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 4—Saginaw, Mich.

MARCH 2, 1964

Printed for the use of the Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

29-588 WASHINGTON : 1964

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C., 20402 - Price 25 cents

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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

MONDAY, MARCH 2, 1964

U.S. SENATE,
SUBCOMMITTEE ON FEDERAL, STATE, AND
COMMUNITY SERVICES OF THE
SPECIAL COMMITTEE ON AGING,
Saginaw, Mich.

The subcommittee met at 9 a.m., pursuant to call, in the main auditorium of the Saginaw County Hospital, Hon. Edward M. Kennedy (acting chairman of the subcommittee) presiding.

Present: Senator Philip A. Hart and Representative Neil Staebler.

Also present: J. William Norman, Jr., staff director.

Senator KENNEDY. The Subcommittee of the Special Committee on Aging will come to order.

I want first of all to express the great appreciation of this Senate subcommittee to the doctors and the staff of this great hospital for their cooperation in providing this room for our subcommittee's hearing and for their assistance to members of the staff in making arrangements for the hearing. Their help and cooperation will make this subcommittee hearing a good deal more helpful and a good deal more effective than it otherwise might have been.

As we begin these hearings in Michigan, I should like to pay tribute to your State's able Senators, Senator Pat McNamara and Senator Philip A. Hart, for the interest they have shown in making the lives of America's senior citizens richer and happier. As you know, your senior Senator, Senator McNamara, was the first chairman of the Senate Special Committee on Aging, the committee which we are representing here today. He was required to relinquish the chairmanship of this committee when he came into an even greater opportunity for service as chairman of the Senate Public Works Committee. Nevertheless, he has continued his strenuous efforts in behalf of America's elderly as ranking majority member of the Special Committee on Aging and as chairman of its Subcommittee on Health.

Senator Hart has also shown himself to be on the side of America's senior citizens by his votes on the Senate floor and by his quiet, behind-the-scenes work on legislation and other matters to assist older Americans with their problems. He was of tremendous help in arranging these hearings.

Of interest to citizens everywhere, and of particular interest perhaps to the elderly, has been Senator Hart's work on behalf of the American consumer. I say "of particular interest to the elderly" because they are the largest single bloc of low-income consumers in the Nation.

Senator Hart is author of a truth-in-packaging bill that promises to save the shopper from deliberate confusions and outright deceptions in the marketplace.

He and the late Senator Kefauver, moreover, were very instrumental in passage of the Drug Act of 1962, designed to offer the drug consumer greater safety and lower prices.

So I am very pleased that he could be here today.

Congressman Neil Staebler is also with us today because of his continuing interest in the well-being of the elderly.

Congressman Staebler introduced the administration medicare bill in the House and is one of its strongest supporters.

Some time ago, when he was Democratic State chairman of Michigan, he worked with G. Mennen Williams, then Governor, in setting up the first State commission on aging here.

He has also, I know, worked on State-Federal programs for the housing of the elderly.

We are very proud to have Congressman Staebler attend this hearing.

It is a pleasure to welcome to this hearing of the Subcommittee on Federal, State, and Community Services for the Elderly all of you who have come to witness these proceedings. It was very kind of you—who share our concern for improving services available to our senior citizens—to come here today and give us the benefit of your experienced judgment.

This is one of a series of hearings on services for the elderly which this subcommittee is conducting. We have held hearings in Washington, D.C., Boston, and Providence, and received much information on the rendering of services for the elderly in those large eastern metropolitan centers. Today, we are hoping to gain an insight into services for the elderly in a progressive midwestern area of medium-size cities and towns.

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 only one of these problems, or a few of them. 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 these objectives have the highest priority. A wider range of services is required if the needs of our older people are to be adequately 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 the longest.

In Washington, we are well aware of Michigan's outstanding pioneer efforts in rendering services to the aging. Former Gov. G. Mennen Williams, more than 10 years ago, set up one of the first State commissions on aging. The Michigan commission is now a permanent body, and I understand is currently engaged in completing a 10-year statement of goals and a plan of action on behalf of Michigan's senior citizens. I am most interested in the commission's pioneer efforts in establishing the first senior service corps—mobilizing senior leaders and volunteers for service projects and work activities in local communities, townships, and on the county and State level. Public agencies, private organizations, the press, and senior citizens themselves have acclaimed this effort to tap and utilize the wisdom, experience, and talents of senior adults in projects which benefit themselves and

the entire community. In Washington, we shall be eager to learn of the success of this imaginative program for possible adoption by other enterprising communities.

The University of Michigan is a nationally recognized leader in this field. Its division of gerontology, under the leadership of Dr. Wilma Donahue, is internationally known. Its series of annual conferences on aging are national in scope, and have produced much of the important literature in this field. Its school of social work has two of the best informed people in the world on social security—Dean Fidele Fauri and Prof. Wilbur J. Cohen, now serving with distinction as Assistant Secretary of Health, Education, and Welfare.

In Detroit, the Kundig Center, sponsored by the archdiocese of the Catholic Church and under the able guidance of Msgr. Wilber J. Suedcamp, has one of the outstanding pilot programs, providing housing, meals, and activities for low-income older people.

Of special interest to this subcommittee is your senior information and referral service which is designed to bring older people with problems and unmet needs into contact with public and private sources of help. This is exactly the kind of community initiative which we would ilke to see throughout the Nation. We are glad to be holding this hearing at the Saginaw County Hospital. My colleague, Senator Hart, has informed me that it is an outstanding center of this kind in Michigan. Dr. Volk is widely known and respected throughout this area for his leadership.

To begin this morning session, the subcommittee has invited testimony from a number of witnesses who are experienced in providing services for the elderly. When the scheduled witnesses have completed their testimony, we shall be happy to hear from anyone who would like to give the subcommittee the benefit of his experience and knowledge regarding services for the elderly.

From all of you present today, we hope to learn ways in which Congress and the Federal Government can cooperate with your State and communities in their services to your senior citizens. Michigan does, indeed, have a distinguished record and we are glad to be here. We expect to learn much from you.

I'll now introduce Senator Hart who needs no introduction to this very fine group; and I welcome him here in this hearing to participate. I'd like to have him say a word at this time. [Applause.]

Senator HART. That applause suggests it's going to be a very informal hearing.

Senator KENNEDY. According to strict application of Senate rules and decorum, we're not supposed to have demonstrations of approval and affection. But I certainly think it's wonderful to gather them out here in Michigan; and I think we can stretch the rules to some extent to introduce both members of our panel this morning.

Senator HART. I would only want to say that which all in this hearing room would say if they had an opportunity to voice it, and that's to thank you, Mr. Chairman, for your kindness in coming here; and I delight in the opportunity to welcome you.

You're quite right that Michigan has a distinguished record in this field. Dr. Volk has made substantial contributions to it himself. The

problem of the older citizen in this State is not unique, I think, but typical. There are some 600,000 of us, and two-fifths of us have incomes of less than a thousand dollars a year to spend. I never was very good at arithmetic and don't pretend to be, but I would welcome any witness who wants to explain to me how you can make ends meet on that. It's for that reason that medicare and improved social security is a deep conviction of mine.

I'm sure that the record made here today will enable the Congress to respond to these kinds of needs promptly.

Mr. Chairman, again with your permission I'd like to file a statement, but I shall not impose further on your time. It's just wonderful that you would come and it's wonderful that all of you came out to help each of us.

STATEMENT OF HON. PHILIP A. HART, A SENATOR FROM MICHIGAN

Senator HART. Certainly, it's a pleasure to welcome Senator Kennedy's subcommittee to Michigan. The parent Special Committee on Aging is rather young as Senate committees go, but it has already justified its existence.

Its first chairman was Senator McNamara, the senior Senator from Michigan, who is now chairman of the Public Works Committee but who is still very actively at work on the problems of older citizens.

Now about this subcommittee: Its chairman, Senator Kennedy, in a very short time has established himself as one of the Senate's bright voices. In the short time I have been associated with him, I have developed a great respect for his abilities, his dedication, and the long hours of hard work he puts in.

It is most fitting that the subcommittee should visit Michigan during its series of field hearings.

We have some 600,000 aged persons in this State and I think their problems are representative of the problems encountered nationally.

And it seems to me that the problem boils down to this: Are our elderly able to live out their lives with a reasonable measure of dignity and self-respect?

In Washington, we have all sorts of statistics to work with—statistics showing how many are getting Government benefits, what the average payments are, what average medical payments come to, and so on. But statistics are only valuable if they can be joined to human experience. And that's why we are here, in the field, to discover the facts from the people most involved: the elderly and those in local government who try to help them.

But let's take a look at some statistics for a minute. In this State, 541,000 persons are receiving monthly social security payments. The average benefit is $77.50 a month—hardly a sum that will insure many comforts.

As proof of this, Michigan has 20,000 social security pensioners who must also draw welfare payments from old-age assistance in order to get along. In addition, we have 5,000 elderly people who must draw welfare medical assistance.

Just these statistics led one to the conclusion that social security benefits are inadequate in a great many cases. Shouldn't there be a

program to increase benefits—at least to lower bracket recipients? I am beginning to think so.

Another item—drugs—certainly, the cost of medicine is of special concern to the elderly. The average person over 65 spends 3½ times as much for drugs as is spent for the average child. Yet, the elderly are often the least able to afford it.

We made an assault on the high price of drugs back in 1962 when Senator Kefauver headed the Antitrust and Monopoly Subcommittee, a subcommittee that I now chair. We discovered that profits of drug companies were about twice as high as other industries and we introduced a drug bill that is now law.

Among other things, it encourages doctors to prescribe medicines by generic name rather than trade names. If that sounds complicated, let me just say that generic name drugs, while identical to the advertised trade brands, are very often much cheaper.

But there is still much to do in this field.

One other thing—medicare—I'm sure all of you know about it and realize the need for it. I'm not going to explain it here except to say that both Senator Kennedy and I are strong supporters of the plan and will continue to do everything possible toward its enactment.

The need for it here in Michigan, I think, is clearly pointed up by this one additional statistic: the 1960 census in Michigan showed that two-fifths of the aged in this State had less than $1,000 per year to spend.

Now if anyone here could tell me just how anyone could feed himself, clothe himself and house himself, and still pay medical bills on $1,000 a year, it would certainly make fascinating testimony.

I know my poor ability with arithmetic couldn't cope with such a problem and we should all be concerned with the despair that people in that situation must feel.

But enough cold statistics. Let's discover just what the problems of the aged are in terms of human experience. I am sure we have many excellent witnesses here to help us.

Senator KENNEDY. Thank you very much, Senator Hart.

Now, this committee is honored to be joined by a distinguished Member of the House of Representatives, Congressman Staebler, who is the Congressman who introduced the bill into the House, as I mentioned in my opening statement, and who is one of the truly outstanding Members of the Congress in his concern for the problems of our senior citizens; and I would ask him to say a word at this time.

Congressman STAEBLER. Thank you very much, Senator Kennedy.

As has been said, Michigan is deeply interested in the subject of the welfare of its older citizens. We were one of the pioneering States; and, having been a pioneer, we've discovered that the methods we're now using are not adequate. Therefore we're doubly grateful that your committee and you are taking an interest in the subject so that we can find a way of improving the care of our older citizens, not only for their benefit but for the sake of all the people of the State of Michigan.

It's a pleasure to be with you today. [Applause.]

Senator KENNEDY. Thank you very much, Congressman Staebler.

Now, the first witness will be the mayor of Saginaw, the Honorable G. Stewart Francke.

(Mayor Francke appears before the committee in the following illustration:)

Mayor FRANCKE. Senator Kennedy and Senator Hart, members of the committee and staff, Congressman Staebler, first of all, again I would like to welcome the committee to Saginaw. We appreciate the fact that the committee is taking some of their valuable time to visit with us here and hear some of the problems of aging.

I am not going to get into many specifics of the problem because you are going to hear this morning from some of the experts in the field among our local officials of health and welfare and other activities which have an effect on this problem. I would like to say that, from a local effort standpoint, both our resources and our powers are somewhat limited to handle all of the problems; and I would like to further point out that the problem, of course, of aging—and the problems that the older citizen has today—is here, is here in this community; and we have been able to do some things about it.

First of all, we have been able in Saginaw to revise and reorientate some of our recreational programs so that now the citizens who are older have a considerable share in some of these activities.

Second, we have been very active in the field of housing, keynoted toward the lower incomes; and we are now, in the next 30 days, going to be letting a contract for an apartment home which is designed especially for persons in the older age group.

Third, and one of the most important things, is that because of the traditional reliance in this country upon property taxes for the local governments we feel that the tax problem on the local level has become a considerable burden to some older citizens. As of Janu-

ary 1 the Michigan constitution has empowered cities in the State to impose an income tax. It is the intention of the city council of Saginaw to use this type of tax in connection with a reduction in the property tax.

The type of tax we are talking about Senator Hart will be familiar with. It is similar to that used in Detroit whereby Federal exemptions are used and incomes of older citizens in the lower income brackets will be, of course, exempted or excluded. This means that social security, pensions and annuities, and that sort of thing will not be taxed, plus there will be a $1,200 exemption per person over 65 on all earned income of another nature. We feel that this is going a long way toward improving the equity of the tax on a local level; and, incidentally, we hope it's the beginning of a shift of emphasis on the local level from the property to the income, or more toward the ability of one to pay.

Those are some of the areas in which we've been active in this city. As far as health goes, as far as other income problems or other materialistic benefits go, naturally local governments are limited both in their resources and in their power to attack this problem. We therefore have been doing some of the things I mentioned. I think you will get some insight into what else is being done in this area by the other people who testify here this morning.

Again I appreciate the fact that the committee has taken the time to come and to get the views and to learn something about the problems in the Saginaw area. We appreciate it. [Applause.]

Senator KENNEDY. I want to thank you Mr. Francke, for coming and for giving us the benefit of your experience here as the mayor of this great city and giving us an expression of viewpoint on the problems of this community which I know this subcommittee welcomes. I want to thank you very much.

The next witness will be the Honorable M. Monte Wray, mayor of Bay City, Mich.

Mayor WRAY. Senator Kennedy, Senator Hart, Congressman Staebler, gentlemen, I, too, am very happy that you have taken the time to come to our area to discuss this very important problem. We in Bay City have similar problems as they have in Saginaw that Mayor Francke has just mentioned. We are very much interested in low-rent housing for our senior citizens. We need very desperately to have a property tax relief for the aged. The attempt that we're doing now in the Bay City area is in the recreation area and the Bay County Hospital facility that will be opened June 1. This is a $900,000 project with a 104-bed facility. We are proud of this. This will give us for the first time also a psychiatric care ward for these people. This is not done by bond issue, by the way. All communities are participating, Federal, State, county, and local. We hope we can get some relief in the property tax area, and, if we can we would be very pleased.

Again thank you for asking me to come. If there's anything I can answer I'd be more than happy to.

Senator KENNEDY. Thank you very much, Mr. Wray. [Applause.]

I'll now ask the Honorable Sanford E. Charron, mayor, pro tempore, Pinconning, to testify.

Mayor CHARRON. I don't have any report from Pinconning. We're in Bay County and we have about the same problems that Bay City has, the same program.

Senator KENNEDY. Thank you very much, Mr. Mayor.

Now I'll ask Ed McNamara, the chairman of the Saginaw County Board of Supervisors, to come forward, and Mr. Julius Sutto, who's also a member of the board of supervisors, if he would come as well. [Applause.]

Mr. MCNAMARA. Senator Kennedy, Senator Hart, Congressman Staebler, I'm pleased and grateful for your selection of the Saginaw County Hospital as the place of this hearing. We believe that the problems of the aged is an extremely important county governmental responsibility and I would like to express my personal gratitude for your interest in this problem which concerns almost every family in America.

In welcoming you to Saginaw County Hospital I hope you will find the opportunity of seeing with your own eyes what we are trying to do for the aged in this hospital.

Incidentally, we could not have done so if it was not for substantial grants for the construction of the rehabilitation center, Federal grants.

If I was asked to comment on the needs of the aged I would say, of course, first they all must have food, shelter and medical care. But I also know that this is not enough. After a busy life older people cannot attune themselves to the loneliness of retirement and the absence of companionship that they enjoyed during their productive years. They have to be busy. Therefore I believe there's a need for organized effort on the part of the State, Federal, and local governments as partners to establish local commissions on aging for the purpose of furnishing leadership and encouraging community interest in a variety of needs of the aging without destroying the dignity of the individual.

I want to thank you for the opportunity of appearing before you.

Senator KENNEDY. Thank you very much, Mr. McNamara. Mr. Sutto.

Mr. SUTTO. Senator Kennedy, Senator Hart, and Congressman Staebler, I'm Julius Sutto, chairman of the Finance Committee of the Saginaw County Board of Supervisors. I welcome this opportunity to discuss with you the problems regarding services to the aged in an average community. We all know that the needs of the aged are many; they may be concerned with health, substance, part-time employment, need for companionship, the need for a home and counseling, and so forth.

Regardless of how well the community may be organized with respect to service agencies, and regardless of the number of agencies there are in a given community, all of them rendering a worthwhile service, they may be overlooking opportunities of service to the aging which are presently available in a number of our communities. I'm concerned with the fact that the tremendous resources of the community are not being fully utilized to meet the needs of the aged; and I respectfully suggest the financial aid and moral support of the Federal Government in the establishment of local commissions on aging, which would be Government agencies, not to provide specific

services but to promote the interest in the community on the problems of the aged through stimulation and utilization of community resources. The commission would be a policymaking group to formulate policy, determine needs and employ and guide the commission staff. The commission would consist of an executive director and clerical help as may be needed depending on the size of the community. The commission on aging through its director would also be expected to stimulate activities of the community groups and organizations in the area of service, namely recreation, health, welfare, employment security, and housing. As a referral service the commission could render invaluable service to our senior citizens by providing them with an agency to which they could turn in time of need without feeling that they're seeking public assistance.

I believe that by having a local commission on aging it would encourage, promote, and coordinate the work of the local organizations such as the health departments, welfare departments, family society, religious groups, recreation departments, employment, housing, and so forth. I'd like to see this commission on aging be jointly financed by the Federal Government, State government, and local participation. It could be a very inexpensive type of organization since it would require but minimum personnel to carry out the objectives of the coordination.

Gentlemen, I thank you for this opportunity of appearing before you. I greatly appreciate your coming to Saginaw.

Senator KENNEDY. Thank you very much. [Applause.]

Mr. Allen Baillargeon who's chairman of the Bay County Board of Supervisors.

Is he here? [No response.]

Dr. Volk who's known to everyone here and admired by all those who know his great work. We welcome him.

Dr. VOLK. Senator Kennedy, Senator Hart, and Congressman Staebler, my name is Dr. V. K. Volk. I am Saginaw County health commissioner and medical superintendent of Saginaw County Hospital. I also am president-elect of the Michigan Society of Gerontology. Being a health officer and hospital director, naturally my major interests are in the areas of health and sickness.

We know that a great many aged persons have a lot of sickness. Regrettably, on many occasions and in many cases, the illness or disabilities are direct results of inadequate health services during the period of childhood or young age. All we need to remember is the high percentage of young men during World War II who were disqualified from military service for the reasons of health. If the young people have had so many disabling conditions, no wonder that many aged persons have many disabilities that require medical and hospital attention.

With the progress in medical and public health sciences, some of the illnesses could be prevented, and some manifestations of old age could be delayed.

This I believe: That much progress has been made in public health, but we still need better homes for our people, we need to improve the health programs for the expectant mothers and the infants. We must provide the children with a good dental program and good

nutrition. We must offer more fundamental guidance in healthful living to the school child and young adult, and if we are to achieve these, we will accomplish much toward the goal of better health for the aged of tomorrow.

In Saginaw County, through the understanding and financial support of Saginaw County Board of Supervisors, we have a reasonably good public health program, but it could be much improved if financial resources were available to broaden the public health program.

My first recommendation, therefore, is that consideration be given to increased support, by the Federal Government, of local public health. This, as I stated, will make a substantial contribution to prevention of disabilities and maintenance of good health for our future aged population.

The second point for discussion is what can be done for the aged of today. Essentially, it is a field of restoration and of rehabilitation. The medical profession, and all other professional groups, are doing all they can, but, being a new specialty in medical science, the restorative program is not yet widely accepted, and many communities are satisfied to have good nursing homes where older people could be given a lot of loving care, but nothing else. We in Saginaw think that the patients have to get more than loving care. We believe that aggressive medical care for the aged, with a dynamic rehabilitation program, is a practical answer.

We are convinced that many aged individuals still have in them many years of satisfying living if adequate provisions are made for good medical care and rehabilitation for these citizens. This we try to do here in Saginaw.

I could speak only for Saginaw County. Thanks to the support of Saginaw County Board of Supervisors, the welfare department, the Federal Government, and, of course, the medical profession, the services to the aged are provided here in a reasonably adequate manner.

I would like, however, to recommend that Kerr-Mills legislation be amended, so that the sick, starting with age 62, be eligible to receive benefits from this fine legislation.

In a study we made of 500 cases admitted to our rehabilitation facility in the course of 5 years, the average length of hospitalization of the discharged patients was 165 days. Had these patients been hospitalized in a nursing home, their average stay would have been at least 1,000 days, and they would not have received the benefits which they achieved in our rehabilitation center.

I am therefore convinced that good and adequate program of medical care of the aged, including a rehabilitation program, is not an expensive program because it makes possible for us to send a great many patients back home in a situation where they could live with self-respect and dignity.

I have been asked by Senator Kennedy to give a brief report on the operation of our day-care rehabilitation program.

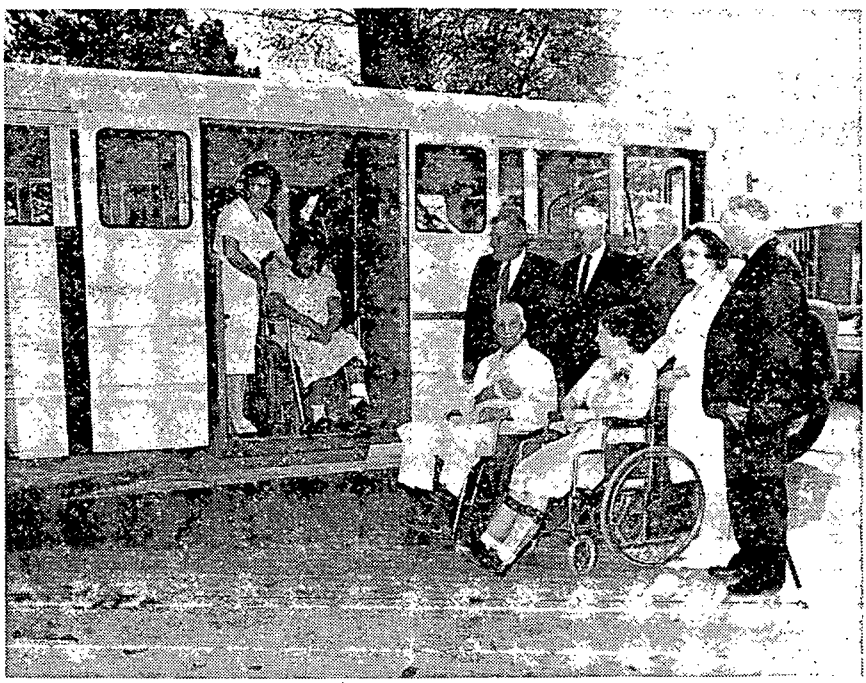
The background for this program is as follows. In the 5 years of operation of the chronic disease unit of Saginaw County Hospital, about 20 percent of the patients came back to the hospital because

their condition was aggravated after their return home. Some of the regressions were inevitable. Some were not.

