

FUTURE DIRECTIONS IN SOCIAL SECURITY

HEARING
BEFORE THE
SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE
NINETY-FOURTH CONGRESS
SECOND SESSION

PART 25—MEMPHIS, TENN.
Impact of High Cost of Living

FEBRUARY 13, 1976



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- Part 3. Washington, D.C., January 23, 1973.
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- Part 5. Washington, D.C., July 26, 1973.
- Part 6. Twin Falls, Idaho, May 16, 1974.
- Part 7. Washington, D.C., July 15, 1974.
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- Part 12. Washington, D.C., May 1, 1975.
- Part 13. San Francisco, Calif., May 15, 1975.
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FUTURE DIRECTIONS IN SOCIAL SECURITY

FRIDAY, FEBRUARY 13, 1976

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Memphis, Tenn.

The committee met, pursuant to notice, at 9 a.m., at 1188 North Parkway, Memphis, Tenn., Hon. Bill Brock, presiding.

Present: Senator Brock and Congressman Harold E. Ford.

Also present: William E. Oriol, staff director; John Guy Miller, minority staff director; Kathryn Dann, assistant chief clerk; and Alison Case, assistant clerk.

OPENING STATEMENT BY SENATOR BILL BROCK, PRESIDING

Senator Brock. I wish you a good morning. Thank you all for coming.

I appreciate very much your being here this morning, and I particularly am pleased that our mayors, the Honorable Roy Nixon, mayor of Shelby County, the Honorable Wyeth Chandler, mayor of Memphis, and Richard Block, chairman of the board of the Josephine K. Lewis Center for Senior Citizens are all here. I appreciate very much their expression of interest.

The topic of our hearing is "Future Directions in Social Security." In particular, today we will focus on the issue of social security and inflation. We have selected this topic for two basic reasons.

First, inflation is without a doubt the cruelest and most difficult economic problem facing older Americans today. As the rate of inflation continues to climb, those people who live on fixed incomes find themselves paying a hidden tax to support the deficit spending that fuels this inflationary spiral. Hard-earned dollars that were saved in previous years rapidly lose their value as inflation cuts the worth of savings. The 12-percent inflation rate this country felt 2 years ago was exactly like increasing the taxes we each pay by 12 percent of our total income. This makes it obvious that inflation is a burden that no one can bear, particularly our elderly.

Second, because of the nature of inflation, it relates directly to many other subjects. Transportation services for the elderly, nutrition programs, retirement income, senior citizens centers, social services, and many other aspects of the total environment of our elderly are directly affected by increases in inflation.

Like all work done by the Special Committee on Aging, our aim is to find out here—at the grassroots level—how well the programs

authorized by the Congress are actually serving individual older citizens. Are they doing the job we hoped for? What can Congress do to make them better? What additional older American legislation should be considered?

BILL PASSAGE PROVIDES ENCOURAGEMENT

The passage of two recent bills should provide some encouragement for all of us here today. I am thinking of the 1975 amendments to the Older Americans Act, which I supported, and which President Ford recently signed into law. To cite another example, last week the Senate gave final approval to a bill which I introduced in 1975 to prohibit discrimination in credit against the aged. This bill now goes to conference and from there to the White House. I look forward to its speedy passage and implementation.

Unfortunately, all the legislation proposed by the White House currently before the Senate is not encouraging. For example, I am deeply troubled by the 6-percent increase in social security taxes recently suggested. As I said earlier, inflation is taking an increasing toll on everyone—the aged, the middle-aged, and the youth. Within the past 2 years, medical costs have increased 21 percent; utility prices 31 percent. I think in Tennessee it is a little higher than that—food 27 percent and fuel prices 78 percent. Against this background of rapidly increasing prices for the average Tennessean, another increase in social security taxes at this time is unacceptable.

This does not mean that I feel that the social security system is without serious financial problems. It is because of overspending, and undertaxing, that the social security system is destined for severe financial difficulties in the years ahead. However, we can deal with these problems without a drastic increase in social security taxes.

In my judgment, there are different and better ways to solve this problem. Last November, with the crisis facing the social security system well in mind, I introduced a bill with the clear purpose to affirm the responsibility of the Federal Government to maintain a strong social security system. The Finance Committee, of which I am a member, will take up consideration of this bill soon, and I am looking forward to establishing, with my colleagues, new methods of making our social security system truly sound. Those who pay social security taxes—as well as those who receive social security payments—should be relieved from doubts and worries about the continued strength and viability of the social security system.

Hopefully, these are topics that we can explore more fully here today. This is an official public hearing by the U.S. Senate Special Committee on Aging. Everything that is said will be taken down by the committee's reporter to become part of the printed record of the hearing. Copies of this record will be made available to members of the committee and to other Members of the Senate for their review. Any of you who desire a copy may secure one by writing to me or the committee in Washington.

It is committee custom to invite Members of the House of Representatives to hearings in their district. Therefore, it is a special

pleasure to me to welcome Congressman Harold E. Ford from the Eighth Congressional District of Tennessee, who is sitting with me at the committee table and will participate in this hearing.

Because time is limited, and in order to assure that some of you in the audience have an opportunity to participate, each scheduled witness has been asked to limit their oral presentation to 5 minutes. Their complete prepared statement, if longer, will be made part of the official record.

There may be some of you here today who wish to be heard, but do not want to speak from the floor. For your convenience, we have made available a special form. Statements written on these forms may be submitted today or mailed to Washington at any time within the next 30 days. Such statements will also become part of the official printed record of this hearing.

I think we must get to the root problem, and try to deal with it without a dramatic increase in payroll taxes.

DIFFICULT AND COMPLEXING PROBLEMS

I would like to thank each of you again for being here. The problems of older Americans are some of the most difficult and complex facing our entire society. I appreciate your interest, your concern, and I very much value your advice as to how we can resolve some of these difficulties. I look forward to working with you to find new solutions.

At this point, I would like to insert in the record a statement by Congressman Robin L. Beard from the Sixth Congressional District of Tennessee, who is unable to be here. It will be inserted into the record at this point.

[The statement of Congressman Beard follows:]

STATEMENT BY CONGRESSMAN ROBIN L. BEARD

Mr. Chairman, I am very pleased that you have provided me with this opportunity to express my views before this Senate hearing.

In recent years, there has been increased interest in the older American, beginning some 40 years ago when the Social Security Act was signed. Unfortunately, since that time the level of rhetoric has far exceeded performance. A great number of new governmental programs have been implemented to help the elderly, but their performance has been marginal at best. It seems to me that the Congress has done a great disservice to older Americans by initiating costly and ineffective programs while failing to recognize and deal with the most severe problem facing senior citizens—*inflation*.

It is because of continued deficit spending practices that all Americans are suffering the effects of high inflation, and the aged suffer more than any other single group from the ravages of inflation. This is the issue that the Congress must address if it intends to alleviate the major problem facing our older citizens.

There is no question that we have seen a decline in our rate of inflation. However, the Congress should take little credit for that encouraging sign. In the 94th Congress, there have been little or no effective measures to bring inflation under control by balancing the Federal budget. There has even been less interest shown in attempting to cut waste out of existing programs, waste that costs the taxpayers of this country billions of dollars a year.

The majority in Congress apparently feels that it can solve all the Nation's difficulties by simply creating new and costly Federal programs. Almost without exception, these programs are expanded and the huge bureaucracies that are created lead to even more inefficiency.

The American people have a right to require that the money they pay in taxes is spent as efficiently as possible, and more than that, they have the right to demand that the Federal Government lives within its means. Congress can do something about this problem if it wants to. It can bring a halt to deficit spending and it can bring inflation under control. This will provide the kind of relief that the elderly of this country really need.

There is other action that should be taken to ease the burden on this Nation's elderly. For example, unfair provisions of our tax system as it applies to elderly citizens should be changed. The Congress should act immediately to remove the limitation on the amount of money social security recipients can earn without losing their benefits. This inequity in our tax law robs this country of a tremendous talent and an experienced resource that we cannot afford to underutilize.

SYSTEM DISCRIMINATES AGAINST THE ELDERLY

Many of our older citizens want to continue to lead productive working lives, and yet our tax system discriminates against those who do. As I'm sure most of you are well aware, a 65-year-old person eligible for social security benefits may earn up to \$2,520 and pay regular taxes, but take home pay is reduced to approximately 25 cents for each dollar earned above that level. This system leads to widespread nonreporting of income by persons who have never knowingly violated the law.

Taken together, inflation and these oppressive tax laws create a nearly hopeless situation for older people. Senior citizens in this country deserve far better. They deserve to have a Congress that is willing to come to grips with the real cause of inflation that is destroying the buying power and the dreams of older Americans.

The issues I have discussed so far apply to the burdens placed on today's older citizens. However, another issue I would like to address deals with our ability to provide for the elderly of the future—the status of the social security system.

As you know, this system was designed in 1935 to cover a limited number of workers in commerce and industry when they reached 65. Since this attempt, we have seen the social security system grow to become a giant entity which is currently paying \$68.7 billion a year to one out of every seven Americans. It is now the second largest source of Federal funds with a majority of American taxpayers paying more in social security tax than they do in Federal income tax. There is little doubt among economists that the social security system will be in serious financial trouble this year unless revenues are raised or benefits drastically cut.

Contrary to popular belief, the social security system is not insurance nor is it based on sound banking and insurance standards. Social security benefits are paid almost entirely by the payroll taxes of current workers and employers. In other words, the social security system is a transfer system whose solvency rests upon the willingness of the next generation to pay taxes 30 years from now to support the current working generation, most of whom will then be retired.

Because the social security system has been overly optimistic with regard to future trends, an immediate reform of the system should be implemented or the system is likely to face abrupt bankruptcy. This impending scarcity of funds has been caused by a drop in the birth rate, meaning that less workers will be available in the future to pay for a larger number of beneficiaries. Also, a decline in real wages will mean lower incomes and therefore lower contributions to the system. Unless the system is altered, the extra funds needed to provide expected income to those retiring at the turn of the century will not be there. The present "pay as you go" system will simply not result in an accumulation of capital sufficient to meet expected future needs.

It is my feeling that a complete reassessment and investigation of the social security system must be conducted at the earliest possible time. I think that it should be reorganized to better reflect private trust funds and pension plans. Patterning the system after the private sector will provide more efficient and equitable management than now exists. It seems imperative that more actuarially sound principles be applied to the system. If we fail to follow this route we may not be able to provide adequate benefits to future beneficiaries.

Once again, I would like to express my appreciation to the Chairman for focusing attention on the problem of the aged in Tennessee.

Senator BROCK. I would appreciate it if my colleague, Harold Ford, would make whatever comments he wishes to make at this point. I appreciate your joining us today.

STATEMENT BY CONGRESSMAN HAROLD E. FORD, EIGHTH CONGRESSIONAL DISTRICT OF TENNESSEE

Congressman FORD. Thank you very much, Mr. Chairman.

Let me first say to my distinguished colleague and distinguished Senator from the State of Tennessee, Senator Brock, I sincerely appreciate your taking the time in bringing the Special Committee on Aging to appear here in Memphis, and let me thank all of the people who are participating today; and I, like Senator Brock indicated earlier, must say it is good to see so many people concerned about elderly problems, and those problems with regard to the elderly, and I am happy to participate with Senator Brock, and as a member of the House Select Committee on Aging, it is good to be here, and good to be among the people in Memphis.

