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Older Citizens

Jim Hodge



# REPUBLICAN NATIONAL COMMITTEE

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RAY C. BLISS  
CHAIRMAN

November 8, 1965

*F / There maybe some material  
in here for N/L. or speeches*

The Honorable  
Gerald R. Ford  
U. S. House of Representatives  
Washington, D. C.

Dear Jerry:

In looking forward to the Republican Campaign of 1966, I am increasingly impressed with the need for strengthening our position with the older Americans -- the "over-65" voters -- by making a special attempt to reach them with our case.

As a possible aid to you in this important task, I am enclosing a copy of a basic speech which was prepared cooperatively by our Public Relations staff and our Senior Citizens Division, at the request of Senator Gordon Allott.

You are free to use any material contained in paraphrased form, bearing in mind that the material as written, will be delivered by Senator Allott in the near future.

I would be grateful for your reactions to the material and any suggestions you may care to offer.

With every good wish, I am

Sincerely yours,

Ray C. Bliss

## A REAL HELP PROGRAM FOR OLDER CITIZENS

My purpose in speaking to you is to discuss the problems and needs of our older citizens, and the role of the Federal Government in dealing with this entire question. I am going to try to state clearly and factually what is going on in this area now, and my position on some of the things that have happened. I shall attempt to point out certain difficulties that I think are bound to arise. I shall undertake to outline what I believe the Federal Government should do to help our older citizens, not merely to meet their problems and needs, but to maintain their morale, their position and their traditional independence and integrity as citizens of our Republic.

### The Elderly Increase in Numbers

The present approach to this whole question is complicated by an unusual development, and I think it is fair to say that this development has influenced the answers offered to the problems and needs of older persons.

First, our older citizens are growing:

--in numbers

--and as a proportion of the total voting population.

It is estimated that by November, 1966, there will be 19 million Americans 65 years of age and older, and that they will cast more than 20 per cent of the vote in national, State and local elections. They will not constitute 20 per cent of the registered voters, of course, but apparently more of them vote than is the case with younger citizens, an evidence of deep interest in their citizenship responsibilities.

Thus if any substantial number of them vote the same way, they are capable of deciding many election contests. And because this is true, it is perhaps no coincidence that our older citizens are objects of growing political interest.

Doubtless many of our older citizens are already beginning to look on this political interest as they look on prospective heirs who are wondering what Uncle Joe or Aunt Ellen will leave in their wills. In other words, how much of this political interest is interest in them, and how much is self-interest.

Now I point out all this as background because there are a couple of facts that I think should be brought out. And in referring to these facts, I am not necessarily trying to impeach anybody. My essential purpose is to make sure that certain contemporary developments are clearly understood.

#### Effort to Organize Older Citizens

The basic fact is that a calculated and systematic effort is under way to organize our older citizens into a voting bloc, and by an unusual coincidence, into a voting bloc willing to:

--support Democratic candidates for national office

--and through organized effort, Democratic legislative proposals presented to Congress.

Now I am not saying that there is anything wrong with an attempt to organize older citizens or other groups into a voting bloc or blocs, so long as the objects of this wooing process understand what kind of game is being played and are entirely free to accept or reject the wooers, without interference from questionable influences.

However, I think it is pertinent to point to the present situation because of two elements involved in it:

--The contemporary drive to organize our older citizens into a voting bloc has influenced heretofore, and doubtless will in the future, the programs offered as answers to the problems and needs of the elderly.

--There is a reasonable question as to the effect of some of these programs on the morale, the position in the community, and the independence and integrity of many of our older citizens.

Now, to get down to certain specifics:

The campaign to bring older citizens together into a voting bloc had its inception in the Presidential campaign of 1960, when a group known as Senior Citizens for Kennedy-Johnson was organized under the Chairmanship of Democratic Congressman Aime J. Forand of Rhode Island.

No criticism here. This is perfectly valid political activity. But let's follow through and see what has happened since that time.

Senior Citizens for Kennedy-Johnson was dissolved in the winter of 1961, and in August of that year the National Council of Senior Citizens for Health Care through Social Security was formed under the Chairmanship of Mr. Forand, now a former Congressman, and opened an office in Washington.

Mr. Forand had attracted considerable attention as the foremost sponsor of legislation providing for a hospital program for elderly persons under the Social Security System.

#### National Council of Senior Citizens

Some months after its organization, the National Council of Senior Citizens for Health Care through Social Security shortened its name to National Council of Senior Citizens, Inc., and changed its structure to permit the establishment of a large national body.

The group joined with the Democratic Administration in Washington, and with a number of union leaders, in campaigning for and jamming through Congress the so-called "Medicare" plan incorporated in the 1965 Social Security Act.

The organization, which calls itself a "pressure group," sometime ago commemorated the fourth anniversary of its existence. Mr. Forand has been succeeded as President by John W. Edelman, a well-known and able union official who formerly was legislative representative in Washington of the Textile Workers' Union.

In a news release on the occasion of its fourth anniversary, the National Council reported that 2,000 older people's clubs had affiliated with it, and that new clubs were joining up at the rate of about 20 a month. It also claimed the affiliation of about 70 Statewide and area councils with a combined membership of some two million persons.

If the leaders of the National Council wish to ally themselves with the Democratic Party, it is, of course, their privilege to do so. Nevertheless, it should be understood that, at this point in its development, the National Council is committed to the Democratic cause, and to the Democratic Administration in Washington and its policies.

Admittedly, it is becoming a formidable front for organizing the nation's older citizens into a bloc committed to the support of Democrats for national office and Democratic legislation before Congress.

While the National Council insists that it is not a "rubber stamp" for Johnson Administration "Great Society" plans and other measures, the record thus far shows that it has supported a great many Administration proposals, some of which could hardly be classed as of particular interest to older citizens.

Council Supports Repeal of 14(b)

Administration legislative proposals which the National Council has identified itself as supporting include repeal of Section 14(b) of the Taft-Hartley Act. As is generally known, repeal of this provision of law would nullify the "right-to-work" laws in effect in 19 states and prepare the way for compulsory union membership throughout the Nation. Even with the advantage of a top-heavy Democratic majority, the Administration failed to force through the Senate a bill to repeal Section 14(b) at the 1965 session. Clearly, repeal of this provision would accord with the ambitions of union leaders who control the National Council. I must confess, however, that I am at a loss to see how it would help the overwhelming majority of the Nation's older citizens. Valid questions certainly may be raised as to whether it would help them find employment, or in any way increase their incomes.

A Gift of \$40,000

Aside from supporting Administration legislative proposals, the National Council is backing a variety of plans for more welfare and other benefits for older persons, including a more elaborate "Medicare" system.

Many of our older citizens, however, may be interested in the two-sided operation carried on by the organization:

--organizing older citizens into Democratic voting groups throughout the Nation

--and actively supporting before Congress specific legislative proposals sponsored by the Democratic Administration.

Thus older citizens who join up with groups actively supporting the National Council and its policies may find that they are not merely voters. They may be indirectly supporting legislation about which they perhaps are not clearly informed or even aware.

In consideration for its services, the Democratic National Committee made a contribution of \$40,000 to the National Council during the 1964 Presidential campaign. Leaders of the organization have attended many bill-signing ceremonies on invitation of President Johnson.

#### A Bureaucracy to Exploit the Elderly

But there is another chapter to this story, and that involves the young and growing bureaucracy that concerns itself with the problems and needs of older people.

One of the bills that the National Council sponsored, according to its own statement, was the Older Americans Act, which became law July 14, 1965. This law created a new Administration on Aging, which the Department of Health, Education and Welfare says will become one of its major operations. The Department explains that the functions of this new agency will include the following:

The handling of federal grants to the States to help them establish and expand programs and services for older persons, and grants to public and non-profit private agencies for research and various other activities. The Act authorized the appropriation of \$17.5 million to get these projects started in the 1966 and 1967 fiscal years, and whatever sums Congress might see fit to allow to carry them on the following three fiscal years. But, of course, these sums would be only a little seed money which eventually could produce a forest.



But here are other functions of the new agency:

--Serving as a clearing-house for information related to the problems of older persons.

--Aiding the Secretary of the Department of Health, Education and Welfare in matters pertaining to these problems.

--Providing for research and demonstration projects related to the elderly.