We concluded, after studies that we have made, that moving the patient from the sheltered surroundings of the hospital to a home situation often discouraged the patient because this transition from hospital to home was too rapid, too sudden, and it was too difficult for the family to accept the patient who required a lot of care and services, which were often difficult to provide because of crowded home conditions, family and work responsibilities, and lack of understanding on the part of the family.

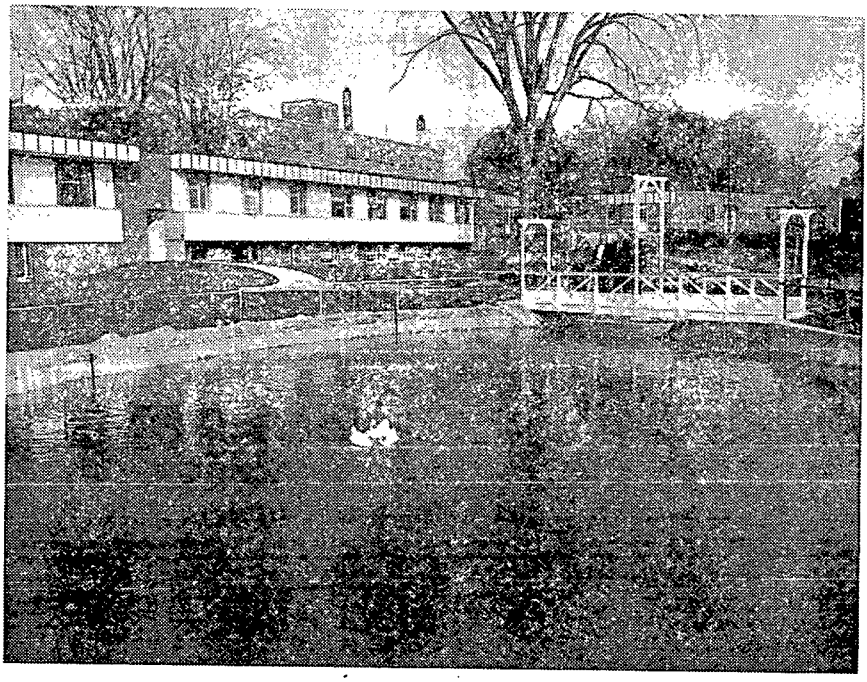
We decided that perhaps an answer to the discouragement and frustration of the patient will be to slow down the transition from the hospital to a home situation.

With the help of the U.S. Public Health Service, which provided us with a 3-year grant of $160,000, we have developed a new type of program which we called the day-care rehabilitation program, where many patients, after discharge from the hospital, are returned to the hospital daily or as often as necessary in a special orthopedic bus purchased for us by the Public Health Service.



When the patients are returned to the county hospital on the day-care rehabilitation program they receive their full rehabilitation treatment, complete medical services, opportunity for good fellowship, a cot to rest for those in need, their lunch, sheltered workshop opportunities, and so forth.

In the summertime these patients will be taken on the county hospital cruiser for boat rides on the Saginaw River, and perhaps do a little fishing. Patients who do not like boat rides will have an opportunity to fish in the fishpond just outside this rehabilitation center, or they could just sit and dream in the beautiful surroundings of the county hospital.



The patients spend in the day-care rehabilitation center about 5 hours a day, and are returned home by orthopedic bus late in the afternoon.

As far as I know, there is no comparable day-care rehabilitation program in the country, and we are very enthusiastic about it.

I would like to define the objectives of our day-care rehabilitation program. First of all we hope to be able to cut down on regressions by slower integration of the patient and the family. We think that this program will lead to better acceptance of the family by the patient, and the patient by the family through a longer period of transition from hospital to a home situation. Besides, the family will have opportunities to observe and to learn the treatment program for their own patient, and thus will be more understanding of the patient's needs.

Our second objective is to shorten the length of hospitalization because the patient could continue his rehabilitation treatment on a day-care basis.

As important as these objectives are, there are other implications of this program. If we succeed in our attempt to reduce the length of hospitalization and cut down on the number of regressions, the

hospital will be able to take care of more patients. This is very important, I believe, because, with medical progress, there will be a greater aged population in the future, and it is a question whether or not we will ever be able to build enough hospitals to take care of the aged patients. Thus, the day-care rehabilitation program might help to take care of more patients without building of more hospitals.

I have presented to you our hopes and aspirations for our program on aging, and I hope that this day-care rehabilitation program—which is essentially a research and service project—will give us an answer whether we are going in the right direction.

Meanwhile, I wish to thank you for enacting the Community Health Services and Facilities Act which offers great promise for better health of our people, both young and old.

I also wish to thank you for your great interest in the problems of the aging.

Senator KENNEDY. Dr. Volk, the committee would like to ask you just a few questions for the benefit of the record. I was wondering if you could describe the length of time that this program has been in operation.

Dr. VOLK. The day-care program started on June 1, but actually it is in high gear since December 1, 1963, because this rehabilitation center was just only completed at the end of November.

Senator KENNEDY. And to your understanding has this been attempted in any other hospital situation? Has any other hospital adopted this idea?

Dr. VOLK. Well, Senator Kennedy, this being a research project, as far as I know it has not been initiated anywhere; and this is the reason why the Public Health Service gave us the funds to try it out.

Senator KENNEDY. And from the conclusions which you've been able to reach from this period of time has this lived up to all of your expectations?

Dr. VOLK. Yes, Senator Kennedy. We have had a number of patients who just came to thank us for the opportunity they have to come here and to continue their rehabilitation. They're very enthusiastic.

Senator KENNEDY. Senator Hart?

Senator HART. Doctor, it's no surprise to me and those who have known you for a long time that this program, if it had merit at all, would prove successful under your direction.

Dr. VOLK. Thank you, sir.

Senator HART. You filed with the committee several photographs; and I'm sure that when Senator Kennedy's committee sees the visual presentation in support of your narrative explanation we'll all better understand the value that is derived by having a place that is pleasant. You don't have to be old to realize that you're affected by surroundings whether in good health or bad; and these are striking photographs of the pleasant setting which is just as cheap to produce as a lot of brick and stone without charm; and I'm sure that I don't want to pretend to be a Ph. D. in sociology, much less a doctor, but all of us are affected by the atmosphere; and one need only wander around here for a very few minutes to realize that a fish-

pond which doesn't cost much money makes a whale of a difference in rehabilitation. And I repeat you don't have to be old to enjoy that.

Dr. VOLK. Senator Hart, I would like to say that the general climate of the hospital has been made possible by the board of trustees who are very sympathetic and understanding about our needs. I'm only a mechanic, you know.

Senator HART. A highly skilled mechanic. Thank you, sir.

Senator KENNEDY. Well, these publications which the doctor has given will be introduced and will be a part of the record; and I want to thank you; and I think that not only has it been an outstanding program with the results that you have indicated which have been of such great encouragement, but I think that the aspect which you underscored in your statement of the great cooperation of local interest and support and the leadership which you've given is the kind of inspiration and the kind of local participation which is so commendable in any of these programs; and I think you're certainly to be congratulated.

Thank you.

(Dr. Volk's prepared statement follows:)

[From the Journal of the Michigan State Medical Society, May 1963]

HOW CARE OF PATIENTS IN NURSING HOMES COULD BE IMPROVED

(V. K. Volk, M.D., Dr. P.H., Richard S. Ryan, M.D., Charles Sellers, M.D., Saginaw, Mich.[1])

Medical care of aged patients has vastly improved during recent years to the point that many older patients could benefit from an active rehabilitation program and the more advanced medical knowledge in the field of geriatrics. There comes a time, however, when the rehabilitation program cannot improve the status of some geriatric patients and of necessity custodial care is needed for a prolonged period. For such patients, nursing homes appear to be the logical place where they could get proper daily care and limited professional medical attention needed.

In the State of Michigan, 16,341 beds for geriatric patients are available in 433 nursing homes. Between 50 and 60 percent of the beds are occupied by welfare cases. According to Kenton Winters of the school of public health, the general occupancy of the beds in Michigan in 1960 was 86 percent.

NURSING HOMES THEN AND NOW

Several years ago, the Michigan Department of Health undertook the licensing of nursing homes and established more rigid requirements and better supervision. The nursing homes have greatly improved their services to patients. In these important efforts, local health departments have played significant roles by maintaining close supervision of nursing homes.

Many improvements were made in nursing homes but there remain problems that need to be resolved in the homes themselves, their administration, and their services to patients. The old reputation of nursing homes being a place of last resort must be overcome. The operators must recognize their full responsibilities and show a spirit of dedication but they cannot do it by themselves. They must have the cooperation of other members of the team, physicians, social welfare directors, health department personnel, and community groups.

SOME GUIDELINES

Our experience with nursing homes leads us to believe there are several well-defined and recognized guidelines that should be accepted by nursing home operators.

[1] Dr. Volk is health commissioner, Saginaw County; Dr. Ryan is health officer, city of Saginaw.

1. The nursing homes must be functionally sound and safe for the patients.
2. They should be professionally staffed insofar as this is possible to insure adequate service to patients.
3. Nursing home operators must be dedicated to the project of managing the nursing homes.
4. Nursing home operators must be reimbursed adequately so they can render acceptable service to patients.

The first condition could be solved by postponing licensure until the requirements are met; local health departments should not compromise in this matter.

The second suggestion requires realistic judgment since it is difficult to secure professional personnel; however, every nursing home should have several trained nonprofessional employees who know the fundamentals of good patient care and who could manage until professional personnel could be secured.

The third guideline implies that administrators of nursing homes must be more than owners and more than businessmen. They should understand geriatric patients and be well oriented in their needs before being allowed to run a nursing home. The owner of a nursing home should prove his fitness before being permitted to operate it. His education, personal qualifications, integrity, and habits must be favorably known to the health department and be considered prior to licensing.

ROLE OF WELFARE DIRECTOR

Nursing home operators should be adequately reimbursed to insure acceptable services to patients. Nursing homes cannot operate at a loss; if they are inadequately compensated, services will inevitably be curtailed. With presently available financial support from State and Federal Governments nursing homes should be reasonably paid with due consideration to programs and services provided. The personnel can either make or break a good nursing home; therefore operators must be selective about their employees.

ROLE OF FAMILY PHYSICIAN

The family physician is very important, therefore we wish to stress the need for physicians accepting the responsibility of seeing their patients in nursing homes. Sometimes the situation is out of control of the family physician because of the prevailing system of admissions. It is not proper to admit a patient to a nursing home without prior evaluation of the patient by a physician. Sometimes the family does not call in a physician until the patient's condition becomes urgent. Under these circumstances it is difficult for the physician to make a diagnosis, to outline treatment, and to give orders to the nursing home personnel. One of the basic needs for better care of the aged in nursing homes is to have a complete evaluation of the patient's condition prior to admission to the home, preferably in a hospital. Patients should be admitted to a nursing home only from a hospital where recent diagnostic work has been done. This evaluation would determine whether the patient should be in a nursing home or in a hospital. This information should be made available to the nursing home operator. Even though the physician knows well the condition of the patient there may be occasions when the physician is unable to supervise the care of the patient and must delegate this responsibility to an alternate. Having the history and other pertinent information would be most helpful to other physicians. Indeed, State regulations require a history and physical examination within a reasonable time after admission, usually interpreted as 48 hours. Frequently this is not done.

State law requires quarterly medical progress reports to be completed by the attending physician. Every patient should be visited at least once a month. If more frequent visits are needed, it would be wise to consider transferring the patient to a hospital.

MEDICAL ADVISERS TO NURSING HOMES

The role of physicians is important in the care of patients in nursing homes. We know physicians try to serve the needs of their patients but sometimes it is difficult for a busy doctor to visit nursing homes regularly. Perhaps the problem could be solved by having a medical adviser available on a consultation basis for problems about the general medical care of patients. If the family physician were unavailable for any reason, the medical adviser might serve if the family physician desired. Under no circumstance would the

medical adviser assume care of a patient without a specific request from the family physician.

ROLE OF THE HEALTH DEPARTMENT

The local health department acts as an agent of the State health commissioner in supervising nursing homes and in determining if the State requirements are complied with and the patients' needs are actually met. This applies to qualifications of personnel, meeting legal requirements such as employment of registered nurses and licensed practical nurses and also of practicing good nursing. The health department also has the responsibility of checking the pharmacy and seeing that the drug records are in good order. Health officers have the right to periodic review of patients' records but are reluctant to do so without prior knowledge and consent of the attending physician.

The medical profession should support local health departments in their efforts to improve every phase of nursing home administration. Few of the nursing home operators had any prior experience in the administration of nursing homes. They need help. Local health departments are offering much-needed help without infringing in any way on the role of physicians or medical care of patients.

WOMEN'S AUXILIARIES AND FRIENDLY VISITORS

Patients in nursing homes are entitled to opportunities for social living. Many of them would enjoy movies or other types of entertainment and participation in religious services. With prevailing scarcity of help, it is unrealistic to expect operators to provide these opportunities in their own nursing homes. It occurred to us that neighborhood auxiliaries and friendly visitors might help the operators to meet the social needs of patients and to stimulate the employees to participate. This should help to improve the morale of patients and the general appearance of nursing homes. Through citizen participation, the community would be more aware of the needs of both patients and the nursing homes. If there are no community organizations or agencies available, the health department might well initiate this activity.

Some patients may need to maintain the benefits attained in general hospitals or rehabilitation centers prior to admission to nursing homes. It would be well to consider a communitywide effort for a group of nursing home operators to engage jointly physical or occupational therapists. By working together, these medically related specialists could teach the personnel in the nursing homes the basic principles of physical and occupational therapy.

In presenting this brief outline on how to improve the care of patients in nursing homes, we would like to stress the following:

1. The nursing home has a very important role in the care of custodial patients, therefore it should be geared to this service. Granting there might be some exceptions, the great majority of nursing homes need not aspire to the "glamour" of a professional rehabilitation service. Nursing homes should not be diverted from their essential purpose of providing adequate custodial care to patients.

2. Physicians are the "keymen" on the team. Even if their visits are made only on a monthly basis, they could exert tremendous influence toward patients receiving the best possible medical care. After all, physicians direct patients to nursing homes and naturally would be most favorably impressed by the most cooperative nursing home operators.

3. Compensation to nursing home operators must be adequate for services rendered.

4. Health departments could do much to make nursing homes more desirable places for the care of custodial patients. Frequent visits by health department personnel, sympathetic guidance, and necessary firmness will insure compliance with all reasonable requirements.

5. Neighborhood auxiliaries could render help to nursing home operators.

6. These efforts would help the families of patients to understand the situation a little better and to gain their respect for nursing homes. Operators should inform the family when arrangements for admission are made that they are expected to pay for the monthly visits of the physician. Every nursing home should make this a rule.

7. Finally, the people in the community should remember the patients in nursing homes the same as those in general hospitals. They, too, need the kind heart, warm hands, and bright smiles of women's auxiliaries and friendly visitors.

[From the Journal of the Michigan State Medical Society, August 1963]

A New Administrative Pattern in a Rehabilitation Program

(V. K. Volk, M.D., Dr. P.H., Saginaw, Mich.)

The chronic disease service of Saginaw County Hospital was established in 1958 for the purpose of meeting the needs of chronic disease patients of Saginaw County. Of 103 beds made available, 16 were set aside for evaluation of patients' treatment needs prior to assigning the patients to one of two services: Rehabilitation for patients who have rehabilitation potential (53 beds), or intensive medical care service for patients in need of this service but who do not offer promise of rehabilitation (34 beds).

Since the inception of this service in 1958 to January 1, 1963, 522 patients have been admitted. Of this number, 98 percent were welfare cases, and 55 percent were 70 years of age or older. Of all admissions, 63 percent were bedfast, 21 percent semiambulatory, with only 16 percent ambulatory. Fifty percent of the patients were transferred from general hospitals and 10 percent from nursing homes. Forty percent of the patients came directly from their own homes.

Medical services to the patients are provided either by family physicians or two full-time physicians employed by Saginaw County Hospital. Regretfully, most of the patients are cared for by the hospital staff instead of being treated by their own family physicians, who are too preoccupied to take care of geriatric patients.

Consultants are available in every specialty, and a physiatrist from the University of Michigan visits the county hospital rehabilitation center on a weekly basis to review the patients' progress every few weeks at the conference. These medical conferences are held jointly with members of the rehabilitation team composed of a physical therapist, an occupational therapist, a social worker, public health nurses, a rehabilitation counselor, and others.

The goal of the rehabilitation program is to return the patients, insofar as this is possible, to normal and independent living. When this is not possible, the patient is trained by the rehabilitation team to make the most of his abilities. While the patient is at the hospital, the family is contacted (many times, if necessary) and motivated toward willingly accepting the patient upon his discharge and to help him otherwise to maintain the benefits attained in the hospital. Also, while the patient is still in the hospital the home is prepared to insure safety and comfort to the patient on his return. Changes, such as building a ramp or providing railings on walls in hazardous locations, widening the door in the bathroom, et cetera, are all made prior to the patient's return home. When the patient is home, he is visited regularly by public health nurses and his family physician. When medical necessity requires, he is returned to the county hospital rehabilitation center for a check-up and consultation.

RESULTS

The intensive rehabilitation program in general yielded very generous dividends. Of the patients discharged, 89 percent improved. We consider improvement in the patient's condition to exist when his clinical status is changed prior to discharge. In other words, when a patient on admission is bedfast and on discharge is semiambulatory, we consider the patient improved.

A most interesting fact to us was that 61 percent of the patients discharged were returned home and only 6 percent were sent to a general hospital. Thirty-three percent were transferred to nursing homes or medical care facilities to continue receiving necessary nursing care. The average length of hospitalization of discharged patients was 155 days.

Of the 127 patients who expired, 40 percent died during their first 30 days of hospitalization.

OUR DISAPPOINTMENT

As satisfactory as our results were, there is room for improvement, since some patients regress after discharge, and some even had to be rehospitalized at Saginaw County Hospital Rehabilitation Center one or more times. This can be seen from table I.

TABLE 1.—*Regressed patients requiring multiple admissions,*[1] *Saginaw County Hospital, chronic disease service, 9-3-58 to 12-31-62*

After first hospitalization patient was discharged to—	First admission		First readmission		Second readmission		Third readmission		Fourth readmission	
	Number of patients	Days in hospital	Number of patients	Days in hospital	Number of patients	Days in hospital	Number of patients	Days in hospital	Number of patients	Days in hospital
Home	68	10,286	49	5,198	10	849	3	231	1	86
Nursing home or infirmary hospital	16	4,079	18	2,630	1	128	1	105	0	0
Expired	0	0	10	968	2	25	0	0	1	163
Still hospitalized	0	0	7	1,111	1	322	0	0	0	0
Total	84	14,365	84	9,907	14	1,324	4	336	2	249

[1] See below:

Total number of patients discharged	330
Total number of patients requiring multiple admission	84
Total number of multiple admissions	104

Age group of discharged patients:	*Percent*
Under 50	14
51–60	14
61–70	17
71–Over	55

The study of table I shows that 25 percent of all patients were readmitted in a stage of regression with the same admission diagnosis as at the time of previous discharge. This table does not include readmission of patients for conditions other than at the time of first admission.

In analyzing table I, there are a few facts worthy of note. Almost 25 percent of the patients had to be returned to the rehabilitation center to regain lost ground. Some of them had to be readmitted twice, or even three times. The fact that a large group of patients required repeated hospitalization prompted us to delve deeper into the problem and ascertain the reasons responsible for this situation.

We concluded that the patients should have received a more aggressive rehabilitation program than a home care program can usually offer. We found that, despite our efforts, many families lacked motivation themselves to stimulate the patient's desire to carry out his rehabilitation program, which requires fortitude, persistency, and "do it yourself" efforts by the patient. Very frequently in home situations family members are breadwinners, and they cannot give enough time to assist the patient in the treatment program and thus stimulate him in the rehabilitation efforts.

We found that the family, regardless of the affection which they have for the patient, cannot acquire the skill and competence which are needed in assisting the patient in a rehabilitation program. Visits made by the family to the rehabilitation center or by the rehabilitation nurse to the family are not enough, especially when the patient himself, more often than not, is not ready physically or psychologically to be a homebound patient.

In our own experience, the shortage of beds, a long waiting list, and the availability of the home care program resulted in a discharge of some patients who apparently were not ready to pursue further treatment at home and thus maintain the benefits achieved at the hospital.

The situation does not suggest that encouragement should not be given to the patient to go home after a period of hospitalization, but it does indicate that both the family and patient must be better prepared for the patient's return home in order for him to maintain the full rehabilitation benefits of hospitalization.

In our opinion, the patient, after leaving the hospital, gives up too much and too soon the hospital routine in return for home care.

In the hospital, the rehabilitation program is a way of life. It is a religion by which the patient lives, and everyone at the hospital sees to it that this way of life and religion are practiced by the patient. This is not often the case when the patient returns home, because the dynamic concept of rehabilitation cannot be practiced at home.

To summarize, it is our conclusion that the reason for some of the failures by the patients to maintain their hospital benefits at home are:

1. The patient neither psychologically nor physically can practice rehabilitation treatment at home even under the best home care supervision.
2. The families are not prepared treatmentwise or psychologically to assist the patient.

It is our judgment that there must be a gradual changeover from hospital routine to a home situation. Our present need is to narrow down the existing gap between hospital service and home care treatment. In other words, it looks as if the problem could be solved in the majority of cases by adding one more step to tie up the hospital and home care programs by developing a day-care rehabilitation program. In brief, this plan is as follows:

We propose to provide the discharged patients with treatment both at the hospital and at home. During the day, the patient would be brought to the hospital and offered the necessary rehabilitation service in physical therapy, occupational therapy, sheltered workshop, and all other special rehabilitation services, including medical supervision, while remaining on an outpatient status. Late in the afternoon or in the evening, the patient will be returned home on a special orthopedic bus. This service would be much the same as a school bus transporting children from home to school except that the bus will have a hydraulic platform so that the patients in wheelchairs can ride in comfort in their own wheelchairs.

While on the day-care program, the patient would be given an opportunity to rest, to have a well-balanced and nourishing meal, and to do all other things the patient wished to do in a leisurely manner. After receiving this hospital-oriented care, the patient would be returned home in the evening. This type

of treatment would be offered to the patient on a medically prescribed basis. As the patient continues in the program, his medical and physical needs will diminish and his visits will become less frequent. Our goal is to make the patient, as time goes on, more home oriented than hospital oriented and it is our hope that the patient will eventually develop stronger motivation for home care treatment.

We believe that the Saginaw County day-care program will make it possible to treat 30 or 40 patients a day. As the program progresses, we hope to achieve the main objectives of the program; namely, to maintain treatment benefits, and to reduce the number of regressed patients and the number of patients requiring rehospitalization.

As important as this goal is, we look beyond it and question whether or not this new administrative pattern can lead to another and even more important achievement. We all know we can never build enough hospitals to take care of all long-term patients. When the day-care program is in operation, we plan to shorten the present length of hospital stay by at least 25 percent. On the day-care program the patients will receive essentially the same treatment and rehabilitation benefits as they receive in a total hospital program. Surely, it would be worthwhile to try to find out whether the day-care program can cut down on the length of hospitalization of long-term patients without sacrificing the patients' needs.

In conclusion, our proposal for a day-care rehabilitation program may lead to—

(1) A substantial reduction in the number of regressions and rehospitalizations;

(2) Better adjustment by patients to a home situation through an intermediate hospital-home care approach;

(3) Substantial reduction in the length of hospitalization of long-term patients needing rehabilitation;

(4) Increased utilization of the chronic disease hospitals as a result of shorter hospital stays; and

(5) Closer supervision of the patients by the family doctor.

