92d Congress
2d Session

COMMITTEE PRINT

PROPOSALS TO ELIMINATE LEGAL BARRIERS AFFECTING ELDERLY MEXICAN-AMERICANS

A WORKING PAPER

PREPARED FOR THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

MAY 1972

Printed for the use of Special Committee on Aging

U.S. GOVERNMENT PRINTING OFFICE

77-312 WASHINGTON : 1972

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 10 cents
Stock Number 5270-1461

(Submitted by: Cruz Reynoso, Director, California Rural Legal Assistance, San Francisco, California and Peter D. Coppelman, Project Director, California Rural Legal Assistance, Senior Citizens' Project, San Francisco, California)

PREFACE

During the past decade several landmark laws have been adopted for the Nation's elderly, including Medicare, Social Security increases, the Older Americans Act, and others.

For millions of older Americans, these measures have provided welcome relief.

But large numbers of the minority aged have been bypassed by these potentially helpful programs. Many are simply unaware of the existence of these services. Some encounter obstacles—legal, institutional, and others—which make it difficult or impossible for them to qualify for these benefits.

This serious problem has received intensive scrutiny by the Committee on Aging and its Advisory Councils on elderly minority groups.[1]

Today another chapter is completed in the Committee's overall inquiry with the publication of this working paper on "Proposals to Eliminate the Legal Barriers" for elderly Mexican-Americans and other older Americans.

To Cruz Reynoso and Peter Coppelman, the Committee extends its deep sense of appreciation for preparing this powerful and effective document.

Their working paper has provided fresh new perspective about the gap between the "availability" and "accessibility" of programs and services for aged Mexican-Americans.

For the Spanish-speaking, this problem is further complicated because of the language barrier which may thwart meaningful participation in Federal programs.

And the findings of this report lead to one alarming and ironic conclusion: Elderly Mexican-Americans are among the most economically deprived in our Nation today, but they are among those least likely to receive the benefits of Federal programs.

Yet, the effective resolution of this problem is absolutely essential to come to grips with the complex problems—limited incomes, rising health costs, dilapidated housing, inadequate transportation, and many others—besetting aged minority groups. Quite clearly, a new national policy on aging can never be achieved unless *all* groups are allowed to participate fully and effectively.

The 3,400 delegates at the White House Conference made this unmistakably clear at the 14 Sections and the 18 Special Concerns Ses-

[1] "Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans"; Hearings before the Senate Special Committee on Aging; Parts 1 through 5; Dec. 17, 1968 to Nov. 21, 1969. Committee Advisory Councils on elderly minority groups included the Advisory Council on Aging and Aged Blacks, the Advisory Council on the Older Indian, and the Advisory Council on Elderly Mexican-Americans.

sions. And the sound and sensible proposals recommended in this working paper provide a solid foundation for overcoming the serious impediments to effective participation in Federal programs for *all* older Americans, and particularly elderly Mexican-Americans.

Again, as Chairman of the Senate Committee on Aging, I wish to express our heartfelt gratitude to the authors for giving so generously of their time, talent, and expertise.

FRANK CHURCH, *Chairman.*

CONTENTS

PROPOSALS TO ELIMINATE LEGAL BARRIERS AFFECTING ELDERLY MEXICAN-AMERICANS

(By Cruz Reynoso, director, California Rural Legal Assistance and Peter D. Coppelman, project director, California Rural Legal Assistance, Senior Citizens' Project, San Francisco, Calif.*)

I. INTRODUCTION AND OVERVIEW [1]

This study will deal with the legal barriers to eligibility and full utilization of Federal programs by elderly Mexican-Americans. We shall focus on issues of income maintenance and health, because we have developed expertise in these matters through our Senior Citizens' Project in San Francisco.[2, 3] Frequent reference will be made to recent events in California. California is a bellweather State. In the past it has been a leader in providing comprehensive health and welfare services, but more recently California has taken the lead in devising techniques to severely restrict services available to the poor.[4] These cutbacks threaten to become a model for alleged "reform" ef-

*Cruz Reynoso was born in 1931 in Brea, Calif. He received his A.B. from Pomona College and his LL.B. from University of California—Boalt Hall. He was formerly Associate Counsel of Equal Employment Opportunity Commission and Assistant Chief of the Division of Fair Employment Practices—Department of Industrial Relations. Currently, Mr. Reynoso is director of California Rural Legal Assistance.