--Giving technical assistance to, and consulting with, the States and communities concerning the problems of the aged.

--Preparing, publishing and distributing literature dealing with the welfare of older persons.

--Gathering statistics in this field.

--Stimulating more effective use of existing resources and available services for helping older persons.

Therefore, the new agency has just about taken over the whole job of dealing with our older citizens, and of course it has only just started. If it is a major operation already, it is sure to expand greatly in the years ahead, in the event the present trends in government continue.

If this agency has its way, federal programs for the elderly are practically sure to become one of the most elaborate, costly and bureaucrat-dominated activities in our country. These programs are naturals for bureaucratic empire-builders.

Already the high dreams are expanding. In a speech some time ago, Vice President Hubert Humphrey said that the Administration plans to increase the number of community centers for the elderly from 700 in 1965 to 7,500 by 1970. He said this would require recruitment of 30,000 more social workers and others to plan and operate these centers.

Teen-Agers would Adopt Elderly as Grandparents

Meanwhile, a bewildering variety of proposals are being developed for helping older people. In 1964, the Democratic majority of the Special Senate Committee on Aging drew up a list of 15 recommendations for action, including extensive plans in the areas of housing, food, recreation and education for older persons.

The fifteenth recommendation of the Democratic majority was rather unusual. It reads as follows:

"The committee recommends that State and local aging commissions, friendly visitor services and other organizations which deal with senior citizens who are lonely and isolated seek to interest high school students and other young people in 'adopting grandparents'."

Now, I don't know how the older people are going to react to this idea, but I suspect that, if any adopting is to be done, they would prefer to choose their adopted grandchildren instead of having youngsters look over and choose or reject them.

This proposal has at least one virtue. It probably would not cost a lot of money except the amount necessary to pay the salaries of those who would try to carry out "Operation Grandparent."

But the prevailing trend of these proposals is clear. It divides into two parts:

--Cost is no consideration; here the sky is the limit.

--The nation's older citizens must be separated from the rest of the community and given special aids and services; they must be treated as if they were incapable of making decisions for themselves; in effect, they are to become wards of a super-government.

Selling Programs by Brainwashing

This entire effort is being promoted through a brainwashing operation which has two purposes: To sell the programs to our older citizens, and to crush all opposition or criticism. This brainwashing operation makes much use of names and slogans that always paint the programs in a highly attractive and alluring light, and references and allusions that portray the opposition as specters from the past.

We have been told often that power feeds upon power, and we have here, I think, a picture of it. A troika consisting of the Democratic Administration in Washington, a private organization serving as one of its political arms, and a bureaucracy created by the joint efforts of both, are holding out allurements to our older citizens.

The professed purpose is to take care of the problems and needs of older people.

But I think it is generally acknowledged that the actual purpose is to capture their lasting loyalty and their support.

Power grown enormously great is greedy for still more power.

All to be Paid out of Taxes

The benevolences extended to our older citizens, of course, are payable out of taxpayers' funds; that is, unless the Democratic Administration chooses to borrow the money and thus pour more fuel on the inflationary forces that perhaps have hurt elderly persons more than any other group.

In my judgment, it is unfortunate that our older citizens have become the targets of political power-seekers. That they have problems and needs that deserve the attention of the Federal Government, as well as State and local governments, is beyond question. They deserve something better than an effort to exploit them. In fact, they deserve programs that represent the best answers to their difficulties, and not politically-oriented answers. And these answers should accord with their dignity, their place in the community, and their traditional independence as citizens.

#### The Medicare Program

Now I want to turn my attention to the Medicare Program. Actually, Medicare as it now stands is a slogan of the Madison Avenue type more than a program. But in an era of government by slogans rather than by realistic measures, it gains acceptance as a program.

I voted against this plan for one primary reason:

I did not consider it the best answer to the problem of providing health care to our older citizens.

So far as I am aware, everybody acknowledges the existence of this problem, and there is practically a universal desire to develop good and effective answers to it. On this point, no differences exist between Republicans and Democrats, or among other responsible and interested groups in America. The differences are entirely over what answers should be offered. And that certainly is a proper subject for reasonable consideration and debate.

Healthy debate over differences of view has been a tradition in our country since it was founded 173 years ago, and this has been one of the major reasons for its progress.

This business of having something jammed down your throat, regardless of whether you think it is good, is alien to that tradition, and if it becomes the established rule in our country, its progress will be at an end.

The Medicare plan was jammed down the throats of all those who believed that a better answer to the problem could be provided. An effort was even made to force the House-approved version of the plan through the Senate without improvements or corrections of any kind. This effort did not succeed. But the fact that it was tried speaks more eloquently than words could do as to the attitude and tactics of the present Democratic Administration in Washington.

Incidentally, it is now estimated that about 12,000 new Federal jobs will be created to carry out the Medicare program. This, of course, is of considerable importance to the political power-builder. While "jobs for Democrats" have little bearing on the welfare of our older citizens, they are a source of political power.

#### An Alternative Program

In place of the Medicare plan, I favored a proposal under which federal grants would have been made to the States to help persons 65 and older pay the cost of health insurance if they could not pay it otherwise. The insurance contemplated was of the Blue Cross and Blue Shield types.

Under this plan, the federal and state governments would pay the entire cost of insurance for elderly persons whose incomes fall below limits set by the State government.

For those with incomes between a stated minimum and a maximum figure, the federal-state contribution would pay part of the cost of the insurance on a sliding scale based on income. The lower the income, of course, the greater the portion of insurance cost paid out of government funds.

Persons with incomes above the maximum figure would receive no payment from government funds. However, they would receive an income tax deduction for what they paid out for health insurance.

Advantages of Alternative Plan

Such an approach seemed to me to have a number of advantages:

--It would provide, particularly for lower income groups, a much broader range of protection against health care costs than the Medicare plan offered by the Johnson Administration. It would include doctors' bills, surgeons' charges, and drugs outside the hospital, none of which would be covered by the Medicare plan proposed by the Administration. It would also include hospital and nursing home charges, which are covered by the Medicare plan under specific conditions and stated limits.

--The portion of the cost borne by the Federal Government would be paid out of general revenues, thereby avoiding an extra tax on salaries and wages, with no exemptions or deductions of any kind, as is provided by the Medicare plan.

--The plan would not be saddled on the Social Security System, thereby imposing on the system a burden which will jeopardize its solvency in the years ahead.

--It would cost less than Medicare, because it would not provide, as Medicare does, for hospital and nursing home care for well-to-do and wealthy persons, paid for out of taxes on a worker's pay.

--At the same time, it would not require a "pauper's oath" to qualify for its benefits, which is one of the complaints against the Kerr-Mills program. A simple statement of income is all that would be needed to establish eligibility for government payment of insurance costs, or assistance in meeting these costs.

--It would utilize existing facilities, including the extensive private insurance system developed in the United States, instead of creating a costly new bureaucracy, with its built-in federal interference with the practice of medicine and the administration of hospitals and nursing homes.

#### Medicare is Law

However, the Medicare plan is now the law of the land, and it is the responsibility of all of us to try to make it work, with as little dislocation and difficulty as possible. This will take a bit of doing, because the plan has decided limitations.

Let us look for a moment at what Medicare will do, and at what it will not do. I am talking now about the Medicare plan which is to be financed for the greater part by the new tax on wages and salaries provided for in the 1965 Social Security Act. This is the plan that was steamrolled through Congress by the Johnson Administration and its allied power blocs.

The plan covers persons 65 and over, regardless of their income, their ability to provide their own medical care, or whether they are drawing Social Security benefits or are even entitled to such benefits. For persons not entitled to such benefits, the costs of Medicare will be paid for out of general Treasury revenues, rather than out of payroll tax funds.

#### What Medicare Does

The plan provides that:

--Beginning July 1, 1966, an elderly person shall be entitled to up to 60 days of hospital care for a spell of sickness, provided he pays the first \$40 of the hospital costs. If he is still sick after 60 days, he can receive an additional 30 days of hospital care, but he must pay \$10 a day for every day he spends in the hospital

after 60 days. After he uses up the extra 30 days, he is on his own and will have to pay the entire bill himself.

--Hospital care will be provided in semi-private rooms containing two to four beds, according to the Department of Health, Education and Welfare. Drugs necessary for use while the patient is in the hospital will be provided.