This pilot program was inaugurated on June 1, 1963, at Saginaw County Hospital with the financial assistance of the Public Health Service and cooperation of the Michigan Department of Health. We believe that time will prove that this new administrative pattern to be a practical approach to the complex and extremely costly problem of medical care for the aged.

Senator KENNEDY. The Honorable Henry Nickleberry, who's a member of the Saginaw County Welfare Commission.

I understand, Mr. Nickleberry, that someone is accompanying you. Would you be kind enough to introduce her?

Mr. NICKLEBERRY. This is Mrs. Gwendolyn Lee, Saginaw County welfare director.

Senator KENNEDY. We're happy to have Mrs. Lee with us here today.

Mr. NICKLEBERRY. Senator Kennedy, Senator Hart, Congressman Neil Staebler, and members of the distinguished subcommittee, my name is Henry H. Nickleberry. I am chairman of the Saginaw County Welfare Department and an international representative for the UAW.

I appear here, however, only as a member of the Saginaw County Welfare Commission, expressing my own individual views as they relate to the problem of our aging citizens and welfare.

First, I would like to say that I appreciate this opportunity to present my views to this distinguished committee.

The major problem of the aged citizen seems to consistently be that they usually never have enough income to provide for a relative modest level of living. I believe the main cause of this to be our aged citizens are living longer and for the preservation of life, receiving more medical treatment and hospitalization than ever

before. Naturally, with the rising cost of medicine and hospitalization, these costs, in many instances, become almost insurmountable.

Many of the older citizens are entirely dependent upon incomes exclusively from social security and/or welfare assistance, and those most fortunate, from personal savings. Private insurance, in most instances, is too expensive for these groups to purchase, therefore, someone has a responsibility to help, and it seems time that here again, the Federal Government should provide the answer and need. The longer we postpone facing the problem, the greater the problem will grow. It should not be assumed that the children of these aged parents should be the answer for assisting, because most of the time, the children are engaged in becoming a stable supporting citizen within the community, also usually raising a family for themselves, and with hopes of preparing their children with a college-trained education now essential in our world of increasing technology.

As a member of the Saginaw County Welfare Commission, I am acquainted with many of the problems of the aging. In 1961, our welfare department spent $587,778.22 in hospital cost. In 1962, this amount increased to $814,593.71, and in 1963 our expenditure again increased to $998,424.40, just short of a million dollars. In 1961, our total patient-days was 30,986 days in hospital. In 1962, the patient days increased to 40,965 days in hospital. In 1963, the patient-days again increased to 52,721 days in hospital. Both the hospital expenditures and the total patient-days cited for the past 3 years clearly show increasing expenditures and longer patient days. It seems fairly evident that these will continue to increase.

From the figures cited, it seems further evident that dramatic increases in the cost of medical care is fundamental to the problem of providing hospital care for the aged under the social security system. The high cost of providing medical care, and especially hospital care for the elderly, can only be met by building up the needed funds under an insurance system during their productive working years. As for an example of the rising hospital costs here in Saginaw, the Central Hospital Council of Saginaw, a group representing the four largest hospitals here, have just recently notified the welfare department that effective April 1, 1964, they will again increase their per diem rate charged to the welfare department to their latest Blue Cross audit rate. One hospital proposes to increase the per diem rate from $29 to $34.82 for a total increase of $5.82 per day. Another hospital proposes to increase their per diem rate from $26.94 to $30.56 for a total increase of $4.62 per day. Another hospital proposes to increase its per diem rate from their present $32 per day to $36.61, or an increase of $4.61 per day. Then, another hospital proposes to increase its per diem rate of $32 per day to $34.82, or a total of $4.11 per day.

The Central Hospital Council states: "It is a well known fact that, through no fault of the hospitals, their costs have, in the recent years, increased 5 to 8 percent per year." Frankly, the members of the welfare commission and Mr. Ed McNamara, chairman of the Saginaw County Board of Supervisors, and Mr. Julius Sutto, chairman of the board of supervisors finance committee, have said that they do not know where to get the extra revenue for the increasing hospital cost.

While the State programs will absorb some of the increased cost, the county sources are taxed almost to its full level. The hospital increases cited do not affect all of the elderly, but they do include many of our elderly citizens, and last year, 1963, our welfare department paid just these four hospitals a total of $55,919.72, for a total of 12,455 patient-days.

I feel that doctors' fees have a similar pattern of increasing cost, as per example, in 1961, the welfare department paid our local physicians approximately $13,000; whereas, in 1962, this amount increased to the high figure of $34,000. It is felt by the welfare director, Mrs. Gwendolyn Lee, that some of this increase was carried over from the 1961 unpaid bills. However, a high increase is noted. My latest figures for medical care show that, for the period from 1960 to 1961, the Saginaw County Welfare Department spent $68,152.23, as compared to the period from 1961 to 1962, an increase to $76,278.33, or a total increase of $8,126.10.

It is indicated by reliable sources that the average hospital stay for our elderly citizen is twice as long as the average stay of the average younger person. So, assuming that the average elderly citizen spent only 2 weeks in one of our four hospitals, here in Saginaw at the average cost of $34.52 per day, the cost for hospitalization alone, not including doctors' fees, would be in the neighborhood of $483.28.

While some of our older citizens might have their own funds from savings or able to afford private insurance protection, and others might borrow from banks or relatives and the rest might apply for welfare or public assistance, to me they are entitled to a better place in the community, without doubt or fear of insecurity due to medical and hospital bills.

While State and Government programs, such as medical assistance for the aged and old-age assistance, have greatly assisted some of the problems of the aged citizen, it does not provide protection for all of the aged citizens, and, in most instances, for those who have little or no other income at all.

I would suggest that our older citizens need more assistance without having to seek welfare programs. It seems to me that the only sound and practical way of meeting the health needs of our older citizens is through the contributory social security system that has been proposed. I believe that only through this method our older citizens will be able to maintain their health without the help of charity.

In conclusion, I would like to state that I believe that much of the opposition to the contributory social security financing comes from the feeling of the so-called Government bureaucracy, the feeling the Government might legislate control of the doctor, hospital, and other areas.

While I do not share this feeling, it might be advisable to dispel this fear by establishing representative groups or agencies locally, of doctors, hospital administrators, State and local administrators.

Gentlemen, I endorse the contributory social security approach for caring for our elderly citizens in their retiring years.

Senator KENNEDY. Thank you very much. Mrs. Gwendolyn Lee.

Mrs. LEE. Senator Kennedy, Senator Hart, Congressman Stae-

bler, distinguished members of the committee, I am Mrs. Gwendolyn Lee, director of the Saginaw County Social Welfare Department.

It is my responsibility, through policies set by the Saginaw County Social Welfare Board, to either implement, when necessary, other programs, such as State, Federal, or private, or provide full assistance to the indigent or the medically indigent, many of them being older citizens, living on fixed incomes, such as social security and/or pensions.

The Kerr-Mills legislation has made it possible for a great many of our citizens over 65 years of age to receive medical care, and for this we are thankful. However, it appears that this does not necessarily meet the needs of all medically indigent persons. With pension plans and social security increasing, the present limitation on incomes seems insufficient. The age limit, perhaps, should be reduced to provide medical care to many handicapped people below the age of 65 years.

There is another area which has caused a great deal of consternation to older people, county-operated hospitals, and welfare departments. This being in the field of hospital and health insurance. Many people who thought they were completely covered by health and hospital insurance find that even though they have paid premiums for a period of many years they are not covered for certain medical care. The reason given by many insurance companies for their refusal to validate hospital insurance is that the person is merely receiving custodial care. At this point, insurance companies apparently do not recognize that rehabilitation is a treatment, and necessary, if the patients are to reach at least a minimal degree of activity, to enable them to return home or to a facility especially geared to custodial care. In the matter of policies covering health insurance, the older person is often denied payments because of a supposedly preexisting illness, or payments are often discontinued when a person has passed the normal employment age, even though still completely incapacitated.

The Saginaw County Social Welfare Department is the admitting agency for the Saginaw County chronic disease unit of the county hospital, for both private pay patients and indigent patients. In order to have some measure of assurance that the payment for hospitalization will be made for patients who are financially able to assume their own obligations, we are now asking that a deposit of $500 be made, even though the patient is covered by some type of a hospitalization insurance. We do this because we are unable to determine at the time of admission whether or not the policy will cover the cost of hospitalization. As rehabilitation is a long and costly program for most patients, it is necessary that the county make every attempt to secure available funds in order to continue the operation of such a comprehensive program.

It would appear that if insurance companies could not, or should not, be expected to pay for this type of medical care or hospitalization, then it should be clearly spelled out, so the older person would know in advance the limitations of their policies.

As more and more people are being covered by hospital insurance through pension plans, it would appear that a long and thorough study should be made to ascertain the care that should be covered

by private insurance companies, without making the premiums prohibitive to the average citizen. Then it must be assumed that some agency of the Federal Government must accept the responsibility for the payment of care for persons who through no fault of their own are penalized by certain limitations set by insurance companies, and by their own financial inability to pay, without causing hardship. May I thank you for giving me this opportunity to speak to you on this subject.

Senator KENNEDY. Thank you very much.

Mr. Harry Browne, who is the president of the Saginaw Labor Council.

STATEMENT OF HARRY W. BROWNE

Mr. BROWNE. Hon. Senator Kennedy, Hon. Senator Phil Hart, Congressman Staebler, members of the committee, it is a pleasure to be here and testify before you. I would like to express my appreciation for your interest and dedication to the problems that concern the aged and all of us who are aging.

We in labor have long expressed our concern on the many problems involved with the elderly and recognize that this segment in our country is growing larger and larger, therefore posing a greater problem than ever, problems of housing, medical, hospital, surgical, taxation, inflation, and recreation.

As you recognize, pensions negotiated by us have helped to relieve the problems incurred by those on pension either by disability or by age but understandably have not, when coupled with social security, proved to be a cure-all. Even where we have negotiated all or part of hospitalization and surgical coverage paid for by the employer our pensioners are still faced with 50 percent or all of the cost that amounts to from $12.50 to $25 per month. In the case of the widow of the wage earner she is faced with reduced benefits and the total cost. The average hospital daily cost in Saginaw County for welfare patients in general hospitals runs from $26.94 per day to $32, with a requested increase ranging up to $5.11 per day. Last year's county welfare cost for hospital services were $950,191.76.

Even where the person is covered by an insurance plan a chronic condition is not covered by some plans along with no coverage where nursing home care is recommended.

If this be the case where we have negotiated hospital surgical contracts, how critical is the problem where the retiree is not covered or has passed away leaving a widow with a greatly reduced income from social security unable to continue her health coverage. There is a growing need for increased health coverage, improvement of the present coverage with additional coverage in drugs, nursing home care, outpatient services, et cetera.

Attractive, comfortable, low-cost housing should be available to all retired workers. Only a very small minority of the older population is eligible for occupancy of the restricted number of units now available. Housing for older people should be comfortable and well designed. It should be located conveniently so that residents may continue to live as part of the community, within easy access of health, welfare, educational, and recreational facilities.

We need to be more generous in the distribution of surplus foods. Though our granaries are filled to overflowing and Government-owned surplus food often decays in storage, we continue to make it difficult for retired persons to receive surplus foods. In their years of employment, through the payment of Federal taxes, retirees helped purchase the food now held in Government storage.

We firmly believe in well-organized future planning and subscribe to the theory that good government should do for the governed those things they cannot adequately do for themselves. Ours is a great nation that finds itself far behind in areas such as these.

Gentlemen, I thank you.

Senator KENNEDY. Thank you very much.

Mr. Alex Kerr, chairman of the UAW, AFL–CIO Retirees, Saginaw; and Mr. William Rabideau, president of the AFL–CIO, UAW Bay County Retirees.

STATEMENT OF ALEX KERR, CHAIRMAN, UAW, AFL–CIO RETIREES

Mr. KERR. Senator Kennedy, Senator Hart, Congressman Staebler, I am greatly pleased to be here. I brought some notes.

I am chairman of the UAW, AFL–CIO Retirees and also past chairman of the Saginaw Senior Citizens. Now, with regard to what I've got, in the first place social security's too low for the retired folks. After they have their medical care taken out and their taxes and other stuff there's but very little left.

Now, in regard to the widow after her husband dies I should say that her social security should be the same as the man's. She has got taxes to pay if she's living in her own home; she's got funeral expenses and her medicine to take care of. After she gets through with that she has very little for pleasure for herself.

Now, another proposition we have, the AFL–CIO is sponsoring a recreation for the members of the union alone. Now, there's a lot of our members. It costs them a dollar with their wives to come up to our place; and a lot of them have not got the dollar to spend after they get their expenses all paid. Another thing, widows of our retired members are entitled to come to that and they have to rely on neighbors or friends to bring them up there.

Now, another thing in regard to the city recreation, the city recreation department is doing all they possibly can as far as they can go with money. Now, Mayor Francke explained the city of Saginaw is very low on money. That is why I would like to see the income tax passed through the city of Saginaw providing they will do something for the elderly people. Now, if they do that your tax for the elderly people is too high. They should cut the taxes down on their homes. Your State should reduce, also, taxes on the property. And the 4-percent sales tax, to my estimation they should take that off of groceries and medicine, which would help the retirees quite a lot.

Now, there's a proposition in the State now with regard to elderly people fishing. Now, your license in the State of Michigan for a person fishing is about $5. I think that's it if I'm not mistaken. I didn't follow that up because I'm no fisherman. But I would

like to see that reduced and let the retired people do all the fishing they can; and when they go out of town the Federal tax on fishing should be reduced also.

In the city of Saginaw we have got no bus service after 6 o'clock. Now, if an elderly person's got anybody in the hospital or anybody's dead they have to rely on their neighbors or friends to take them either to the hospital or to the funeral. Now, I should think that should be bad. And also at a certain time of the day, from 9 o'clock to 3 o'clock in the afternoon, which would be very helpful, they should reduce the price from 25 cents for our ride down to 10 cents. There would be more people riding the bus between the hours of 9 and 3.

On social security right now, your bill going through, I would like to see it pass, the social security aid.

Thank you.

Senator KENNEDY. Thank you very much, Mr. Kerr.

Mr. Rabideau.

STATEMENT OF WILLIAM P. RABIDEAU, PRESIDENT, UAW, AFL–CIO RETIREES

Mr. RABIDEAU. Senator Kennedy, Senator Hart, Representative Staebler, my name is William Rabideau, and I have a resolution here that was passed by the UAW, AFL–CIO Retirees of Bay County, January 23, 1964.

(The resolution is as follows:)

RESOLUTION

This resolution was adopted by the UAW and the AFL–CIO retirees of Bay County January 23, 1964.

Whereas the President of the United States in his message to Congress has declared war on poverty in this country, we feel that the present social security benefits are inadequate. A case in point is the fact that when a man dies his widow can draw only a percentage of his social security benefits.

We, therefore, wish to go on record asking that the Social Security Act be revised so that the widow will be entitled to the full amount of his benefits, so long as she remains a widow and that the UAW and AFL–CIO retirees take whatever steps they may deem necessary to try to have said law revised.

WILLIAM R. RABIDEAU, *President.*

Mr. RABIDEAU. Now, in comment to this I would like to say, of course, that many of the widows of today want to maintain the home. Some of them are not able to, of course we know. It's proved that the widows live 7 years longer than the husbands; so naturally it leaves a little time there in between where the widow has a little longer time of her own; and of course she wants to maintain a home if possible.

Now, those of us that retired at an early date to get out of hard work found out when we retired that there was a lot more work at home than there was on the job. So now then, of course, we all know that Mr. Fixit, you know, can do almost anything; and we will tackle almost anything in order to get away from the high cost of the services, even taking a chance on doing a little electrical work, a little carpentry work. Unfortunately in the carpenter job I often realize after cutting the board twice that it's still too short; and of

course, you understand when you have to hire a mechanic to do those jobs it's practically impossible at the present rates. And, therefore, of course, we would like to have the social security even much higher than it is for even the widows as the retired.

Now, of course, those of us that are fortunate enough to have been connected with organized labor, especially the AFL–CIO and UAW, we have provisions made for us through our organization. In the case of Blue Cross the company pays half of the premiums, which means a tremendous saving to the retirees.

Now then of course, unfortunately there are many people in the retirees group who were not organized or if they were their funds in the setup are not nearly as adequate as they are in the UAW or the organized labor. So we're very fortunate in that part that we belonged to organized labor, of which I can be very proud, as I've been in joining the United Mine Workers back in 1905. So I think I know a little bit about organized labor and the benefits as derived. So as I listen here to the different requests and the ideas of the different members I fully appreciate what everybody else is doing and I just simply hope that we can continue to do this.

I'm very glad to be with you here today.

Senator KENNEDY. Thank you. [Applause.]

Mr. Robert Storme who is president of the Senior Citizens of Bay County, Mich.

STATEMENT OF ROBERT STORME, PRESIDENT, SENIOR CITIZENS OF BAY COUNTY, MICH.

Mr. STORME. Senator Kennedy, Senator Hart, Representative Staebler, I have here some recommendations for the benefit of the senior citizens which should be either on social security, if we don't get it this year, or a Federal agency by cutting the foreign aid money to be used for our own people to pay for hospitals, doctors, office calls, home calls, medicine, nursing care, and anything that is needed for the seniors. This foreign aid money should stay at home to take care of our senior citizens who built up this great country. The elderly citizens with an income of less than, say, for instance, $3,000 should be able to call or visit a doctor when he becomes ill instead of having to wait until they have to go to the hospital, which costs more money.

The Kerr-Mills bill does not pay doctor bills until the senior is admitted to the hospital through the bureau of social aid. These social aid people are doing a very good job but are governed by State and Federal laws. Nursing service should be available without cost to the seniors of limited incomes.

The seniors should pay no attention to new medical bills that are coming up in Washington, this being an election year, because the new bills are put there to confuse the seniors. The only bill we should recognize and care anything about——

Senator KENNEDY. I see they haven't fooled you.

Mr. STORME. The only bill we should care anything about and must have is the medicare bill. We should also have a blood pressure station for the seniors free, probably at the nursing headquarters. All seniors should prove their age and citizenship.

Thank you. [Applause.]

Senator HART. I'm glad Senator Kennedy got a taste of what Michigan can really be like.

Senator KENNEDY. Mr. Storme, we appreciate your very candid and heartfelt expressions this morning and we certainly will make sure that your statement is completely in the record; and I think we're all fortunate to have people who feel as strongly as you and are outspoken on these matters. I think Mr. Storme's ready to go on a little more here.

Mr. STORME. Could I have one more word?

Senator KENNEDY. Yes, go ahead.

Mr. STORME. The money coming in from social security in Bay County is over half a million dollars every month. There are over 7,000 people getting these checks. It seems like a lot of money, and you say, "Look at the money they get. They're rich."

The minimum social security in Bay County is $32.50 per month. The average is $72; and of course the maximum, we don't know anything about it. I just want people to know that when I speak of a half a million dollars every month.

And not only that, but social security checks are the second largest payroll in Bay County. General Motors being the highest, social security is second.

Thank you.

Senator HART. Thank you very much. [Applause.]

Senator KENNEDY. Mr. George Poulos, the mayor of Flint, Mich., has come and we'll welcome him to the stand now.

STATEMENT OF GEORGE POULOS, MAYOR, FLINT, MICH.

Mr. POULOS. Senator Kennedy, Senator Phil Hart, Congressman-at-large Neil Staebler, it's indeed a pleasure for me to appear here this morning before your subcommittee on the aged.

I'd like at this time, if I may, to go into our senior citizens program in the city of Flint, which we feel is rather unique; and of course we happen to be very proud of it. Flint senior citizen programs date back to November 20, 1947. At that time the Recreation Director Lena Tyler in cooperation with the Council of Social Agencies and the Genessee County Bureau of Social Aid instituted a program at two community centers with publicity and personal invitations. One hundred and twenty-one seniors were attracted to the opening night ceremonies. We refer to these as senior citizen drop-in centers; and in 1956 the Greater Flint AFL–CIO Council joined the recreation department to cosponsor a drop-in center. Now, this made it possible to have day programs previously unavailable for Flint area senior citizens. At the present time the daily attendance averages about 125 senior citizens in the 4 centers now available.

You gentlemen may be interested in what activities are included in these centers. For instance, at one center shuffle board, bumper pool, cards, community singing, and physical fitness classes are held every Monday, Wednesday, and Friday from 10 a.m. to 3 p.m. Very soon swimming will be included in the program. These retirees also have service projects such as sewing for our county hospital and here in Saginaw at the Saginaw Veterans Hospital. Annual events in-

clude a Christmas dinner and dance, tournaments in cards, pool, checkers, and other activities with trophies awarded. Each August the retirees hold a picnic with a dance contest included. Each year one group has a friendly visitors activity to call on seniors not active in the program to encourage new participations and visits to shut-ins.

Flint now has what we refer to as Senior Citizens Week with recognition given to our senior citizens. This week is filled with a fair and antique car parade, a citywide dance, a cracker barrel party, and a sunshine party. The sunshine party is used to bring patients from the county hospital and residents by chartered buses for a friendly get-together. This gives many seniors an opportunity to be outside for the first time in years.

Flint is fast becoming recognized for its program with senior citizens. In 1963, a Michigan bowling tournament was held for seniors which drew 89 participants from 23 communities. Flint will hold a similar tournament this year.

This, gentlemen, is the type of activity which keeps the retiree from boredom and feeling useless. It emphasizes the spirit of sharing experiences is not for the young alone. It is the spirit of feeling worthwhile and a part of the community.

Senior citizens get together at the regional and State level and are centered at Flint. We are proud to host the meeting, such as the one in 1961 when 1,565 seniors from all over Michigan gathered to talk, dance, and compete with one another. The participation factor.

The minimum age for participation in our drop-in center program is 60 years. Very few exceptions are permitted under this age. Fifty years is the minimum age for evening programs. No dues are paid. Marital status is no barrier nor is financial status. We have those with limited income and those who have no financial limitations.

A senior citizens advisory board is composed of recreation department representatives as well as the union council and seniors from the drop-in centers. The board listens to complaints regarding staff members and interprets policy for the drop-in centers.

Now we get down to finances: The city of Flint taxes provide the major support and the Greater Flint AFL–CIO Council pays for coffee, tea, supplies trophies, and other equipment. Benefit card parties are frequently used to replace equipment and this gives the seniors a feeling of self-reliance.

Getting now into the area of recruitment, we have found that we get most new members by personal invitation from another senior citizen. Some are brought in by a daughter or son. The newspaper publishes a weekly calendar of events as well as publicity by local radio and TV stations.

And, gentlemen, I'd just like to hold up a copy of the Flint Daily Journal dated Sunday, March 1, 1964; and here on page 13 it gives the itinerary for Monday through Saturday at our senior citizen centers and points out in graphic detail just what the senior citizen can look forward to each and every week.

Gentlemen, this is a very brief résumé of the program which has developed in Flint of one nature. Perhaps there are other services which would be of interest.

In addition to the 3,000 senior citizens involved in the above-named activities, Flint has had a community planning committee for senior citizens since 1955. That is comparable to other cities' mayor's commissions or councils on aging. It is organized through the council of special agencies. Members represent many interest areas for senior citizens, including recreation, education, health, housing old-age assistance, labor-management, homemaking, nursing homes, pre-retirement planning, employment and pension. The council of social agencies also has an information and referral service where the senior citizens can receive helpful information as to where they can get assistance in solving their problem.

The Flint Office of the Michigan Employment Security Commission has an older workers' specialist, Mr. Robert Yoder, who concentrates on securing employment for persons over 45 years of age; and the Flint Public Library has a special shut-in service whereby senior citizens unable to come to the library can be served. The family service agency works closely with our seniors. Counselor Miss Lena Tyler works in finding senior women to fill requests for part-time and full-time housekeeping jobs while the mother is hospitalized or ill. A large variety of adult education classes are offered by the Mott Foundation of the Flint Board of Education, and I'm sure you gentlemen are familiar with the Mott Foundation program we have in the city of Flint. These adult education classes may be taken for recreational purposes or for some skill that could be used in increasing their earning capacity.