Let me say I am happy to have a chance to be with you today. It is good to be back home and hear what you have to say about inflation impacting the ability of the elderly to make ends meet.

There is no question about the problems that elderly are facing right here in Memphis, problems of inflation eating away hard-earned dollars, problems of paying next month's doctor bills, next month's rent, next month's food, and let us not forget, next month's utility bills.

You people might be interested to know that I have cosponsored a bill in Congress to reduce the cost of utility bills for small residential users, especially for older Americans who are struggling to survive on a fixed income and just can't afford to keep paying higher costs for water and electricity.

As a member of the Select Committee on Aging in the House of Representatives, I am especially interested in the concerns of the elderly. This committee has just put out a report on health problems of the aged. We want to try to help people to stay in their own homes, where they have lived 10, 20, 50 years, without having to go into a nursing home.

I am going to continue to look out for your interests, and I am here to find out what needs to be done and how to do it right.

MANY PROGRAMS NOW IN OPERATION

My friends, we all know that more needs to be done. We've got programs operating now in Memphis to try to alleviate some of the problems of the elderly. Last month 127,000 people in Shelby County received food stamps.

Almost 28,000 people received aid from medicaid in Shelby County. Eight Memphis community agencies receive Federal assistance to purchase special buses and vans for elderly and handicapped people. I have seen the worthwhile programs sponsored by the Sen-

ior Citizens Services Agency and right here in the Lewis Center, these dedicated people are doing a first-rate job for Memphis.

We in Congress know that these programs do not solve all the problems of the elderly. That's why I've come back to the people, back to the Memphians who know what needs to be done. This committee is here to learn from you and to take this information back to Washington.

I appreciate this opportunity to participate in the hearings with Senator Brock. I know that what will be heard here today is the key to making good laws in Washington, laws that will benefit the elderly people of Memphis and across this great Nation. Thank you.

[Applause.]

Senator BROCK. Thank you very much.

We asked our scheduled witnesses to limit their oral statements to 5 minutes, so that the Congressman and I may have an opportunity to ask questions. If at all possible, and I do not know how long it will take, we would like very much to have some comments or questions from the floor at the end of the formal witness list. We will proceed as rapidly as we can, and try to accomplish as much as possible.

First, our most distinguished witness, Mr. Richard Block, chairman of the board of the Josephine K. Lewis Center for Senior Citizens.

He is one of the founders of the Senior Citizens Services, Inc., which is so important.

Mr. Block, we very much appreciate your being here, and we would be delighted in hearing your statement.

**STATEMENT OF RICHARD BLOCK, CHAIRMAN OF THE BOARD,
JOSEPHINE K. LEWIS CENTER FOR SENIOR CITIZENS, MEMPHIS,
TENN.**

Mr. BLOCK. Thank you very much, Mr. Chairman.

As chairman of the board of the Josephine K. Lewis Center for Senior Citizens, I am very pleased that we are able to sit down here and make these remarks:

I find I can stand up a little, and I speak a little, but I cannot do them at the same time.

As a member of this club, it is my privilege to welcome you here. I do wish to take this opportunity to thank Senator Brock and Representative Ford for being with us, and also the entire Special Committee on Aging.

They have evidenced their interest in old people. This is the second such conference held in Tennessee. There was one in Nashville about 3 or 4 weeks ago. That was a tremendous conference, and quite frankly, we accepted as a challenge, and I think we admit that challenge, as I look at the turnout we have here today, we have done very well, so we thank you very much for being here.

We have a statement from our former colleague and chairman of the Tennessee Commission on Aging, Dr. Bill Cole. He had expected to be with us, but unfortunately he is unable to do so, but he

sends his greetings, and his statement we offer as a part of the record.*

Our two mayors, and this is the first time I have been on the program with two mayors, they found it necessary to depart because of the duties of their office.

They also send their regards. They were with us earlier. I was going to take one dig at Sheriff Nixon, and since he is not here, I cannot do it, but I will tell you, I was going to say to him, when I introduced him here, and Mayor Chandler, that we will give the mayor priority, because we have deficit funding, and we do not receive county funding, but I was going to state to him that we would give him an opportunity to correct this. [Laughter.]

This about concludes the informal remarks I will make, other than to again emphasize how very grateful we are to you gentlemen and to your colleagues, who have our interests at heart, and very much appreciate your efforts on our behalf.

Senator BROCK. Thank you very much.

Mr. BLOCK. If I may, I will now continue with the prepared statement which I have, and which I will make as brief as possible.

Senator BROCK. Please continue.

Mr. BLOCK. Those of you who know me, including Senator Brock, with whom I have had conversations on the subject, will not be surprised at my urging of funding of title V of the Older American Act. This being the title under which multipurpose centers, such as this, will be subsidized if and when funds are obtained. Depending upon the size of such a center and the depth of program offered, the cost per member for the operation of a multipurpose center varies between 20 cents and 40 cents per person per day. Contrast this with \$17 a day for institutional care. Many of my friends, members of this center, would be institutionalized or in need of institutionalization were it not for Lewis Center. Consider, also, the many persons whose lives have been enriched and vitalized by the existence of such facilities.

SIZABLE NUMBER OF ELDERLY OVERLOOKED

A very sizable portion of our older citizens are in fact overlooked and inadvertently neglected in Federal programs enacted for the benefit of all senior citizens. I refer to those persons in an income bracket slightly above what is termed the "poverty level." In many instances, these persons being denied programs and benefits available to persons with a slightly lower income find themselves possessing lesser net income than the more indigent person. I realize it is far easier to indicate inequalities than to provide workable solutions. However, I would suggest that programs and/or benefits made available to indigent persons also be made available to the group to whom I refer, on a sliding or graduated scale.

We all regret the sad state of our social security system and are sympathetic toward the fiscal problems of this administration. Very little is known, other than what has appeared in the papers, of the administration's restructuring of the social security program. Al-

* See p. 2153.

though, it is stated that the increased social security tax will be only three-eighths of 1 percent, this amount when doubled becomes three-quarters of 1 percent with the inclusion of the employer's contribution. All employers must consider fringe benefits as part of his payroll expense. Also, if I properly understand these proposals, they are regressive in that the hospital and medical expense allowance is actually reduced to those persons who most need the protection of medicare and medicaid. [Applause.]

Senator Brock. Thank you very much, Mr. Block.

I have two or three questions. One is a comment rather than a question, I very much agree with your statement on the social security tax. I think the thing we fail to realize when we increase social security taxes is that this is directly inflationary. It raises the price of everything we buy, by just about the same amount of money. So we are robbing Peter to pay Paul, and losing in both ways. That is what bothers me about it.

CASH REVENUES FROM THE GOVERNMENT?

If we are going to deal with this problem of social security funding, what we should do is look at the items we loaded onto social security. Maybe they should be paid for out of the cash revenues of the Government, such as is done with medicaid, and some of the other areas that are not directly social security.

If we did that, I think the social security fund would be very strong, and that is exactly the obligation we have to all of the people in this country.

It is a fundamental obligation to be sure the social security fund is intact. I would like to see social security funded by those taxes which relate to retirement, and not burden social security with anything else that destroys its strength.

I also wonder if it is not time we took a look at medicaid and medicare, to see if they are doing an adequate job. Medicare last year only covered, I think, 38 percent of the actual health costs of the people over 65. That leaves a pretty high burden on those people who are in the very groups you are talking about—not quite low enough to qualify for medicaid, but not wealthy enough to carry their own medical burdens.

As you may know, I have introduced a bill which would, in effect, be an additional guarantee, that says if your medical expenses excludes 15 percent of your net taxable income, which includes social security, we would cover the remaining 85 percent of the expense. This would guarantee that you cannot be destroyed in this country by medical expense. I think we have the obligation to do something like that.

One thing I wanted to comment on is this local center. I am a fan of it, so I would hope that you do understand I am prejudiced, but I think this stands for more than economic security.

I think this demonstrates the fact that a sense of community and friendship are tremendously important to someone who is retired. I think that is equally true of the determination, if at all possible, to remain in your own home, or with your family.

I wonder, Mr. Block, if you would comment upon the development of the homemaker-home health program in this community, your own interest in it, and the prospect for enhancing it.

Mr. BLOCK. Senator Brock, I am not very familiar with this program at the present time. You referred to the years that I was with the Senior Citizens Services, and at that time I was, but I do know that this agency is doing a great job, and I admire the work that they are doing.

I think it is very constructive. Unfortunately, I believe I am correct in this, they are inhibited in that they could only work with persons below a certain income level.

Senator BROCK. Right; well, I hope we can get into that some time today. I would like to know just how we can make it more effective. I deeply believe that if there is some way in which we can help people stay with their families, or in their own home, rather than being put in an institution, that it is to our advantage, and I know it is to the advantage of the senior citizens.

Congressman Ford, do you have any questions?

Congressman FORD. No, I do not have any. I thank you very much, Mr. Block, for your very fine testimony.

Senator BROCK. Thank you very much, Mr. Block.

The statement of Dr. William E. Cole, chairman, Tennessee Commission on Aging, will be inserted into the record at this time.

[The statement of Dr. Cole follows:]

STATEMENT OF DR. WILLIAM E. COLE

The Tennessee Commission on Aging is pleased to cooperate with the Senate Special Committee on Aging in this second public hearing in Tennessee on the "Future Directions in Social Security." Since June of last year, members and staff of the commission have been involved in several public hearings conducted by members of both the State legislature and of Congress.

These hearings have brought to the public many of the problems faced by older persons attempting on the meager fixed incomes many of them have to lead an independent and useful life. Those individuals who presented testimony at the hearings—most of whom were describing their own situation—described vividly what may be one of the contributing causes of many elderly persons' inability to remain independent members of our society today.

The provision of basic services such as financial assistance, transportation, information on programs, and nutrition supplements can mean the difference between independence and institutionalization for many older persons. Because of public hearings such as this, the needs of the elderly are effectively communicated to those who are in a position to seek public financial support for additional services.

We are happy that Senator Brock and Representative Ford could meet here today to focus the attention of the Aging Committees of both the U.S. Senate and the House of Representatives as they describe the impact of the cost of living on older Tennesseans. As a result of the series of hearings conducted by the Committee on Aging of the Tennessee General Assembly, favorable legislation has been introduced on the State level to assist Tennessee's elderly citizens. The Commission on Aging hopes that this hearing will produce similar results with the Congress.

Senator BROCK. We will now hear from a panel of witnesses. Mr. L. O. Gillespie of Ripley; Mr. Leon Stevenson, of Memphis; and Mr. Null Adams, of Memphis.

If I may ask, gentlemen, will you make your statements short, and then we will try to ask questions as soon as all three of you finish with your testimony.

Mr. Gillespie, you may proceed first.

STATEMENT OF L. O. GILLESPIE, RIPLEY, TENN.

Mr. GILLESPIE. Senator Brock, Representative Ford, other Federal representatives, county and State officials, ladies and gentlemen, the first thing that I did after I consented to appear on this important program was to contact and talk with as many older people and organizations dealing with older people that time would allow me to interview or talk with. I felt that whatever I had to contribute to this program would be more effective if I could represent the reaction or feeling of other older people along with my thinking on "Future Directions in Social Security: Impact on High Cost of Living."