--After a person has been in the hospital for at least three days, he may be transferred to a nursing home or to a convalescent section of the hospital, if a physician certifies that the additional care is necessary. If this occurs, he may receive up to 20 days of additional care in semi-private accommodations without charge, and if necessary an additional 80 days of care, provided he pays \$5 a day for every day he stays in excess of 20 days. Incidentally, this feature of the new law does not go into effect until January 1, 1967. Therefore, there is a question as to what happens to a person who enters a hospital in the summer of 1966, and who needs to be transferred to a nursing home or a convalescent section of the hospital after his hospital stay is completed.

--Following release from a hospital, or from a nursing home or hospital convalescent section, the patient will be entitled to 100 home-health visits by nurses or other health workers, who will provide certain services which they are trained to give, including such things as speech therapy, if required.

--After the patient has paid the first \$20 of the cost of outpatient diagnostic tests in a hospital, the Government will pick up the tab for 80 per cent of the costs of the tests for each 20-day period of testing.

This in essence is what the Medicare plan will do, as it now stands.



### What Medicare Does NOT Do

As previously mentioned, the plan does not pay for doctors' bills or surgeons' charges, or for drugs outside the hospital.

In addition, it does not cover the charges of radiologists, anesthesiologists, pathologists or psychiatrists.

A private room will be paid for only if the patient's condition requires him to be isolated, for example, because of a contagious disease. If he wants a private room for comfort, he must pay the extra charge over the beyond the cost of a semi-private room.

If he wants a television set in the room, he will have to pay for the rental.

If he needs a blood transfusion, he will be charged for the first three pints given him unless he can arrange with donors to replace the blood.

These conditions surrounding the Medicare plan have been spelled out by the Department of Health, Education and Welfare. There are others. But they give an idea of the "red tape" involving the plan. The red tape will be multiplied as regulations are issued governing the admission of persons to hospitals, the transfer of persons to nursing homes or convalescent quarters, and the other benefit provisions.

### The Supplementary Insurance Plan

The 1965 Social Security Act contains a supplement to the Medicare plan which establishes a modified form of medical insurance on a voluntary basis. This supplementary arrangement, described by the law as "Plan B," provides for payment of 80 per cent of the cost of the following services after the patient puts up the first \$50 of cost in any calendar year:

--Doctors' bills and surgeons' charges, and the fees of radiologists, anesthesiologists, pathologists and psychiatrists.

--Home health services up to 100 visits a year without a requirement of prior hospitalization.

--A variety of other medical and health services, including diagnostic tests; surgical dressings, splints, casts and the like; rental of medical equipment, such as oxygen tents and iron lungs; prosthetic devices which replace all or part of an internal body organ; braces and artificial legs, arms and eyes, and ambulance services within limitations.

This plan is open to persons 65 and over if they sign up for it, and pay a premium of \$3 per month. The Federal Government pays an equal amount. Like the Medicare plan, this plan goes into effect July 1, 1966. However, to participate, a person should sign up well in advance.

The medical insurance plan was not a part of the Medicare plan as proposed by the Johnson Administration. However, it was accepted by the Administration and incorporated in the 1965 Social Security Act after Republicans in the House of Representatives proposed a comprehensive alternative to the Medicare plan intended to take care of doctors' bills and surgeons' fees as well as hospital and nursing home costs. Apparently, the Administration began to realize some of the weaknesses in the Medicare plan.

Thus the one plan provided for in the Social Security Act that covers doctors' bills and surgeons' fees was the outgrowth of a Republican proposal.

Medicare was Oversold

Obviously, the Administration and other advocates of Medicare oversold it in their eagerness to jam it through Congress. There is bound to be confusion as older people undertake to find out what they can do, and what they cannot do under it, and what it will pay for and what they must pay for.

Problems in Medicare

In order to make Medicare work, there are certain problems that must be anticipated and dealt with.

One problem almost sure to be encountered is a tendency toward over-utilization of facilities on the part of many persons who may be misled to believe that they are suddenly eligible for free Government-paid hospital care. Over-utilization of facilities will have an important bearing on the cost of the Medicare plan, and on the quality of medical care.

The tendency toward over-utilization was revealed by our experience in Colorado after the State established its old-age pension medical plan in 1957. The cost in a relatively short time exceeded expectations, and I suspect that we have not begun to discover yet what Medicare is going to cost. A major reason is that we do not know to what extent facilities will be utilized.

About the time that the 1965 Social Security Act became law, the United States News and World Report carried an article on Medicare in which it said:

"Medical care in this country is headed for a real crisis...

"Investigation shows that the medical machinery of this nation is not now geared to take care of the increased demand for medical care that seems sure to follow.

"Shortages of many kinds will be encountered. The shortages will be acute in the supply of nurses and nursing homes. Here will be the worst crisis.

"Hospitals will be taxed to capacity -- and beyond, in many localities in the nation.

"Large areas and many communities will be short of physicians and surgeons. More dieticians, physical therapists, technologists and medical workers of many other kinds will be needed.

"As a result, medical care for all persons can be expected to suffer -- at least temporarily."

Dr. John H. Knowles, General Director of the Massachusetts General Hospital in Boston, was quoted by the article as follows:

"When a patient comes to our hospital for treatment under this federal program, we've got to find out if he is really eligible. Is he actually 65 or older? Where has he been treated before? Why is he here? Has he already used up his eligibility at a nursing home and is he coming back to a hospital to get renewal of his nursing-home privileges, and so forth?

"These are things the hospital is going to have to assume responsibility for. It means we're going to have to hire more people in the administration of the hospital to carry out the rules and regulations of 'Big Brother' -- the federal bureaucracy. It will mean the addition of more social workers. We're going to have to expand the accounting department. All this is going to increase the cost of medical care."

Whether or not these predictions come true remains to be seen. But, since Medicare was oversold to the public, I think we should begin to deal with the problem of possible over-utilization of facilities, and the accompanying burden that will be imposed on medical personnel.

The Problem of Hospital Facilities

In order to implement the Medicare program, at least in some degree, I proposed when the program became law that the funds for hospital construction under the Hill-Burton Act be increased by \$10 million.

At that time, I pointed out that Congress, having enacted the Medicare plan, had a responsibility to deal with the problems which it would create, and that one of these problems would be hospital facilities, which were already jammed and crowded in many places and entirely incapable of handling the additional burdens which the plan would impose.

No action was taken at the 1965 session of Congress to increase hospital construction funds to anticipate the added demands resulting from Medicare. However, one of the Administration leaders, Senator Lister Hill of Alabama, acknowledged that the problem existed, and that action would have to be taken to deal with it.

First Step toward Socialized Medicine

What the future course of Medicare will be is highly uncertain. It is a first step toward the establishment in the United States of a socialized medical system such as that in England and some other countries. Its chief sponsors long have been sympathetic to government-controlled medicine, and they look upon Medicare as a beginning. They have announced their determination to expand it in gradual stages in future years.

The cost of the plan as it stands is practically certain to be much greater than the original predictions. If it is expanded, the cost will rise proportionately.

A long-range problem created by the Medicare plan is the effect it will have on the Social Security System. One of the primary reasons why I opposed the plan is that it adds an uncertain and increasing burden to Social Security.

I have been a consistent supporter of the Social Security System, and have always voted for measures which would increase Social Security benefits.

#### Effect of Inflation on Elderly

As is generally known, I think, increases in benefits have been voted periodically to keep pace with inflation, which has boosted prices which consumers pay and lowered the value of the dollar. But the increase in benefits voted by Congress have not kept pace with inflation for many years.

For example, the 1965 Social Security Act provided for a general increase in Social Security benefits of seven per cent. This was the first general increase since 1958. But the increase in the cost of living, according to the consumer price index issued by the Department of Labor, has been nearer 10 per cent in that seven-year period.

Thus, the average person receiving Social Security benefits has been losing ground in the race against inflation.

In fact, the average Social Security benefit, even after the 1965 increase, will not buy as much as the average benefit paid in 1954.

Here we have a basic clue to a great deal of the financial difficulties which our older citizens are experiencing. Inflation, the Great Swindler, particularly of people living on fixed incomes, is steadily eating away at the value of their dollars. Life insurance declines in value. Annuities decline in value. All due to inflation. And inflation is the direct result of the spending policies of the Federal Government, the deficit-financing that year after year boosts the public debt to a new record figure.