The Flint extension of the University of Michigan offers college classes for a credit at a 50-percent reduction on tuition for seniors who have completed at least 2 years of college. Several private firms give special consideration to our seniors: Some examples are special theater matinees with a reduced rate; special bus service to our largest senior citizen center by our local bus company; reduced prices for prescriptions and haircuts; and just recently a 10-percent discount on all purchases made at a local chain of department stores.

Pilot programs are being carried on at two local nursing homes for senior patients. Through the cooperative efforts of the Mott program and the board of education, the Michigan State University educational interns, the Flint Recreation and Park Board, and other interested agencies, volunteers are being trained to teach the patients simple crafts, to read to them, and to visit with them and to play games with them.

Now, in addition to the foregoing I would like to refer to the tax program currently underway in Flint to assist retired workers: Our city income tax will enable us to cut city real estate taxes by at least 3 mills; and since social security and pension benefits are not subject to the income tax, a substantial financial assist will be possible to our retired senior citizens.

I am offering the following exhibit for your committee, which is a condensed report of the Flint Recreation and Park Board senior citizens programs. I have 25 copies I'd like to leave with you gentlemen. (This report appears in the appendix, beginning on p. 349.) In addition you may wish to refer to the periodical Aging, published by the U.S. Department of Health, Education, and Welfare in October of 1963.

Again, thank you very much.

Senator KENNEDY. Thank you very much. We will include the report in the appendix of the hearing. [Applause.]

Maj. Raymond Cameron of the Salvation Army; and right after this witness we'll go into the townhall meeting during which we hope that we'll have a lot of participation.

STATEMENT OF MAJ. RAYMOND CAMERON, SALVATION ARMY

Major CAMERON. Hon. Senator Kennedy, Hon. Senator Hart, Congressman Staebler, gentlemen, I am Maj. Raymond J. Cameron, commanding officer of the Salvation Army at Saginaw. Upon coming to Saginaw about 3 years ago I inherited a very active program for the aged. We do have a senior citizens program meeting at the Salvation Army citadel every week; and I understand this was one of the very first in the community to be organized. Some years ago the Salvation Army took over a small residence on the east side of this city and opened it to a home for elderly women. We soon outgrew this home, purchased the one next to it, connected them with a large wing, and have been operating for several years an Eventide Home for 28 elderly women. This is for women of all faiths and of all income brackets. They come from mainly Saginaw. However, we have housewomen from the entire upper part of the Lower Peninsula of Michigan—Petoskey, Cheboygan, Traverse City, We now have one or two ladies from Flint.

Now, because of the home becoming very old and because of the I–675 loop that is to be coming from the expressway, we find ourselves in the position of having to move. We would like to report that we have just recently purchased 10 acres of ground immediately adjacent to the Green Acres Shopping Center, which is our most modern and largest shopping center in this area, to build a new Eventide Home for the Elderly. This is a complete shopping center; it also has banks; a lovely restaurant is being built and this area is immediately surrounded by several churches. The home that we plan to build, we expect to house a hundred men and women of all income brackets. It will be the custodial type of a home with a community dining facility. However, we do emphasize the fact that we are planning to build a home and not an institution. With it we are hoping to be able to incorporate a senior center similar to the one just described by the mayor of Flint that will also provide facilities for senior citizens living in this area.

I would like to also report that recently the Salvation Army took over the old Park Hotel in Detroit, Mich., and has renovated this and is now operating an eventide home in Detroit of 220 rooms.

The Salvation Army, we want you to know, is very interested in the aging and is on the move in this community. I would like to make one suggestion: If, somehow, the old-age assistance to the elderly or the social security could be boosted, I think that this would be a great boon to them.

Thank you very much for the privilege of speaking.

Senator KENNEDY. Thank you very much, Major Cameron.

Before you leave, Major Cameron, Senator Hart has a question for you.

Senator HART. Well, Major, I whispered to Senator Kennedy that I had a question to ask before you got to your last paragraph, but I suspect that by implication you've answered it.

You described what many of us know to be the worthwhile contribution the Salvation Army has made in the care and guidance to the aged; you have had direct experience; the question I'm trying to get to is really a criticism that ofttimes is directed against those of us who seek to improve Federal programs, extend Federal activity. The charge is made that the problem of care for older people is basically a local responsibility. Ideally it should be on a voluntary basis, but certainly if you reach as far as Washington, then you get into problems that are worse than the problem you're trying to cure.

Now, that's the criticism oversimplified. In your experience do you feel that the Salvation Army and other voluntary and religious agencies believe that social security, medicare, and other proposed Federal activities help or hurt your efforts to provide voluntary service?

Major CAMERON. I think that they would be a help. From my experience I would say that they are a help. And I am sure that to several of the residents of our home it would be impossible for them to come if it were not for the social security benefits and their old-age assistance. Now, we charge $85 a month. We have a few that are still paying $70 because they came into the home years ago and we promised them that we would not raise the rates. We have one or two that are paying $90 because they have a particular type of a single room. But we find some of these residents, their pension or social security is not adequate. So relatives have to make this up; and, in some cases, it's a severe handicap to them.

But I would say, "Yes, the Government assistance is a help."

Senator HART. Thank you very much, Major. I wish some of those who were so critical about this had your experience in the field.

Major CAMERON. Thank you.

Senator HART. I think their attitude might be a little different. [Applause.]

Congressman STAEBLER. Major, what do you do about medical care for the people, for the residents of the home? Do you handle your own hospitalization or do you send residents out?

Major CAMERON. No. We do not handle any hospitalization, nor do we have any nursing facilities. Our home provides only for ambulatory people. When they come in we know who their doctor is, we know who to call. We of course have on record all of their relatives or the ones that are responsible for them. The doctor is called immediately when they are taken ill and he knows right away whether they should go to a hospital or not; and they have been very cooperative in providing for them getting to a hospital if it is needed. If it's just a matter of 1 or 2 days we provide tray service to their rooms for something like a cold or something of this sort.

Congressman STAEBLER. For more serious cases they are sent to a hospital?

Major CAMERON. Right.

Congressman STAEBLER. This becomes a welfare charge?

Major CAMERON. In many cases some of these residents are well able to pay their own way so that it is no problem with some of them.

Some of them are quite well-to-do. But for others it is a welfare charge, yes.

Congressman STAEBLER. And have you observations on the length of time the residents spend in hospitals?

Major CAMERON. No, I couldn't give you that point. Generally when they leave our place for the hospital they do not return. In the 3 years that I have been here in Saginaw I can only point to about half a dozen that have gone to a hospital and then returned.

Congressman STAEBLER. Thank you.

Senator KENNEDY. Thank you very much. [Applause.]

Well, now the subcommittee will move into the town hall session, and we invite the comments and observations of many of you who are here who would be willing to give us the benefit of your experience and we'll ask those that are interested in testifying before the committee if they will approach the microphone in the middle of the floor and then form a line going down the aisleway there and we'll ask them if they will limit their remarks to 2 to 3 minutes.

So any one who is interested in testifying can get in the line.

Mr. ROBINSON. Senator Kennedy and Hon. Senator Hart and others of the panel, my name is Edward L. Robinson. I'm vice president of Detroit Metropolitan Council of Senior Citizens.

WHAT THE SENIOR CITIZENS WANT

I understand that this committee wishes to find out what our senior citizens want, need, and what we think about the pending legislation both in the State and Federal Governments. I am sure you will get many answers.

Statewise we want homestead tax exemptions and the sales tax taken off on food and medicine. On October 8, 1963, about 100 of us appeared before the joint senate and house tax committees of the State Legislature of Michigan. We tried to make it plain that on the whole we endorsed Governor Romney's tax reform but that we did not want tax postponement but tax exemption. We pointed out that we favored Lucile McCullough's house bill 26. This bill gives $3,000 tax exemption on homestead not assessed over $7,500 to people over 65 with income $3,000 or less.

We made such a stir, Governor Romney changed his view and said that he would be willing to turn over the tax postponement to the cities or counties. State Senator William Ford from Taylor, Mich., a lawyer, found that Michigan had passed that law in 1876. That was back in the oxcart time even before the horse and buggy days. The Governor didn't offer a thing. I think Governor Romney should use an oxcart while campaigning in Michigan.

Now he has gone to Hawaii for a vacation. I think he should have stayed in Michigan and try to get the much-needed tax reform through the legislature. Last fall the legislature talked about tax reform for 2 months, but when the deer hunting season opened they closed up shop and all went hunting. How much longer must the poor old people of this State pay high property tax and the 4 percent sales tax on food and medicine.

Just last week someone in Washington had a bright idea to let the old people mortgage their homes to the hilt, and "eat" up their homes. That fine idea got a flat "No". The simple reason we don't know how long we will live. I might live to be 95 or 100 years old. I could "eat" up my home in a few years, then I might have to sleep in a pup tent. I had enough sleeping in a pup tent in World War I.

The quickest way to get low-cost housing for the aged is to give a fair homestead tax exemption. This tax exemption should also apply to nonprofit housing used exclusively by people over 65 who rent.

On March 1 the Cooperative Services, Inc., broke ground for the construction of a 9-story high-rise apartment building to house 160 senior citizens. This building will be financed by the Federal Government. Many thanks to our Hon. Senator Phil Hart for his help getting this loan through. We had great hope that this would be a low-rent housing for the elderly, but because of the high cost of construction and the high property taxes in the city of Wyandotte we find that we will have to rent the apartments from $75 to $95 per month in order to pay the loan off on schedule.

I think the Federal Government should give a subsidy for low-rent housing for retirees with low income. The Government gives billions of dollars to the farmers to subsidize their income, and allows billions of dollars in tax depletion allowance to the rich oil companies. Why not give some subsidies to the old people whose income has been depleted.

The late President Kennedy, the best friend the old people ever had, said in May 1963 that 50 percent of old people, not in institutions, had less than $1,000 apiece to live on. So 50 percent of our elderly will not be able to pay rent in our new co-op housing.

The greatest need is a good medicare bill for the aged through the social security.

The past 5 years since I retired I have paid $1,260 for hospital insurance. If I live another 10 years I will have paid $3,780, prices remaining the same. If one-fourth of 1 percent or $13 a year had been deducted from my pay for the 24 years that I paid into social security I would have paid $312 for hospital insurance for all the rest of my life.

A 21-year-old young man who starts to pay $13 a year until he is 65 years old will pay the total of $572. Not much more than I have paid the first 2 years and 2 months since I retired. I wish I had that opportunity.

Last Friday the Detroit News carried a big headline, "80 Million People Get Tax Reduction." Most of us old people read the news with a sad heart. Only about 3 percent of the people over 65 pay income tax. The cost of living may go up again and we will have less to live on.

If a good medicare bill was passed we would save from $200 to $400 per person. That would be the same as a tax cut to us.

For over 7 years Representative Wilbur Mills, Democrat, Arkansas, has sat on the medicare bill in the House Ways and Means Committee. It has been estimated from 4 to 5 million old people have died during that time. I think many of them would have been living today if they had been able to purchase good medical care. Old people are proud people—many of them would rather die than go on charity.

I heard Representative Smith, chairman of the House Rules Committee, Democrat, Virginia, say a short time ago on a national TV broadcast, "Congress can get bills through the committees if they really want to get them through." I raise the question: Can any politician come back to his or her constituents this fall and honestly say, "I was for medical care through the social security but we just could not get the bill out of the committee."

All we want is for Congress to really believe in democracy and vote on this very important medicare bill, then leave the voting to us.

If the bill fails to pass Congress I am sure the 18 million senior citizens plus their sons, daughters, and grandchildren will know who not to elect to Congress this fall. We want Congress to vote on this matter so we will then know how you really stand on this great issue.

Mr. O'BRIEN. My name is O'Brien from Bay County. In fact, they call me the Wild Irishman or Curly for short.

Hon. Senators Kennedy, Hart and Representative Staebler, this gentleman stole my thunder. He practically said in his statement that he had so well prepared what I was thinking of; especially approaching the retirees problem from the standpoint taxwise as they do the veteran who gets tax relief. Many of these retirees who during their working years pay their taxes, possibly begrudgingly but at least proudly, owning their own homes, and now that they're in retirement on fixed incomes they're finding it necessary many times to mortgage them, sometimes lose them. If a $2,000 exemption could somehow be worked out for retirees on these fixed incomes I'm sure that many of them would thank this present panel.

And I thank all of you.

Mr. SHERICK. Mr. Chairman, I'm Ed Sherick, superintendent of parks and recreation at Jackson and past chairman of the public agency section of the Recreation Association of Michigan.

Mr. Kennedy and committee, speaking more or less in behalf of the State recreation association of 72 cities—in the 72 cities over half of them have strong senior citizen programs, and some not as strong as Flint, which I'm very familiar with, or Detroit. But most cities, Ann Arbor, Jackson, Ypsilanti, are running a good program with about $6,000 or $7,000 to $10,000 per year of tax money. Our association is very cognizant of the senior citizens. We sponsor a get-together, which was mentioned by the gentleman from Flint. Last year we divided it into eight parts in eight cities of the State and had over 3,000 people participating in these joint activities of eight different centers.

Locally, in Jackson, we maintain four senior citizen centers with daily programs with one drop-in center. We're doing a great deal in housing. Mr. Reed, who's with me today, who has charge of our senior citizen housing as well as public housing, will have some very valuable information on that.

And one point which we conducted when we were applying for Federal assistance in this, in our old-age housing, was a survey that we took among our senior citizens—of people who we knew were not extremely poor nor extremely rich. So we tried to get a cross section; and we found that of the people 38 percent were living on income per couple of $70 per month; and it was much less than we had thought.

I think Mr. Reed could give you some very valuable information on the housing program. Thank you so much.

Mr. SOMMIER. My name is Walter Sommier. I'm vocational instructor at the Michigan Industries for the Blind. In all of these discussions we've covered rehabilitation and recreation for the aged, but one of the major problems is blindness—and especially in the elderly. Of the almost 400,000 blind people in the United States over 60 percent are past 60 years of age. The retirement homes or boarding homes as they might be referred to in various parts of the country are locally sponsored by religious groups and other types of nonprofit organizations. We have covered five such different agencies in a 200-mile area, all of which is inadequate to cope with the problems of a blind person in this type of a home.

Now, one of the agencies that has been moving forward to try to help the situation is the Federal Housing Administration, a special act for retirement homes. I might, by way of suggestion, point out the fact that if these FHA grants are given to communities, organizations, that some consideration be made to cope with the problem of blindness, especially with aged people. People who have been that way for years are pretty well acquainted with how to cope with it by the time they get to 65 or 70. It's the people who lose their sight past 50 that are afraid of it; and the people with whom they deal are also afraid of it. Statistics show that the one disability that people as a whole fear the most is loss of sight.

At this time I would like to make a point that some consideration in future planning be made so that organizations who are interested in sponsoring retirement homes for the blind be considered in the surplus food programs and any possible programs connected with social security that may be helpful to them financially to keep this program sustained.

Senator KENNEDY. Congressman Staebler has a question.

Congressman STAEBLER. I'd like to ask, Mr. Sommier, what programs are now available to the blind, and what they do. Remind us all. This is certainly one of the greatest of handicaps. We ought to be thinking about it in connection with our testimony today.

Mr. SOMMIER. Well, there is a vocational rehabilitation program which really got underway in the first few years of the 1940's which dealt mostly with younger people.

There is the aid to the blind, which is a monthly grant. In Michigan, at the present time, it's $80 although there is some suggestion pending as to whether it should be raised to $90 a month.

Congressman STAEBLER. In that connection, Mr. Sommier, is that, for an elderly person, added to social security payments?

Mr. SOMMIER. To my knowledge it is not. They allow up to $85 of earned income which can supplement these pensions. Social security is not considered income; it's not acceptable as part of the over-the-budget setup.

Congressman STAEBLER. So that a person receiving aid to the blind loses part of his social security or the aid-to-the-blind payment, one or the other.

Mr. SOMMIER. Well, he would lose aid to the blind. He wouldn't lose social security.

Congressman STAEBLER. That's the point I wanted to get at. Your recommendation would be that there be provision by which aid-to-the-blind payments could be supplementary to social security.

Mr. SOMMIER. Well, something of that type. At the present time there's only $10 a month which is allowable for current illnesses which may be connected with old age in the aid-to-the-blind grant. Although social security of course in many cases is more than the maximum aid in the first place so they wouldn't be eligible for aid.

Congressman STAEBLER. But costs for ordinary living must be much higher for people without sight; they must need much more service and a great deal of help which people with sight are not involved with. Is that the case, Mr. Sommier?

Mr. SOMMIER. Well, I wouldn't want to say one way or another. As I see it nobody has quite enough money.

Congressman STAEBLER. But your recommendation would be that there not be a penalty for people who receive aid to the blind when they pass the point or when they reach the age when they're entitled to social security, that they be entitled to receive aid to the blind. Would this be your thinking?

Mr. SOMMIER. Well, it would be a big help. Of course, there are a great many of these people who aren't eligible for social security, but the ones who will have the biggest problems are the ones who have lost their sight past middle age; and at least within the next 10 years most of those people will be under coverage of social security. Actually the problem 10 years from now is apt to be not quite as bad as it is today because the people who are of the senior citizen age today are the ones who haven't been able to get the benefits of the retirement allowances and social security availability that will be in effect 5 or 10 years from now.

Congressman STAEBLER. Well, you've been very helpful in my thinking. Thank you very much, Mr. Sommier.

Senator KENNEDY. Thank you very much, Mr. Sommier.

Well, we want to thank all of you very much for coming this morning and we want to welcome you to the subcommittee meetings that will begin at 2 o'clock this afternoon.

Senator HART. Mr. Chairman, if I could make just one last note before we close this session for our noon recess: I wish the record could visually portray the setting in which you conducted this hearing. We're sitting in a very attractive, large, but low-ceilinged room. The audience overflows to two additional rooms. It is, as is not surprising, made up largely of ladies and gentlemen 65 or over, but contains additionally many who will be many, many years waiting to reach that age.

Early in the morning Ed McNamara made a statement that I think should be the one common denominator that we should all take away from this meeting. As I remember it he said that this problem concerns just about every family in America. Every family in America has a lot of problems. I share with the chairman of the board of supervisors the notion that this probably affects more intimately more families than any other public question except, of course, the maintenance of a world of peace; and I know how easy it is to write editorials about the welfare state and about the old days, but I'd just like to make the point that there are very few families in this country the head of which can get up and say with confidence that whatever catastrophic illness strikes his family they'll be all right. Some of the speakers and the writers of these articles should themselves ask

the question of themselves. "Are you absolutely sure that whatever happens, you can really handle the enormous erosion that the cost of hospitalization can impose, if that's God's will?"

And there are so few families that can say with confidence that they can.

What appalls me is the difficulty that Ed Robinson and Mr. O'Brien talked about, the difficulty of getting Congress to move on medicare. All these issues seem to leave very little room for debate. In my book I feel deeply about this and I know that Congressman Staebler does. Why spend this morning in Saginaw reviewing whether it is prudent for the Federal Government to use the available Social Security System to provide a minimum coverage for a problem that affects the lives of virtually every family in America? That's the one thing that I think we ought to move away from wondering about here.

Congressman STAEBLER. Senator Hart, may I speak?

I'm glad, Senator Hart, that you raised that question, but I'd like to add one point that I think applies here, as I've raised that question often during 1962 in my campaign. I talked on this matter of social security for the aging at a thousand meetings; and we often discussed after or in the course of the meeting why there was such reluctance on the part of Congress to move. I think I see the answer; and the answer is that most people who are now mature still remember the situation that prevailed in their youth. In their youth people didn't live very long after retirement. When people retired as was customary then perhaps more than now, retired at age 70, you lived a couple years and that was all. So that during one's working years whatever accumulation you were able to make was close to being sufficient to take care of those few years after retirement.

Now we live much longer and people haven't caught up with the realization of that fact. At age 65, as one of the speakers this morning pointed out, I guess it was Henry Nickleberry, at age 65 we have a life expectancy of 13 years for a man and 15 years for women; and we're living longer now than we can afford during these retirement years. We haven't the arrangements made to meet this new situation. This is really what we're trying to overcome—this is really our problem. We've got to catch up in Congress and in public and everywhere with the realization that times have changed and changed during our lifetime. It's kind of hard to realize that medical science has improved to this great extent and that we now have a quite different situation.

And, furthermore, that isn't the end of it: We're adding to our longevity and we're likely to reduce our retirement years. So that spread of 13 years for the man and 15 years for women can be expected to increase and increase during the lifetime of many people here in the room. So the problem is going to double.

Another point that was very evident, and this was in Henry Nickleberry's testimony, notice what's happening to medical expenses. This is in part because we, in the past—our rather deplorable employment conditions in the country resulted in a lot of underpaid labor in hospitals; and we're gradually getting up to the point where people are being remunerated at a reasonable rate. But that's only part of it. Medical science is doing many astonishing things in the conduct of hospitals that is rapidly increasing the cost of hospitalization. But

again this combination of more years and more expenses underscores the point that we're living longer than we can afford.

So this is the reason we have got to get Congress to catch up with the fact; and could I suggest that the greatest incentive to catching up with the fact is the participation of citizens in reminding the Congressmen, reminding perhaps even Senators and reminding their Representatives that there is a new day and that the new day needs new answers.

Thank you, Senator.

Senator KENNEDY. Well, I think that both Senator Hart and Congressman Staebler summed up my observations and views about this morning's meeting.

We want to express on behalf of the committee our appreciation to the witnesses, the mayors, all those who came here and gave their time this morning and who have been working on this problem for many years. We want to thank the citizens that spoke out at the town meeting session and to express our appreciation to all of you for attending and indicating your interest in this hearing on the matter that's before us.

Now, the subcommittee will adjourn till 2 o'clock this afternoon.

(Whereupon, at 11:30 a.m., a luncheon recess was taken until 2 p.m., of the same day.)

AFTERNOON SESSION

(Whereupon, pursuant to the taking of the noon recess, the proceedings were resumed at 2 p.m.)

Senator KENNEDY. The subcommittee will come to order.

We welcome all of you again this afternoon for the continuation of the hearings of this subcommittee of the Special Committee on Aging. Once more the subcommittee is delighted to be joined by Senator Hart and Congressman Staebler for the afternoon session.

First, we will have four or five witnesses that are scheduled this afternoon and then we will have the open session for the time that is remaining before the time of adjournment, which will be 3:25.

So we'll first of all ask Dr. Robert F. Powers, who's president of the Saginaw County Medical Society, if he will be good enough to take the witness stand.

Dr. Powers, we want to thank you for coming this afternoon and we want you to proceed in your own manner, please.

STATEMENT OF DR. ROBERT F. POWERS, PRESIDENT, SAGINAW COUNTY MEDICAL SOCIETY

Dr. POWERS. Senator Kennedy, Senator Hart, and guests, as president of the Saginaw County Medical Society, I want to express my appreciation for the invitation to state some views of our medical community on the problems of aging.

As this committee may know, the medical physicians of this country have spent 7 years investigating the concept of aging through the work of their committee on aging. As the result of the findings of this committee, I would like to talk to you this morning about a new concept on aging. I feel this new concept is important to this Senate committee inasmuch as the disbursement of funds under the Com-

munity Health Services and Facilities Act may well be affected by this new concept.