Peter Coppelman was born in 1942 in Brookline, Mass. He received his A.B., Magna Cum Laude, from Harvard University and his J.D. from Cornell Law School. He was a Fulbright Scholar in India and a Reginald Heber Smith Fellow in the Gilroy Office of California Rural Legal Assistance. He is currently project director of California Rural Legal Assistance Senior Citizens Project.

[1] The authors would like to acknowledge the assistance of Pat Coony, a Hastings law student, in the preparation of this paper.

[2] The CRLA Senior Citizens' Project is funded on an annual basis by the Office of Legal Services of the Office of Economic Opportunity out of research and development funds. Its staff consists of two attorneys, a Director of Social Services, and five senior citizen lay advocates. The project has concentrated on the income maintenance and health problems of the elderly.

[3] A survey of the elderly in Santa Cruz County conducted by Project FIND found that the two needs most often expressed by those surveyed were "financial" and "health." This study is reproduced in "Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans" hearings before the Special Committee on Aging, U.S. Senate (hereinafter "hearings"), part 4, Washington. D.C., January 1969, page 433.

[4] Some programs, such as Social Security and Medicare, are administered completely by the Federal Government and are governed entirely by Federal law. Other programs such as Medicaid and Welfare (categorical assistance), are financed, administered, and governed jointly by the Federal Government and the States. Federal legislation sets the basic requirements for any State plan, but the State is left a wide degree of latitude in the type of program, services, and level of benefits it wishes to provide. The States are also free, within the limits of Federal law, to enact cutbacks in their Welfare and Medicaid programs. One major concern of this study will be to suggest ways in which Federal protections against harmful cutbacks by the State can be strengthened.

forts in other States as well as on the Federal level.[5] They have had extremely detrimental effects on California's Mexican-American population of 3 million people, 40 percent of all Mexican-Americans in the Nation.[6] The elderly have suffered most.

We shall propose a number of legislative changes which Congress could enact; some would remove barriers to eligibility for Federal programs and improve those programs; others would guard against the kind of encroachment on services enacted in California. Some of the issues discussed will have relevance to all seniors, but we have chosen only those which bear most heavily on elderly Mexican-Americans.

A. "Availability" Versus "Accessibility" of Services

Initially we note the important distinction between the theoretical *availability* of services and the actual *accessibility* of those services:

> A service or program may be available but rendered inaccessible and/or useless by the mere fact the elderly people do not know of its existence; do not know how to use it, or if they do, are prevented from using it due to lack of transportation, lack of ability for health reasons, language barrier or the attitude of those providing the services.[7]

Perhaps for no single category of the poor is there as great a gap between availability and accessibility of services as for elderly Mexican-Americans:

> All four factors—age, poverty, ethnicity, and language—impede communication between society and its elderly Mexican-American members.[8]

The Senate Special Commitee on Aging has already conducted a series of groundbreaking hearings in 1968–69 on "Availability and Usefulness of Federal Programs and Services to Elderly Mexican-Americans" (hereinafter "hearings"). Those hearings, in somewhat kaleidescopic fashion, laid bare many of the practical problems inhibiting the use of Federal services.[9] These problems are not the direct concern of this paper, but they are a disturbing undercurrent which cannot be ignored. Even assuming all of the legal changes we suggest herein are made so that Federal programs become more available and more adequate in terms of the services provided, what then can be

[5] See statement of California Gov. Ronald Reagon before the Senate Finance Committee in Washington, D.C., on February 1, 1972.

[6] Statement of Senator Yarborough in hearings, part 1, Los Angeles, Calif., December 1968, page 1.

[7] Statement of Ismael Dieppa, former Director, Economic Opportunity Commission, Santa Cruz, Ibid. at 55.

[8] F. Carp, "Communicating With Elderly Mexican-Americans," *The Gerontologist*, Summer, 1970, page 126.

[9] There is still an intensive need for further study of the accessibility problems of elderly Mexican-Americans. Professor Ralph Guzman, California State College at Los Angeles, has stated: "Thus it is not generally known where older Mexican-Americans live, how effective the government agencies serve them, how this gente de edad interacts with other members of the Mexican-Americans' social system. In short, we have a crisis of silence . . . We know, for example, that elderly people in American society can be assisted by private and public agencies. But we also know that elderly Mexican-Americans are rarely reached by these agencies." Hearings, part 1, Los Angeles, Calif., December 1968, page 79.

done to assure that elderly Mexican-Americans actually receive the intended benefits?