This in general is the benefit side of the picture. Let us look at the cost side.

#### Social Security Taxes Rise

The 1965 Social Security Act provides for a big jump in the Social Security payroll tax. This increase takes two forms: A boost in rates, and an advance in the total yearly wages or salaries subject to the tax. A substantial part of the increase is intended to pay the cost of Medicare for persons either drawing Social Security benefits, or eligible for benefits.

The tax rate will be advanced, beginning in 1966 and continuing gradually until 1987, in that year, the rate will be 5.65 per cent on the taxable portion of the wages or salaries of each worker, and his employer will have to pay the same rate and amount. Meanwhile, the taxable portion of wages and salaries is raised from \$4,800 a year to \$6,600 a year, beginning in 1966.

Thus, we are to have a total tax of 11.3 per cent on the first \$6,600 earned by each worker every year.

Senator Abraham A. Ribicoff, Democrat of Connecticut, told a Congressional Committee when he was Secretary of Health, Education and Welfare in the Kennedy Administration, that the payroll tax should not be raised above 10 per cent. He regarded this figure as the maximum for safety, because he was afraid that resistance would develop against the tax if it were boosted above this level.

But all thought of a "danger point" in the tax burden has now been abandoned.

Some elderly persons who have paid little, or nothing, in the way of Social Security taxes will receive a break, of course, under the Medicare plan. But it should be remembered that what these people have not paid will have to be borne by those now in the work force and paying taxes, and those who will be entering the work force.

There is nothing really free here. Somebody is going to have to pay the bill.

The worker who earned \$6,600 in 1965 paid \$174.00 in Social Security tax, and his employer matched that amount. This worker will have to pay \$277.20 in 1966. He will have to pay \$372.90 in 1987, unless the tax is raised to a still higher level, as very likely will happen.

In some cases, the Social Security tax will be a great deal higher than the federal income tax.

For example, a married couple with two children and an income of \$3,600 a year now pays \$88 a year in federal income tax. Under the 1965 Social Security Act, he will pay \$151.20 in Social Security tax in 1966, and more as the tax increases automatically in later years. Eventually, his Social Security tax will reach \$203.40 a year on an annual income of \$3,600.

The old principle that a man should be taxed according to his ability to pay has disappeared entirely here.

#### High Taxes for Young People

Take the case of a young man of 23 entering the work force for the first time in 1966. Let us assume that he earns \$6,600 or more a year until he retires at the age of 65, and of course many of them actually will do that, particularly the college graduates.



Under the Social Security taxes now established, he will pay a total of \$15,054.60 in payroll tax during his working career. His employer will pay an equal amount. Thus the total tax on his pay during his working career will be \$30,109.20.

This figure will be much higher if interest at an annual rate of, say, four per cent is included. In fact, Robert J. Myers, the Chief Actuary of the Social Security Administration, has said that if interest at this rate is figured in, the contributions of a new entrant into Social Security and his employer will be well in excess of \$80,000, provided his earnings are at the maximum level and he remains covered for 45 years.

From these figures, we may see just where our efforts to give somebody something free have led us. For these new entrants, there is not going to be anything free, or even partially free. For them, the equalization process has already begun.

Now, there is no question that substantial taxes will have to be paid to support the Social Security System in coming years, without the added burden of Medicare. Actually, there are certain improvements that should be made in the Social Security benefit system, as I intend to point out later. These improvements may well necessitate some increase in the tax.

#### Important to keep Social Security Solvent

What is necessary in the way of taxes we should embrace gladly, because it is highly important that Social Security be kept solvent and operative.

However, we should be aware of the direction in which the pell-mell advocates of government-dominated medicine are leading us. And that direction raises serious questions about the continuing solvency of Social Security.

Let's look at a few financial facts.

The Social Security Old Age Trust Fund contains at the present time about \$20 billion, and the Disability Benefits Trust Fund about \$2 billion.

While these are enormous sums, it must be remembered that expenditures by the old age fund in the current 1966 fiscal year are expected to total \$18.6 billion, and by the disability fund \$1.7 billion. Thus these funds only have enough money to keep them going a little more than a year.

This shows that the Social Security System is now operating pretty much on a hand-to-mouth or pay-as-you-go basis. If a life insurance company operated that way, it would be violating the law. A life insurance company is required to keep sufficient funds on hand so that, if its operations are terminated, it will be able to pay off all the accrued liabilities.

#### Social Security now Billions in the red

On January 1, 1962, the Social Security trust funds had commitments to pay \$625 billion in old age and disability benefits to persons eligible for benefits at that time.

It was estimated at the time that the funds would collect from workers then on the rolls and their employers \$282 billion before all these workers retired. In addition, the funds had, as now, about \$22 billion on hand.

This was the Social Security balance sheet, therefore, at that time: \$625 billion owed; \$304 billion expected in taxes and in money on hand; deficit, \$321 billion, a figure actually greater than the public debt.

How can this deficit be made up, you may ask. In only one of two ways, by newcomers to the rolls and their employers paying in more than the newcomers will receive in benefits, or by diverting money from the general fund of the Treasury.

And this diversion could amount to a formidable additional burden on the taxpayer.

You may also ask how large the deficit has grown as a result of the passage of the 1965 law. No one knows as of this time, because the figure has not been calculated. But it is sure to be much greater.

Eventually, it may be discovered that a mistake was made when Medicare was saddled on the Social Security System.

There is no question that continuing attention must be given by government to the problems and needs of our older citizens.

An effort must be made to come up with the best answers, and not just political answers.

The enactment of the Medicare plan has not solved the problem of health care for older people, as I have already indicated and as will become amply apparent later. It will be necessary to review this problem from time to time.

Other plans for action will be coming along in a wide range of fields.

#### Help for the Elderly that will help

I would like to indicate my reaction to the entire problem, and to point to some of the things that I think should be done.

The measures that should be taken, in my judgment, should be directed toward maintaining the dignity, the independence, and the individual responsibility of our older citizens instead of making them dependent on a super-government directed from Washington.

Obviously, a basic problem of older people is inadequate incomes. There are certain things that government can do to improve the income position of the elderly. If these things are done, there will be less for special programs to meet specific needs.

### Curb Inflation

No greater help could be extended to older people than to apply brakes to the inflation that has reduced the purchasing power of the dollars they have. This could be done by a better management of government, and a curb on extravagant spending policies that have produced continued deficit-financing.

But there are other things that could be done.

Social Security benefits should be increased to compensate for the cost-of-living increase that have occurred in recent years. This would give older people a better chance to take care of their own wants in their own way.

The Social Security System should be made more flexible. At present, if a person over 65 keeps on working and does not draw Social Security benefits, he gets nothing for saving the Government money. At the same time, he continues to pay the Social Security payroll tax. This is manifestly unfair. He should receive an actuarially sound increase in benefits for each year after 65 that he fails to draw benefits.

### Allow an Older Person to Earn More

There should be a further increase in the amount an older person can earn without losing his Social Security benefits. The 1965 Social Security Act did something in this direction, but not enough. What seems a more equitable plan is to allow a person to receive up to a stated sum, say \$3,600 a year, in combined benefits and earnings before losing any part of his benefits.

The minimum Social Security benefit for a retired worker should be increased further. The 1965 Act raised it from \$40 to \$44 a month. It should be appreciably increased to give a better break to those in the lowest income levels.

These changes may well require some further increases in the Social Security tax, as I indicated previously, although by no means as great as those necessary to support the Medicare plan. However, the changes are in the interest of equity for a great many of our older citizens. To the extent that tax increases are necessary, they should be made to maintain the solvency of the system.

A major problem with regard to income maintenance for older persons is the growing tendency toward retirement of persons at 65, or even at an earlier age, often as a requirement of pension systems in effect in private establishments. In my judgment, this whole area should be the subject of an objective and comprehensive study by a well-qualified group of persons, who would make recommendations for dealing with the problem. This study should include some means of encouraging the transfer of pensions from one employment to another, so that a person who changed jobs could do so without losing what he had built up toward an annuity in the previous job.

If the tendency toward early retirement of older persons still able to work were slowed down or reversed, a substantial part of the burden on the Social Security System would be lifted, and its financial problems relieved.