STANDARDS OF LIVING LOWERED

The older people that retired several years ago are affected more by the impact on the cost of living than those recently retired; however, if the cost of living continues to increase the present retirees will be in the same situation as those who retired earlier, within a few years, unless the formula for retirement is changed because the cost of living has been increasing faster than the incomes of many people, which means the standards of living have been lowered by many people.

There were people drawing other checks. Example: Widows drawing veteran's checks. When they received an increase for social security because of the cost of living, they were cut more on their veteran's checks than they received on their social security, which means as a total they received less than they did before they got the increase in social security.

There are other groups that do not qualify for social security and they receive SSI checks. One person, the head of household, receives a check for \$157, all the income that person has. He will have to pay \$33 for \$50 worth of food stamps. It seems to be going in the right direction but not far enough. It seems that a senior citizen in a low income bracket could get a better break.

There is a group of older people who contribute to a retirement fund matched by the State. After the retiree receives the amount paid into the fund, the other part received is taxable, which causes the retiree to be hit harder by the impact on the cost of living. Some have felt that this other part received should be untaxable.

Many of us feel that any person with good health, able to produce and has a will to produce, should have an opportunity to produce without being penalized. If penalized, many of us feel it should be beyond 65 years old at least. At 72 there is no limit to what a person can make without a penalty, which many of us feel is just opposite to what it could be to help the most people.

I have only tried to say that the high cost of living has caused many senior citizens to lower their standards of living by neglecting things that should be cared for or substituting inferior products or service.

Thank you.

Senator Brock. Thank you very much.

[Applause.]

Mr. GILLESPIE. Thank you.

Senator BROCK. Mr. Leon Stevenson is the assistant to the State director of the National Retired Teachers Association, and a member of the American Association of Retired Persons, and a member of the Mayor's Advisory Committee on Senior Citizens. Mr. Stevenson, I do appreciate your coming before us today.

STATEMENT OF LEON STEVENSON, MEMPHIS, TENN.

Mr. STEVENSON. Thank You, Senator Brock and Congressman Ford, and other distinguished people, and ladies and gentlemen.

I feel complimented to be asked to participate in this hearing, and would like to touch on some aspect of the housing situation in our area.

I am not an expert on the subject, but after serving 15 months on the board of commissioners of the Memphis Housing Authority, I have become aware of some problems which may be pertinent for this meeting.

The Memphis Housing Authority provides quality housing for approximately 2,500 elderly residents, of whom nearly 900 live in 3 highrises, designed specifically for the aged—95 percent of those living in the highrises live alone, and have limited contact with other individuals. The remainder of the elderly population resides in a number of other authority projects which house low-income families. The major concerns to be addressed place emphasis on those elderly residents living in the highrises for four reasons: (1) There is a high concentration of homogeneous individuals, who share similar concerns and problems; (2) there is a sense of isolation from established residential areas, which can offer different experiences; (3) the majority of these people are new tenants of public housing, and have had to establish new relationships with unfamiliar people; and (4) priority issues have been identified by elderly residents, and the social service staff that provides services to these residents.

ISSUES THAT NEED ATTENTION

It is felt that the following issues need immediate attention:

First, there is no adequate police protection. There has been a steady increase in the number of elderly persons who have been victims of crime against persons and property.

Issue No. 2, check-cashing policy. Many elderly residents have experienced difficulty in cashing their checks, especially those that do not hold an account with one of the local banks.

These residents, who live on a minimum fixed income, more often than not, choose only to cash their checks to pay their rent, buy their food stamps, and use the remainder of their money to pay personal items.

They neither possess a driver's license or credit card, for identification purposes, therefore, it would appear that more lenient check-cashing policies on the part of local banking institutions would be beneficial for the aged.

Issue No. 3, the food stamp program. The present food stamp program does not appear to benefit a single person who receives a minimum social security benefit, or supplemental security income.

At the present time, the single person family receiving minimal benefits must pay \$38 for \$50 worth of food stamps. This does not seem to be sufficient.

Issue No. 4, medicaid eligibility. Many elderly persons are declared ineligible for medicaid benefits because their income is slightly above the minimum; however, these persons spend much of their meager income on needed medical treatment and drugs. Perhaps the eligibility requirements need to be reconsidered for those individuals who need medical attention and maintenance drugs, and do not have any adequate finances to purchase them.

We have over 200 elderly people on the waiting list for units in our development. The average income from social security of our elderly is about \$157.50. Now it is not likely that any more public housing can be built in the foreseeable future; however, we have been allocated by the Housing and Community Development Act of 1974, under section VIII, an authorization to certify applicants for 294 units in existing housing, and they have been allotted \$553,000 for this rent subsidy program.

In public housing, residents are allowed a certain amount of energy consumption as a part of their rent, and gas and electricity used in excess of this amount is to be paid for.

UTILITY EXPENSES MOST REPRESSIVE

The increased cost of electricity in recent months has had an impact on these residents, as well as those in private housing. In fact, the amount of utility bills is becoming one of the most repressive expenses for everyone, especially the elderly with fixed incomes. [Applause.]

In many cases, it has thrown their budgets completely out of kilter.

In the matter of private housing for the elderly, there are some excellent accommodations in the form of highrise apartment buildings, sponsored by churches and charitable organizations.

There are some medium priced apartments available and owned by real estate firms, but the demand exceeds the supply. The type of housing which is in abundance supply is in the \$200 to \$300 a month price range, which is out of the financial reach of all but a very few of the elderly.

In Shelby County, the housing authority has a new development for the elderly, and possibly has another being built in the future, and Shelby County Hospital is one of the older facilities in the area, but it should probably be classified as a nursing home.

There are a number of nursing homes in the area which range from adequate to mediocre, depending on the facilities, and the price paid by the resident, or paid by someone for him.

I feel these are some of the more important and significant issues that face the elderly in the field of housing, Senator Brock. [Applause.]

Senator BROCK. Thank you very much.

Now we will hear from Null Adams, a longtime friend, who recently wrote a letter to the editor of a local newspaper in which

he addressed an issue that I have been concerned about ever since I have been in Congress.

I think the first bill I put into Congress, certainly one of the first, was a bill to prohibit the Federal Government from putting in an earnings ceiling on people over 65.

I just resent it deeply, I do not think the Federal Government has any right to tell somebody he cannot earn money.

I do not think there is any justification for it at all. You wrote a letter which I have seen which addressed this point, and I hope you will address that and any other matters of concern to you because I find it is something we need to do something about.

STATEMENT OF NULL ADAMS, MEMPHIS, TENN.

Mr. ADAMS. Thank you, Senator. Senator Brock, Congressman Ford, and friends who voted for me. [Applause.]

I had planned to read this letter, but since Senator Brock has already told you of the contents, I will skip over it, because I have so much to say, that 1½ hours would not be adequate time for me, instead of 5 minutes, but I will hold myself to 5 minutes.

This letter simply suggested that the age be lowered from 72 to 70 on the restrictions that limit earnings of persons drawing social security retirement benefits of \$230 a month, without losing all of the benefits.

My suggestion No. 2 in this letter, was the \$230 limitation on persons on social security retirement be removed altogether for persons past 65. [Applause.]

I talked to Congressman Mills, who was once chairman of the powerful Ways and Means Committee in the House, and which our friend, Harold Ford, is now a member, some years ago about this problem, and he said he did not want to work any hardships on the labor force by letting old folk hold down jobs that young people would be handling.

I don't find that to be true. [Applause.]

This letter was published on July 9, 1975, and since that time I have been in touch with hundreds and hundreds of senior citizens.

Maybe I ought to explain why, for the benefit of our visitors from both sides of the aisle of Congress, but you know, I ran for the city council last summer, and I was warmly supported by the senior citizens.

That gave me an opportunity to keep data on what they said, so if I was elected, I might try to remedy some of the problems they face, and in a nutshell, here is what I found: Many would like to see the limitations removed on the earnings as outlined in this letter just referred to. Most of them have a pension of some sort besides social security, and believe me, they need it.

I know from personal experience. They have to pay income tax on their pensions, they also have to pay income tax on additional earnings, and well, you say that would be very small, when in my particular case, I do not mind telling you, last year, my first year of retirement, I had to pay \$1,500 in income tax.

Well, they also have to pay 8½ percent on social security on all earnings outside of their retirement pay, except their pensions.

All of the senior citizens I know anything about have problems with inflation, as Senator Brock and Congressman Ford mentioned earlier; that has been covered pretty well, and much has been said about the cost of food, drugs, and clothing increases. I have heard very little about the skyrocketing costs of utilities until I came to this meeting today.

I did not believe the things I heard from my senior citizens about utility bills. I got real curious and went home and dug up my canceled checks to see what had really happened to me.

Five years ago, my annual utility bill was running \$25 to \$27 a month, and that was a year-round average. That bill in the last few months has been \$66 to \$58. I live in the same house. I do not have any new appliances.

UTILITIES INCREASE STEADILY

My bill runs completely steady the year around, because I heat with gas, and cool with electricity in the summer, and there is not a whole lot of variation, but we have jumped from \$25 to \$58 a month just on utilities.

I do not include the telephone bill, and it has gone up too.

I found everybody really upset about medicare, because it does not pay anything on medicine.

Now, I do not know whether Senator Brock and Congressman Ford know that older persons usually have to take a little of what they call maintenance medicine to keep their blood pressure down. [Applause.]

For instance, Congressman Ford and Senator Brock are too young to know anything about that, but if they live long enough, some day they will know what we are talking about. [Applause.]

Another thing I found very hard to believe; when I was campaigning for office, and, bless you, I do not think there is a person in this room who did not vote for me, was that the cost of this medicine people have to buy to stay alive and stay in good health, averaged out, from all of the people I talked to, at \$508 per year per family.

I thought this was outrageous, and those of you who told me those things were exaggerating a little bit, I thought, but I went home and checked my own medicine bills. For Mrs. Adams and myself, the average is just about right.

The prices of drugs are still rising. Now, personally, I have had two interesting experiences with medicare, and I am running a little longer than I want to, but I want to take one moment to tell you about them.

One is that I had three doctors who attended me during the year 1975, and they had to fill out medicare forms and mail them to me.

I filled out my part of it, and I mailed it to Nashville. I received a check back for 16 cents. [Laughter.]

Well, it costs the doctors 30 cents to mail those forms, and it cost me another dime to mail it on to Nashville, and I suppose the Federal Government franked it, and did not pay any postage to send the check back to me for 16 cents, so when I received the check, and I started to frame it, but then felt that this would

probably cause a national crisis, because it would throw the whole Federal bookkeeping system out of kilter, so I went on down to the bank and cashed it, all 16 cents, and I burned another 20 cents of gas to do it.

Congressman Ford and Senator Brock, I am not telling jokes here, I am telling you facts. [Applause.]

EXPERIENCES ENCOUNTERED WITH MEDICARE

The other experience I had with medicare is not funny by any means, but it is an interesting thing. Mrs. Adams had two checkups during the year, and we go every 6 months now, we used to go every 5 years, and then every year, you know what I am talking about.

She had two bills, and each one of those was for \$69, and were from the same doctor.

One was in April, and one was in October; so I waited until the end of the year. To save a lot of bookkeeping and postage on behalf of the Federal Government, I sent them all in at one time.

They processed one and dropped the other. Well, they processed this one, sent it back, and I saw immediately what had happened, and I sent off a letter to them, and sent along the canceled checks, one dated in April, one in October, and they straightened it out all right. They processed the other one. Because it was the same doctor, and some of the same examinations were on each application, they thought I just sent them a duplicate for their amusement, I reckon. They did not look at the dates.