B. The Elderly Mexican-American

The statistics are grim.[10] The Mexican-American has an average life expectancy of only 57 years. In 1960 while Anglos over 65 years of age constituted 9.1 percent of the total white population in the Southwest, only 4 percent of the Mexican-American population was over 65. Generally the elderly Mexican-American is poorer than both the elderly Anglo and the younger Mexican-American. In 1960 the median income of a Mexican-American male over 65 was $1,616 compared to an income of $2,140 for his Anglo counterpart and $4,530 for a Mexican-American between the ages of 45 to 65. Sixty-seven percent (67 percent) of Mexican-Americans over 65 had less than 4 years of education. Added to these factors are language barriers and sharp cultural differences which are reflected in lack of exposure to the information channels used by most Americans.[11]

The paradoxical conclusion that emerges is this: the Mexican-American elderly are among the most needy poor in America and yet are among those least likely to receive the benefits of Federal programs.

This paper will propose that as a bare minimum and a meager beginning Congress remove the unjustifiable legal barriers to obtaining Federal benefits.

II. ELIMINATE CITIZENSHIP AND DURATIONAL RESIDENCY REQUIREMENTS

The only legal disabilities which applied specifically (and with particular force) to the Mexican-American elderly were citizenship and durational residency requirements. Three of the five Southwestern States, where the overwhelming majority of Mexican-Americans are located, imposed this stumbling block to eligibility in their Old Age Assistance programs. Texas, which has 37.9 percent of all people of Mexican-American descent in the Nation [12] required U.S. citizenship or that the recipient had lived in the United States for at least 25 years.[13] In Colorado there are approximately 180,000 persons over 65 including 10,000 Mexican-Americans.[14] Colorado required both residency and citizenship.[15] Finally, Arizona required citizenship or a 15-year U.S. residency.[16]

---

[10] These statistics are derived from Joan Moore, "Mexican-Americans", *The Gerontologist*, Spring, 1971, Part 2, page 30; and statement of Henry Santiestevan, member of the board of directors of the Southwest Council of La Raza, in hearings, part 5, Washington, D.C., November 1969, page 589.

[11] See Generally Carp, "Communicating With Elderly Mexican-Americans," supra, at note 8.

[12] Statement of Senator Yarborough in hearings, part 1, Los Angeles, Calif., December 19, 1968, page 1.

[13] Vernons Ann. Civ. St. (Texas) Art. 695c, § 20(2).

[14] Statement of Robert B. Robinson, director, Division of Services for the Aging, State of Colorado, in hearings, part 4, Washington, D.C., January 1969, page 458.

[15] Colorado Revised Stats. §§ 101–1–4(1)(c) and (f).

[16] Arizona Revised Stats. § 46–252.2.

These citizenship and durational residency requirements are now invalid pursuant to a decision of the U.S. Supreme Court, *Graham* v. *Richardson*, 403 U.S. 365 (1971) because they violate the 14th amendment's equal protection clause and they encroach upon Federal power.

Nonetheless, the Federal Medicare Part B insurance program does not allow aliens to participate in the program unless they have been lawfully admitted for permanent residence and have resided in the United States continuously for the 5 years immediately preceding the month in which they apply for enrollment (42 U.S.C., § 1836). Part B covers doctor's services, outpatient hospital services, medical services and supplies, home health services, and outpatient physical therapy. One-half of the benefits are financed from premium payments made by the program's roughly 19,600,000 enrollees; the other half are financed by funds appropriated from the Fedeal Government. The impact of the Supreme Court's decision in the *Graham* case on the Part B restriction is not clear, in part because the 14th amendment applies only to the States, and in part because the decision rested on the State's incursion into an area governed by Federal law.

Restrictions based on citizenship are an insult to a proud people, many of whom followed the crops through the Southwest for years, engaging in back-breaking labor for meager wages.[17]

In 1970 the California Supreme Court, on the petition of two Mexican-Americans struck down a provision of the California constitution, in effect since 1891, which had denied the right to vote to all citizens who were not literate in English.[18] The Court concluded its opinion with this moving statement:

> . . . it would be ironic indeed that petitioners, who are the heirs of a great and gracious culture, identified with the birth of California and contributing in no small measure to its growth, should be disenfranchised in their ancestral land despite their capacity to cast an informed vote. 2 Cal. 3d 233, 243 (1970).