Aside from measures to increase the income position of older persons, the Federal Government should stimulate construction of housing for elderly persons by private non-profit organizations through the use of the mortgage insurance facilities of the Federal Housing Administration.

#### Remove Crippling Rules on Housing

In particular, the crippling administrative directives issued in the latter part of 1963 which have stifled new projects under Section 231 of the Federal Housing Act should be removed.

Because of provisions of law adopted in the Eisenhower Administration, this program proved highly successful in meeting the housing needs of growing numbers of elderly persons.

Up until the crippling directives were issued, projects under this section were already built or planned to provide 44,000 dwelling units for older persons at a cost of more than \$650 million, and at no expense to the Federal Government, not even for administrative purposes.

The churches in particular suddenly found themselves up against a roadblock.

Some church homes for the elderly have used for years a "founder's fee" for many of their residents as a device for financing in part home capital and operation costs. Under this approach, the person on entering the home makes a lump-sum payment and receives a commitment from the home to care for him the rest of his life, either at a specific rate or without additional cost.

But in August, 1963, the Government housing agency in Washington issued a new requirement that, to receive mortgage insurance for a new church home, the church would have to furnish a "legally enforceable guarantee" that the home would live up to their commitment to care for such a person for the rest of his life.

Now there was no justification in experience for such a requirement. It was completely unwarranted.

But it has effectively blocked churches from starting new projects under Section 231, because the complex organizational structure of most churches makes it practically impossible for them to meet this requirement.

And perhaps that was what the housing administrators in Washington wanted.

The opinion has been expressed that the actions taken to throttle Section 231 were part of an effort by persons in the Government to replace voluntary housing undertakings with projects involving direct use of federal funds, and presumably controls.

In other words, the Federal Housing Administration mortgage insurance system doesn't help much to build up a bureaucratic empire. It doesn't provide a lot of jobs. Therefore, shove it aside, spend the taxpayers' money, and set up a system that will provide jobs and that the bureaucrats can dominate.

But the problem of housing for older persons, and of sheltered care for those unable to take care of themselves, will not go away because of the designs of certain Washington bureaucrats.

#### Need for Sheltered Care for many Older Persons

The problem should be faced, and the best answers provided. Direct federal funds may well be necessary to a certain degree. But voluntary actions which will not cost taxpayer money should be encouraged, not blocked.

Now I want to turn my attention specifically to the problem of sheltered care for a relatively small percentage of the elderly who need constant and special care on a continuing basis.

This includes elderly persons unable to care for themselves because of age or permanent disability, and those unable to care for themselves and who have no one to look after them.

For these people, the Federal Government should help to provide facilities which will be safe and attractive, and which will provide the highest quality of service in an environment that will enable them to live in dignity and honor.

Homes Needed, Not Institutions

The most suitable type of facility, in my judgment, is the church-type home. And the home should have medical and nursing facilities to care for the residents during spells of illness.

Such homes have decided advantages over nursing homes. In the first place, they are living-oriented rather than patient-oriented. They provide a happier environment, with less disruption of normal living patterns, and less of a sense of isolation. And a better environment tends to minimize the effect of serious illness.

I believe that many elderly persons who occupy nursing homes could be cared for better and at less cost in homes of this type.

However, Federal and State assistance programs usually put a premium on illness-oriented needs in a way that often forces recipients into nursing homes.

Federal assistance to provide church-type homes for elderly persons in need of care should acknowledge State responsibility, and should be undertaken in cooperation with States and with non-profit private organizations.

Other Measures that could be taken

Aside from revival of the Federal Housing Administration mortgage insurance plan for housing and church-type homes for the elderly, it doubtless would be well to:



-- Expand the provisions of the Hill-Burton Act to provide funds on a matching basis to build church-type homes for the elderly, as well as hospitals and nursing homes, as is done now.

-- Earnestly consider a plan for federal loan funds to build these homes at an interest rate of three per cent.

Congress at the 1965 session made extensive provision for loans at three per cent to build housing for elderly persons, for handicapped persons, and for so-called "moderate-income" families displaced by government action, such as urban renewal projects and highway construction. These new three per cent loans are going to collide with federal loans previously made for a great variety of projects at higher interest rates, including the same types of projects now to be favored with a lower rate. This whole question should be examined in the interest of equality of treatment.

In addition to helping to provide sheltered care facilities for older persons in need of care, the Federal Government also should aid the States in caring for them.

Here I think some limitations will have to be required.

There should be certain restrictions on eligibility for such care. I would suggest that a person should be eligible if he is 72 or over and in need of care, or if he is under 72 and permanently disabled, and over a certain age. This minimum age could be 65 in the case of men and 62 in the case of women.

Where the person's income is below a stated level, the Federal-State program, in my judgment, should pay the entire bill for his care. Where the income is at a higher level, the person may be required to apply a portion of his income to the cost of his care, less a certain amount for his own personal needs, say not more than \$40 or \$50 a month. Perhaps a ceiling should be placed on the total

amount of the Federal-State contribution toward the person's care -- for example, \$300 a month.

These are only suggestions, and of course the details would have to be worked out after careful consideration.

Help Elderly to maintain Their Independence

These proposals, of course, would cost a certain amount of money. But if wisely set up and administered, it would not be wasted money. Measures of this kind would meet the varied problems and needs of older people in a way suitable for government action.

They would do this while maintaining to the fullest degree the dignity, the traditional independence, and the personal responsibility of our older citizens.

They would not make them wards of a super-government in Washington.

Such an approach, I am certain, is essential for their welfare and for that of the Nation.

###

# Senior Citizens

"THE OLDER AMERICAN WHITE HOUSE FORUM"

## A REPORT

### PART I. PRE-CONFERENCE ACTIVITY:

#### A. Preliminary Conference Plans

Preliminary Conference plans provided for a major Conference event to be held in 1970 -- the Older Americans White House Forum.

The Forum concept was intended to accomplish two of the main objectives of the White House Conference on Aging:

- (1) To form a national network of community meetings, where older persons would be invited to speak to the nation about their needs.
- (2) To arouse public awareness in and concern for older peoples' needs and for the development of their potential as a national resource.

This testimony would be gathered in several ways. First, of course, older persons would speak out and their most pertinent testimony would be recorded. In addition, so that all older persons might express themselves, a questionnaire would be administered to each one. Finally, older persons would be invited to submit whatever additional statements they might want to make.

Fortunately, as this report will disclose, the Forum approach achieved much more than had been expected. As organization of Forums proceeded, the Regional Offices and State Agencies on Aging discovered that this approach stimulated community organization, providing major support for the State Agency's total program.

#### B. Preparatory Work

The following is a brief sequential account of preparatory work done for the Older American White House Forums.

January: During the first weeks of 1970 the Conference Director and a small technical staff developed preliminary plans for pre-Conference activity of the Regional Offices and State Agencies on Aging.

February: On February 24 the Conference Director met with the Regional Commissioners of the Social and Rehabilitation Service. The basic Conference structure was discussed, including the conduct of Community Forums.

March: On March 5-6, 1970, the Associate Regional Commissioners on Aging and the liaison committee of the National Association of State Units on Aging met with the Conference Director and his staff to discuss preliminary Conference plans. Work began on drafting a Guide for Regional and State Activity, intended for use in organizing Older Americans White House Forums.

April: Commissioner Martin, as Conference Director, requested the Regional Commissioners to arrange regional meetings of the staffs of State Agencies on Aging, for the purpose of briefing them on preliminary Conference plans, especially the organization and conduct of Forums. The first two regional meetings were held in San Francisco and Atlanta in late April. Work proceeded on the Guide for Regional and State Activity as specific plans for the Community Forums were developed.

May: Three more regional meetings were held in New York City, Dallas and Minneapolis.

June: Two other regional meetings were held with State Agencies on Aging as soon as they could be arranged by the Regional Commissioners. These were in Providence, Rhode Island and Boise, Idaho.

Commissioner Martin wrote to each Governor, describing preliminary Conference plans and specifically requesting each Governor to:

- (1) Issue a call for a State White House Conference on Aging at an appropriate date in the month of May, 1971.
- (2) Designate the Executive Director of the State Unit on Aging to be responsible for total coordination of all White House Conference on Aging activities in the State.
- (3) Appoint a White House Conference on Aging Committee as an advisory group to the State Unit.
- (4) Appoint an interdepartmental Committee to work with the State Unit on Aging.
- (5) Mobilize legislative and departmental support for the White House Conference on Aging.