I just want to say one word to Senator Brock and Congressman Ford, a word that will benefit them.

In my experience with the senior citizens this summer—believe me, I have had experiences with them, and they practically ran my campaign for me—but these older persons are better organized than any political machine it has been my pleasure to fight through the years, and that includes the Crump machine.

If you do not think they are organized, look at this crowd here today, and remember, there was just a little bitty newspaper article that showed this meeting was to be held. [Applause.]

These senior citizens do vote and work in elections like no other group I have ever known about, and I have known a lot about political groups in my time.

One day at a meeting—I do not know how many people are here today—but upstairs at a luncheon, there were 340 persons present. I personally went around and solicited their votes, and 335 of the 340 were registered to vote. Before the day was over, four of the other five were registered, because we had those forms where they fill them in and mail. These people have a way of knowing Members of Congress who try to do something for them, and you know by the people who are here today, that they are interested. They want to hear from you and get your suggestions. If they do not know how to evaluate these things, when election time comes, they will find out.

Believe me, they will find out. These are smart people, Senator, and I thank you.

Senator Brock. Thank you very much. I know the frustration that you feel, and the frustration that I feel. You know, sometimes you wonder where to start.

I had two hospital administrators from Chattanooga—my hometown—come to see me last week.

One was from Park Ridge, a private hospital. The other was from Memorial, a nonprofit Catholic hospital. They are fine places, fine facilities. Bill Furor, the administrator of Memorial Hospital, brought me his accountant's statement, showing that he had to increase his charge 17 percent per patient per day over last year.

He brought me a list of the increased expenditures, and this is the frustration. Virtually every increase on his list was an increase that was not coming from improved services. It was coming from things that were done by our Federal Government that forced up the cost of his operation.

He said:

You know, if somebody comes to us, just plain old and sick, and they are covered by an ordinary private insurance plan, we still have to fill out six forms for them, that is too many forms. But if you come in under medicare, we have to fill out 26 different forms for every person that comes into our hospital.

MONEY WASTED ON FORMS

Well, now, if we are going to spend all our money on forms, how will we put money into medical care, and that is the insane thing. I am so weary of trying to argue with these agencies that the money is supposed to go to the people. That is why I think, if you can be organized, and can get active, and if we can get people involved in this country, that is the only way we will straighten it out. It really is.

Mr. Adams. I know what you are talking about. I would like to tell you what almost happened to the Memphis Hospital.

For a long time, when I was on the paper, I served on the better relations committee between the medical profession and the journalists in trying to work out our mutual problems.

Also on the legal side of it with the lawyers, and at one point, not more than a year ago, one of the major hospitals in this town threw up its hands, and they said: "to hell with medicare, there are just too many forms and too many problems, and we are not going to take any more medicare patients."

I jumped to my feet, and I started shouting, and said they could not do anything like that, that they would wreck the town.

They could not, I do not suppose under the regulations or the law, but that was the frustration they felt about these 26 forms that Senator Brock mentioned, and those sort of things are serious, and I am glad we have people in Washington concerned about it, and coming down here and hearing our problems about it.

I do not want anybody to feel sorry for me. I want to take care of myself. As long as the Lord gives me health, I will eat regularly, and do all of the things I want to do, but I am concerned about all of the people I was associated with—the senior citizens group—this summer, and a lot of them have a lot more serious problems than I have.

Thank you.

Senator BROCK. Thank you, Null. We will have to move on fairly quickly, if we want everybody to speak.

I want to say one thing to Mr. Gillespie. He mentioned the problems that our teachers have in Tennessee, where they have a State match of their own private funds, and they get different tax treatment than you get under social security.

I would like to ask your help. I am cosponsoring a bill that would stop that. It is with Senator Fong, the Senator from Hawaii, S. 2402. If we could get some people in the other States aware of what is happening, aware of the discrimination against people who find themselves in that situation, maybe we could deal with it, because I think it is an important problem. I think a lot of people just do not understand the problems created by our current tax system. It is not right.

ELDERLY'S VOTES COULD CHANGE THINGS

If Null is right, if everybody 65 starts getting involved, we will change that educational system real quick, and we could do something about the problems.

Congressman Ford, do you have any questions?

Congressman FORD. I would just like to say to these three gentlemen that I certainly enjoyed hearing their testimony. I want you to know that every word was well taken, and I can say, Mr. Adams, you know even before entering into politics, I talked with you, and some of the things that you talked about, we had even discussed a few years back, when I first chaired a special committee in Nashville to investigate rates and practices of utility charges across the State. I think it is one that all of you ought to emphasize, and I think it is very clear, and it should be very clear to the Congress and other legislative bodies, I think at this point, if utility rates continue to rise, not only elderly people will not be able to afford them, the average person working will not be able to afford the cost of utilities. [Applause.]

You know, in talking with people on weekends, while I am home, I have met many people, and not just one or two, but their utility bill is more than their house notes per month. [Applause.]

I just do not see how elderly people on fixed incomes being able to afford it. Certainly you have a friend with Senator Brock and Harold Ford in the Congress of the United States. [Applause.]

Senator BROCK. I do have other questions of you. But if you do not mind, we will just have to drop you a note, and if you please, you can answer them later, so that we can get on to some of the other witnesses.

Thank you very much for your testimony.

Mr. ADAMS. Thank you.

Senator BROCK. Our next panel is made up of Erika K. Voss, M.D., director, Poor People's Health Center, Rossville, Tenn.; Mrs. Larn E. Bloodworth, Covington, Tenn.; Mrs. Mary Bell Reeves and Mrs. Evelyn Taylor, Memphis, Tenn.

I think we will start with Dr. Erika K. Voss, so if you will proceed, please.

STATEMENT OF ERIKA K. VOSS, M.D., DIRECTOR, POOR PEOPLE'S HEALTH CENTER, ROSSVILLE, TENN.

Dr. Voss. Thank you, Mr. Chairman.

The remarks which I am going to make reflect our experiences in the delivery of primary health care in a rural area of west Tennessee, about 30 miles east of Memphis. Of the total number of patients we have served thus far, about 30 percent are elderly. Their major problems being hypertension, diabetes mellitus, and arthritis. In the process of treating this age group, some of the problems they face in attempting to obtain adequate or even minimal health care have been repeatedly brought to our attention:

One: Lack of transportation.—Few elderly patients have private automobiles. Most of the elderly must hire rides to and from the health facility. This can add \$3 to \$5 to the doctor visit charge. Trips to Memphis can cost as much as \$10. Many of the elderly are completely isolated with not so much as a telephone to call for assistance. Roads during rains are often impassable due to mud and this adds to transportation problems in rural areas.

Two: Lack of health insurance.—Many of the elderly, and those who will soon be elderly, seem to have been misguided and are paying for insurance which is of little benefit. With many policies, weekly or monthly premiums are expensive relative to the benefits received. Those patients qualifying for and receiving Tennessee medicaid benefits appear to be in an excellent position with many health services and prescription drugs provided. Medicare recipients receive little assistance from part B because drugs for ambulatory patients must be purchased and there is a large deductible applying to physician visits. Indigent patients may have their physicians' fees reduced but then medicines must still be purchased. Patients not receiving medications or receiving medications in part remain in an ill state of health thus resulting in a wastage of overall medical services.

Three: Food is often as difficult to obtain as health services. Most of the elderly who live alone do not have an adequate, balanced diet. They often pay high prices because, of necessity, they must shop at convenience stores. They complain that they are unable to purchase food stamps which may be due to a lack of understanding as to how to use them. Some of the elderly must travel 25 to 30 miles or even more to the food stamp office. This can be an all-day project and cost an additional \$10 to hire a ride.

Four: Lack of adequate housing.—Lack of adequate housing with no indoor plumbing, running water and, in some cases, electricity, often exposes the elderly to colds and other respiratory infections for which treatment may not be affordable by some individuals.

SUGGESTIONS

One: Transportation.—Expansion of transportation services with a nominal fee would aid more than just the elderly in reaching needed health services. Improvement of the rural roads would help everyone with their transportation problems and may eliminate a perpetual obstacle to receiving health care.

Two: Lack of health insurance.—Expansion of medicare part B to include drugs for ambulatory patients may make it possible for more medicare recipients to comply with their treatment. Medicare and medicaid should subsidize preventive service such as provision of annual physical examinations and ordinary screening procedures, thus making it possible for all recipients to have at least one annual examination. It would be helpful if a physician or other health care provider could recommend individuals for additional assistance in specific cases where cost of an illness seems beyond the reach of an individual.

Three: Food.—Improvement of the transportation problem would improve food purchase problems. A mobile food wagon which accepts food stamps would help the elderly get better food and fresh produce. This could be a local project and at the same time employ local persons. Homemakers who could assist the elderly in preparing food could also participate in a local project utilizing welfare recipients who are able to work. Food stamps should be brought closer to the access of the recipients and provision of assistance in budgeting should be offered where possible.

Four: Housing.—Those individuals living in rented dwellings often live in unhealthy environments due to deterioration of the structures. There are frequent large spaces between floorboards and walls, making the occupants vulnerable to rat infestation and making it possible for cold air and insects to easily enter the dwellings. Assistance in making these homes a better shelter would contribute to better health for the elderly.

Five: Development of any program to assist the elderly should provide for the preservation of the feeling of integrity and independence which many rural elderly individuals currently possess.

Six: Home health nursing services provided through medicare should provide for drugs and monitoring by some individual, for example, clinical pharmacist, to ascertain adverse effects, optimum compliance, and so forth.

Cost to the patient having hypertension or diabetes mellitus for drugs, laboratory tests, and physicians is calculated on an annual basis as follows. Mild hypertension: drugs, \$40; laboratory tests, \$55; physician visits, \$50; total cost, \$145. Moderately severe hypertension: drugs, \$175; laboratory tests, \$110; physician visits, \$80; total cost, \$365. Mild diabetes: drugs, \$75; laboratory tests, \$95; physician visits, \$50; total cost, \$220. Moderately severe diabetes: drugs, \$285; laboratory tests, \$195; physician visits, \$80; total cost, \$560.

Cost does not include transportation expense, treatment of acute or concurrent chronic diseases (for example, hypertension and diabetes), or hospitalization if required.

Senator BROCK. I will go on with the other witnesses. Before we do, Dr. Voss, I would like to say I appreciate your coming, particularly with regard to the area that you testified to. I think that is one of the most neglected single areas in our whole program, and Senator Domenici and I have introduced legislation which would amend medicare part B so that it will provide for prevention, and for an annual physical examination for everyone covered by medicare. I think it will be cost effective.

I appreciate your coming very much.
 We are going to proceed to Mrs. Larn E. Bloodworth of Covington.

STATEMENT OF MRS. LARN E. BLOODWORTH, COVINGTON, TENN.

Mrs. BLOODWORTH. Senator Brock, Representative Ford, and friends. I am particularly interested in the prescription drugs that so many of our senior citizens need and still they are not too sick to be hospitalized.

It is true that the hospitals do pay a portion of that, but when they come home, they still have to continue this medicine, and I am speaking for myself and my husband. He was sick for the past 15 years before he was deceased, and in the last few years, I would say approximately 9 years that he was seriously ill, his drug bill each month was not any less than \$100.