At the outset, the phrase "problems of aging" is inaccurate since there is no such thing as special "problems of the aging" except perhaps for the particular circumstances imposed by retirement. In support of this concept, the 1959 death statistics of the United States listed 25 children under the age of 5 dying of arteriosclerotic heart disease including coronary disease and this cause of death appears in every 5-year segments thereafter. In 1958, 8 adults over 65 died of so-called infantile paralysis and 14 died of measles. If this is true, then what we call "problems of the aging" are not just the inevitable result of being old in years, but they are also the result of a number of environmental forces acting upon an individual. Most important, however, these environmental forces are capable of modification and improvement within certain limits. This factor of "individual's environment" refers to sanitation and disease control, diet, exercise, rest, and improved medical care, but it also refers to the individual's housing, his family relationships, his social life, his work and his employer, his educational opportunities, his spiritual life, and even his recreation.

It is this controllable factor of environment that will have to be attacked if there is to be any improvement in the care of the aged. It is well known by physicians that there are other factors that produce symptoms than virus bacteria and cancer. These symptoms arise when the patient is not making a good adjustment to the environment in which he lives. The modern family physician must treat his patient as a part of his total living situation.

Thus, we physicians desire to encourage greater attention to the social, vocational, and economic factors which are so vital to good health among older people.

We, as physicians, have three goals in considering the care of our senior citizens:

1. The best possible care for the minority of older persons who are ill.

2. Long-range preventative measures directed toward slightly larger groups who are frail and fragile.

3. Most important, the promotion of "positive health" among the great majority of older people who are well.

It is this last goal that I would like to say more about today. What do we mean by promoting "positive health"? We feel that the key to positive health lies in struggle rather than retreat, in enjoyment rather than avoidance of stress of living. It might be said that the "wounds of combat" are definitely preferable to the decay of idleness, both from a biological and moral standpoint.

The citizens of this country have to come to the realization that people over 65 still have capabilities in our society, and something has to be done to use these capabilities normally in society. The older person needs a sense of purpose and the opportunity to contribute to others, and these are as vital to the total health of the aged as are adequate nutrition and rest.

Whether this opportunity is thwarted by family members who deny the older member a voice in the family counsel, who are overprotective and relegate him to the role of "puttering";

Whether it is thwarted by the community which refuses to utilize the capabilities and contributions seniors can make to all aspects of community life;

Or whether it is thwarted by employers who refuse to hire after a certain age or retire persons at an arbitrary chronological age, whether they are still willing and able to work or not, the results are equally detrimental to physical and mental health.

Work is vital to life at any age. It provides status and identity—an answer to the question "What are you?" It provides economic security and freedom from fear of dependency and most of all it provides a sense of belonging—an involvement with other human beings, a purpose.

Physicians agree that chronic complaints develop more frequently when a person is idle and without interests to occupy his time. The human personality, like nature, abhors a vacuum. For some people an easy way to fill the vacuum is with excessive attention to their aches and pains. The physical and mental health of the unemployed older person can be affected by the loss of status, lack of meaningful activity, fear of becoming dependent, and by isolation. Most of our senior citizens have great potential for productivity. Studies have proven that oldsters produce better than the average of all age groups, have better job stability, and more ability to get along with others.

The medical profession acknowledges that some of the aged are ill or infirm but most are not. Most of them have an intense desire to be useful and productive and have the health to accomplish this. For those that are ill and infirm, the medical profession has always worked for improved facilities and programs.

In 1958, the American Medical Association joined three other medical communities to create the joint council to improve the health care of the aged, and through this organization is stimulating community programs for the best possible health care for our aged. We have been instrumental in organizing home care programs, homemaker services, chronic illness information centers, and various other programs.

Of note locally, we have established a home care program through the Visiting Nurses Association which is financed by private funds. This is the third such program in the State of Michigan. Our local program has been in operation 4 months and has been extremely successful, especially as pertains to the care of the aged.

However, the majority of older persons are not sick, but well. Surveys have shown that only one of every five persons over 65 considered himself sick to a degree which significantly limited his normal activity. Therefore, the medical profession feels that in addition to efforts being made to care for the aged who are ill and infirm, a much greater effort should be made for the vast majority of our senior citizens who are well.

In summary we maintain that there are no such things as "problems for the aging" but rather problems of living for the aged. It should be a challenge to this Senate committee to establish programs that will afford our vital community of older citizens an opportunity to be useful in that they may have purpose to live. Only in this way can success come to any program for the aged.

The key to successful aging is successful living.

Senator KENNEDY. Doctor, I want to thank you for your testimony, and it will be included in its entirety in the record of this hearing.

Dr. POWERS. Thank you very much.

Senator KENNEDY. Congressman Staebler?

Congressman STAEBLER. Doctor, might I ask just a couple of questions?

Your emphasis on useful and productive occupation suggests that you do not favor the principle of retirement at a fixed age. Is that possibly the case?

Dr. POWERS. Relative to health I think it is very important; yes. Relative to health.

Congressman STAEBLER. If a person is healthy would you recommend that he keep employed?

Dr. POWERS. I think in some instances if you have something to retire to, that's one thing. Would you like a very good example?

Congressman STAEBLER. Yes.

Dr. POWERS. This comes from my family. I had a lovely uncle who was in the realm of 72, and taking care of Auntie Minn for about 8 years who was totally blind and was a total care problem to him; and you never heard my uncle complain so much as he did taking care of Auntie Minn. But my uncle had a sense of humor and he was vibrant and he was vital and he was taking care of Auntie Minn and that's all.

And Auntie Minn died one day; and within a year I came to visit my uncle; and he was sitting by the window and looking out the window; and he says, "Robert," he says, "Do you know how many bricks are in that wall on that house next door?"

And I said, "No, Uncle, I don't."

"There are 1,645. I've counted exactly that number a thousand times."

And Uncle Ed died in 1 or 2 years after Auntie Minn.

Now, the point I'm making is that if a man has a lot of money, he can retire to a yacht or can retire to another business or something. Maybe he should retire entirely. But most of these people have nothing to turn to, nothing to retire to. True they retire. Maybe they should because of their age but they don't have any place to go, nothing to do; and this is detrimental to their health.

Congressman STAEBLER. Are you suggesting that retirement plans ought to be more flexible than is customary now in many businesses where we have a fixed cutoff irrespective of health and energy of people?

Dr. POWERS. Without going into the mechanics of what this would do to the economy because we don't have time here, but I do think that if the old person was judged on what he could do, then the flexible approach to the retirement age would be very good as far as the retiree.

I don't know what this would do to the economy. But I do think that there are many people who just because they're 65 shouldn't be put on the shelf; and when I think about the last 20 to 40 years and what medicine has done in this country to promote the longevity of life, if this continues it isn't going to be unreal to expect to live to be a hundred years old, which is only going to compound this problem.

So I think new sights have to be taken; and I think your suggestion of this possibility of making retirement ages flexible and keeping a

man on the job like you do a 25-year-old man where if he does a good job and he's regular in attendance, if he gets along with the people and he's honest and so on and so forth, and can keep up with his job he can stay; if he's 70 years old he should stay.

Congressman STAEBLER. Like you, I shudder at the economic aspects of it. But I was tremendously impressed by the good sense of what you gave the committee; and it tied up so many things that I hear from people that know something is wrong about their retirement and their lack of things to do, sense of purpose. You put your finger on all of them. I thought this was a marvelous presentation.

Dr. POWERS. Thank you.

Senator KENNEDY. Thank you very much. Mr. Frederick R. Wolf, of the Kenny Foundation.

Mr. Wolf, we have your testimony here which will be included in its entirety in the record; and if you want to summarize or just outline the high points, or if you want to read it you can proceed at your leisure.

STATEMENT OF FREDERICK R. WOLF, ASSOCIATE DIRECTOR OF KENNY REHABILITATION FOUNDATION, MINNEAPOLIS, MINN.

Mr. WOLF. Senator Kennedy, Senator Hart, Congressman Staebler, I am Frederick R. Wolf, associate director of Kenny Rehabilitation Foundation & Institute, Minneapolis, Minn.

I hold a master's degree in hospital administration and have served as a consultant to the U.S. Public Health Service on research projects on nursing homes conducted by the National Institutes of Health.

Kenny Rehabilitation Institute is a regional rehabilitation center serving the five-State area of Minnesota, western Wisconsin, Iowa, North Dakota, and South Dakota. It conducts programs of treatment, education, and research in all phases of medical rehabilitation. Kenny Institute was selected as one of the first regional pilot research centers established by the Vocational Rehabilitation Administration, a program which is carried on in collaboration with the University of Minnesota Department of Physical Medicine and Rehabilitation. Kenny Rehabilitation was responsible for the formation of the American Rehabilitation Foundation, an organization composed of rehabilitation leaders representing medical schools in all sections of the United States.

Kenny Institute provides services to elderly patients directly, through its hospital and outpatient treatment programs, and indirectly, through educational programs in which nurses, physical therapists, psychologists, vocational counselors and others receive training in specialized techniques for the rehabilitation of aged persons.

Kenny Rehabilitation Institute has demonstrated that rehabilitation of chronically ill and disabled elderly persons is humane and desirable and that it works—and is medically and economically feasible. This, it seems to me, is what is most significant about the services which we render to the aging. For example, a high percentage of our patients are elderly victims of stroke. In 1962, nearly half of our patient population was made up of stroke patients 60 years of age and over. We have developed methods which enable us to predict with unprecedented accuracy the rehabilitation potential of these patients.

During the past 4 years, we have reduced by half the length of time required to rehabilitate victims of stroke, with a corresponding reduction in cost.

It is frequently assumed that the inability to pay for these services represents the sole obstacle to providing rehabiliation to the aging on a wider scale. It is true, of course, that the majority of our elderly citizens are unable to pay for the cost of medical rehabilitation out of their own resources. But I regret to say that, even if adequate funds were made available, the vast majority of our aging population could not obtain these services because of the lack of professional skills and expertise.

Kenny Institute provides medical rehabilitation services to a greater number of elderly patients than any other facility in the geographical area we serve. Yet these patients represent only a small fraction of all those who are in need of rehabilitation. Even our services are severely limited by the shortage of trained and experienced personnel. As an administrator, I am constantly engaged in the search for medical and paramedical personnel whose qualifications meet minimal requirements for rendering rehabilitation service.

I referred to the high incidence of stroke victims among aging patients. Characteristically, a very common type of stroke impairs speech and hearing. A speech pathologist, possessing special skills and extensive experience in dealing with these problems, is essential to the rehabilitation of such patients. Yet a survey conducted by Dr. D. E. Morley of the University of Michigan reveals that 65 percent of graduate students in speech pathology feel they are inadequately trained in the speech and hearing problems of the aging.

The medical specialist who has assumed primary responsibility for rehabilitation is the physiatrist—the specialist in physical medicine and rehabilitation. There are less than 500 of these physicians in the United States. From 500 to 2,000 of these specialists are needed to fill vacancies in medical schools, hospitals, and rehabilitation centers.[1] Twenty-eight, or one-third, of the medical schools in the United States offer no curriculum whatever in medical rehabilitation.

The personnel shortage is equally serious among physical and occupational therapists, psychologists, and vocational counselors.

The manifold and complex problems presented by chronically ill and disabled aging persons have come upon us so suddenly and on such an overwhelming scale that few in our society were educated to cope with them. Further, the techniques for dealing with these patients have moved ahead so rapidly that most of the knowledge that we have acquired was not even a part of the curriculums of 10 years ago. Continuing education is, therefore, necessary to train the personnel who are needed to provide rehabilitation services.

Kenny Rehabilitation's educational programs range over all of the groups which have a bearing on services to the chronically ill and disabled. Graduates of Kenny's advanced courses in rehabilitation nursing are serving the handicapped in all parts of the United States. These programs are being expanded to include courses for administrators of homemaking programs for the handicapped and for members of the clergy.

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[1] American Congress of Physical Medicine and Rehabilitation.

In addition to providing spiritual consolation, clergymen represent a vital force in rehabilitation of the aging. They have a direct influence on institutions providing care for elderly persons and they provide leadership in generating the social pressures for expanded rehabilitation services.

Continuing education is necessary to assure that the kind and quality of the rehabilitation services rendered to the aging conform to the highest standards. In other words, deliberations concerning the commitment of Federal funds for the payment of rehabilitation services should be accompanied by a corollary concern over the quality of the services that would be thus secured.

In testimony before the Senate and House Subcommittees on Appropriations for Labor, Health, Education, and Welfare, Dr. Paul M. Ellwood, Jr., executive director of Kenny Rehabilitation, has urged the allocation of funds for studying manpower requirements for medical care, and for the launching of a program of continuing training for practicing doctors and for research in undergraduate medical education.

I would like to respectfully suggest that this proposal may bear a direct relationship to the deliberations of this committee, since it is aimed at alleviating the shortage of personnel required to provide medical rehabilitation services to the aging.

I thank you.

Senator KENNEDY. I want to thank you, Mr. Wolf. This is one of the principal aspects of the legislation which we are considering in the area of training and the role the Federal Government has in providing funds for the specialized kind of training; and I think that you've underscored the need for this; and from the benefit of your own experience and concern with this problem your testimony is greatly appreciated.

Mr. WOLF. If I may, we are not a rich foundation but we are spending several hundred thousand dollars a year to train the clergy, for example, who have a great impact on the aging. We are training social workers, psychologists, physicians, and we look forward to the day when this can be shared by others such as the Federal Government.

Senator HART. You would not feel this to be an intrusion by Washington in the area?

Mr. WOLF. Heaven forbid.

Senator KENNEDY. Dr. Samuel D. Marble.

Senator HART. Dr. Marble is the president of Delta College. Doctor, I'm very glad to be here to introduce you to Senator Kennedy. Congressman Staebler and I know you very well and your work.

STATEMENT OF DR. SAMUEL D. MARBLE, PRESIDENT, DELTA COLLEGE

Dr. MARBLE. It's a real pleasure to be with you. Gentlemen, I'd like to speak very briefly about the role of trained personnel in the field of service to the aging. I agree with Dr. Powers as nearly as I can observe that there are no personnel shortages in the field of treating people of greater age that do not exist in the other areas of community health.

It is a strange thing to me, but apparently at the present time it is possible to secure money for new health facilities far more easily than it is to secure trained personnel to use those facilities. In the tricounty area in the span of the last 5 years we have increased our hospital facilities 20 percent or more. There's no evidence that we've been able to increase the number of trained people to use these facilities. The number of nurses is approximately the same as it was 5 years ago. In the meantime a great many new needs have developed, the population has grown, and there is some reason to believe that unless new training programs can be started that there may be an increasing shortage of trained personnel, particularly on the nursing level and other related fields.

Now the importance of trained personnel in the treatment of the older citizen is that the efficiency of the hospitals has increased considerably. There was a time when a person of greater age who went to a hospital generally felt that this was a terminal assignment. Now, however, a hospital such as Saginaw County reveals that the period of time be for these people are returned to society is being progressively shortened. Now a person who comes to this hospital with a case of stroke is rehabilitated in a shorter and shorter period of time and returns to a position of independence and self-reliance in the community.

The availability of the properly trained health personnel is going to have an effect on reducing the time that institutionalization will be required for the geriatric patient and it will also increase the efficency of these institutions.

Now, in view of the fact that the Federal Government has made funds available for facilities, I want to call your attention very briefly to the fact that there are some pioneer programs in the field of training personnel that might be worthy of your consideration. In the first place I think the time will come when short courses designed to train a physical therapy assistant or an occupational therapy assistant will be put in operation. These people will not have academic degrees. They will have 1 or 2 years of adequate training and will probably work as an assistant to a fully professional person. These programs perhaps should produce a technician with a different designation: Perhaps he should be called a rehabilitation therapist to avoid confusion with a person who has a baccalaureate or a masters' degree.

However, the hospitals of this area do assure us that there is a shortage of personnel in the physical therapy field; and this is particularly true in the hospitals which make a major service of treating people who are of more advanced age. This it seems to me is one way in which experimentation could occur; and it seems to me that your committee might consider the possibility of making funds to encourage some experimentation of this sort.

A second type of program that I think deserves to be considered is a 2-year nursing program that is open ended in character. Now, I need to explain to you that one of the problems in nursing education today is that the nurse who receives a certificate, whether in a hospital or in a 2-year college, is not able to apply this training toward a baccalaureate degree, or at least very little of it. Therefore this person, who has a nursing registration, if she wishes to return to school,

must generally start at the beginning again all the way back in the freshman year.

Now, to assume that the first 2 years or 3 years in the case of a certificate program cannot be applied toward a degree—that this is invalid learning of a junior level perhaps—is a kind of pedantry that I think deserves to be rejected. And I am convinced that if funds were available there would be institutions willing to experiment with an open-ended nursing program where the nurse takes the equivalent of 2 years which entitles the nurse to become a registered nurse, and then take other courses above this level that will lead on toward a bachelor's degree or even a master's degree. Such a program would enormously open the door for existing nurses to continue and strengthen their educational programs; and it would also be an inducement to high school graduates who are considering nursing as a career to enter this field of study.

The next area that I think deserves some experimentation is the development of refresher courses and specialization programs for the certificate nurse. Some of this is now offered, but because of problems I have referred to before it seems to me that there's a real need to give more attention to this possibility. There's a special circumstance that exists with nurses. As a rule they secure their registry, they practice for a while; and then they have the habit of getting married and having a family; and maybe 10 or 15 years later they come back and return to their profession and become active. This is the nurse who often wants to go back and get some additional study and needs it; and there is a dearth of programs for women who would like to have instruction of this sort.

Finally, I would like to say that if, in the field of education, a program could be aimed at a special target—namely to produce a candidate who is able to pass a registry, or examination, or who has a battery of clinical skills—if the educational objective were defined in this way instead of a 2-year, 3-year, 4-year program I am satisfied that educational institutions could be very resourceful in finding more efficient ways to produce this candidate more quickly. You see, if you have an established timespan of 4 years, everybody is in school for 4 years; but the distribution of achievement runs all the way from A to F on the scale. On the other hand, if there is a minimum standard of achievement, either intellectual or clinical or both, we know now that it's possible for some people to acquire this skill in a much more speedy period of time than others; and I'm sure that educational institutions will be resourceful in doing this.

Well, this is a challenge to the educational institution, and I think it possible to bear some of the new techniques of educational instruction and efficiency we're beginning to learn about. Because all of these new ideas are not presently accepted I believe that some seed corn to stimulate experimentation would be very desirable. If some of these programs are tested and tried they will be followed by other institutions. In general I think that some recognition of the need for finding new methods of training health personnel will greatly stimulate the number of young people who enter these fields. This is a very attractive field in many respects because it does lead to service. We have young people in our country who are looking for opportunities to serve their fellow citizen and their republic; and I am sure that this is one of the areas that should be very attractive.

I would like to express appreciation to you for being with us because I think we have in this area a resourcefulness and a freedom of inquiry that has given us the willingness to look afresh at a good many of these problems; and perhaps you can look with us and help us find some answer.

Thank you.

Senator KENNEDY. I just have one question: Has it been your experience that when young people have at least brushed against the opportunity to be of effective service in a nursing career or in rehabilitation that you might receive a higher incidence of applications for continued study in this field? Are you suggesting this among other things?

Dr. MARBLE. Yes. Senator Kennedy; there are two types of people who are attracted to nursing: One has a sort of a romantic impression as to what this field is; another is a person who's had some personal experience and likes it. Now, it's possible to have both of these, but very frequently the student who has seen the pictures of the graduate nurse, after this person has been in a hospital room and discovers that there are some smells and experiences and other things that go along with it says, "Well, that isn't for me."

On the other hand there are a good many people who have had some direct experience that say, "That is very important. I didn't know it was like this. I would like to know more."

I feel that the introduction of the student into a clinical situation as quickly as possible is very important; and actually from the standpoint of recruitment this should occur at least partially on the high school level to give the student an opportunity to make up his mind at the time of college application that this is a field of interest, merit, and one in which the person has a valid opportunity to serve.

Senator KENNEDY. Well, that touches on just a point in which I've had some experience; and this is in regard to the participation of high school students in these day camps for mentally retarded children, a program which has been operating for the last two or three summers in a variety of different communities; and the interest of high school students and really in the limited kind of training that can be given to them in the period prior to a program of working with mentally retarded and mentally disturbed people.

Their contribution was really significant in even the limited amount of training they received; but what was of great interest was the point that you mentioned here today of the extremely high incidence of continued study and continued interest of these high school students who did have what you observed as a brush with the opportunity to be of effective service. This is an underlying concept I think of not only the programs which you suggested but also this National Service Corps bill, which has recently passed the Senate and which will provide an opportunity for young people maybe in a slightly different field but not wholly unrelated to what you suggested. I think that you've certainly put your finger on something this afternoon from your own experience in association with this field which is extremely reassuring to those that believe in this idea of yours as well.

Senator Hart?

Senator HART. Doctor, would Delta undertake any or all of these programs if the means were made available?

Dr. MARBLE. I'm sure Delta would be very interested in at least some of them. As presently constituted Delta has some limitations and would not be able to participate in all. But there are some that would certainly be of interest and that I think would be of direct service to the area; and if they are effective they could set a pattern for education elsewhere in the United States.

Senator HART. Why do you suggest that the Federal Government should participate in this?

Dr. MARBLE. I do this only because you come representing the Federal Government and because you have funds that are going into facilities; and I would be glad to have some foundation or other source of assistance as well. If there's anyone present who has some interest in this, why, I will not be far away.

Senator HART. You understand that my question was not directed critically at you.

Dr. MARBLE. Yes. Well, Senator Hart, I don't think that the Federal Government should conduct these programs but I think that the Federal Government could do something in stimulating experimentation. If these new programs do not prove their validity and if they're not taken up by existing institutions, then obviously the experiment has failed. But if it does set any pattern and it's adopted, then I think that in this way a small amount of assistance might have considerable impact.

Senator HART. So do I. And I would hope that this kind of seed learning encouragement could be developed at the Federal level. I share with you the feeling that in all of these areas we can do much better. Much better. Indeed, I would be game to go along with you on your notion that we should aim not at 4 years on a calendar but at arriving at a point of development which would permit a student to leave the school whether it was 2 or 6 years later.

Dr. MARBLE. Precisely.

Senator HART. Not limited just to medical technicians but right across the board.

Senator KENNEDY. Thank you very much.

The Honorable Glenn Jordan, the probate judge of Saginaw County.

STATEMENT OF HON. GLENN JORDAN, PROBATE JUDGE OF SAGINAW COUNTY

Judge JORDAN. I have a prepared statement, Senator, that isn't very long that I think I can read. It wouldn't take more than a couple of minutes.

My name is Glenn E. Jordan. I am the judge of probate for Saginaw County, Mich., and have served in this capacity for the past 6 years. Prior to that time I was engaged in the general practice of the law.

Furnishing legal services for elderly indigent people in this community, and throughout most of Michigan, is a real problem, is practically nonexistent, and the lack of such services often results in injustices and deprivation of property and liberty. There is not in this community, and throughout most of the State, an orderly system of legal aid to assist indigent people in the preparation of the various legal forms and papers, applications, certificates, affidavits, and all of

the various documents that are demanded by the various agencies, bureaus, and offices with which these citizens must so often do business. There is usually no one to whom these citizens may turn in order to obtain information and advice as to the sources of governmental and private assistance that may be available to them.