Included with the letter were a copy of the Conference Call by President Nixon and a copy of the Fact Sheet.

Near the end of May, draft copies of the Guide for Regional and State Activity were mailed to the Regional Offices and State Agencies on Aging for review and comment.

In response to a request from Commissioner Martin other Federal agencies began to contact their field offices throughout the nation encouraging them to participate in Forum activity.

On June 12, Commissioner Martin wrote all members of the Congress, informing them of plans for Regional and State Activity.

The Conference technical staff arranged to have a quantity of questionnaires produced by the American Rehabilitation Foundation for use at the Community Forums.

July: The final regional meetings were held in Chicago and Washington, D. C. The Dallas Regional Office requested a second meeting which was held July 8.

The completed Guide for Regional and State Activity was distributed in quantity to the State Agencies on Aging. This Guide dealt largely with general State organization and suggestions for organizing Community Forums. It was distributed in xeroxed form, since time did not permit printing.

The staff participated in five orientation sessions involving over three-hundred national organizations. Following these meetings, some of these organizations began supplying staff rosters and membership lists. The Conference staff arranged to supply this material to the State Agencies on Aging.

The State Agencies on Aging began submitting orders for quantities of questionnaires and Conference brochures.

August: As interest increased, it became apparent that more communities wished to hold Community Forums than had been expected. Many national organizations were becoming involved, as a result of the July briefing sessions. The

State Agencies on Aging, working with small budgets and inadequate staff, could not be expected to work closely with this many communities. A decision was made to produce material which would enable communities to conduct Community Forums without direct staff assistance.

Early in August the Conference staff distributed a large quantity of (1) "A Self-Guide for Groups Organizing and Conducting Older Americans White House Forums for Reporting the Results of the Forums to the State Agency on Aging."

In late August some State Agencies on Aging began conducting orientation sessions for their Community Forum leaders.

On August 24, the American Rehabilitation Foundation began shipping 1,200,000 questionnaires to the State Agencies on Aging.

September: During early September, more State Agencies on Aging held orientation sessions for Community Forum leaders.

As the Forum week approached, State Agencies on Aging were besieged with requests for additional material, especially questionnaires. Reports indicate that, in addition to the original 1,200,000, another 500,000 questionnaires were printed and distributed by the States.

A Tabulating Form was distributed to the State Agencies for tallying the results of Forum activity.

## PART II. OLDER AMERICAN WHITE HOUSE FORUM ACTIVITY

### A. Tabulation of Forum Results

As of November 19, the State Agencies on Aging have reported that they have conducted more than 6,000 Older Americans White House Forums. Most of these were held during the week of September 20-26; However, some States are continuing to hold Forums as more communities ask to be involved in White House Conference activity.

White House Forums were conducted in each of the fifty States, as well as in the several territories. Partici-

pating in these Forums was a wide array of older persons, broadly representative of racial, ethnic, cultural, economic and religious groups, and widely characteristic of the rural and urban areas. Also, the Forums were attended by "listeners", who represented a cross-section of providers of services, local, State and national legislative figures, government officials, and other community leaders.

The White House Forums were of varied size. Many were held on a neighborhood basis and were attended by small numbers of people. Others were conducted in larger areas, such as counties, legislative districts, or other regions corresponding to state planning formulas.

The locale of individual Forums was equally varied, with meetings being held in such places as senior centers, civic auditoriums, fraternal and service clubs buildings, churches and synagogues, individual homes, professional office suites, public housing projects, nursing homes, retirement villages, tribal houses on Indian reservations, schools, and many others. In at least one case, a Forum was conducted by the older inmates of a state penitentiary.

The following is (1) a list showing distribution of Forums by State, and (2) a Summary of most frequently mentioned "Needs of Older Persons" based on early reports from 25 States.

This report is based on reports from the individual States. While it is reasonably accurate, it is not necessarily complete.

Some Forums were held by individual organizations and neighborhood groups which did not provide attendance figures to the State Agency on Aging.

A number of Forums were held prior to September; since these did not utilize the national "needs" questionnaire, they were not included in the States' reports. However, many recorded statements on the needs of older persons.

Many States report that Forums are still being held and will continue to be held through the remaining weeks of 1970.

I DISTRIBUTION OF FORUMS BY STATES

	Number of Forums			
<b>TOTALS</b>				
1. Alabama	119			
2. Alaska	20			
3. Arizona	65			
4. Arkansas	210			
5. California	800			
6. Colorado	118			
7. Connecticut	15			
8. Delaware	1			
9. District of Columbia	2			
10. Florida	89			
11. Georgia	162			
12. Hawaii	4			
13. Idaho	108			
14. Illinois	210			
15. Indiana	118			
16. Iowa	18			
17. Kansas	8			
18. Kentucky	118			
19. Louisiana	276			
20. Maine	60			
21. Maryland	251			
22. Massachusetts	10			
23. Michigan	162			
24. Minnesota	11			
25. Mississippi	62			
26. Missouri	175			
27. Montana	14			
28. Nebraska	8			
29. Nevada	7			
30. New Hampshire	16			
31. New Jersey	23			
32. New Mexico	86			
33. New York	10			
34. North Carolina	128			
35. North Dakota	8			
36. Ohio	114			
37. Oklahoma	157			
38. Oregon	92			
39. Pennsylvania	111			
40. Rhode Island	9			
41. South Carolina	41			
42. South Dakota	91			
43. Tennessee	223			
44. Texas	825			
45. Utah	127			
46. Vermont	10			
47. Virginia	40			
48. Washington	18			
49. West Virginia	307			
50. Wisconsin	25			
51. Wyoming	15			
52. Guam	1			
53. Puerto Rico	68			
54. Virgin Islands	3			



Summary of Most Frequently Mentioned "MOST IMPORTANT NEEDS"

INCOME

Need increased income

Raise Social Security Benefits

Widow Social Security Benefits should be equal to husband's

Lower age limit for receiving full Social Security Benefits

Remove income limits which affect amount of Social Security Benefits

Liberalize rules and regulations for eligibility for Welfare Benefits

More consultative service regarding services and benefits to which older persons are entitled

Medicare coverage should be more inclusive

Amend Medicaid eligibility requirements

Transferable pensions

All pensions should be exempt from taxes

Tax reduction (all kinds-Property, School Income, Utilities)

Reduced cost of living (i.e., medical costs, food, housing, et al)

Wage and price controls to curb inflation

### SPIRITUAL WELL-BEING

More interest in and direct concern for, older people by churches

- More pastoral visitation, especially to sick, lonely and shut-ins
- Specialized services for counseling during crisis, grief, illness, and hardships. In other words, perhaps a crisis clinic for needy, etc.
- Programs and activities geared to special needs and interest of elderly.
- Transportation for those able to attend services and programs or arrangements to "take the church" to those unable to attend.
- Designate a special Sunday or other days for Senior Citizens observances.
- More opportunity for older people to offer useful service to the church.

### EDUCATION

Pre-retirement education

Retirement Planning (especially for those already retired)

Information and referral centers to provide assistance to OP who seek services to meet their needs (all kinds)

Broader curriculum offerings for OP - such as adult education programs to include wide range of subjects (politics, home management, home economics, finances, wills and estates, arts, crafts.,)

Vocational re-training

Special educational programs geared to special needs of OP

Provide educational opportunities for shut-ins  
(e.g., audio-visuals for nursing homes residents, hospital-  
ized)

More and better training for those who provide services to  
OP

Improve public education programs about the elderly  
(include in public school curriculums courses on gerontology)

Government bodies need to be especially educated about needs  
of OP

#### NUTRITION

Reduced costs of foods

Improved consumer education for older persons: shopping tips,  
how to avoid frauds, what are best buys, nutritional value of  
foods.

Education on proper meal preparation and general home econo-  
mics.

Truth in labeling and packaging, including provision for  
smaller quantities of foods as well as packaging special  
foods with older people in mind.

Improve and broaden food stamp program.

Subsidized meal opportunities in public places, such as res-  
taurants.

Meal delivery program for shut-ins (Community meal services)

Need for low-cost retirement institutions offering board and  
room.