Well, I was thankful, and we were fortunate, that we could pay it. We have other retirement besides our social security, and had we not had it, why, we would have been in a very bad situation. So I think that something really should be done about these prescriptions for these elderly people who are sick and in need.

It has not been too many days ago, that I happened to be in the drugstore. Two ladies were there, and one had to be helped, and she had come for her prescription, and as she turned, not knowing, we all know, we see how food and rent and things like that have gone up, while drugs have also gone up, and she turned, and said, "well, I will tell you, I do not know what I am going to do. I have spent most of my social security on this medicine." Then I hear them say, "well, I just want a half a prescription filled, because, with other things that I need, my food, I cannot get the full prescription." So the need is great.

I have done quite a bit of visiting among the sick senior citizens, and I have seen the places where they live, and it is enormous, it really is, and I think that speaking to you, Senator Brock and Representative Ford, you know, I am glad you could come to the people to find out the things that we really do need, and now I must say something about our senior citizen project in Covington, Tenn.

I think it is one of the greatest things for people of that age to go to, and I have seen the fellowship, and the different things that they do there. I want to speak for the food program, which is so nutritious, and I know they have to pay a certain amount, but it is not demanded. If they do not have it, they get one good meal there each day for 5 days. They also have the buses to pick them up on different days to bring them to the senior citizens center, and so I think that is one of the important things that they are doing in these urban cities. I also think, seeing this through myself, the cost of medicine, I think really that something should be done about the prescriptions. [Applause.]

Senator BROCK. Thank you very much.

I do not think that any of us can argue with anything you said. My own mother has a very extended heart problem. She has had

it for a very long time, and I just cannot believe what it costs for medication.

Mrs. BLOODWORTH. May I add about my husband's condition. He is deceased, but for years and years, he had emphysema, and you only got shots for that, 10 cubic centimeters in one bottle.

You get three bottles, that was \$9, and you were to use that at 2 cubic centimeters three times a day, and you know, one bottle did not last very long, and you add that all up, it really runs into money, and you would be surprised at the people that are having that disease today.

Senator BROCK. I know very well.

Ruby Proctor of Memphis could not come, but instead we have in her place Mary Bell Reeves. I gather you do not have a formal statement, Mrs. Reeves.

STATEMENT OF MARY BELL REEVES, MEMPHIS, TENN.

Mrs. REEVES. Thank you. Senator Brock and Congressman Ford, and the other members here, I am employed by the Senior Citizens Services.

I am a homemaker. The problems that I have found in the homes is one of the problems of loneliness. The most important problem I would say is lack of money for necessities, the rent, the people do not get enough money to pay their rent.

The utility bills are so high that the seniors are not able to pay. If they pay the utilities, they do not have money to buy food. The doctor bills are so high, they are not able to pay their doctor bills. Sometimes they have to go without medicine because they are not able to buy it.

Food, of course, that is high also, and income is not sufficient. They have such a limited income, it is not enough to buy food.

This is what I have found going into homes. [Applause.]

Senator BROCK. Thank you very much.

Mrs. REEVES. Thank you.

Senator BROCK. One of the very strong feelings I have is that if we can help people to stay in their own homes that they and we are better off, and I cannot help but believe that this homemakers service is just essential—that we are going to give people that opportunity. I do not know how else we can do it.

Mrs. Evelyn Taylor, a Memphis practical nurse. Give us your practical experience.

STATEMENT OF EVELYN TAYLOR, MEMPHIS, TENN.

Mrs. TAYLOR. Senator Brock and Congressman Ford, and all my friends, humbly, I am very grateful to have this opportunity.

Maybe I will use this turn to get something off of my chest. I speak from experience. I work as a volunteer with the senior citizens, I witness firsthand many problems of the low income, the sick, the withdrawn, the castouts.

My major concern is for the aged and the needy. I am proud of the progress that has been made to alleviate many of the problems, but there are still more problems to be solved.

My chief concern is for the old, the ill, the helpless, and many times those rejected by relatives, and forgotten by friends. [Applause.]

Many times I have had to take these folks in my home because they are broke, they are homeless, too ill to live alone, too poor to go to a nursing home, and not sick enough to be admitted to a hospital. [Applause.]

These people need supervision and someone who can make sure that they have a decent meal, supervise their medication, and that is important, and see that they live in a pleasant surrounding. [Applause.]

I feel that this need can only be met by the building of not more housing for the elderly, but more homes for the aged.

I am very proud of the progress that has been made in the field of housing for the elderly and hopefully, this program will always continue, but let us remember that housing for the elderly will not solve all of the problems of the low income and the elderly.

SHORTAGE OF FUNDS

We realize that there is a shortage of funds in some areas, but we feel that the problem of the lower income and the aged could be best solved if the available funds were divided among the services needed, such as maybe, and I say maybe, fewer nursing homes and more homes for the aged, and maybe, fewer housing for the elderly, and more homes for the aged that meet State standards.

So with the hardship of inflation, the rising health costs, may the powers that be take a long hard look at the problems of the low income and elderly.

Thank you very much. [Applause.]

Senator BROCK. Thank you. I wonder, Mrs. Taylor, if you would describe for me what you would consider to be the ideal home for the aged.

Mrs. TAYLOR. Well, Senator Brock, as you know, the home for the aged, some people get the home for the aged and housing for the elderly mixed up.

Senator BROCK. I know that. That is why I am trying to determine what you mean.

Mrs. TAYLOR. The home for the aged is the same structure as the nursing home. The only difference is the staff. I was told this in Nashville, when I applied for a license for a nursing home.

Senator BROCK. The staff?

Mrs. TAYLOR. The staff. For a nursing home, as many of you know, you must have doctors and licensed R.N.'s, but in that same building, the home for the aged, you do not have to have an R.N.

Of course, a doctor must be available. Does that answer your question?

Senator BROCK. Yes. You are saying something that I very much agree with, and I just wanted to be sure everybody understood.

The best description I heard was made by a friend of mine from Nashville, who has written a series of articles, and won a Pulitzer prize on those articles. The man is Nat Caldwell. He has written

for the *Nashville Tennessean* on nursing homes, and he and I had a long talk about the difference between a nursing home and a home for the aged. He said: "You know, Bill, I think in Government, you tend to think too much about mechanical statistics and criteria, like the ratio of registered nurses or doctors to numbers of patients."

He said there is something you cannot put in a bill. It is called love. If you do not have that, you do not have anything. [Applause.]

BEST PRESCRIPTION IS LOVE

Mrs. TAYLOR. Senator Brock, I feel that is one prescription that is needed. I spent many years in the nursing profession, and there was one prescription I found was necessary was the TLC, tender loving care. [Applause.]

Senator BROCK. It is a prescription that is most important.

We have had a pretty widespread panel discussion. We had Dr. Voss talk about the problems that really apply more in rural areas, and, of course, Covington fits that description, too. But it seems to me that one of the things we have paid the least attention to, that Dr. Voss made some reference to, and that I very much agree with, in this medical area, is the problem of prevention, and how do we get more adequate treatment before things become critical, before we get to the acute stage.

I just think it makes so much sense in terms of saving money, as well as helping people, but would it be feasible, would it not be helpful, if we had an annual physical covered by medicare, for example?

Are there other ways that we could improve our outreach program? I would like a comment, both from the rural as well as urban perspective, in this particular area of health care and health prevention.

Anyone want to take it to start?

Dr. Voss. Well, I am very much interested in health education, and I find that probably the elderly are the most interested in health education. Although we talk a lot about it, most people, when you get down to it, are not too interested in health education.

I think the elderly are more concerned about their physical condition because they have to be, and I think that outreach programs, which include screening, and maybe some knowledge about the problems that can be faced, and the problems that can be prevented, when we get older, would be something that would be very worthwhile. Unfortunately, medicare and medicaid do not provide any reimbursement for educational programs or for health education. Therefore, this aspect of health care is often ignored, and that is unfortunate.

Senator BROCK. That is also true, is it not, of nutrition? I think you would almost have to include that among your educational needs.

NUTRITION EDUCATION IS BIG PROBLEM

Dr. Voss. I think nutrition is one of the big problems. I think a lot of people suffer from obesity, and I think that is a nutritional problem, which becomes very complex. It is tied up with eating

habits, how you shop, what you have money for. It gets you into budgeting, and it has all sorts of ramifications, of how to use the money, how you shop, but I think food is certainly a big problem for older people, especially rural areas.

Mrs. BLOODWORTH. I think this is one of the things that senior citizens in Covington do need to address themselves to, because we have some of these people that bring the food in by truck, and it is brought in a container, and it will stay hot for 4 hours, and it is very nutritious. Because so many people come there, I do not say so many, several, that they get there, and there were two ladies that came out, and they explained that, and how they made up the menus, and they gave the senior citizens an idea of it, and we have some that are elderly, and they explained all of that.

In fact, they showed a film, so I think that is one of your health educational items that they are trying to tell you as to what you should eat.

Senator BROCK. In Covington, it is all brought to the center?

Mrs. BLOODWORTH. Yes, it is brought to the center.

Senator BROCK. Do you have any meals-on-wheels program, or anything like that, for delivering to the home?

Mrs. BLOODWORTH. No, we do not have that.

I beg your pardon, we do, because so many that come there, then if there is some left over, they can carry a tray home with them for the evening meal.

Senator BROCK. But that would not be a regular program to take meals to those that are bedridden.

Mrs. BLOODWORTH. No; a lot of younger citizens that come, maybe the parents, or whoever it might be in the home, come and get the meals for them, and take them home to them, but as far as delivering to the homes, they have not gotten to that yet.

They have done an awful lot in Covington, and possibly some day, we have not been at it very long, but really, there is some progress being made.

Senator BROCK. I think you have come a long way. It is particularly hard in the rural areas. Because you have such distances, you begin to get into an expense problem there that is awesome.

LONELINESS AND HEALTH RELATED

Just one last point, Mary Bell Reeves mentioned the fact that the biggest problem she saw in their home visits was loneliness, and then health. I don't know whether you want to comment on this or not, but I think these two are related to each other.

I think if you are lonely, you tend to get sick.

Mrs. BLOODWORTH. That is what the senior citizens project is doing, and I only speak for myself, and I lost my husband last September, and I had a dear friend that called me up, and said, "Why don't you come over there, we have fellowship, we have singing." I am a musician, and since I have gone to the center, why, everyone there, they love to sing, and we gather around the piano, and you would be surprised how happy everybody is, it is just togetherness there and fellowship.

I invite you to come some time, Senator, to see.

Senator BROCK. I would be glad to. That is what is great about the center.

Thank you all very much. I guess we will have to move along to the next panel.

Our next panel is made up of Elizabeth Leach, W. E. Crawford, and Lucille Waller, all from Memphis.

Mr. TURNER. I am Rex C. Turner of Savannah, Tenn., and may I be heard for 1 minute, with reference to the panel that has just concluded, before you start a new subject?

Senator BROCK. All right, Mr. Turner, proceed.

STATEMENT OF REX C. TURNER, SAVANNAH, TENN.

Mr. TURNER. I understand you are a little late now, and I would not even take the trouble to get a microphone to talk to you, because having been a schoolteacher for 50 years, and a principal 40 of that, I think I can talk loud enough to be heard.

I listened carefully to the talk about medicare.