Probate courts in Michigan, among other duties, conduct hearings to determine whether or not people are mentally ill and should be committed to a State or private hospital. Our commitment laws specifically provide that a patient who manifests the general deterioration of mental processes associated with senility, but without psychotic implications, shall not be committed to a State hospital as mentally ill. However, it is common knowledge among those working in this field that there are presently hundreds of elderly patients who have been, and are being, committed to the State hospitals, contrary to this law, who exhibit primarily symptoms of senility and require only nursing care. With proper legal representation, few, if any of these unfortunates could have been committed with the subsequent loss of their legal rights and liberty. There is no provision in our commitment laws that require the courts to furnish legal counsel to these people, although the result is often to deprive them of their liberty for the rest of their natural lives. The commonly accepted rationalization for this procedure is the lack of local facilities for the care that these people need. It is still common procedure in many communities in this State to confine allegedly mentally ill people in jail pending their hearings and pending their admission to a State hospital. Proper legal representation and local facilities would end such treatment.

It is common practice for social agencies, both governmental and private, to require the mortgaging or outright conveyance of any property to the agency of an elderly indigent seeking aid. In many instances the value of the property conveyed far exceeds the value of the aid received. If proper guidance and assistance were provided these people their properties could be sold or rented and this income used by them to provide for a better living standard until it became necessary to seek charity. Many of these people are not informed that they have the right to the full use of property they own, including the right to sell, and live from the income before seeking social aid.

In my opinion, the social security program has provided the greatest contribution to the welfare of our elderly citizens. However, under the present system, many of our senior citizens are being deprived of their benefits. Numerous instances are brought to my attention in which the designated payee, usually a next of kin, has converted social security benefits to their own use with the beneficiary receiving little or nothing. When brought to the attention of the Administration, the usual procedure is to merely change payees. No effort is apparently made to recover these pilfered funds. Apparently there is no legal staff to institute such proceedings. Little or no personal contact is made to see if such funds are being used for the benefit of the person entitled to them. There are instances when entire benefits are used to reimburse the State for institutional care, leaving nothing for clothing or the personal comforts of the so-called beneficiary. Contrast such procedure with that of the Veterans' Administration, which is staffed with trained attorneys who work in the field, making personal contacts and correcting such injustices almost before they happen.

In short, I do believe that elderly citizens are, in many instances, stripped of their legal rights, liberty, and property for lack of proper guidance and counseling.

A proper system of legal aid in each community would greatly alleviate these injustices. Social security laws should be scrutinized for changes that would insure that benefits were always being used for the care and comfort of the beneficiary, and rigidly enforced. Elderly indigent people should always have the right to legal counsel when their legal rights, liberty, or property is endangered.

Thank you.

Senator KENNEDY. Judge Jordan, it's an extremely important factor which you have brought to the attention of this committee. During the past session of the Congress Senator Ervin who is the Senator from North Carolina on the Judiciary Committee has been holding a series of hearings with regard to the rights not just of elderly persons but people in the field of mental disturbance and mental illness in the Federal courts; and as a matter of fact I believe that those hearings have concluded and I think that you might very well be interested in the hearings and the materials which have been introduced in applying them to a State situation in order that State governments and the State administration of the judiciary can fully guarantee the protection which our senior citizens should have. I just draw that to your attention because of your interest in this. Thank you very much.

Is Mr. Charles E. Odell here who's the Director of Older & Retired Workers' Department, United Auto Workers?

Is Mr. Allison here, the mayor of Midland, Mich.?

Well, why don't we commence now with our town hall session; and I'll ask all of those who are willing to make some observations with regard to the matters that we've been talking about, who have some matters of particular interest which they think would be important for the benefit of the record, to come forward behind the microphone that is in the front of the room and then possibly form a line through the center aisle.

We're going to ask each of the witnesses who appears behind the microphone if he would be kind enough to state his name, any organization or association that he is connected with; and then if he will limit his remarks to between 2 and 3 minutes, the subcommittee would appreciate it.

Mrs. SUPERNAULT. I am Elizabeth Supernault from Bay City, Mich., a registered nurse. I wish to be corrected if I am wrong on this one. Dr. Marble spoke on a 2-year program for nursing and the nurse coming out with a certificate as an RN. Would she be limited as to what she can do or could she go ahead and do what an RN of today is doing?

The RN of today, as most of you know, is removed from bedside nursing care. We need bedside nursing care. Now, if this 2-year nursing program is going to put her in the same category as a 3-year student with an "RN" attached to her name it isn't going to solve our problem of bedside nursing care for the patient.

Was I right in understanding Dr. Marble?

Senator KENNEDY. Is Dr. Marble here or did he have to leave?

I don't believe that Dr. Marble's observations were strictly restricted to that particular part of the training that you refer to. At least I

thought part of his observations pertained to providing a degree of limited training so that the nurses themselves could be of any help or assistance depending on their degree of proficiency in the area of rehabilitation and assisting the RN's.

I didn't know whether he was trying to define that degree of training which could be received by any 2-year period to be equivalent to the 3- or 4-year period which any registered nurse would receive, although he did, I thought, at the end say that he hoped that the challenge to educational institutions would provide that those who were gifted would be able to move along somewhat faster and receive their advance degrees in a more rapid way, and that this is one of the challenges to the universities.

But I think Dr. Marble could probably respond to your question more directly if you would care to invite his comment at some future time.

Mrs. SUPERNAULT. Of course, my thought is that it is not going to solve your shortage of nurses in the hospital if they are going to be raised to the standard of an RN. They are going to have to carry out the duties of an RN.

May I ask this other question: What can be done for senior citizens who are depending on social security as their chief source of income when our taxes are going up on an average of $50 per year? School tax 2⅓ the amount of your regular tax. The senior citizens, could they in any way be eliminated from having to pay this high school tax? I know it is a necessity but we have done a lot in supporting education up to this age.

Congressman STAEBLER. Senator, may I respond to this? Because it happens to be peculiarly a Michigan problem.

Up to a few years ago the ratio of school support which came from State taxation approximated 60 percent, leaving 40 percent to be defrayed by local sources largely through property taxes. That was up to a few years ago. Now the ratio has changed and now 60 percent of school burdens are borne by local taxation, largely property taxes, only 40 percent by the State.

Now, this ratio is under fire at the present time. It is being discussed in Lansing. It will be subject to a lot of discussion this year. Many of the school people are urging a very large addition to school aid to help change that ratio back toward what it used to be because of the injustice that now exists. When school burdens are increasing due to our great number of young people and the local taxation is being called upon to supply a larger portion of a larger total, no wonder property taxpayers are rebelling. This needs to be changed back; and this will have to be done by State means rather than by Federal.

Mrs. SUPERNAULT. Thank you.

Mr. PERRY. Mr. Chairman of the Subcommittee for the Aging, my name is Pete A. Perry, Pontiac, Mich. I'm the chairman of the retirees at Local 596 of the UAW. I also have considerable contacts with the retirees throughout the county of about 38,000. I also work with the United Fund on behalf of some of these cases that's going out and I hear these doctors talk about.

I'd like to make reference to some of them here, a few of them rather, and then explain to me just how they're going to be able to

meet these situations. Here are widows we have in my group which number into the hundreds that come to me with many of their problems. On $83 a month income they pay $12 for Blue Cross, $13 tax; and then they've got about $58 to live on. These people are what we call the 82 percent citizens; they get 82 percent of what their husbands get.

Another lady, she goes to a doctor; $14 for car fare and office call, $10 to X-ray for the Blue Cross and end up paying $14 for surgery for sticking a needle in her arm.

Another lady goes to a doctor and has wax removed from her ears. She gets $60 a month and it costs her $15 to get that done.

Now we talk about from these doctors' standpoint here. I have a son. This is one of the famous doctors in Detroit, a heart surgeon. I'm very much in conflict with the doctors and have been for many years. This is not my first period of time with the retirees. It's been for 7 years now in Washington and here. Now, I think it's time that we sit down—the doctor has the right to sit down on the other side of the table and negotiate his own rates without regard to anyone else. He is the only citizen that has that privilege in this country. And no Senator or Congressman has ever attempted to talk about it, has ever dared to attempt to talk about it.

I think it's time we analyze it with some method of getting out of it to save these people who don't have any way of existence on $30, $40, $50 a month. Namely the widows who are the 82 percent citizens. They should be getting as much as their husband whenever he passes away. That has never been done because they're not a first class citizen.

As I mentioned, this is the beginning, bringing to your attention the importance of pushing medicare, abolishing the present Kerr-Mills bill.

Mr. Chairman, we feel that the aging are being caught in a pitfall as regarding the senior citizens as a problem; and they are the victims of a fast pace age in which we live; and my son got up in the world and got out in the fast pace. He doesn't believe and see as I do. They're just on the other side of the fence. That's what worries me about our people. They have been neglected and literally cast aside by the Nation which they themselves spent the greater part of their lives to make strong.

Therefore we feel that the clear-cut long-range national policy formed by systematic action is vitally needed at this time more than ever before. The aged of this Nation have been buffeted from agency to agency, from committee to council in separated segments concerned with the relationship of their problems. As previously stated, a clear-cut long-range policy is vital now, needed, due to the increase in the cost of living. The cost of living since they got their last social security has went up in the neighborhood of 20 to 25 percent. We have not had any adjustment for these people at the bottom to compensate them. The last thing at that time was never made too active for the men at the bottom.

This present tax cut does not do anything for 80 percent of the people which is below a $1,000 a year income, and some parts are much below that. In this particular country it represents 16 million people.

Now, at the bottom we should have some type of a cost of living

attached to the social security, some sort of an escalator clause, to tie with it at least a 30-percent increase in social security and I think it's time we go take a picture of this instead of listening to all the medical profession spending $3 million a year in Lansing and Washington lobbying. We cannot do that. I spend my time because I'm situated where I can travel a lot. I do handle patients constantly in different places, take them to the hospital, go to the hospitals, and care for them. They are laying up there now, four or five of them, ready to be taken out. O.K., they've had hemorrhages. Five and six a week. The doctor says, "Take them out." Big men, 200 pounds. No money to take them. Where do they take them to? I've asked the doctors; I've met with them, the doctors including my son. He is very much up at the top. But they're the most misinformed people in the world, and at the same time they're the least informed on the facts of life of what takes place among our senior citizens; and it's high time the Senate and the Congress stopped dillydallying after 7 or 8 years and give us some action, and now.

[Applause.]

Mr. MAIDLOW. Senator Kennedy, Senator Hart, and gentlemen, my name is John Maidlow. I live at 1711 Brenner Street in Saginaw. I'm district manager for the Social Security Administration serving these three counties of Saginaw, Midland, and Tuscola.

I didn't deliberately get in line in back of Mr. Perry but I can verify that when he says widows are asking a lot of questions about why they get 82½ percent of their husband's benefit, he's correct. We also get many questions each week from the 20,000 retired beneficiaries that are age 62 and older regarding how they can increase their present amount of social security. Michigan's average is $84 per month, about $10 higher than the national average, on the amount of old-age benefits. Of the close to 20,000 aged people in this district who are getting benefits every month, most of them are fully capable of handling their affairs. As Dr. Powers testified, they have their physical and mental facilities. A very small percentage, under 1 percent, are not able to. We estimate about 175 people out of these 20,000 who require some help. So we do select a payee to handle their funds for them, but we do carefully investigate the facts in each individual case and we try to select a person who would have recent knowledge of this beneficiary and would also have a strong interest in him. We check each year on the use of those benefits so that we can see how reasonably these benefits are handled. If there is any misuse, then we make a strong effort to recover those funds, and refer suitable prosecution cases to the U.S. attorney.

Thank you.

Mr. HITCHCOCK. Senator Kennedy, Senator Hart, Congressman Staebler, I'm Ben Hitchcock. No relation to Tommy, Billy, or Alfred. I'm somewhat of a foreigner here today. I sneaked away from a neighboring city some 160 miles to the southwest. Kalamazoo, Mich., where I serve as executive secretary of the Senior Citizens Fund. We would just like to inform your committee of what our organization is doing. We recognize of course that the problem that the aging face today both in housing care and in medical care is an enormous problem.

We are justly proud we believe of what our organization has been doing in our community to help carry the weight of this problem in our particular area. We have 2 homes for the aging there with a total capacity of 130 with assets of over a million and a half dollars today all paid for and clearly the property of the Senior Citizens Fund. We broke ground last month for a new 61-bed, $650,000 nursing home and funds were in hand for this before we broke ground.

This Senior Citizens Fund is a community-sponsored organization, private nonprofit corporation that's sponsored by the community; and all of our funds for the building and the maintaining of our operations are through the generous contributions of our industries and individuals in the community. We care for roughly one-third of our total capacity in both the homes for the aging, and it is also our plan to do the same in the nursing home for those who are old-age assistance recipients. This is done without discrimination and without any prejudice so far as the facilities that they have or the care they receive.

It is one of my responsibilities to interview the elderly people who come to us for admittance. They must be 65 years of age or over to be eligible to admittance to one of our homes; and I can only say this: That I have sensed in recent months a much greater concern on the part of our elderly citizenry over this question of what is going to happen to me when my funds run out. They are caught many of them in a spiral of cost of living that is going up, up, up; and their income, if any at all, is fixed. Their assets are going down, down, down and they are rightly concerned; and we share that concern with them. We feel that we are fortunate in that our community puts funds at our disposal to supplement for this handful of people that we're serving. But we know that for every one that is in our homes there are many others in the community who perhaps will never be eligible to come in for one reason or another who are facing this tremendous problem; and we certainly commend to your interest and to your concern the people of Michigan who do need the help and the care that our Government can give them in their hour of crisis.

Thank you.

Mr. NOLAN. Senator Kennedy, Senator Hart, Congressman Staebler, ladies and gentlemen, my name is Scottie Nolan. I'm 71 years old this month. I'm one of the senior citizens from Flint, Mich. Now, in recent months I've talked to hundreds of senior citizens in the city of Flint; and the one thing they are interested in is an improvement in social security.

I'd say that 65 percent of the people that I have talked to are not getting the top money from social security; they are getting the smaller amounts; and they find it very hard to get along on that. So that they need more money to help them along because they don't want to be going out and looking for charity.

The majority of them said, "I don't want to be looking for charity and I don't want to be depriving somebody else of another job if I can get one."

Now, in talking to these people I've also discovered that they're all in favor of medicare for the aged through social security because

numbers of them have had to pay their life savings as payments to doctors over and above the Blue Cross. One of my neighbors just two doors away from me recently had to pay $4,000 over and above the Blue Cross. Now, these things need to be corrected for the elderly people, especially the people who are retired from businesses.

Now, I should say that one lady did say that she wasn't interested in medicare for the aged, but since then I found out that that lady has a $500 a month income. So naturally she wouldn't be wanting to have anything to do with it. But there is one thing that we need and that is more money for the people. We want to stop these doctors from putting these extra charges on when you're sick because the average old person like me—now, I don't want to lose all the few cents that I saved during my lifetime. Thank the Lord I'm healthy right now. Unfortunately my wife is not. She has to be taken care of; and I do my best to take care of her; and I do not like the extra charges that the doctors put on. Of course, naturally I have to pay for them.

So I would urge that we get this medicare for the aged as quickly as possible; and one reason for asking for it as quickly as possible is I've also talked to hundreds of working people in the city of Flint in the factories, in the stores, anywhere that I could contact them; and 99 percent of them say, "We will pay whatever it needs to take care of this medicare for the aged. We don't care how much it takes. If we have to pay so much a month, we'll pay it. We need to have it and we're willing to pay for it and to keep it going."

Thank you.

Mr. CLARK. Senator Kennedy, Senator Hart, and Congressman Staebler, I'd like to speak on behalf of several million citizens in America who have been victimized by a calendar date.

Oh, I didn't give you my name. I'm Edmund Clark, a past president of the State educational retirees, a member of the National Legislative Council for the NRTA and the AARP. And I know that our heads, Dr. Andrus and Ernest Giddings have appeared before your committees numerous times and spoken in behalf of various and sundry bills, and, of course, the Baker bill. That was one bill that we were very much interested in and it's now a matter of law in the tax bill; and it made us very happy.

But those people that I speak of are in need of immediate help; they can't wait. I heartily agree with all the long-range programs that have been discussed here today; I'm deeply in sympathy with them. But the one thing is that when the social security laws were amended and various groups were brought under social security in the early fifties, then by calendar date to be very specific let's take the educators of Michigan. In 1955 when the educational group were brought under social security they paid for six quarters, a number of them did, and retired; and now what they're receiving in round number is around $1,500 in social security and the wife $750.

The people who retired in 1954 or 1953 or 1952, they are not eligible. They were not eligible under the law at the time that they retired for social security. But they have been deprived of paying in an equivalent sum of those who retired in 1955 and coming under social security. I know that there have been three bills in the last 2 years

introduced. Well, I'm not sure whether the Dulski bill was introduced last year but the King bill was introduced.

This is a year when that doesn't affect just the educators, understand. I want everybody to understand that. This change would give social security coverage to all those who when they served were not eligible for social security but whose groups have now been made eligible for social security and are enjoying the benefits of social security; and one of those bills would be a very happy thought because we must remember that that group of citizens are the citizens who got low salaries, low pay; they were caught in the economic spiral of events and what little savings they had were taken away from them; and you know and I know one thing, that the health and happiness of the citizenry is paramount to everything else; and you can't be healthy if you need a beefsteak and you have no money to buy it; you can't be happy and healthy if you need a new suit of clothes or a new dress and you have no money; and you wonder whether you're going to have a home; and I speak as a person who has visited the homes of a number of the educational retirees in Michigan who have served better than 40 years.

I understand that the State has failed in its obligation in the pension field and failed shamefully and miserably. [Applause.]

Mr. CLARK. But I'm not just speaking for the people in the educational world; I'm speaking for those people who were victimized by calendar dates and now I believe that they can't wait. Many of them range in age from 75 to 85 years of age. The obligations of the Federal Government would be very short; and let them borrow the money. They can pay in I believe $72 a quarter for six quarters. It would be around $432; and that's all that some of them had to pay and who are drawing now $2,250.

And I most earnestly urge, Congressman Staebler, that you do everything that you can to get one of those bills out of committee and on the highway. And some day I'm coming down to check up on you. [Applause.]

That isn't saying that I'll let Senator Hart or Senator Kennedy off when it gets over to the Senate.

Senator KENNEDY. Thanks very much.

Senator HART. Thank you, Mr. Clark.

You know, Mr. Chairman, I think I can speak for Neil on this: This is like the problem of going to church on Sunday and having a very good sermon, but the guy who should be listening to the sermon never shows up at church.

Congressman STAEBLER. But let me just add, we hope you will write to the other Congressmen in the State who have not been supporting social security.

Mr. ZANE. Hon. Senator Kennedy, Hon. Senator Hart, and Hon. Neil Staebler, and ladies and gentlemen and retirees, my name is Jack Zane. I'm chairman of the retirees, Local 581, Flint, Mich., and I want to comment on the remarks of Judge Jordan, probate judge of Saginaw County. I think he brought out a very good point on the retirees not being informed of their rights, taking their property away from them; and I want to comment on Dr. Powers. He says there's one out of five retirees sick. That's all the doctors find out about because the rest don't have money to call a doctor. [Applause.]

I actually know of people right now that's retirees that tell me they can't go to the doctor because they don't have the money.

Now, I consider it a privilege to speak to you Senators; and I'm no speaker. I think we will be shown up plenty by more experience. But still I have found in the past that you got to be a retiree, you got to be retired before you'll ever begin to learn anything about what our problems are. [Applause.]

I know we have the best Representatives in Washington; I know we have very good Representatives and Congressman, yes. But you're not retired yet and it's very near impossible for you to realize our predicament.

And I can speak from experience. I have recently been retired. You may look at me and say, "Well, he isn't old enough." Well, I had the misfortune of being one of those that was forced out by total and permanent disability. And I notice all your laws says 65 and over. I wonder sometime that you're missing some of us that get kicked out on disability. I think we're covered that way.

Now, what I want to tell you, sir, and I'm sincere about this and not here to make a speech. I want to talk to you gentlemen that's got some power down there to do something for us; and we need it now, not later. If you read the Government statistics, how long are we going to live? One and a half years is all we're going to live. That's your Government statistics of how long we're going to live. So if you're going to do anything, let's do it.

I'd like to say that Brother Perry from Pontiac covered just about everything that the retirees from Flint have except I will go on and repeat probably. He knows our problems. The widows. I want you to consider this: They still have to pay rent, pay the light bills although their husband is maybe deceased. They should be raised. It's harder for them. It's easier to live when they have two checks coming in.

Now, we suggest in local 581 that you have a minimum. There's a lot of them only getting $40, $60 in social security. And there should be a minimum payment of social security of $100. No less. Anybody that didn't come under that like was mentioned a while ago that didn't make as much back in those days, there should be a minimum set. Nobody paid less than a hundred. My goodness, they can't even live on that.

Now, my request, and this is a big one for you, but there's only one way we can do it; and I thought about this, that we have to have a raise in social security; and we want 30 percent. Now, everybody else is getting raised. If you're president of a corporation you can raise your own salary; I understand you gentlemen can raise your own. So give us a privilege of raising ours.

As I said before, and I want to repeat, we're only going to live a year and a half so do something for us.

I want to speak on something that won't be under your power as Senators or Representatives in Washington, but this may be getting too political. But we have an aspirant here for Governor. I want him to know if he's Governor I want him to get in there and pitch. Us retirees don't want to have to pay nothing to go fishing; we want recreation; and there's no sense of having a license to go fishing when you're retired because you're not going to catch too many fish anyway. And

we have parks in Michigan; and it's a shame that a retiree has to go buy a license to get in that park when you've retired him and told him to go and have a good time.

And to repeat, there's only one way we can live the way you fellows think we should and say we should; and we appreciate all the other speakers, what they're trying to do for us. But I'll tell you one thing: If you raise my—and I retired at the maximum social security. It's been raised and raised but I retired at the maximum. Now I'm down there because I didn't get any escalator clause to keep me up there. We need a 30-percent raise to bring us up; and I retired at the maximum; and if I got a 30-percent raise I'd only be getting $150 of social security; and anybody knows that you wouldn't get too much money; that wouldn't be too much to live on.

So I'd like to recommend that you Senators, Representatives, pay attention to what we're telling you and asking you because we mean it. We want a 30-percent raise with an escalator clause to keep us up there so we can continue to live decently.

Thank you. [Applause.]

Mr. DOUGHERTY. Senator Kennedy, Senator Hart, Congressman Staebler, my name is John A. Dougherty. I'm executive secretary of the Michigan Health Council. Two of the programs of the Michigan Health Council have to do with health career recruitment. The other we're keenly interested in.

In regard to some of the comments made regarding health careers I'd like to mention that the University of Michigan has doubled the size of the class of their physical therapists, and next fall they'll enter for the first time 32 students. Earlier this week Wayne State University College of Medicine received approval to start a course in physical therapy. Also, I'd like to comment that the occupational therapists about 2 years ago started a program to train people as occupational therapist assistants and graduated their first program in cooperation with the manpower retraining program about a month or two ago. All of these people are now employed; and this program is as I recall an 18-week program.

We will have a meeting in 2 weeks to discuss at our office where the program goes from here. But it looks like this will help tremendously.

Then in regard to the 2-year nursing program, many community colleges around the State have developed and are working in cooperation with the community hospitals. I talked to the administrator of the Traverse City Hospital about 2 weeks ago. He has many of these graduates. He feels that this is the answer to the nursing shortage. These girls trained in 2 years, many of them are able to do many of the things and most of the things that a registered 3- or 4-year trained nurse can do. These girls will never be instructors in nursing at the University of Michigan or Wayne State University College of Nursing until they go to school for a few more years. And I wouldn't want to learn nursing from a 2-year trained nurse but it is a great improvement over the training received as a nurse's aid or the 1-year training program of the practical licensed nurse.

Now, this practical nurse is also being expanded. The graduates up in Sault Ste. Marie last month consisted of five men; and this is an important step in the right direction of getting men that are unemployed into the field of nursing and trained in some of these quick programs where they can earn or receive some subsistence.