Improved diets for residents of special care institutions.

Inclusion of ~~shared~~ dining opportunities in congregate living  
settings.

TRANSPORTATION

Need improved transportation systems (routes, time schedule, rural service, weekends and holidays)

Reduced fares, or cost-free use, on all forms of public transportation.

Improved safety standards on public transportation, as well as pedestrian safety.

Make tax deductible those transportation costs which are related to procuring health care and meeting other special needs.

Special provision by organizations or governmental groups for transportation to meet needs of older people for such things as shopping field trips, errands, emergencies, religious and social services, health care.

EMPLOYMENT/RETIREMENT

Mandatory retirement at age 65 is unfair. Let retirement be optional, flexible, and graduated.

Provide the mechanism for a gradual withdrawal from the labor force as desired.

Increase employment opportunities, both full-time and part-time (as a means to increase income, as well as to provide meaningful and useful activity in order to maintain self-respect).

Improved and additional job-training and placement services, especially for those with special needs and who suffer job loss due to mandatory retirement, disability, or skill obsolescence.

Enforcement of age and sex discrimination laws especially related to older persons. (Also with regard to practices of Insurance companies)

Liberalize and remove restrictions of income amount for Social Security and other old-age benefits eligibility.

Provide commercial outlet for sales of items produced by older persons.

HEALTH

Reduced health costs (all kinds: physicians, hospital, drugs, special equipment).

Allow as tax deductible full cost of health-related expenses

Improve Medicare and Medicaid programs to be more inclusive of coverage. (especially drugs, physical examinations, dental, hearing and other special apparatus)

Disabled at any age should be eligible for Medicare.

To include chiropractors under Medicare

Improved and additional psychiatric care services

Improved and additional institutional care, facilities and staff

Additional intermediate health care facilities

Provide and improve health education-information centers and consultation services

Provide home services for those unable to care for themselves, as well as for those who wish to, or should, remain independent in own quarters.

Improved and additional out-patient/clinics, (screening and treatment clinics)

More and better professionally trained health care personnel, especially in nursing homes and special institutions, also improved diets, social services, recreational opportunities in those settings)

Simplify complicated red tape procedures related to Medicare and Medicaid and other related legal technicalities.

Remove "use as directed" labels from drugs and provide more specific direction.

HOUSING

## Reduced housing costs:

- liberalize limitations for eligibility in public housing projects and other low-income housing projects;
- rent control in non-public housing (private sector) in which older persons dwell;
- older people to be exempt from property and school taxes

Additional housing for low and moderate income groups, with special consideration toward variety of types, conveniences of location, and inclusion of design features and special equipment geared to needs of the elderly. Also, multi-purpose facilities and services should be incorporated in such programs.

Improvement of existing housing facilities which older people occupy, (including enforcement of safety and health codes by appropriate government authority).

Information center, or other means of publicity, of housing available for older people.

Opportunity for housing providing options for congregate cooking and/or proximity to cross-section age groups for social interaction.

Improve nursing home facilities, with lower rates, better diets, sympathetic competent staff, preservation of dignity and privacy;

Foster homes for older people with special needs.

Provide home maintenance services, and/or provide maintenance allowances for recipients of public assistance.

ROLES AND ACTIVITIES

More centers and clubs for older people (plus expansion of existing programs to provide for:

- social contacts and companionship
- recreational opportunities
- educational opportunities, trips, group discussion
- interaction with other age groups

More, specific, services for shut-ins (such as social-recreational programs for nursing home residents and others with physical or mental disabilities).

Society should be better educated and informed about aged persons and process of growing old.

- "there should be more public acceptance of retirees"
- need pre-retirement planning programs and retirement counseling services

More opportunities for older people to be "doers" and not just "receivers:"

- training in volunteer work
- opportunities to remain or become politically active
- "to feel important and be useful" there should be created variety of programs to accomplish this according to needs, abilities and interests.

Increased funding support of such items as listed above.

Increased publicity of services and program for older people.

### PRELIMINARY ANALYSIS OF FORUM ACTIVITY

The over-all goal of the 1971 White House Conference on Aging, to develop a more realistic and comprehensive national policy for older Americans, was inherent in the concept and organization of Older American Community Forums during the Prologue Year 1970 when "Older Americans Speak To The Nation." To that end, the specific goals of the Forums and their successful achievement constituted the first important phase of the White House Conference.

An analysis of Forum activity reveals dramatic evidence of early and far-reaching effects and their significance for subsequent phases of Conference planning. The specific goals of the Forums, as delineated in the "Guide for Regional and State Activity" were:

1. "Increasing public awareness of older people and their circumstances and involving significant numbers of older persons must be dominant in this year's activity."

It is realistic to believe that the forums have resulted in "increasing public awareness." There is evidence of this from several sources: the massive nationwide news coverage before and after the Forums; the involvement of national organizations with many of them having large memberships; the cooperation and interest shown by other Federal agencies; the frequent requests from members of Congress for information on the progress of the Conference.

"Significant numbers of older persons" were involved in the Forums. More than half a million older people participated in over 6,000 Community Forums.

Their testimony was further recorded as they filled out Needs Questionnaires, which were collected and sent to a computer organization for processing. Hundreds of the Questionnaires were mailed to Commissioner Martin, along with many personal letters as well. In four cases, tape recordings of Forum testimony were forwarded to the Commissioner. The results of testimony were also compiled in many States, showing a tabulation of the "most important needs" identified by the Forums' participants.



2. "To achieve the objective of strengthening community organization for aging as a major result of the Conference, early community involvement is essential."

No where was the success of Forum activity more evident than in the willingness and ability of the States and local communities to cooperatively initiate and coordinate the Forum events. In many places, the framework for such organization was already existing, and thereby was effectively utilized and reenforced throughout the planning and conducting of Forums. When a community decided to hold a community Forum it was necessary to set up a committee to organize the Forum. These committees can be used not only for future Conference activity, but also for developing other programs for the aging in the local communities. Such a network of communications and planning, along with hundreds of new personal contacts among community leaders, officials, and citizens-at-large, will, we hope, certainly strengthen the effectiveness of community organization for purposes far beyond those exclusively related to the situation of older persons. Most apparent, however, is the fact that now the way is paved for planning and implementing the remaining White House Conference events toward a successful conclusion.

3. "Conference activity in 1970 must support the development of a realistic national policy for the older population."

The overall goal for the 1971 White House Conference on Aging is the development of a "National Policy on Aging." The first step towards that goal was the participation of significant numbers of older persons in the Community Forums. That this first step was accomplished is evident from the numbers of Forums held and the large numbers of older persons who participated.

The collation of data resulting from the Forums, along with data from other sources, will serve as documentary evidence to authenticate the critical needs of today's older Americans. This data will further serve as a foundation for the formulation of recommendations which emerge through the refining process of Community and State White House Conferences in early 1971, and more resolutely from the national White House Conference itself in November-December 1971.

PRELIMINARY ANALYSIS OF OTHER EFFECTS OF FORUM ACTIVITY

The analysis of Forum-related activity further includes a review of other effects which cannot be contained or measured in the data-gathering process. Such effects are consonant with the goals of the total White House Conference concept.

The more striking positive effects may be summarized as follows:

1. Stimulation of Government Interest and Participation

(a) Federal

The Federal government, through its many agencies and departments across the nation, (particularly at national and regional levels), was called upon to lend its assistance to many of the activities related to organizing and coordinating Community Forums.

Administrators, staff members, and members of Congress also participated in Forum events as "official listeners" when testimony was given by older persons.

(b) State

The Governors, and particularly the State Agencies on Aging, were enlisted in the early stages of planning for White House Conference activities in their states. The participation of members of State legislative bodies, other officials, and staff personnel of State agencies, departments and special projects, was also an essential contribution to the success of Forum activity.

(c) Local

Municipal and county officials, through their various departments and programs, likewise participated to a great degree in the preparatory phases and actual Forum event.

Stimulation of the Interest and Participation of Non-Government Groups and Organizations

What has been stated in the above portion relative to the role of government in Forum activity, may be similarly stated about the important role played by other organizations in the public and private sector.

(a) Academic Institutions

The Administrators, faculty members, and other representative of colleges, universities, and other institutions of higher learning served in significant capacities by directing their professional interests and expertise to Forum activities.