Well, a few years ago, it was \$54 that we had to put in it, and then it went up to \$82, or \$84; and then to \$90, and now it is \$104 that we have to put into it. You know what, I have health insurance men sell me three supplementary medicare policies, so I think I will be able to take care of myself, if and when that time comes.

Now, finally, we find ourselves, the aging, a minority group. We are in a minority group in the way some kind of people think about us. We are not a minority group in numbers. We are not a minority group in spirit and attitude, and when I think of spirit and attitude, I think of a little verse of seven lines, of a sportswriter for the Nashville Tennessean, I cut it out in 1923.

I dated myself, didn't I?

Anyhow, you all know of the last of the ninth inning of a baseball game, we as senior citizens are in the last of the ninth.

This man was in World War I. He came back with lung trouble—he had been gassed—he was in the hospital in Boston. His name was Kirk, he was dying, and he asked the nurse to bring him a pencil and paper. I want to write before I die, and this is what he wrote, and this is what I think describes us. The last of the ninth, as you know, usually ends the baseball game.

The doctor knows what he is trying to see,
Says it is the last of the ninth for me.
One more swing while the clouds went dark,
And I must leave this noisy park.
It was a glorious game from the opening bell.
The speed of it burned my life away,
Yet I thank great God that he let me play.

[Applause.]

Senator BROCK. Thank you very much.

I expect to get a message to Null Adams saying, "Don't let him come to Memphis to run for office." [Laughter.]

You know, that reminds me of something I should have said to you earlier, but I hope you in the audience get this form and use it in giving your comments to the committee. You can fill it out either before you leave, or you can fill it out after. It says "If

there had been time for everyone to speak at the hearing in Memphis, I would have said." Then there is a whole blank sheet there.

If you want to fill it out, and give it to me today, I would appreciate it. If you cannot do it today, send it to me. The address is there on the form. We will keep the hearing record open for 30 days. If anybody here, or any of your friends want to make any comment on the problems that you have, or that you think we should do something about, or any suggestions, send it to me, and we will put it in the committee record. We would very much appreciate it.

The panel we now have will deal with employment, and that is a matter that is of great interest to me. I appreciate your all being here. We will run right down the panel.

Mrs. Leach, if you will start off.

STATEMENT OF ELIZABETH LEACH, MEMPHIS, TENN.

Mrs. LEACH: Good morning, Senator Brock, ladies, and gentlemen.

My name is Elizabeth Leach and I am from Memphis. I am currently employed as a senior aide by Senior Citizens Services. The senior aides program is administered through the National Council of Senior Citizens and is a part of the senior community service employment programs funded by the U.S. Department of Labor.

Since August 1, I have been assigned to work in the legal services for senior citizens office. This program is a part of the Memphis and Shelby County Legal Services Association.

In the last 6 months I have worked in the legal services office. I have seen many senior citizens with problems which could only be solved by help from persons with legal training. Senior citizens are constantly being exploited and taken advantage of. I would like to give you two examples of how I helped senior citizens regain money that they deserved.

Mrs. X was 68 years old and living on a low, fixed income. Early in her life she had been adopted. Mrs. X's mother was left an inheritance by an uncle in Canada. Unfortunately, Mrs. X's mother had died. Mrs. X was the rightful heir to this money, but could not prove it because she had no legal proof of her adoption. She came to our office for help. A letter on her behalf was written to the executor of the estate. Several months passed and nothing had happened. I talked to her on the phone one day and asked her to return to our office to see what could be done for her. She said this was "God's will" and she was giving up on ever getting her money. I finally convinced her to come in.

LEGAL SERVICES FOR SENIOR CITIZENS

She came in and one of our attorneys worked with her and was successful in obtaining her money for her. Eventually she got \$11,755 from the estate. Without "legal services for senior citizens" Mrs. X would never have gotten her money.

Mrs. Y came into our office needing help on her unemployment compensation claim. She was 69 years old.

She was denied unemployment because of her age and because she was receiving social security. The employment security office felt

because Mrs. Y was 69 there was no hope for her finding a job. Obviously, that office is not aware of the contributions older workers are making to society.

One of the attorneys in our office filed an appeal on behalf of Mrs. Y. Mrs. Y not only collected \$2,400 in back benefits, but also received approval for an additional 18 months of unemployment benefits.

Again this was another case where a senior citizen had suffered actual dollar loss. Mrs. Y was deserving of a Government benefit but was told she could not receive the benefit because of her age.

The low-income elderly person has a great need for legal services to be made available to him or her. The two cases I have related to you are two cases in many that the legal services office has helped to recover dollar losses. Both of these ladies lived on a low, fixed income and needed the money.

I would like to leave you with one statistic: I conducted a telephone survey for the legal services office. I talked to all of the former clients. 79 percent of all the people that had been helped by the legal services office told me they would have given into circumstances or not have sought help elsewhere if our office had not helped them—in other words the “legal services for senior citizens” office was their only source of hope and help.

Just think of the amount of money senior citizens are losing because of not knowing what to do or where to go.

Thank you for your time.

Senator BROCK. Thank you very much. One of the things I hope this hearing will accomplish today is to let people know what is available. There are an awful lot of people in this community, and all across Tennessee that do not have an idea of the existence of these various services and programs.

I have six offices in the State of Tennessee. I have 14 people who work here, and their primary function is to handle personal problems like that. Because we are not legal people, we have to refer you to that sort of thing. But so many people do not even know that they can call my office, and find somebody who understands the problem, knows where to go to get the answer, whether it is social security or veterans benefits. I hope this kind of thing will help people understand that there are places where we can be of help, and we would like to very much.

I appreciate your statement.

We will now hear from Mr. W. E. Crawford of Memphis.

STATEMENT OF W. E. CRAWFORD, MEMPHIS, TENN.

Mr. CRAWFORD. I am W. E. Crawford, president of the Gertrude Williams Senior Citizen's Club, a CETA employee, working with the area agency on aging.

My job is to help reach more people and increase the number of senior citizens clubs.

At this point, I would like to agree with Mrs. Leach; because of age, and no information, many seniors are denied services needed. An example—pardon the personal reference, since I was part of it—these are the facts:

Wednesday morning, February 12, 1976, approximately 8:05 a.m., I had a call from a staff person at the nursing home where my father-in-law was convalescing. I was told that he had a slight stroke. The staff person was told to send him to Baptist Hospital. I would be there soon.

I arrived at approximately 8:40 a.m. and found out that he did not have a stroke.

After waiting for a report from the doctors, about noon, I was told that he had a blood clot in the leg and lung. They immediately began to give him oxygen, and said he would be admitted, about 12:25 p.m. I was told that the staff had decided to send him back to the home.

Without their knowledge, I could hear them speak about his age, such as—someone 87 years old was just too old to bother about.

At this point I became disturbed, and told the doctors and nurses present that I was to appear before this committee, and this would be a part of my testimony.

I was told to wait before taking him to the home, and about 5 minutes later it was stated that he would be admitted. At 4 p.m., he was assigned a room. I am thankful to God that everybody doesn't feel this way.

I feel that senior citizen's clubs are doing a good job, when it comes to Outreach. They bring many people together, with their programs, such as craft, recreation, and information. One should see the job expressed in seniors on their club meeting dates, or other activities. The sick and shut-in have been visited along with many other valuable services.

I am a barber by trade, and in my visits to the nursing homes, I found men there needing haircuts, shaves, et cetera. Some offered to pay what they could, many didn't have anything to offer. To keep them from being unequal, by not being able to pay, I cut their hair free of charge.

All of us may never be able to do a great or outstanding work, by the standards of our time, but if we do what we can for each other, this will be a better world to live in for all Americans.

Senator BROCK. Thank you very much.

We will now hear from Mrs. Lucille Waller of Memphis.

STATEMENT OF LUCILLE WALLER, MEMPHIS, TENN.

Mrs. WALLER. Ladies and gentlemen, and those of you interested in the problems of the aging, I want to tell you about a case in point of aging. This man received a notice from the insurance company to have a physical before his car insurance could be renewed, I suppose, because he is past 70. He got the physical, the doctor mailed it to the insurance company, and 2 weeks later he received this notice that his car insurance was being canceled after March 3. The medical reports showed that he has a cataract on his left eye. The insurance premium was \$169 last year. If he has insurance this year it will cost \$220. That makes for a \$61 aging problem.

I am an employment counselor here at Lewis Center and all of the people that we deal with are either retired on social security, or

they are below the poverty level in income, which means they need a job to supplement their income.

One of my applicants that registered for a job needed to have her house painted. Two days later I had found a live-in job for her at \$20 a day. She called the center asking for us to send out two or three painters to make bids for the job. Some retired man from the employment register will paint her house. I would like to say that the worst difficulty is the burden of "limited income" that the senior citizen can earn if he is drawing social security benefits. We have more than 700 people who have registered with us, seeking employment to supplement their social security checks. By the way, may I add, that we found jobs for between 400 and 500 people in the past 10 months that I have been here.

They accept a job and have to quit before the year is up, or return half of their earnings. This causes dissatisfaction with the employer and works a hardship on the elderly.

I recommend removing the limits of what a senior citizen can earn and it will create a more stable and secure position for the elderly, and I do not think that the kind of jobs the elderly will accept can detract anything from the labor market, because they are not trying to build a career. [Applause.]

Face it, retirement is fine for those who wish to retire, but for a person that needs to work and is able to still do a good job, to lose that job solely because he or she is too old is nothing less than an outrage.

Thank you.

Senator BROCK. I could not agree more.

I think, for some reason, too many people have the attitude that social security and SSI are all that are necessary for a person when he gets to be 65, and that is ridiculous. It is not so.

If someone wants to work, I would think it is the height of something or other for this Government of ours to say you cannot work. I do not think we have a right to do that. [Applause.]

I was interested in the example that was listed by Mrs. Leach, I think it was an example of the 69-year-old person who was denied employment because of her age and because she was receiving social security. The employment office felt because she was 69 there was no hope of her finding a job.

All they are saying, in effect, is that we do not think anybody 69 years old should work. That is what they really were saying.

"SHE REALLY NEEDS TO WORK"

Mrs. LEACH. And she really needs to work.

Senator BROCK. Even whether she needs to or not, he or she has a right to work whenever he or she wants to. [Applause.]

Well, we started off on this topic, and we are finishing off with the same topic.

One of the points that is hardest to explain, both to me, and from me to you, is why we have not changed that. Just so you understand the argument that I get, I have had a bill in to try to do this for 10 years, every year I put it in, and we have made some progress, we have raised the earnings ceiling some.

When I first started, it was either \$1,400 or \$1,600, and now it is around \$2,500, but the argument is made that this will cost the social security system money and we cannot afford it. You know, I do not accept that argument. I think we gain money because people are productive again, and to me, we need people working in this country. We have too few people working now, that is one of our problems. That is one of the reasons we have inflation, but maybe we are going to have to do it in stages.

Mr. Adams suggested that this year we reduce it from 72 to 71, and next year to 70, and each year until we get to 65.

I would hope it does not take that long, but I think maybe enough people are becoming aware of the problem, and enough people in the senior citizens groups across this country are getting active, to where the Congress will act.

I know we will bring it up this year again, and I am going to try on my committee to get it adopted. Hopefully if other groups like this across the country are expressing their concern to their Congressmen and Senators, we will have enough support to do something.

I might point out one other thing too. I have five different bills that relate to employment of people who retire, older Americans. I think the most fundamental is that limitation. There is another one, though, that I think would be helpful, that relates again to Mrs. Leach's example. That is a bill that prevents, or would prohibit, employment discrimination on the basis of age.