Now, in connection with the aging, we are not entirely happy with the present MAA program in Michigan. We have a representative on the Michigan Commission on Aging; we have made recommendations to the Governor's office. We have submitted many recommendations and suggestions and I personally feel that with the Kerr-Mills we have an organ that we can now use; just use it to its maximum. One of the things that we are recommending is that when the person becomes 65 that they immediately are able to find out if they're qualified for MAA rather than wait until they're sick and then qualify. We also feel that they should be given identification cards instructing them as to what benefits they are entitled to under MAA, what the maximum is. This is what the real failing has been, the fact that we haven't had the opportunity or that the elderly people haven't had the opportunity of finding out very easily where to go when they are ill.

The commission on aging has published this booklet. I'll leave it for your record along with the recommendations that we've made.

I thank you for the opportunity to come here today. [Applause.]

Mr. CAMPAU. Senator Kennedy, Senator Hart, Governor Staebler, senior citizens, and ladies and gentlemen, my name is Fred Campau, I live at 1409 Third Street in Bay City. For the northern division north of Bay City I represent the National Council of Senior Citizens.

Now, we're having a little bit of a tough time due to the fact that we're not having people cooperate in the kind of a program that is going to put senior citizens forward. On the other hand I'm willing to go along and am going along to do these things and do them in a practical constructive manner that will get us some place; and it takes some time but nevertheless we're going to do that.

Now, one of the things that I've been concerned more about than anything else—and there's nobody here that's going to dispute this, I think—is the fact that our main trouble is in Washington in the Ways and Means Committee whereby one man who's the chairman of that committee says that a bill can come out or it can't come out; and if it can't come out, then you don't do anything. We can have all the discussions we want; we can have all the pamphlets we want; and we can write all the letters we want, if the chairman of the Ways and Means Committee says "Yes" or "No," then that's it. Senator Hart knows over there that I've communicated with him in hundreds and hundreds and hundreds of letters. Also he's had copies of letters that went to other Members of Congress; and I've also talked with Senator McNamara and a lot more.

Mr. Chairman, I also want to say in connection with that same thing that with regards to your brother, the late President, who we are very sorry is not here today. And I'm going to be very brief in my talk due to the fact that a lot of elderly people are here to be heard but we haven't got the number of people from Bay City that we should have; and that happens quite often. I've been in Saginaw before and have spoken before.

Now, before finishing I want to say this: That we should try and eliminate a few of the cards that we send out as birthdays and as Christmas cards, and I wouldn't say get-well cards because that's important, but a lot of other unimportant cards more or less, and send those cards to our Congressmen and tell them what we want; and we should also send those cards to Congressmen that we don't know but

we know their address; and if anybody wants to know the addresses of those Congressmen there are plenty of men here right now who can give them their names; and if they can't, then I got them with me right now and they can have them.

Now, I'm not speaking as a novice. I've been in this business for 30 years. I and a few others here started in 1933 to set up the Townsend plan which nobody will dispute the fact but what that was the beginning of the senior citizens activities.

In other words, the Townsend plan had an almost identical idea as the senior citizens have today, housing, medical, hospitalization and all those things, with the result that there's nothing been left undone from the Townsend plan to this day.

Now, don't get me wrong. I'm not speaking for the Townsend plan, although I have a right to, because we still do meet in Bay City. I'm connected with the senior citizens, as I said before. I'm connected with the National Council of Senior Citizens; I'm on the organizing committee.

Now, we have to write to our Congressmen in Washington and get them awakened to the need for action; and that is as it pertains to the Ways and Means Committee, the Rules Committee, and the like; and I'm probably talking a little bit political right now, but I know what it's all about. We in the Townsend plan in the beginning, and I'm not speaking for the present time, we've been to Washington, we've been to Detroit, we've been to Cleveland; and we've tried to do things with regard to senior citizens under the Townsend plan; and we were not able to get any place at all whatsoever, because why? One man in Washington in the Ways and Means Committee there says this: "If I want this bill to get out of the committee you can talk about it; and if I don't want it to get out you can't talk about it."

Ladies and gentlemen, that's all I have to say. Thank you very much.

Senator KENNEDY. I'm going to ask Mr. Charles E. Odell, a scheduled witness who's the director of the Older and Retired Workers Department of the United Auto Workers to take the stand.

We're scheduled to leave here at 3:30. We have further meetings in Detroit and a plane to catch later. So we're really going to have to move along. I'll ask Mr. Odell to speak and then maybe these final two who are now in line at the microphone. I don't want to cut it off too much.

Mr. Odell, if you could limit your remarks to just a very few minutes. Do you have a prepared statement?

Mr. ODELL. Yes, I do, Senator, but I only have one copy of it because this was prepared in a hurry. I'll file it with the committee.

Senator KENNEDY. You can file it with the committee, and then if you'd like to summarize the points which you think need to be commented on you may.

TESTIMONY OF CHARLES E. ODELL, DIRECTOR, OLDER AND RETIRED WORKERS DEPARTMENT, UAW, AFL-CIO, DETROIT, MICH.

Mr. ODELL. Mr. Chairman and members of the committee, I am grateful for this opportunity to present my views on the question of structure in Government in the interests of older people, particularly

since I was unable to present these views in person on the occasion of the one day of Washington hearings held in January. The problem of structure for aging is particularly important at this time because of the emphasis given by President Johnson and his administration in recent days to the so-called war on poverty. While it is undoubtedly true that about one-half of the older people in this country have individual incomes that are below subsistence levels, I for one believe that it is a great and serious mistake to deduce from this that the solutions to their problems will be found through public welfare programs. This, in my judgment, is the unfortunate direction in which the Department of Health, Education, and Welfare has been moving in the past several years, and the trend in this direction may well be accelerated by the war on poverty. At the time that Congress passed the Social Security Act during the administration of Franklin D. Roosevelt and ever since until very recent times, the concept of social insurance was presented as the fundamental bulwark against loss of income and loss of status in the retirement years of life. Old-age assistance, administered through welfare departments with restrictive means tests, residency, filial responsibility and lien provisions, was presented as a necessary but declining phase of the old-age security problem.

For 7 years now, many of us, including in my judgment a majority in both Houses of Congress have been fighting to preserve and extend the social insurance principle, and indeed to preserve and extend the social security system itself by adding a modest hospital insurance benefit as a matter of right to the Old Age Social Insurance System. We have seen, beyond any question, that providing such benefits as an extension of the public welfare system through the Old Age Assistance program or even through the more liberal provisions of the Kerr-Mills program, is not a workable alternative to the social insurance approach. I, therefore, find it increasingly difficult to understand how the administration and the leadership in HEW can seriously prepare to project all of its concern for coordination, leadership, and direction of services to older people under the aegis of the so-called Welfare Administration in HEW. As an umbrella for dealing with poverty and with the so-called indigent aged, the Welfare Administration is an appropriate administrative machinery, but let us not make the mistake of forcing all older people over into the status of indigency before they can qualify for services from Federal and State agencies. Now my friends in HEW who defend this administrative monstrosity will tell you that I am exaggerating the case, that they have not abandoned social insurance as the principal bulwark to provide income and health security in retirement; that "welfare" as definied in the constitution is a broad umbrella which should not, and need not, be restricted to the concepts of indigency and the means test. My response to all this is that the distinctions which exist in the public's mind between public welfare and social insurance are distinctions drawn over the years by those who are running the Department of Health, Education, and Welfare.

If there is a stigma attached to public welfare, they helped to create it and perpetuate it by decrying the means test and the indignities to which public welfare clients are subjected and by promoting the concept of income and health security as a matter of right under the

time-tested social security system. I happen to agree with them that this was the proper thing to do. I happen also to agree that it is time to eliminate some of the demeaning and obnoxious indignities that now surround the determination of eligibility for old-age assistance and medical aid under the State public welfare programs. But I resent the notion that the older people of this country shall be used as the sacrificial lambs in the belated efforts now being made to build a more positive image for public welfare. The facts are that all older people are not indigent; nor do they wish to be considered indigents even though they may be teetering on the edges of poverty; and they wish to maintain their independence and dignity even though they may be denying themselves access to some benefits which they can get only at the price of undergoing investigation of their income, assets, and potentials for filial support. I would like to cite several practical examples of this which have come recently to my attention. The first occurred over a year ago when we surveyed a sample of our retired membership in Wayne County to determine their interest in selling their homes and moving into more modern, high-rise rental housing. Seventy percent of the respondents said, in effect, "We prefer to stay where we are and we don't want anyone prying into our income, assets, and financial situation. We will leave our homes for the last time either in an ambulance or a box."

A second example is the one that developed last fall here in Michigan when Gov. George Romney proposed a homestead tax deferment plan for senior citizens as a part of his so-called tax reform program. The Governor was shocked and dismayed to find the overwhelming numbers of older people regardless of party affiliation or political beliefs who reacted violently against this proposal. Why? Because to qualify for tax deferment, the older person would have to apply through the welfare department and undergo an investigation of income and assets. Further, it was proposed to place a lien at 5-percent interest against the estate for all taxes deferred. The older people of Michigan will long remember this ill-conceived attempt to "pauperize" them in exchange for a legerdemain of tax forgiveness at the expense of their estates and their heirs.

There are, of course, many good and badly needed features to the Smathers-Mills bill, and it would be unfortunate if there seemed to be any fundamental difference of opinion among those who oppose its organizational features over other aspects of the bill. I certainly support the sections dealing with grants to States for planning and to communities and nonprofit groups for demonstration programs. The need for research and for incentives to encourage universities to establish professional training programs for work with older people is certainly great. There is also need to provide incentives to professional personnel working in disciplines and programs that could be of value to older people, to pursue both inservice and out-of-service professional training for work with older people.

As the director of a program which sponsors and promotes the development of multiservice centers for older people, I have mixed feelings about this section of the Smathers-Mills bill. While it is true that too many senior center programs are poorly housed in unsafe, poorly equipped quarters, thereby indicating the need for

new construction in this field, there is a more serious problem in providing adequate, professionally trained leadership for such programs. Since funds at the local level are severly limited for the development of center programs, I would hate to see all or most of the limited funds available spent for new construction or alteration of buildings and little or none spent to provide the kind of professional leadership required to put life and heart into the building once it is constructed. Perhaps the answer to this problem is to broaden the section on centers to include some provision for grants to provide staff in new buildings at least on a short-term basis.

Returning to the question of organization structure, I would like to present briefly several other basic arguments in favor of the concept of an Administration for Aging within HEW rather than an Office of Aging within a Welfare Administration.

1. Many aspects of aging, including most of the programs of HEW are not provided under the direct or even the indirect leadership of public welfare in the States. There are only a little over 2 million of the 18 million older people in America who are on old-age assistance. Only about 150,000 are served in any given month by Kerr-Mills. The trend has been to try to reduce the numbers of aged on public welfare. Let us not undo all these efforts by administrative action which plays directly into the hands of those who would like to destroy the social security system and have us return to home relief and the county poorfarm as the principal bulwark against the insecurity of old age.

2. Grants to States, communities, and nonprofit groups under the proposed bill cannot and should not be administered primarily or exclusively through the welfare administration and/or State departments of public welfare. It would be confusing, if not catastrophic, to have demonstration, research, and training projects in the fields of education, health, recreation, employment, rehabilitation, et cetera, being submitted, reviewed, and channeled primarily through the State department of public welfare and/or the welfare administration. Other departments of State and local government as well as private nonprofit agencies in these fields would resent, if not ignore, grant programs channeled in this manner.

3. Many of the voluntary agencies with National, State, and local programs for older people would find it difficult if not downright repugnant to their memberships as well as their older clientele to become identified for purposes of planning, coordination, and leadership with a National and State program in aging which derived its authority and support primarily from the field of public welfare.

Finally let me say in all sincerity that I think the welfare administration now has more than enough to do as one of the pivotal agencies within the Federal Government in President Johnson's declaration of war on poverty. Let the Welfare Administrator and her counterparts in State government dig into this problem in depth, and let the problems of older people be met primarily by an Administrator for Aging, who sees it as his or her primary responsibility to keep as many older people as possible off the public welfare rolls, by providing them through social insurance and a broad spectrum of community services with the means to avoid indigency.

This is surely a decent and honorable approach to the problem and one which most Americans who want action for older people will understand and accept. The late, great President John F. Kennedy said in his speech to the National Council of Senior Citizens in June of 1963:

> If the King-Anderson bill is passed, it will have been carried on the backs of older people.

Let us now make every effort to pass the Fogarty-McNamara bill which contains most of the good features of the Smathers-Mills bill and provides for an Administration for Aging. In so doing we will be repaying a small part of our debt as a Nation to the older people of the country on which backs much or most of our achievement as a Nation in the past 65 years has been carried.

Since this statement was originally prepared, several things have happened in the State of Michigan which bear further witness to the dangers of the present course taken by HEW and concretized in statute by the Smathers-Mills bill.

In Michigan we have been fortunate to have a statutory State commission on aging reporting directly to the Governor. I am proud to have served for 4 years on this commission, for 2 years of which I was chairman. While the commission needs more public members to become a truly representative body, it has nevertheless been a means of identifying and articulating some of the basic needs of older people in our State, relatively unfettered by the undue pressures or influences of any one group or any one department of State government.

Now, because of the new State constitution, which requires the reorganization of all State agencies into not more than 20 departments, a move is underway to subordinate, if not to bury, the commission on aging. Although most people who have any knowledge of State government, and the problems of older people, are absolutely opposed to the idea, it seems that the Romney administration under senate bill 1038, intends to place the commission on aging under the department of social services, a new name for the old State department of welfare. Thus the Washington pattern set by the Department of HEW is about to be adopted by the State of Michigan, and older people in our State are about to lose whatever voice they had through the commission on aging in articulating their needs and problems to the Governor and the legislature. Even this would not be so bad if the State department of welfare had ever shown any genuine interest or concern in what the commission on aging stood for or was trying to do. But I must say, that in my 4 years on the commission, the department of welfare seldom, if ever, sent a representative to commission meetings, and the immediate past director of the department told me more than once, when I was chairman, that he did not approve of the commission and would be most happy to see it eliminated. His successor may have a more objective and more enlightened viewpoint. I certainly hope so, but the fact remains that the welfare department in Michigan has, historically shown little or no interest in the commission on aging and its program, and the older people of our State have very little faith in the department as their spokesman.

The second major development which bears further evidence of the mistaken notion that the welfare approach will solve the problems of older people, is the so-called senior citizens program announced by Governor Romney as he boarded the plane for his 3-weeks vacation in Hawaii last Thursday. Every feature of the program, but one, is concerned with the old-age assistance client and the indigent aged.

While we can all support a $10 a month increase in old age assistance allowances, and an upward adjustment in the eligibility requirements for medical aid to the aged and an increase in allowances for OAA clients in nursing homes for $90 to $150 a month—and many of us have long advocated far more liberal changes—what do these proposals do for the 19 out of 20 older people in our State who are not on OAA or MAA and who do not want to be? On the other hand, the Governor says he is opposed to unnecessary and massive Federal programs like Medicare to deal with essentially State and local problems. But I predict that he will, if reelected, and I hope he is not, find himself confronted with a massive fiscal crisis of his own making because of increasing and unnecessary State and local expenditures in behalf of older people who would prefer not to be paupers and indigents in order to qualify for State and local welfare payments. The third development is the political argument that has developed between Mr. Zolton Ferency, Democratic State chairman, and the Detroit News over a recommendation of the President's Council on Aging in its February 1964 Report concerning the possibility of permitting older people to borrow money from the Government on the equities in their homes which would be repaid by their estates to the Federal Government at the time of their deaths. It is my personal view that the President's Council on Aging erred in even suggesting this idea, but it was after all presented as an idea not as formal legislative proposal.

The Detroit News is trying to crucify Mr. Ferency by suggesting that this idea from Washington is identical with Governor Romney's tax deferment proposal which the older people of this State "shot down" with a resounding thud last fall. While the ideas are not identical, it is my feeling that both Governor Romney and the President's Council were wrong on the general concept, because neither group seems to bother to work closely with older people in order to find out what's on their minds. The plain truth is that the vast majority of older people don't want welfare. They don't want liens on their property; they don't want to be financially dependent upon the State, the Federal Government, or even their children. They want to maintain a sense of independence, dignity, and self-respect. They want a respectable place and a respected role in our society. They want to be listened to and they want a voice in deciding their own destinies.

They know, and you know, and I know that they will not find that ear nor that voice in a public welfare office where, by law and regulation, everything they say about their income and family and assets will be held against them.

Mr. Chairman, and members of this committee, I urge you to reject any approach to solving the basic problems of older people that is launched primarily under the banner of public welfare. Adopt instead the wise and dignified approach projected by the Fogarty-

McNamara bill and the King-Anderson bill. Give older people adequate income and health security as a right under a contributory social insurance program, and eventually we can fulfill the apparently forgotten 1935 promise of Edwin Witte, Arthur Altmeyer, and Michigan's own Wilbur J. Cohen to eliminate the need for old-age assistance and medical aid for the aged through a sound and pervasive social security system.

Senator KENNEDY. Thank you very much.

Mrs. JACOBSON. Senator Kennedy, Senator Hart, Congressman Staebler, and gentlemen, I am Betty E. Jacobson. I am sergeant at arms of Post 22 of the American Legion Auxiliary; and I think we have covered practically every field but I think we have forgotten the main retiree and his wife; and I know that in a week or two there will be a convention in Washington; and one of the American Legion men at the veterans' hospital who has been handling my husband's case has told me at one time to write in to Senator Hart; and I have done so and my husband has, also; and he has urged us to promote this plan that the veteran be helped.

So this has given me now the opportunity to talk before this gathering. And I think the people do not realize how forsaken a veteran is today. My huband was a patient at the Ann Arbor Veterans' Hospital for 7 months. I had to go down there for 2 months and live. I don't think anybody has any idea of what the wife goes through following the husband around; and I had to come home and open up the house and live 5 months alone. I'll never forget the lonely days and nights.

Some people even say, "Don't bring him home in a wheelchair." They were so afraid that they might be disgraced with their presence; and yet if anybody could go into one of those big veterans' hospitals and especially go through the orthopedic ward and take just one good look and then come out with the human understanding, then they would be all glad to get down on their knees and thank God that they are still walking; and then if they go on floor 3 and see how the people are dying; and some veterans, it's surprising, have nobody, next of kin, no acquaintance, and no neighbor to come in there to see them through the next door.

There was one man that was in my husband's ward when he was on floor 5; and he was dying of cancer; and so when he was in his dying stage they transferred him to what the boys call "skid row"; and that is the proper term because some just skid out; nobody cares absolutely nothing; and the only people that went to see this dying man, and he only lived 40 miles from Ann Arbor, were the nurses, the doctors, and his buddies. I mean the boys in the service and I. And one colored buddy termed me the "Ward Mother." Now, that is how lonely some of those boys are in the hospital; and especially on Saturdays and Sundays it's the most God-forsaken place to the veterans that ever exists on earth; and yet I think that very little is done for the veteran; and in our case this coming year, not in 1964, because we're still safe in 1964, but in 1965—and here's where I'm making a strong appeal not only for my husband's case and mine but for all of the veterans, that the bracket of which the people receive their pensions are so far spaced that they go from $2,000 to $3,000; and, believe it or not, if something isn't done in Congress many veterans are going to suffer and their wives and their families, just like my husband and I are.

The point of it is now that because we are $7.84 over the $2,000 bracket, next year we will be cut $30 a month. So for $7.84 a year that we are over in this bracket we will be getting cut $30 a month. Now multiply that by 12 and you add it up so it's more impressive in your own mind.

Now, I'm appearing very strongly, since this convention is going to be set in Washington, D.C. Can we expect help? Can somebody now in Washington, D.C., step in and see what can be done about this immediately? The contact officer in Ann Arbor, the VA contact officer, said that legislation is supposed to come through. But when? Like we all ask, when? [Applause.]

Senator KENNEDY. Thank you.

I want once again to express our appreciation to the members of the hospital staff, to all the witnesses, to those who have responded in the town hall session for their very fine testimony. This will all be a part of the record; it'll be part of the whole debate and open for the consideration of the rest of the Members of the U.S. Senate and Congress.

I want to personally say what a source of pleasure it has been to have Senator Hart and Congressman Staebler here, two representatives of this great State who have been dedicated to the interests and welfare of the seniors of Michigan and the rest of the country. I know that our seniors can be thankful that they have these two dedicated spokesmen for their interests.

I want once again to thank Dr. Volk and his wonderful staff for their hospitality; to extend my appreciation to the members of the press for coming here and attending this very worthwhile and educational experience which has been ours here today; to thank the members of the staff for the work they did in preparation of this committee hearing; and once again to all of you for your patience in staying with us and for your interest and your courtesy to the witnesses and to the members of this committee.

Thank you very much.

(Whereupon, at 3:43 p.m., Monday, March 2, 1964, the proceedings were concluded.)

(Appendix follows:)

APPENDIX

Condensed Report on the Flint Recreation and Park Board Senior Citizen Programs

(By Gertude Cross, coordinator, senior citizen activities for the Flint Recreation and Park Board)

February 1964

INTRODUCTION

This report has been written in condensed form, describing briefly the types of programs offered in our senior citizen centers since we formed our first organized group in 1947.

Anyone interested in securing more detailed information about any part of our program activities is cordially invited to send their requests to: Mrs. Gertrude Cross, Coordinator, Senior Citizen Activities, Flint Recreation and Park Board, Room 301, City Hall, Flint 2, Mich.

SUBJECTS INCLUDED

History
Center schedules and activities
Annual events
Participation requirements
Objectives and goals
Advisory board
Facilities
Finances
Leadership
Recruitment
Program planning
Considerations
Counselling
Recognition
Service groups:
  Toymakers
  Sunshiners
  Jesters
Cooperating agencies and groups
Future plans

FLINT RECREATION AND PARK BOARD

Superintendent: James A. Bruce
Assistant superintendent: Jack A. Whitmoyer
Recreation director: George E. Duckworth
Recreation secretary: Mrs. Clara C. Darby

HISTORY OF FLINT SENIOR CITIZEN PROGRAMS

The first organized recreation programs offered to Flint-area seniors began on November 20, 1947. Miss Lina Tyler, recreation director at that time, played the most important role in creating interest in the community, and in the actual organization of those programs. She secured the help of several organizations, including the council of social agencies and the Genesee County Bureau of Social Aid. Invitations were mailed to hundreds of seniors, and notices were presented in the local papers, announcing the opening night, November 20. Two community centers, Haskell and McKinley, entertained a total of 121 seniors that first night.

Mrs. Gertrude Cross was the supervisor of Haskell; Mrs. Catherine Chisholm was the supervisor of McKinley. Membership increased as the seniors were offered a variety of activities, including community singing, handicraft, dramatics, stunt nights, potluck suppers, and birthday parties. The official name of the two groups was "Older People's Recreation Program for Everyone 54 Years of Age and Over." Needless to say, this was found to be too lengthy. A contest was held, and the winning name, "Jolly Old Timers," was adopted by both groups.

The groups are still active today, and there are still a few charter members who are honored at the annual anniversary party.

In 1956, following a series of meetings with representatives of the Greater Flint AFL–CIO Council, the Flint Recreation and Park Board decided to cosponsor a drop-in center with the unions. The number of senior adults in the community had increased, and there had been many requests for a daytime program. Miss Lina Tyler, recreation director at that time, and Earl Crompton, UAW retirees' coordinator, played the key roles in establishing this program. Mrs. Gertrude Cross was hired as the supervisor, and McKinley Drop-in Center opened on December 5, 1956. Attendance increased from 35 per day to the present daily attendance average of 123. Two more drop-in centers have been opened at Haskell Community Center and at Berston Field House. They are also cosponsored by the Flint Recreation and Park Board, and Greater Flint AFL–CIO.

