whose total beds are acceptable. The beds in existence have been acceptable. It is one of five States in the Union, and every personal and convalescent home and rest home is acceptable.

Too many people don't know that. On the matter of transportation, Mrs. Mahoney is a representative of the Volunteer Nursing Association in South Kingstown. We have many occasions where people have to come to the clinics in Providence for care, and different types of X-rays that can't be done in our local hospitals. We are limited on the amount of driving we can do. You have to be with the business.

Many of the people would like to volunteer and are afraid, that they don't want to be responsible to the people in the car in case of an accident or something like that. Is there any way, probably through your aging committee, that this could be absolved, or be given exemption from this? It stops a lot of people from volunteering their cars.

Senator KENNEDY. Usually this is a State provision, as far as the relationship which exists between a passenger and driver liability, which is involved. I think it is important, and am happy that it was suggested here.

Mr. MAHONEY. I imagine this is a problem nationwide. Thank you.

Senator KENNEDY. That is very good. Thank you very much for mentioning that. To a great extent it is a State problem. A number of witnesses mentioned this problem of transportation and talked about it.

I think that it does include the problem, as was mentioned by Mr. Mahoney, not only of financing transportation, but also this other problem of the liability which is involved, and people not wanting to take the risk.

We certainly welcome those comments, and they are helpful.

Mrs. ANN SWEENEY (registered nurse). Senator Kennedy, Representative St Germain, I did not intend to say anything this morning. I came here to observe. As I sat here, I scribbled a few notes down regarding something I thought I should mention, having had experience for 13 years in the care of aged people.

I have done geriatric nursing for 13 years in my nursing home, which I have now given up. Because of small children, I have been unable to continue the work. I have cooked meals, dressed wounds, given medications, administered to bedsides. The greatest need of these people, in my humble opinion, is consideration, and respect from their family, friends, and the general public. There is nothing as welcome to these incapacitated people as the sight of their own flesh and blood. Too often relatives consider visits to their old parents or aunts or cousins as duty visits and they spend the usually short visit by consulting their watches.

Their own children are not brought up to consider grandpa or grandma a personality in their own right. These old people who have worked hard to provide for and educate large families of children should have more respect for them in their advancing old age.

Instead of this, they are treated as oldsters who are incapable of feelings. I feel that the general public should be made aware of their debt to the people who have preceded them, and afford them the dignity which they are entitled to. These old persons in nursing homes vote at election time. Many of them have fine minds, if broken bodies. In other cultures of different society, old people are held in veneration. Why don't we do the same?

A mass program of reevaluation of the attitudes of our society toward the aged should be made, and the public should be re-educated.

Senator KENNEDY. Thank you very much. We appreciate the sincerity and interest of your comments.

Mr. JOSEPH L. TIERNEY. I am a former vaudeville actor; I am also a trained probation officer and occupational therapist. Let me say I am glad to be here before such an august body. I think the Federal Government itself errs in not allowing people 70 years old to take a civil service examination. It is my understanding that one cannot take a Federal examination when he reaches that age. I have done a little traveling since my forced retirement. Our own State here has a compulsory retirement at age 70. My 70th birthday came on a Wednesday and on Friday I received my notice that I was out—I was "over the hill."

I waited a reasonable length of time to find out what the situation was. Then I was informed that I should go to the unemployment office, which is a branch of the same State government, to file for unemployment compensation. I went there and filed my application and, verbally, they asked me if I was willing and able to work. I said that I was and added "I have been able to work right along; no question about that." One agency tells me that I can't work and another agency tells me that I have to be able to work in order to collect the

\$36 a week for 26 weeks. Had I been informed 6 months or a year in advance that I would be terminated when I reached 70, I could have made arrangements for this. As it was, it left me in a bad situation; and I'm still in it.

I have written to Washington and have had several conversations with Senators and Representatives—excluding you two gentlemen. You're not allowed to take a civil service examination at age 70, but there are people whom I know—very competent people—doctors, lawyers, men whose service would be very valuable but your age is your barrier.

Dr. Botts and other geriatric experts can tell you that one man may be old at 50 and another man may be very active way beyond 70; I am one of these men. I think the committee in its study should go into that phase of it.

One more statement—if I have time—what are the qualifications that these people must have who get the Federal grants? I can name three places specifically where I visited and they could tell me nothing. One of these grants was a matter of a million dollars for over a 3-year period.

Senator KENNEDY. Who received it?

Mr. TIERNEY. This was in Massachusetts, I am sorry to say that. I went there and contacted—

Senator KENNEDY. My question was, Who received the grant?

Mr. TIERNEY. The New England Aid Center. You weren't in the Senate at the time.

Senator KENNEDY. I am trying to think what the New England Aid Center received a grant of a million dollars for.

Mr. TIERNEY. For a 3-year period. It goes around \$400,000 a year. At the end of the year they will come in with a report which would be available to the public, and to the organization.

Senator KENNEDY. For research?

Mr. TIERNEY. As a matter of fact, they set up the study of pre-conditioning of men and women at the age of 65, in three specific districts in Massachusetts. Then they were going to bring in 25 men who would be put on salary, from a local college. I wrote to them but I guess the gentlemen must be out "preconditioning" someone. I never got an answer, even though I sent stamped, self-addressed envelopes.

I think that the Federal Government itself should allow people who are capable when they have reached the age of 70 to take an examination for work. If they have the ability and the brains, they should be put to work. Thank you very much.