As far as I am concerned, if you are capable of holding a job, it does not matter how old you are, you ought to be able to hold it. I do not see how, under the Constitution, somebody can automatically say you cannot have a job because you happen to be 67 years old. Maybe I should ask Mrs. Waller, in your experience, if you have run into that problem with your placing of people?

At least from what I have heard, it is a problem, and maybe you can expand on it.

Mrs. WALLER. Yes, we do run into those problems. They seem to think you are dead after you are 40. [Applause.]

Senator BROCK. Now you are really getting close to home. [Laughter.]

The closer I get, the more concerned I am. [Applause.]

Thank you all very much. I appreciate your comments and your statements.

I did have one other question I want to ask you if I could hold you just for a second longer.

Mrs. Leach, you were talking about the legal services program that is available, and I gather you are in sort of a paralegal situation?

Mrs. LEACH. Yes, we screen and interview people.

Senator BROCK. Tell me, if you will, what kinds of cases you have.

Mrs. LEACH. Social security problems, they need more money, people do not have enough money, and they just need more money to exist on really.

Senator BROCK. And the social security payment has been unfairly calculated, or it did not take income into account?

Mrs. LEACH. Sometimes they get lost, and sometimes the client does not have enough time, enough hours to cover them, and they are turned down, and they have to wait a long time without any kind of a fund.

Senator BROCK. I think when I was first elected to the Congress from Chattanooga, a lady came to me, and she had gone to Estes Kefauver in 1952, and he tried to help her. She had been to her Congressman, James Fraser, in the early 1950's. I tried to help. She had been working for 10 years to get her claim for social security in, and for 10 years she had not been given an answer, and I could not believe it.

When we finally were able to get some attention for her, we had to kick a few shins. The problem was not in the Chattanooga Social Security Office, it was in the central office in Baltimore, and we finally identified it, and got it solved. She got a check, and I have forgotten what it was, it was an enormous amount of money, thousands and thousands of dollars. But the thing I could not understand was how you can possibly delay a decision for 10 years.

You know, people deserve better than that. You have to have some answer. Even if it is a "no" answer, at least you know where you stand. Thank goodness we have your office, and hopefully mine, and we do provide some kind of services.

What else have you got besides social security? Do you have problems in the medicare area?

PROBLEMS WITH DISABILITY

Mrs. LEACH. The people with disability, they have trouble getting it, sometimes they do not accept their qualifications on behalf of disability, and they have to have further proof.

Senator BROCK. Anyway, at least in the experience we have had in our offices, proof is the hardest thing to come up with, because different Social Security offices establish different criteria for what constitutes proof.

All right; Mr. Crawford, I just want to ask you one other question. Was the age factor the only reason for denying the hospital admission to which you referred, or was there any other?

Mr. CRAWFORD. As far as I was concerned, the age factor was the only factor involved.

Senator BROCK. That is all you heard?

Mr. CRAWFORD. Yes.

Senator BROCK. I think that is incredible.

Thank you very much; I appreciate it.

Let us change our approach a little bit. We have more witnesses. But before we go to that, I would like to ask you, if you want to take about 10 or 15 minutes, if anybody in the audience wants to make a statement, or ask a question.

Yes, mam?

STATEMENT OF MRS. WILLIAM C. KIRKES, MEMPHIS, TENN.

Mrs. KIRKES. I wanted to say something that has not been brought us. My husband had to retire at the end of last year and we

have spent the entire year on social security which was not very much, and he worked for a company that was supposed to have a good retirement. Everyone thinks we are rich, which was not so. It was stocks and at the end of the year, when he retired, it went down and it was nothing—was worth nothing. We have tried to get a VA pension which he is eligible for. They have turned him down. They told him he was eligible for it. He was totally eligible and continually his examination and everything showed that; but they turned him down because he had too much income. We have social security of \$339.60 a month, and that is tops for us. I cannot get one penny for myself because I'm only 56 years old and I am disabled to work, to stand on my feet all day, I cannot do it. I have arthritis, and that's what I am saying, there's a lot of people that are not 65 that are in our same situation, that you all have not come up with today.

I think that the social security is entirely too low. You may not agree with it, but when you get our age you will find out.

A couple should be getting \$750 a month to live on, because a lot of people do not have income other than that little bit of social security. My husband worked for Sears, Roebuck and they have taken everything out that they gave him. They gave him a raise and they would take it back. One year he worked for them and I figured out the income tax, and he got a raise that year, more than he did the year before, and when the year was over he made less money than he did the year before, and I couldn't figure it out.

Senator BROCK. I would like to say something else. Sears, Roebuck is known to have the best insurance in Memphis.

Mrs. KIRKES. That is true, but when you retire they say your medicine bill and your doctor bill has got to come up to over \$200 apiece, and then we pay 80 percent of it; so my medicine bill has to be \$200 a year. My husband's has to be \$200, that's \$400 for both of us, and then they will start to paying, so they're not helping us a bit and they are charging us over \$400 a year for that insurance.

We can't go to another insurance company because we've got disabilities that no other company will take us, so we are stuck with Sears until we die, and still, we are not going to get anything from them unless we go into the hospital. You see, that's the things I'd like for you all to start working on.

STATEMENT OF JOSIE E. LANE, MEMPHIS, TENN.

Mrs. LANE. I work with the Klondike Seniors and various other clubs. I am a churchworker and I work with older people and people that are ill, and I do a lot of volunteer work. I love volunteer work. Of course, I am ill myself, but whenever I feel like it I am always someplace doing something for somebody. I was mightily glad to hear of this utility bill being discussed because I have been very upset over mine.

My utility bill was \$37. I live alone and I don't have too many different things that will pull electricity. Poor people usually don't; but they make us pay as much money and sometimes more than they do those people and I am very much displeased over that. My light bill and gas and water was \$37.

Well, I knew that it was impossible for me being alone to use that much, because I don't have the facilities for that, and I went up to see them, because I am a person like that. I went up and talked to somebody about it and I was very impressive about it because it really disturbed me, so they cut \$6 off my bill, but they did not tell me what caused it to go up like that. They just cut it and I thanked them and I went on and paid what they told me. Everybody all over Memphis was very distressed about the utilities.

I have a friend that lives out in the, well lower income, way out; and her bill, I heard somebody say that really—I know Mr. Somebody, that I know is not poverty stricken—said his bill was \$60. Well, her bill is \$85 and \$90. She doesn't have the facilities to use that type of electricity and we are very much disturbed about electricity and I hope somebody will do something about it.

I want to say just this one thing about the food stamps. We get stamps and they say work, go to work. I know a mother that took a little motherless granddaughter in and they told her to, you know, if she could find some work, to do it, so she found some work in a private home. She finally was paying \$10 for her stamps. They found out that she had worked 4 days in this private home and they cut and made her pay \$70 instead of \$10, and that's what she's paying.

STATEMENT OF ABBIE J. ROULE, MEMPHIS, TENN.

Mrs. ROULE. My most concern, I pay medicare and I paid over \$100 last year for my medicine and my doctor bill, not the medicine, but for the doctor bill and they haven't paid one penny of that money. And my doctor—every time I go to him—it's \$24, \$9, and sometimes I go twice a week for the complaint that I have. I have medicine that I have to take the balance of my life, three or four medicines and they went up from \$30 to \$43.44. That's what I had to pay this past month for medicine, and I can't even, Mr. Brock—and to the other people who are intelligent—I am a widow woman and I'm living off of a fixed salary. I don't know what they take out for medicare from the social security.

My social security check is as low as it can be and I worked on social security from the time it began until I retired in 1962. I worked on social security, but I'm not getting that kind of money back.

Now my utility bill have went from \$21 to \$47.83 the last month and now, I'm down here today, there's no heat on at my house.

There's nobody at my house hardly, I go away from home every day. I go over to the center and eat lunch every day and the lights—and there's no one at my house.

You understand, sometimes it's 5 when I quit, I want to know—and they said that if you don't burn it, they charged you with it; they didn't talk to me like they did to the other lady. I had it to pay and I would like Mr. Ford and two more men to have to straighten them out some years ago about running this up.

Now they read my meter on the 11th of the month and on the 28th they look for their money, and I can't pay it; I have to pay late

charges. I get my money after the 1st, understand, and I would like for you all, if there is anything that can be done, to do something about it.

STATEMENT OF ODELL DOTSON, MEMPHIS, TENN.

Mr. Dorson. First, I would like to make my comment to Lewis Center for opening the doors for senior citizens day. We have a great opportunity today. I am the chairman of the citywide community council and I have to work with all the people in the city of Memphis on crimes and also social security and also a better place to live in the city of Memphis, and so, I have a whole lot to do. We are working also, I am the president of the Odell Dotson Senior Citizen Club, and they named the club after me and I certainly appreciate that. I have done many things in the city of Memphis besides help in humanity and a better place for all people, and I certainly wish you all would do something about the light and gas. Also, the lady spoke about employment and spoke about the people walking around on the streets and can't get around and not able to get, not even getting, enough money to live on.

I want to bring you one the brother talked about awhile ago. The doctor sent my wife a bill for \$85 while she was put to sleep in the hospital and I was working for a firm that was supposed to have paid this bill and didn't pay it. Now, they want to take my wife and probably, maybe, put her in jail to work this time out. I don't think that is fair.

I spent over 32 years under the civil security and therefore I certainly will want you to do something about the situation in the city of Memphis. I have walked in thy steps. Another thing I want to say is this—let me say this: I have lost my blood right here in the city of Memphis for human beings and human rights. I've walked; I marched on Washington in 1963 where I was jammed in Lincoln Memorial and liked to almost took my breath, but the Lord was with me and there I happened to look down and there was a man in a rolling wheelchair standing there for his human rights in 1963.

And I marched with Dr. Martin Luther King through Jackson, Miss., for human rights. I lost my blood right here in the city of Memphis, but I didn't lose my life. I thank God he left me here for some reason. God bless you and thank you very much.

STATEMENT OF BYRON HUNTER, MEMPHIS, TENN.

Mr. HUNTER. I am a World War I veteran, charter member of the American Legion of the State of Washington, charter member of the World War I in California, past commander of the Veteran's Post here, past president the Peabody Center had, past president of the Jefferson Square Center.

What I want to do is to thank Congress for taking up pensions for us. We know that they have to have the money up there for them to send overseas, so if anything can be done that they need more money—of course, they say they haven't got, but they send millions overseas. I still want to thank them for cutting up my insurance. They cut me from \$80 in a year down to \$22.

If they need the money worse than I do, God bless them.

STATEMENT OF LILLIE M. PHILLIPS, MEMPHIS, TENN.

Mrs. PHILLIPS. I am a volunteer working for Hardin Garden Senior Citizens Club, and I would like to ask you why some senior citizens don't get but \$62.90 social security.

Senator BROCK. OK, then if they don't get but \$62.90 for social security aren't they entitled to SSI.

Mrs. PHILLIPS. They are?

Senator Brock, in the county we need aid for the senior citizens. Out in the rural, I am the only volunteer worker out there and would you try to help us get some more people concerned about the aged in the rural. Thank you

STATEMENT OF BEULAH ROSS, MEMPHIS, TENN.