These words are equally applicable today to all citizenship and durational residency requirements which operate to bar elderly Mexican-Americans from benefits which are rightfully theirs.

Recommendation:

The alien limitations of Medicare Part B should be eliminated.

III. ASSURE MORE ADEQUATE OLD AGE ASSISTANCE INCOME LEVELS

Throughout the hearings held by the Senate Special Committee on Aging in 1968–69 on the Availability of Federal Programs to Elderly Mexican-Americans, one theme kept recurring: the need for more adequate income levels under Old Age Assistance programs. While the specific dollar levels of the Old Age Assistance grants are left to the discretion of the States, there are at least two ways that the Congress can and should force grant levels upward.

---

[17] See E. Galarza *Merchants of Labor.*

[18] *Castro* v. *California*, 2 Cal. 3d 233 (1970) was a case brought by California Rural Legal Assistance.

A. Social Security Pass-on

One of the cruel ironies of the welfare and Social Security system is that vitally needed Social Security increases are denied to those recipients who need them most—Social Security recipients who also receive welfare. Social Security increases are met with a corresponding decrease in welfare grants so that the recipient receives no net benefit. This paradoxical situation was addressed by the Special Section on the Spanish-Speaking Elderly of the 1971 White House Conference on Aging. The resolution on this subject stated:

> It is *strongly demanded* that States amend their legislation to prevent the lowering of old age assistance benefits as Social Security benefits are increased. (Italics added).

State legislation is required when the Congress *permits* States to "pass on" Social Security increases to welfare recipients. For such situations States should be encouraged to enact pass-on laws similar to California's.[19] In testimony before the Special Committee on Aging, it was noted that Texas never passed on Social Security increases.[20] However, it is also possible to *mandate* States to pass on Social Security increases. Thus, in 1971 Congress enacted an increase and provided that welfare recipients had to receive a combined income from welfare and Social Security of not less than $4/month more than their previous combined income from these sources under the State plan as in effect for March 1970.[21] This type of enactment assures a net benefit to welfare recipients.

B. Cost of Living Increases

The other requirement which Congress could impose on the States is that they adjust OAA grants upwards each year automatically to take into account cost of living increases. Such a provision would assure that those living on fixed incomes would at least be able to keep abreast of increased costs even if their grants are not otherwise raised.

Recommendations:

All future increases in Social Security benefits enacted by Congress should contain a mandatory pass-on provision. Additionally Congress should enact a requirement that all States automatically adjust OAA grants annually to take into account any increase in the cost of living.

IV. STRENGTHEN FEDERAL PROTECTIONS AGAINST MEDICAID CUTBACKS BY STATES

As in the area of welfare, California has also been in the forefront among the States in enacting massive cutbacks in its Medicaid program (Medi-Cal). These cutbacks are of particular interest to this Advisory Council and the Senate Committee on Aging because they have most seriously hurt the ability of the elderly poor, and more particularly, the Mexican-American elderly poor to obtain adequate health care services.

---

[19] California Welfare and Institutions Code § 11008.1.

[20] Statement of Senator Yarborough, hearings, part 2, El Paso, Tex., December 1968, page 128.

[21] U.S. Public Law No. 91-669 (Jan. 11, 1971).

A. Provider Visit Restrictions

The Medi-Cal cutbacks were first enacted by regulation in 1970 but were declared illegal pursuant to a lawsuit filed by the California Rural Legal Assistance Senior Citizens' Project.[22] Many cutbacks were then reenacted by statute in 1971. The keystone provision in both cutbacks was a limitation on visits to providers of medical services to two per month. This restriction makes it impossible for any elderly person with chronic or multiple illnesses to obtain decent and adequate care. The 110 declarations filed with the court in *O'Reilly* delineated the severe impact on the elderly of the two-visit restriction.[23]

B. Copayment

The other key provision of the cutbacks is a requirement that many Medi-Cal recipients pay a dollar each time they visit a provider of services and 50 cents for each drug prescription. Once again this requirement, called "copayment", hits the old and chronically ill the hardest, because they have to use health care services more frequently. This provision is also being challenged in the courts by the California Rural Legal Assistance Senior Citizens' Project in cooperation with numerous other groups.[24]

Copayment is illegal under Federal law. California obtained permission to impose copayment from the Secretary of Health, Education, and Welfare who invoked section 1115 of the Social Security Act which permits him to waive Federal requirements. This provision is being increasingly used by Health, Education, and Welfare to strip the Social Security Act of its welfare and Medicaid protections.