Senator KENNEDY. I want to once again thank Congressman St Germain for joining with the subcommittee this morning, to express my appreciation to all of the witnesses that came, to express the appreciation of the subcommittee as well, to many of the members of Golden Age and senior citizens clubs that traveled a considerable distance, and in many instances were inconvenienced, to attend these hearings, and to speak out and bring to the subcommittee the results of their profound study, and their experience.

It will be helpful for us to gather this kind of information. They were patient to stay with us through the morning hearing, and this subcommittee particularly appreciates it.

I want to thank our recorder who has been extremely busy all morning long, and the members of the press for their understanding and their interest, and the kind of coverage that was accorded to this subcommittee. I also wish to thank the Providence Journal for extending to us the very fine hall as well.

Any of you, as I mentioned in my opening statement, who care for a copy of these hearings, we will be delighted to hear from you. It will take a few weeks to just record this information and material. I want to say how much I have enjoyed, personally, being here with my friends in Rhode Island. The hearing is closed.

Whereupon the committee recessed at 1 p.m., subject to the call of the Chair.

(The following letter was later received for inclusion in the record:)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS,
DEPARTMENT OF SOCIAL WELFARE,
Providence, R.I., January 9, 1964.

Mr. J. WILLIAM NORMAN,
Staff Director, Senate Special Committee on Aging,
Washington, D.C.

DEAR MR. NORMAN: As requested in Mr. Hunt's letter of December 30, 1963, I am providing you with some information concerning programs in Rhode Island for the aging together with identification of some of the individuals particularly concerned. I trust this information will be of value to you as you plan for the hearing which will be held in Providence on January 21 at 2 p.m. on "Federal, State, and Community Programs for the Aging."

The following are the programs and services for the aging at present available in our community or in the process of development:

1. *Intake and referral service.*—This service is administered by the Rhode Island Council of Community Services, 333 Grotto Avenue, Providence.

2. *Recreation programs.*—There are approximately 50 golden age groups throughout the State. These operate under the auspices of churches, community centers, settlement houses, and the city or town recreation departments.

3. *Housing.*—Some 23 communities in Rhode Island have established housing authorities and a number of them, mainly East Providence, Newport, Woonsocket, Cranston, Central Falls, Pawtucket, and Providence, have either completed or are in the process of building housing for the elderly.

4. *Health.*—The Providence District Nursing Association, 157 Waterman Street, Providence, since June 1962 have carried on a demonstration project in the Dexter Manor housing project for the elderly in Providence, a service to develop and provide preventive health and home nursing for the residents. Social work services were available on a part-time basis through the department of public welfare until 3 months ago when a social worker was hired for the housing project to work in conjunction with the nursing program.

Another program being conducted by this nursing association is a home aids program. Two persons are giving a variety of housekeeping services to chronically ill and aged people living in their own homes.

Both the above are demonstration programs financed by the Rhode Island Department of Health.

5. *Chronic disease project.*—This program is being carried on by the Rhode Island State Department of Health in the Kent County Memorial Hospital. Its object is to develop nursing plans for patients with cardiovascular diseases and to arrange for necessary nursing and other services for the patient upon his discharge to his home. This program has been in operation since February 1962. A second project is being instituted in the South County Hospital.

With this project as a nucleus, the hospital is developing a home care program which we expect will be in operation within a few months.

6. *Homemakers services.*—There is no comprehensive community program of homemakers services. Several agencies (Jewish Family & Children's Service, Inc., 333 Grotto Avenue, Providence; Woonsocket Family & Child Service, Inc., 1 Main Street, Woonsocket; and Family Service, Inc., 333 Grotto Avenue, Providence) have limited programs to serve all age groups.

The Family Service, Inc., has received a grant for a demonstration program of homemakers services in the southern part of the State with headquarters in the South County Hospital in Wakefield. The emphasis of the services will be on the chronically ill and aging. This program is in the process of being developed.

In the Rhode Island Division of Public Assistance a position of consultant on services to the aging was set up in December 1962. The concentration has been on improving services to elderly clients through in-service staff training and consultation on individual situations; community education in relation to the needs of the elderly; and in work with other community services to identify unmet needs and the development of needed services.

The persons who had responsibility for the development and/or operation of the above programs are:

Dr. Sidney Dillick, executive director, Rhode Island Council of Community Services, 333 Grotto Avenue, Providence, R.I.
Mrs. Alice DeSaint, administrator, Rhode Island Division on Aging, Roger Williams Building, Hayes Street, Providence, R.I.
Mr. Joseph Lyons, secretary, Providence Housing Authority, 263 Chad Brown Street, Providence, R.I.
Mr. John P. Cronin, director, Providence Recreation Department, 161 Fountain Street, Providence, R.I.
Mrs. Rhoda Plaza, director, Providence District Nursing Association, 157 Waterman Street, Providence, R.I.
Dr. Joseph Cannon, director, Department of Health, State Office Building, Providence, R.I.
Mr. Edward M. Kenly, general secretary, Family Service, Inc., 333 Grotto Avenue, Providence, R.I.
Mr. Herman Goldberg, executive director, Jewish Family & Children's Service, Inc., 333 Grotto Avenue, Providence, R.I.
Mr. James H. Reilly, administrator, Miss Matilda R. Litwin, consultant on aging, Division of Public Assistance, Department of Social Welfare, 1 Washington Avenue, Providence, R.I.

It is hoped this quick résumé of our Rhode Island situation and identification of individuals most closely associated with programs and planning for the aging will be of value to you. We shall be most pleased to assist you in whatever additional ways you may feel are indicated.

Very sincerely yours,

AUGUSTINE W. RICCIO, *Director.*