SENIOR CITIZEN DROP-IN CENTERS—JOLLY OLD TIMERS

McKinley Drop-in Center, 249 Peer Avenue

Senior recreation supervisor and senior counselor, Miss Lina Tyler; activities supervisor, Mrs. Thelma Dare.

Hours: Every Monday, Wednesday, and Friday, 10 a.m. to 3 p.m.

Activities include: Shuffleboard, bumper pool, pool, cards, checkers, chess, Wa-ho, community singing, dancing, Bingo, and physical fitness classes. Woodshop facilities are also available for those who wish to use them.

Special events include: Potluck dinners, birthday parties, soup and cake parties, French toast parties, hound dog parties, Sloppy Joe days, stunt days, mystery days, annual liars' contest, and guest speakers on a variety of subjects.

Service groups include:

McKinley Toymakers: This group makes and paint toys and dresses dolls all during the year for handicapped and hospitalized children.

McKinley Sunshiners: There are two talent groups, a choir and a kitchen band. They provide entertainment for local nursing homes, homes for the aged, many civic, church, and school functions.

McKinley Jesters: A dramatics and stunt group, who strive for actual participation by the seniors in homes and hospitals.

(More information about the service groups will be found in another section of this report.)

Berston Drop-in Center, 3300 North Saginaw Street

Supervisor: Mrs. Delores Simmons; volunteer leader: Mrs. Clarice Bauman.

Hours: Every Thursday, 11 a.m. to 3 p.m.

Activities include: Cards, checkers, Wa-ho, pool, Bingo, Cootie, Sorry, and other table games.

Special events include: Potluck dinners, birthday parties, progressive card parties, slide parties, handicraft, and holiday dinners.

Service group: Friendly Visitors: Calls are made on seniors who are not active in the programs. They are visited on a regular basis, and are encouraged to attend the center. When this is not possible, they are visited on a regular basis, and are remembered regularly with small tokens of remembrance, and food.

Haskell Drop-In Center, 2201 Forest Hill Avenue

Supervisor: Mrs. Ella Smith; art instructor: Mrs. Etta DuCap.

Hours: Every Monday, Wednesday, and Friday, 10 a.m. to 3 p.m.

Activities include: Shuffleboard, bumper pool, pool, cards, checkers, Wa-ho, Sorry, community singing, and physical fitness classes. Oil painting classes are held once a week.

Special events include: Potluck dinners, soup and pie parties, birthday celebrations, travel parties, French toast parties, spaghetti dinners, and slide parties. Guest speakers and sing-along parties are planned also.

Service projects include: Sewing for the patients at Walter Winchester Hospital, our county hospital. Sewing for the men at Saginaw Veterans' Hospital.

Future plans for the spring and summer will include swimming and water safety instruction classes. This center is equipped with an indoor swimming pool so the water can be kept at a comfortable temperature.

Jolly Old Timers, 249 Peer Avenue

Senior recreation supervisor: Miss Lina Tyler; activities supervisor: Mrs. Thelma Dare.

Hours: Every Thursday evening, 6 p.m. to 10 p.m.

This is Flint's oldest organized recreation program for senior citizens. This group has been meeting regularly since November 20, 1947.

Activities include: Potluck suppers, white elephant parties, cards, pool and bumper pool, shuffleboard, movies, dancing, holiday parties, guest speakers, family nights, and mystery parties.

Annual events

Members of all three drop-in centers are the guests of honor at the annual Christmas dinner and dance, cosponsored by the Greater Flint AFL–CIO Council and Flint Recreation and Park Board.

Annual tournaments are held for shuffleboard, bumper pool, pool, chess and checkers, and Euchre players. Trophies are presented to the winners. In most cases, the seniors have never won a trophy before, and this is quite a thrill for them.

A citywide retirees' picnic is held every August. This event is open to all seniors, regardless of their participation in any center program. Seniors from smaller surrounding communities also attend. An annual dance contest is held in conjunction with the picnic. Activities are held out of doors from 10 a.m. to 2 p.m. From 2 p.m. to 5 p.m. activities are held in the McKinley Center.

In addition to the annual Christmas dinner and dance, and the citywide retirees' picnic, we have other annual events. One of our largest for the past 2 years, has been senior citizens week. This week is officially proclaimed by the mayor of Flint, and is held to call attention to the many services our seniors are rendering to the community, and also to remind the seniors of the many opportunities offered to them in the community.

Highlights of this week are the senior citizens fair, a combined hobby and talent show; an antique car parade with the seniors dressed in old fashioned clothes, riding with the city officials through the center of town to the city hall, where they attend the city commission meeting in a group, and are given a key to the city by the major; a citywide dance, with an orchestra provided by the recording industries' music performance trust fund with the cooperation of Local No. 542, American Federation of Musicians; a crackerbarrel party complete with championship liars contest; and a sunshine party.

Many of the seniors feel the sunshine party is the most important event of the week. For this party, chartered buses are used to bring the patients from the county hospital, and the residents and patients from Flint area nursing homes and homes for the aged, to the McKinley Center. There, they are entertained by the McKinley sunshiners, and are served refreshments by the seniors in a large friendship circle. At the past parties, we have discovered some of these people had not been out of the respective homes, etc., for long periods of time. One lady had not been outside for 2 years. Her relatives previously would not give their permission for her to leave the home; however, they had consented for her to attend our party. Needless to say, she had a grand time, and was very appreciative.

In 1963, we held our first annual bowling tournament for Michigan seniors at Town and Country Lanes. Eighty-nine seniors entered from 23 communities. Ages ranged from 50 to 85 years. The second annual tournament will be held again in Flint on May 23, 1964. Entry fees are kept low; $2 per senior, with the Town and Country Lanes and Flint Recreation and Park Board sharing the costs of the tournament. A local jeweler donates a special trophy for the oldest man and lady bowler. Entries this year are expected to exceed 250.

Plans are being made to begin annual croquet tournaments and horseshoe tournaments this summer, at our new outdoor center, Forest Park. This center is open during the summer months while the other centers close for repairs, etc.

Flint has been the host city for three State senior citizen get-togethers sponsored by the Recreation Association of Michigan, the largest gathering in 1961, when 1,565 seniors attended from all parts of lower Michigan. The State has now been divided into regions so more seniors will have an opportunity to attend the get-togethers. Flint was host city last year for Oakland, Lapeer, and Genesee Counties.

Requirements for participation in our programs

The minimum age requirement for participation in our three drop-in center programs is 60 years of age. There are a few exceptions made, but generally speaking, this rule is adhered to. The evening programs are open to everyone over 50 years of age. It is our thinking that in this way, those in their fifties will become active while they are still employed and will automatically attend the dropin centers when the husband retires.

Anyone who is physically and mentally capable of caring for themselves may participate. Regardless of where they live, in the city of Flint, in the surrounding small towns, or in the county, they are welcome. Many members drive 20 miles or more to attend the centers.

There are no membership dues. Membership cards which state the objectives and goals of the center are issued free of charge to any members who want them, after they have attended the center three times.

Marital status makes no difference. We encourage married couples to attend together whenever possible. We also have many widows and widowers, and a few persons who have never married. The financial status varies also. Most of the members are retired on GM pensions, for Flint has many General Motors plants located here. We have some persons who have very limited incomes; others who have no financial problems that can be foreseen.

Objectives and goals

In all our programs, we strive to give the seniors opportunities to enrich their lives by participating in social activities and in service projects. We plan activities and programs with them, not for them. We encourage them to take the leadership roles in supervising the various programs; however, we feel it is important to have a trained supervisor to serve as an adviser when the need arises.

Our goals are to give members a feeling of belonging to a group; to promote happiness and good fellowship; and to encourage seniors to use their creative abilities to bring happiness to others.

Senior Citizens Advisory Board

This board consists of representatives from the Flint Recreation and Park Board, the Greater Flint AFL–CIO Council, and seniors from the three dropin centers. Members include the coordinator of senior citizen activities and the supervisors of the centers who are on the recreation staff; the UAW retirees' coordinator, and pension committeemen from each participating local or unit in the Flint Council. Seniors serve on the board, following election or appointment by their fellow seniors at the respective centers. The recreation director of the Flint Recreation and Park Board is also a member.

The purpose of the board is to interpret policy for the senior dropin centers which are cosponsored by the unions and park board, cooperating with one another for the welfare of all concerned. Any senior who wishes to file a complaint against a staff person may do so at the board meetings, and his complaint will be heard and considered for action. If the senior has been suspended from a center, he may request a hearing. The board meets every 3 months. Special meetings are called when needed.

FACILITIES

All our programs for seniors are held in our community centers. These centers are used for all age groups for a large variety of activities. Most of the senior programs are held during the school hours, so this works out very well. Two of the centers have more stairs for the seniors than we would like, but most of them can manage. Parking facilities have been adequate, but as our membership increases, this becomes more of a problem.

FINANCES

City taxes give us the major part of our financial support. The facilities and staff members are provided by the Flint Recreation and Park Board. The Greater Flint AFL–CIO Council pays for all the coffee, tea, milk, paper supplies, trophies, and some equipment. They provide additional funds for the annual Christmas dinner, the retirees' picnic, family nights, annual service awards, and the senior citizen week activities.

The seniors also help support their own programs by holding benefit card parties. This money is used to buy additional equipment, such as pool tables and card tables. They pay for the music for the weekly dances, and for their flower fund, by good will offerings.

There are no annual membership dues.

LEADERSHIP

Senior volunteers are used extensively in the operation of the centers. At McKinley Center, our largest and oldest dropin center, there are numerous committees. They include: kitchen, cards and bingo, flower fund, sick, hospitality, membership, pool, shuffleboard, dance, picture, kitchen band, choir, toymakers, snappy sewers, checkers, cheerful callers, and parking. The chairmen of these committees are selected by the supervisors. The chairmen select their own committee members.

The members of the finance committee are elected by the members once a year. Their responsibilities include keeping records, and holding monthly business meetings.

RECRUITMENT

Our best method of getting new members is by personal invitation extended by a senior who is already active in our program. We encourage all our members to invite their neighbors and relatives to participate. We have many sister-brother combinations, and a few mother-daughter, mother-son, and cousin combinations.

Some members are brought to the centers by their daughters or sons. We encourage this, for many seniors are reluctant to come alone the first time.

We have a weekly calendar of events published every Sunday in our local newspaper, and have publicity on the radio and television stations periodically.

PROGRAMS

The seniors help with our program planning. They have contributed many excellent ideas for programs. Members are always consulted before invitations are extended to seniors from other cities to visit us. They enjoy intercity visits very much. We average three or four exchange visits per year.

SPECIAL CONSIDERATIONS GIVEN

Our local bus company gives us special services. On the days the McKinley Center is open, the bus leaving the downtown area at 10:30 a.m. leaves the regular route on South Saginaw Street, and brings the seniors directly to the center. We have been unable to get reduced rates. Our bus company has financial problems, and is struggling month by month to meet its operational expenses.

Two local theaters have monthly theater matinees for seniors. They can buy their tickets for 50 cents, instead of the usual price of 90 cents.

Our planetarium on the Flint Community Junior College campus offers special rates of 25 cents instead of 60 cents, on scheduled senior citizen days.

Special cards are issued to senior golfers by the golf department of the Flint Recreation and Park Board. They may play for 60 cents, instead of the usual charge of $1.25.

Many local drug stores give reduced prices on prescriptions for our seniors. Discounts range from 10 to 20 percent.

A local chain of department stores has issued 1,000 cards which are distributed by the coordinator of senior citizen activities to seniors. The cards entitle them to a 10 percent discount on all their purchases. Cards are renewable every 6 months; however they are not transferable, and must be used by the senior personally.

Two local bowling establishments offer reduced rates to senior bowlers. There are two senior citizen leagues at the lanes, which have been organized through the cooperation of the Flint Recreation and Park Board.

A few barber shops give seniors haircuts at a reduced rate. It is the barbers contribution to the seniors.

COUNSELING SERVICES

Miss Lina Tyler offers counseling services to the seniors at McKinley Center. She is able to find part-time employment for those who wish to work, and is successful in filling most of the requests she receives for assistance of some kind for

the seniors. She is familiar with all the community rcources, and does a fine job in this capacity. She is also a good listener, and as those of us who work with seniors realize, this is a very important service to offer the seniors. Many of them need someone to listen to their problems, and feel much better discussing them with someone, even if they cannot be solved.

RECOGNITION

All of us appreciate receiving recognition for our efforts. There have been a few outstanding senior volunteers who have been honored by having a special day in their honor. Many of our seniors give a great deal of time and talent. The decision as to who should be honored with a special day has been decided by the majority of members.

The chairmen of the committees, and the members of the finance committee receive special award pins for their service. Award pins are also given to all seniors who are active in the service projects and have given 100 hours or more of service.

SERVICE GROUPS

McKinley toymakers

This was the first service group organized at McKinley Center. They have been making toys for the handicapped and hospitalized children since 1957. Our first large project was for the crippled children. Our first volunteers were few in number, but very faithful. To create more interest, recognition charts were posted, listing names and hours of service. Names were given to the groups. Men who make toys are called willing woodcutters; men and ladies who paint the toys are peppy painters; ladies who sew and dress dolls are called snappy sewers.

The woodshop equipment has been supplied by the cosponsors. The Flint Recreation and Park Board had some saws and equipment on hand, and the Greater Flint AFL–CIO Council has purchased additional needed saws. More than 50 percent of our lumber and paint expenses are paid by the seniors' efforts. Monthly Sloppy Joe and Hound Dog parties are held at noontime, and the profits from these luncheons are used to purchase materials for the toymakers and sewers. The Greater Flint AFL–CIO Council gave the seniors over $140 in 1963 to help support the seniors service projects, and a percentage of that money will be used in 1964 for the toy projects. Local lumber companies, a local cabinet making company, and a local paint firm also donate materials periodically.

A cooperative program has been worked out with Goodwill Industries for the past 2 years. They supply us with doll parts free of charge, and call us when they have a large supply on hand. Our Park Board truckdriver picks up the doll parts, takes them to the home of a blind lady, where she and her senior citizen mother repair them. The dolls are then picked up, and taken to McKinley Center. Washing parties are then held. A regular assembly line is set up. Fifteen ladies proceed to wash them, comb their hair, and get them ready to go home with a snappy sewer who dresses them. In addition to the hundreds of dolls dressed by our group and given to the handicapped children, we have supplied washed and repaired dolls to churches in the area who have dressed over 150 dolls, and sent them to a mission in Kentucky, to a leper colony, and to a Korean orphanage.

Other cooperative programs have resulted in receiving the assistance of local Girl Scout troops and local Teen Clubs in painting toys and games.

During the last 2 years, in addition to the projects for the youngsters, we have made games for the seniors in local nursing homes, the county hospital, and the Saginaw Veterans' Hospital. Wa-ho boards have been made for our three centers; blackboards and bulletin boards have also been made for the centers. One senior has made checker boards for the firemen at local fire stations.

As the seniors' services become known in the community, special requests are received. They made racks for the Genesee County Traffic Safety Commission. These racks are placed in doctors' and lawyers' offices, and in public places. They contain the traffic rules and regulations brochures. The seniors also have folded over 12,000 of these.

Another request was filled for a mahogany stand to hold the bottles for an ill mother, who had to be fed intravaneously. The father was unemployed, and wanted a nice looking stand for the living room. Special equipment for the

retarded children's center has included shoe tying aids, crayon holders which could be attached to the desks, stools, and a ramp for a wheelchair student to enter the facilities.

Special gifts are made for the senior shut-ins for Easter and Christmas. The willing woodcutters make the standards and wooden foundations needed for the nylon net Christmas trees, and for the burnt match crosses. Some shut-ins actually participate in their homes, and make gifts for other shut-ins.

One important factor to be kept in mind is the personal touch. Arrangements are made so the seniors deliver the toys and gifts to the youngsters and oldsters in person. This gives the volunteers added incentive.

McKinley Sunshiners

The Sunshiners were organized in August of 1958, following a suggestion from a senior who had attended the first conference on aging to be held in Flint in May 1958. A former choir director had been attempting to organize a senior choral group without much success. Apparently the seniors needed a definite reason for organizing. Within 2 weeks, following the suggestion made by the conference delegate, a choral group met to rehearse a program for the patients at the county hospital. The delegate had pointed out that several of the patients had no relatives or friends, and were in desperate need for someone to visit with them. The choir was small in number, but great in enthusiasm and response. The first program was well received, and was enjoyed equally by the audience and the performers. Monthly programs followed.

For our second program, we were joined by members who had hesitated to go the first time, because, as one member expressed it, "It would make me feel too depressed." By the third month, the supervisor of the center had to limit the number going to the hospital, for the Senior Sunshiners were outnumbering the patients. It has been very gratifying to watch the participating seniors change their mental attitudes, and improve their physical well-being. Seeing a senior minus an arm or a leg, still able to smile, worked wonders with the entertainers' outlook on life. The nurses report that the patients begin asking early in the morning on the day we are scheduled to perform, what time the folks from McKinley will be coming. They also note a change in the patients' willingness to take their medication, to eat, and to improve their personal appearance.

Requests are now received from dozens of civic groups, churches, schools, nursing homes, and home for the aged for programs. During 1963, another group has been organized. The director of the kitchen band group and the director of the choral both are outstanding, and have a great deal of talent themselves. The main objective of both groups is to be of service to the community; however, some groups insist on giving small cash donations. When this happens, the money is placed in a special fund, and is used to purchase song books, sheet music, costumes, or any other materials which may be needed.

Transportation costs are absorbed by the seniors. They furnish their own cars for local programs. When we entertain the patients at the Saginaw or Dearborn Veterans' Hospitals, or at the Pontiac State Hospital, chartered buses are used, with each senior paying his own fare.

As our membership grew in size, and our trips were discussed at the center, more members became interested and offered their talents. Hidden talents of members of long standing,, were brought to the attention of the supervisor, and were quickly utilized; in addition, new members with talent were attracted to the center when they learned how their talents could be utilized to bring happiness to others.

We believe the similarity of ages has made our Sunshiners especially popular with the patients at the county hospital and nursing homes. The group always receives enthusiastic response from all their audiences, however, whether they are young or old. The Kitchen Band participated in a hootenanny with the Teen Club at a local high school recently and everyone had a wonderful time. In some instances, they perform where the program entertainment is provided by local Girl Scout troops, high school groups, and our senior citizens all on the same program. We firmly believe this personal contact with the youngsters in the community has many beneficial results.

McKinley Jesters

This is the newest organized service group. The seniors who belong to this group must be willing to participate in stunts, and must not be afraid to do things which may seem silly to some persons. The main objective of this group is to

bring a smile to the face of someone who has almost forgotten how to smile. Since they were organized in 1962, they have presented demonstrations for volunteer workshops, for volunteers interested in helping the residents at the Evangelical Home for the Aged in Detroit, Mich., and for the seniors and leaders at the recreation association of Michigan's Gerontology Committee's workshop in October of 1963.

The Jesters also put on a carnival for 100 patients in wheelchairs and in walkers at the Walter Winchester Hospital last March. Plans were made in advance with the hospital staff, and with the Red Cross volunteers. All three groups worked together transporting patients to and from the carnival. Regular booths were set up. They included a fishpond, a turtle derby, horserace, spill the milk, ring toss game, a mystery booth, fortune teller, blossom tree, and a diaper pinning contest. A beautiful wristwatch donated by a local jeweler was given as a door prize. Small prizes were given to all the senior patients at every booth; larger prizes were given to the winners. A Polaroid camera and large supply of film was used to provide every patient with a picture of himself or herself to take back to their rooms as a memento of their trip to the carnival. Regular prizes normally given at a carnival were used, and the patients loved them. Plans are already underway to have another carnival this year. The Flint Recreation and Park Board, the Greater Flint AFL–CIO Council, and the Winchester Hospital shared the expenses involved.

During the past year, the Jesters have worked with Girl Scout troops also. One special project was for Christmas of 1963. The seniors taught the Girl Scouts how to make old-fashioned Christmas tree ornaments, including stringing cranberries and popcorn. The decorations were used to decorate the tree in a local nursing home. At a later time, the two groups returned to provide entertainment for the patients at the home. In 1964, this same group will teach the girls how to make simple carnival games, and will work together in putting on a carnival at a nursing home.

The first time the Jesters involved the residents at a local nursing home, they did some silly pantomime playlets, and were able to get the residents to sing for them by offering new cars, wristwatches, rings, bracelets, etc. (they were the dimestore variety, of course, but everyone had a grand time.) Following the party, one of our seniors commented to a 94-year-old lady, who had been sitting in the front row. She said, "I guess we were pretty silly today, weren't we?" "I should say not. This program today is the best medicine I have had in 10 years." was her enthusiastic response.

Senior Adults, Inc.

This group was organized in September of 1963, and has been established as a nonprofit organization with the Michigan Securities and Corporation Commission. Its purpose is to involve all Flint area seniors in a united effort to help one another. Their first large project has been the publishing of a newspaper, called Senior Citizen News. It gives seniors opportunities to use their writing skills, and also informs them of local, State, and national news which should be of interest to them. Free papers are mailed to all known Flint area senior shut-ins and to 18 nursing homes and the county hospital. Copies, or yearly subscriptions, are sold to seniors and other interested adults. The group is now printing 2,000 copies monthly.

We have enjoyed the cooperation of the following groups:

Greater Flint AFL–CIO Council
Council of Social Agencies
Goodwill Industries
Genesee County Chapter, Michigan Society for Crippled Children
City and county schools
Genesee County Association for Retarded Children
Genesee Federation for the Blind
Greater Flint Council of Churches
Mott program of the Flint Board of Education
Girl Scouts
Boy Scouts
Michigan School for the Deaf
Flint Jewish Community Council
Flint YMCA
Flint Quota Club
Recreation Association of Michigan

Michigan Commission on Aging
All local hospitals
Kith Haven Nursing Home
Kings' Sons' and Daughters' Home for the Aged
Marian Hall (home for the aged)
Michigan State University Extension Service
Michigan Employment Security Commission
Family Service Agency
The Flint Journal (local newspaper)
All local radio and television stations
Genesee County Traffic Safety Commission

Many private individuals and businesses have also assisted us in carrying out our programs for senior citizens. Without their wonderful assistance, it would not be possible to offer the wide variety of activities and services.

PLANS UNDER CONSIDERATION FOR THE FUTURE

Meals on wheels program: This program would provide some senior citizens with hot meals. This type of service would enable some seniors to continue their independent home life. Doctors would be notified of the service so they could make referrals. Sometimes seniors are kept in hospitals only because they have no one to prepare meals for them at home. Food distribution could be done by volunteers. Food preparation could be done by a local hospital or the central kitchen used by the Flint Board of Education.

"Learn to Earn" workshop: This program would give seniors an opportunity to add to their incomes by working on group projects. A variety of jobs could be done for private business firms and industry. Stuffing envelopes, packaging small items and making fish baits were three projects being done at a similar workshop in Chicago. Their seniors were paid by piecework, and averaged between 70 to 85 cents per hour. This program has additional benefits for the senior which cannot be measured in dollars and cents.

Style show: This style show and tea would be held at Walter Winchester Hospital for the patients. In cooperation with the recreational therapist, Flint seniors would furnish additional clothing for some of the patients to model. Patients and McKinley Center seniors would participate in the style show together.

Sales outlet: A program whereby seniors making craft items, or other saleable articles, would have an opportunity to sell them to the general public. A store, or a portion of a store located in the downtown area could be used, with senior volunteers operating the program.

Mending service: A project organized for ladies interested in supplementing their incomes by offering mending service for a nominal charge. Many working mothers with children would welcome the availability of such a service. This could be combined with the "Learn to Earn" workshop facilities.

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