Recommendations:

To prevent further erosion of coverage under Medicaid it is recommended that (1) the Medicaid Act be strengthened to restrict the ability of the States to enact massive cutbacks which hit the Mexican-American elderly the hardest of all recipients; and (2) Congress pass clarifying legislation to make it clear that the waiver provisions of section 1115 can be used only to authorize State programs which will enhance and not restrict services to the elderly.

V. IMPROVE QUALITY-OF-CARE STANDARDS IN GENERAL HOSPITALS RECEIVING MEDICARE MONEY

It is apparent from the foregoing that many "elderly" Mexican-Americans will not become eligible for Medicaid programs because they are not totally and permanently disabled (ATD) and will not reach the age of 65 (OAA). Consequently, many of them will have to rely on county general hospitals for much of their health care. County

---

[22] *California Medical Association (Plaintiffs), Olga O'Reilly (Plaintiffs in Intervention)* v. *Brian*, Sacramento Superior Court No. 208,390.

[23] See Discussion of these 110 declarations in "Plaintiffs in Intervention Memo in Support of Preliminary Injunction" reproduced in "Cutbacks in Medicare and Medical Coverage" hearings before the Subcommittee on Health of the Elderly of the Special Committee on Aging, U.S. Senate, part 1, Los Angeles, Calif., May 10, 1971, pages 113–122.

[24] *Welfare Rights Organization* v. *Richardson*, Civil Action No. 2355–71 (D.D.C.), filed in conjunction with San Francisco Neighborhood Legal Assistance, Columbia Center on Social Welfare Law and Policy, and the Washington Research Project.

hospitals are largely dependent for revenues on benefits paid by Medicaid and Medicare. Yet the Federal Government has been remiss in assuring that moneys spent on behalf of the elderly and poor go to hospitals that provide decent care. Indeed, Congress has delegated final authority to determine which hospitals are rendering decent and humane medical care for the purpose of receiving Medicare reimbursement to a private corporation: the Joint Commission on Accreditation of Hospitals (JCAH).

The California Rural Legal Assistance Senior Citizen's Project has challenged this unfettered and unreviewable delegation of authority to the JCAH in a Federal court action on the grounds that the Congress did not have the power to so abdicate its responsibility.[25] The suit is brought by Mexican-American and other elderly groups. Among the abuses cited were reuse of disposable equipment such as catheters, continued use of an ice machine which had been condemned years before, storage of urine and blood samples in the same refrigerators as patient food, absence of translators so that non-English-speaking patients can understand their ailments and prescriptions, and failure to conduct a single fire drill in the hospital in the last 8 years.[26]

Whether or not the suit is successful, action is still needed to improve accreditation under Medicare. Since the inception of Medicare in 1965, the Federal Government has spent more than $18.2 billion to reimburse hospitals for services rendered to elderly patients. Congress should use this leverage to insure better quality of care in county hospitals to which so many elderly Mexican-Americans resort.

Recommendations:

Congress should redelegate the authority to accredit hospitals receiving Medicare money to an independent public agency. This will assure that the process of accreditation will be subject to the hearing procedures of the Administrative Procedure. Congress should also enact language which will assure that any accreditation standards adopted by this agency will promote high quality of patient care.

VI. ELIMINATE RELATIVE RESPONSIBILITY PROVISIONS IN OLD AGE ASSISTANCE PROGRAMS

One of the principle innovations of California's Welfare Reform Act of 1971 was to rejuvenate in a new and onerous form the relative responsibility provisions applicable to the OAS program. These provisions require the adult children of all OAS recipients to make large contributions to the welfare department each month because their parents are on welfare. This Advisory Council and the Committee on Aging should take particular note of this development for two reasons.

First, the California experience has shown that these provisions have a severely detrimental effect on family ties, and much has been said in the Senate Committee on Aging hearings and in the general literature on the crucial importance of maintaining good family rela-

---

[25] *Self-Help for the Elderly* v. *Richardson*, Civil Action No. 2016–71 (D.D.C.).