(b) National Organizations

The interest and involvement of nearly 400 national organizations was attracted and coordinated (and often initiated) through their networks of local chapters. These organizations were widely representative of the fields of social services, health and medicine, youth, fraternal orders, labor groups, religion, and the like.

(c) Local Community Organizations

There were numerous community-level groups, not related to national organizations, which also provided the base of operations for Forum activity to take shape and occur. Their initial interest was a strategic factor in eliciting an enormous amount of additional interest where it was otherwise non-existent. Such groups were representative of senior citizen groups, private health-education-and social service organizations, churches, synagogues, civic affairs groups, neighborhood clubs, and community action programs.

# NEWSLETTER NOTES

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*Ideas for your own newsletter from the*

PUBLIC RELATIONS DIVISION  
312 CONGRESSIONAL HOTEL  
WASHINGTON, D. C. 20003  
Lincoln 4-3010

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**SALTING AWAY THE MEGATONS**--We've become so accustomed to hearing the terms "megatons," "MIRV," "ICBM" and "nuclear war," that they mean little to our consciousness.

But the importance of the SALT agreements can be pointed up by considering just what is being talked about. The atomic bombs dropped on Hiroshima and Nagasaki were rated at 20,000 tons of TNT (20 kilotons). A megaton is the equivalent of one million tons of TNT. We've tested devices up to 15 megatons. The Soviets have gone up to 50.

At this point, our military people have stopped the size race and now are concentrating on smaller missiles with multiple warheads, since they just would not require the wasted energy of huge nuclear bombs to destroy enemy targets. Our Poseidon submarine missiles, for instance, contain 10 multiple, independently targeted, re-entry vehicles (MIRV), each with a yield three times that which destroyed Hiroshima. In addition, we have SCRAM air-to-ground rockets in our B-52 bombers, which can be fired 100 miles away from target, and have the force of 10 times the Hiroshima blast. Regardless of numbers of big missiles being discussed, the U.S. has a huge store house of deliverable megatonnage--lethal, small packages. The Soviets have been building up their arsenal, too.

Nuclear war, with this kind of destruction available to both sides, transcends fear and approaches the incomprehensible. This is the import of the SALT agreement. Stopping the buildups is a first step. The next logical step is agreement not to use these weapons. This will take time, much negotiating, much relaxation of tensions between our people and the Soviet Union.

Lurking in our minds, of course, is the Communist credo of world domination--so it will require deeds, not words, for these agreements to stick. But SALT is a start down the road to nuclear disarmament and to the Generation of Peace the President has set as a goal.

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**OF COMRADES AND CARS**--Is bigness badness? There is a growing volume of vocal criticism against American industry, aided and abetted by the sensationalism of Ralph Nader, which attempts to pin all the ills on the economic front on big business. The idea expounded is that because they are big they are bad.

It has taken the U.S. two centuries of development to reach today's productive pinnacle. It betrays shallow thinking to attack U.S. business because it has learned how to make goods cheaply. It is easy to find fault. Anything mechanical has its hazards.

President Nixon's visit to Moscow brought out some interesting contrasts between the U.S. and the Soviet Union. For instance, the auto industry is a favorite target of the Naderists. In Russia, auto production is not competitive at all. The average Soviet citizen only dreams of a car. The Zhiguli, Russian version of the Fiat, costs the equivalent of \$6,707, more than a year's salary for most. It takes up to 8 months to get a car in Russia. Model choices are about the same as in the days of the Model T in the U.S. Gas stations are few, gas is strictly rationed, and there is only one car wash in Moscow. Buying a car is a bureaucratic obstacle course of forms and frustration.

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(more)

In the U.S., the buyer has hundreds of model choices, can buy on demand, has a gas station and car wash it seems on every corner. How come? Competition. Many hundreds of firms have entered the auto business. They have shaken down to four major producers. Why? Because their products did not appeal to the mass market. The buyer here is still king. The buyer makes the decisions on the basis of what appeals to his or her demands. There is a huge used-car market, which competes with new cars, forcing improvements and holding the line on prices. Along with big auto business has come big oil business with stiff price competition for products and services. Gas "price wars" refute Nader's monopoly charges.

There are millions of jobs in the U.S. created solely by our infatuation with wheels. In Russia, the huge new state-owned Volga auto plant turns out 3,000 cars a day--far less than a million a year. U.S. manufacturers are turning out 8 million cars, trucks and buses. In addition, there are 23 foreign car makers selling 1.5 million cars a year in the U.S. No other nation even comes close to providing its people with the mobility that the U.S. auto industry has developed for Americans. Comparing the car industry with the boat industry reveals that, because boats are not assembly-line made and because they require considerable hand work, they are selling at very high prices--and the dropout rate of manufacturers is increasing rapidly.

It is exasperating when autos do not perform up to the owner's expectations. But in the Soviet Union, some 8 million people won't be able to buy an auto this year--but 8 million Americans will buy U.S. cars. This bounteous supply of rolling stock is the dividend we get from bigness in our production facilities.

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**SHORT HAUL FOR THE LONG HAUL**--The Department of Transportation has come up with a new program to ease congestion and noise problems around urban areas and to provide better service throughout the Nation for air travelers. It consists of de-centralization--taking short haul air traffic out of huge airports and spreading it around to smaller airports to service the short-hop traffic.

Secretary John Volpe said the new system would not compete with rail facilities, but would concentrate on areas where no adequate rail connections exist and where air travel is growing rapidly. A new breed of super-quiet planes is in the offing and the program now is in the stage of evaluating the Nation's secondary airports to fit them into the short-haul program. Funds will be supplied to develop safety facilities and to guarantee the system is environmentally sound.

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**AMERICANS, TOO?**--There is a growing movement in Congress to pass some kind of legislation which would reimburse victims of crime. Several States have such laws--only recently the State of Maryland agreed to pay \$45,000 to a heroic cab driver who was shot going to the aid of a woman who was being robbed by four youths.

One argument is that U.S. citizens should have the same rights as foreigners. The U.S. has processed more than 17,000 cases under the Foreign Claims Act to reimburse foreigners for crimes such as assault, robbery or rape committed in foreign lands by U.S. citizens. Some \$10 million has been paid out since 1970. But, in the U.S., the victim has no redress to the Government.

This is a knotty question. It poses the concept that the Government is totally responsible for an individual's safety--and must pay if that safety breaks down. Many of us, sympathetic though we might be toward the victims of crime, wonder if Uncle Sam can continue to assume responsibility for every facet of American life. The payout would be in the billions of dollars in the U.S.--and we would have to enact taxes eventually to pay for the benefits. There is pressure also to step up the war on crime, reform the courts with more judges and court workers and to rehabilitate criminals. All in all, crime would turn out to be the Government's most expensive activity.

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NOTE TO MEMBERS--Rep. Robert H. Steels of Connecticut has issued, "A Guide for Senior Citizens," containing information on Social Security, Railroad Employee Benefits, VA benefits, Medicare-Medicaid, Old Age Assistance, Nutrition and Fitness, Housing, Legal aids, Transportation, Employment Opportunities, Federal and State taxes, Voter information, Drivers' licenses, Department on Aging and a directory of services available to Senior Citizens. It is illustrated and contains listings of local agencies and organizations involved with old-age activities. This is an outstanding booklet, adaptable for almost any Congressional District. Contact Steve Berg (52076), Room 1206 Longworth, for information on how it was put together.

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VIETNAM--Edmund Burke once said, "Retrospect is not wise or proper. The only proper subject of inquiry is, not how we got into this difficulty, but how we can get out of it." Here's the latest situation in Vietnam:

1. Reduction of troop level from 550,000 to 60,000;
2. Withdrawals of U.S. forces steadily continuing;
3. Interdiction working;
4. Neither Russia nor China offer overt reaction.

Here is the United States offer:

1. Out in four months, after
2. Release of POWs and MIAs;
3. Internationally supervised ceasefire.

What do opponents of U.S. proposal offer?

Answer: Accept all of the above except ceasefire.  
Accept promise of Hanoi to release POWs and MIAs.

But the ceasefire is the only way to end the killing. And Hanoi's promise, rather than actual release is not enough. Of 36,709 French POWs and MIAs, only 10,754 were ever released. Hanoi never accounted for the rest.