[26] "Petition to Revoke Accreditation" before the Joint Commission on Accreditation of Hospitals reproduced in "Cutbacks in Medicare and Medicaid Coverage", hearings, supra note 23 at pages 122–129.

tionships to elderly Mexican-Americans.[27] A 74-year-old recipient eloquently summarizes the impact of relative responsibility on delicate family relationships in an affidavit filed with the court in a case brought by the California Rural Legal Assistance Senior Citizens' Project challenging the relative responsibility provisions:[28]

> No one is born into this world with a debt to their parents for their birth and contributions until their maturity. That is the parents' contribution to life and society. When the child reaches maturity, he starts a new, separate unit and in turn makes his contribution to life and society as did his parents, carrying on the generation cycle on through eternity. The children should not be saddled with unjust demands that keep them at or near the poverty level with no hope to escape it, just because a parent still breathes. And aged parents should not have to live their remaining lives facing the heartbreaking experience of being such a burden to their children. Many would prefer death but are afraid of retribution for taking their own lives. Their grief—a living death.

Given the special importance of the family to elderly Mexican-Americans, one can surmise that the impact on them would be even more severe.[29]

Second, even though relative responsibility provisions in OAS are not now strictly enforced in most States,[30] it is likely that, as welfare costs increase in an atmosphere of growing disenchantment with welfare programs, more and more States will enact provisions similar to California's.

Recommendation:

Relative responsibility proposals should be stopped immediately by HEW action or, failing that, by congressional action ridding senior citizens of these humiliating provisions which date back to the Elizabethan Poor Law.[31, 32]

VII. CONCLUSION

This discussion by no means exhausts the list of needed legislative changes even in the area of income maintenance and health. The Spanish-speaking Elderly Section of the 1971 White House Conference on Aging made this intriguing suggestion:

---

[27] See statement of Anthony Rios, Program and Personnel Administrator, Los Angeles Community Service Organization in hearings, part 1, Los Angeles, Calif., December 1968, page 43: "Senior citizen [Mexican-Americans] can best be served through family structure—a structure which gave senior citizens a vital role in the family and in the neighborhood for many generations. Federal programs, indeed many programs, do not accept the value of family unity and neighborhood family cooperation."

[28] *Dykstra* v. *Carleson*, California Supreme Court No. SAC7912.

[29] In fact, the Senior Citizen's Project has received a number of letters from Mexican-Americans in California complaining about the relative responsibility provisions and supporting the lawsuit which attempts to do away with these provisions.

[30] See Bond, Baber, Vieg, Perry, Scaff and Lee, *Our Needy Aged* (1959).

[31] See generally Ten Broek, "California's Dual System of Family Law: Its Origin, Development and Present Status", 16 Stanford Law Rev. 286 (1964).

[32] Of the five Southwestern States California and Colorado have relative responsibility provisions. See California Welfare & Institutions Code, §§ 12100 and 12101; and Colorado Revised Stats., §§ 101–1–4(3) and 36–10–7 and 8.

Due to the lower life expectancy of the Spanish-speaking elderly it is recommended that federal legislation be passed to lower the retirement age to 55 for the urban Spanish speaking and to 45 for the migrant rural Spanish-speaking worker.

Another type of action that Congress could initiate for all Federal programs operating in areas of heavy Mexican-American concentration is to build in a requirement that there be a bilingual and *bicultural* outreach component to assure maximum participation of elderly Mexican-Americans.

In addition, the Congress, and particularly the Senate Committee on Aging should continue to demand updated information on the progress of Federal agencies in employing bilingual and bi-cultural personnel. In its 1968–69 hearings the committee heard must testimony on this issue. A recent study of Federal government employment of the Mexican–American in California reached these conclusions: [33]

—"Of the 293,770 full-time civilian Federal employees in California, only 5.6 percent (16,506) are Mexican-American, as compared to 14.9 percent of the work force. (Discrimination factor of 170 percent.)"

—"Mexican-Americans are effectively precluded from middle class Federal jobs or from jobs affecting the economic, employment, and housing problems of their people. For example, 12 of the 27 largest agencies have *no* Mexican-Americans in even minor bureaucratic decisionmaking positions, none of the 27 have more than 3 percent in such positions, and state-wide, Anglos are 20 times more likely than Mexican-Americans to be in even a minor decisionmaking position."

Little has been done to improve the plight of the elderly Mexican-American. The findings of the Senate Committee on Aging must be translated into action, lest elderly Mexican-Americans continue to die prematurely, passed over in their youth and in their old age by a society to which they have given so much.

---

[33] *Federal Government Employment of the Mexican-American in California: A Classic Case of Government Apartheid and False Elitism*, prepared by Public Advocates, Inc. (1971), pages 4 and 5.

○