Ms. Ross. Senator Brock, and to the staff, I was at Lovell at the time I retired 4 years ago, and I wasn't able to get my compensation. They said I had to accept a job to get my compensation. I am 69 years old and when I retired I didn't think I quit. I quit because I was up to age 65 and they wrote me a separation blank.

They said I had to work, accept a job when I hadn't left a job. I did not get it, and I haven't gotten it, and I wish you would look into it. I was working for the house cleaning. The housecleaners took over. The Union Planters Bank, I worked there 15 years, and I worked for them 3 years—the housecleaners—and I was unable to get not 1 penny for my compensation.

I was 65 when I retired and I am now 69. My utility bill is \$38; of course, I won't bring all that up. I do appreciate it. Thank you for the information you all have given us. I would like for you all to help me to try to get my money.

STATEMENT OF MRS. FRANKIE B. JOHNSON, MEMPHIS, TENN.

Mrs. JOHNSON. I worked a long time for the Volunteer Construction Co. and they went out of business, and after they had gone out of business, I got a job in a private home of Mrs. Glennis Smith.

During that time Martin Luther King was marching so I asked her to let me go downtown and let me off that day. She said, you can be off today. So, I went on downtown and got in the march and the next day when I came back she told me: "You were down there in that march and if you were in that march, I'll never let you work in my house no more." She said: "Now go down to the employment office and you'll never get another job down there." So, she fired me, and she didn't pay me, and I never have been able to get another job at the employment office at 1295 Poplar, in Memphis.

Since then, I bought me a lawnmower and I went around and cut hedges and cut yards.

I was buying a house, therefore, I didn't . . . that ran out. I got me two wheels and made me a pull wagon and sold bottles and finished paying for my house. I bought the house from D. Glen Arnes on Airways Boulevard. The gasman cut my gas off 4 years ago.

Me and my children didn't have water or lights; we took baths in the Wolf River during the summer.

So we met a lady, then called Mrs. Crankshaw. We told her about our troubles. She took us to the gas company and finally got our gas back on, so now, with the three adopted children I have, they get \$132 welfare check. I pay \$28 for the food stamps out of that. This time I had to pay \$72 tax on the house which made a total of \$100. There's only \$32 left for detergent and things like that.

They had me going back and forward to the social security board to get a SSI check which January, a year ago, they gave me one check for \$235 and told me I would get a check each month.

Then, they had me coming back every 2 weeks and calling back every 2 weeks until yesterday. Yesterday they told me that I was denied. Now then, what I want to say, if I can't get a job at the social security board, if I can't get a SSI check—they tell me down there when you get 40 years old, you lean on your children. I don't have any children to lean on, what could I do. Thank you. What could I do.

Senator BROCK. We are down to our last witness, and you have been more than patient. I have learned a lot, I hope you have.

Our last witness is the former Memphis city commissioner who retired to Covington, Stanley Dillard.

STATEMENT OF STANLEY DILLARD, COVINGTON, TENN.

Mr. DILLARD. I always like to think the people who voted for me as the number of years go by. It has been many years too, and I do thank you for letting me make my statement here today.

My name is Stanley Dillard, and I am a resident of Tipton County, near Covington, Tenn. I serve on the Tipton County Committee on Aging, and the advisory council to the area agency on aging.

Tipton County is composed of rich farming land, some 300,000 acres of which are under cultivation. The county agriculture extension agent states that the number of persons making gardens has risen noticeably over the last 5 years, because of rising food prices. The 5 percent this year who are growing and preserving their food has become a meaningful alternative for persons who live on irregular incomes or fixed incomes such as social security. However, many families, especially elderly persons, are unable to preserve food products because of the expense involved in acquiring canning equipment such as pressure cookers, adequate sinks, food choppers, and other necessary equipment. Furthermore, the elderly people who live alone and who do have canning equipment often find that their ability to move pressurized pots which are very heavy and extremely hot at appropriate times, prevents them from using canning as an alternative.

REVENUE-SHARING FUNDS HELPFUL

Through the help of the area agency on aging and the Lau-Fay-Ton Community Action Agency, we are constructing a facility—a cannery, at Burlison, Tenn., in Tipton County. The city of Burlison is constructing the building out of revenue-sharing funds.

The primary objective of this program is to provide Tipton County's elderly residents, rich and poor, black and white, the op-

portunity to maintain a well-balanced diet through their own resources. By providing a facility where food products may be canned and preserved at no expense, area residents save money on their grocery bill, have the convenience of not having to shop as regularly, and enjoy the pleasure of homegrown vegetables, fruits, and meats. In addition, Lau-Fay-Ton currently sponsors an annual garden seed program whereby seeds and fertilizers are given to low income and elderly families to make a garden.

We feel that the program will have a direct cash benefit to older people.

We can only estimate the savings that these people have realized from using existing canneries in other west Tennessee communities. During 1975, these canneries processed 222,824 jars of homegrown fruits and vegetables, 16,863 pounds of sausage, 8,184 gallons of lard, and 385 pounds of souse. Based on current prices in west Tennessee markets, the retail value of this food is \$289,671 for fruits and vegetables, \$25,294 for sausage, \$22,833 for the lard, and \$327 for the souse. I might add that I am using conservative food values so that the actual retail value should be much higher. The cost to area residents for putting up sausage, lard, and souse is less than 50 percent of the retail or grocery store value and the cost for preserving fruits and vegetables has only been the purchase of jar lids. Roughly speaking, the direct cost to these families has been less than \$25,000, representing a savings of approximately \$330,000 to the 8,993 families that participated in 1975.

YOUNGER PERSONS TAKE AN INTEREST

Aside from these economic gains, a number of other benefits have accrued. Where canneries have been established, they have had a tendency to become a focal point or gathering place for elderly residents. From this has developed a community spirit that is extending across religious, racial, and age barriers. For example, one of the interesting things that we have discovered is that interest in the elderly from younger persons has been generated. Younger persons are also preserving food and are consulting older persons for garden techniques and tips on almost forgotten canning recipes. Additionally, a number of homebound older persons are able to get out of their homes since free transportation is provided when it is needed. The important thing, however, is that a number of elderly citizens are persons who never acquired the skills of preserving food.

Additionally, the community of Burlison, Tenn., a small town of less than 400, approximately 11 miles west of Covington, has recognized the importance of this project to their area residents. This community has pledged \$8,000 toward the construction of a suitable building in which to house the cannery, and this represents the first investment that this small community has ever made on behalf of economic benefits for its residents.

I do want to thank Senator Brock and Congressman Ford and the staff of the Senate committee for allowing me to relate how important this project is for persons who live on fixed and marginal incomes.

Thank you.

Senator Brock. Thank you very much. I wish we had more time, because I can really get excited about that sort of thing, Mr. Dillard.

I would like to spread this sort of thing on the record, and use it to give people all over the country something they could be excited about, not just canneries, but in every area where people could co-operatively get together, and gain a sense of participation and do something of value.

We are at the end of this session, and I want to just make two or three concluding comments. First, Harold Ford had an emergency and had to leave. I know he regretted that.

Second, as I mentioned to you, these forms are available for comments from the audience. If you want to send them in, we would be very grateful to hear from you.

Third, my office is here in Memphis. If you have any problems we can help you with personally, please call. I am in the phone book.

Finally, and I guess this is as important as anything else, I want to thank you for coming, and particularly Richard Block and the people at the center for being such incredibly fine hosts.

It has been a super morning for me, and I appreciate it very much. Thank you.

Mr. Block. May I have your attention, it looks like we are kind of batting the ball back and forth between us.

I think this has been a beautiful conference. I thank you all for being here. I want to particularly thank Senator Brock, his staff, and the staff of the Special Committee on Aging for making this the success it has been.

Those of us who have been here and you have participated in the conversation with Senator Brock, there can be no doubt about his very great interest and dedication to our services, and we do thank you, Senator Brock.

Senator Brock. Thank you very much.

The hearing stands adjourned.

[Whereupon, the hearing was adjourned at 11:30 a.m.]

APPENDIXES

Appendix 1

STATEMENTS TAKEN BY SENATOR BILL BROCK AT A MEETING IN JOHNSON CITY, TENN., FEBRUARY 14, 1976

ITEM 1. STATEMENT OF CATHY ASTIN, COORDINATOR, PROJECT SEND, ELIZABETHTON SENIOR CITIZENS CENTER, ELIZABETHTON, TENN.

I am Cathy Astin, coordinator for Project SEND (Services Elderly Need Directly).

Our program currently serves 220 homebound elderly in the counties of Carter, Johnson, Unicol, and Washington. Project SEND employs three registered nurses and five nurses' aides to provide home health care to the elderly in these four counties. Our program is presently funded until June 30, 1976 by the Tennessee Mid-South Regional Medical Program. At this time we will have to seek other sources of funding in order to maintain the services of Project SEND.

The main objective of Project SEND is to provide health care to elderly who can and want to remain in their own homes, thus reducing admissions to hospitals and nursing homes. Studies have shown that the cost of nursing home operations greatly exceed the cost of in-home nursing care.

Speaking for the elderly population we serve, there is a tremendous need for better availability for durable equipment to be used in the homes. These would include beds, walkers, wheelchairs, commode chairs, and hydrolic lifts.

Another main concern of the elderly population served by Project SEND is the continuation of the medicaid program. The loss of this program would affect many elderly now receiving home health care benefits under the medicaid program.

There are only two health care programs serving the eight counties of upper east Tennessee, with three counties, Greene, Hawkins, and Hancock, having no health care programs at all. This in itself indicates a need for expanded home health care. On behalf of the 220 elderly homebound patients served in our program, and for those who could benefit from it in the future, I ask that any consideration for funds to operate our program be given.

ITEM 2. STATEMENT OF CATHY DAVIS, RESOURCE DIRECTOR, SENIOR INFORMATION AND REFERRAL SERVICE, INC., KINGSPORT, TENN.

I am Cathy Davis, resource director of Senior Information and Referral Service, Inc. As an information and referral center, our organization is very aware of the needs of the elderly. Utmost among these, and usually the most difficult to solve, are financial needs.

In discussing the financial needs of the elderly, it is natural to begin with the individuals in the most desperate situation; namely, those who have Supplemental Security Income as their sole source of income. If an individual is in this category, he is probably drawing around \$158 per month. From this monthly income, expenses such as housing, food, utilities, fuel, medical, and miscellaneous expenses must be covered. Although medicaid helps with many of the medical expenses, there are additional charges that the individual must cover himself. The cost of utilities can be a real point of difficulty due to the

fact that some of our people have electricity bills that can run from \$40 to \$100 per month, further complicated by their poorly insulated homes. And the rates are going up. Along this same line, the price of coal is over \$50 a ton and most people use at least six tons each winter. Because few coal companies will extend credit, the elderly are expected to pay over \$300 in a lump payment.

But financial problems are not unique to those on Supplemental Security Income. Even if an individual draws a fairly decent income from social security, veterans' benefits, or some other source, there are certain expenses which they, too, can find impossible to meet. For example, the present cost of a hearing aid is \$400 or more; dentures and dental care in general are unbelievably expensive. And neither of these items are covered by medicare or medicated in this State. Furthermore, if and when a senior citizen reaches the point where he must enter a nursing home, the costs can be shattering to almost anyone. The costs for nursing home care can run \$600 a month or more. Medicare coverage of these expenses is limited. These limitations and high costs can cause such financial burdens, that we know of elderly couples who have been forced to divorce in order to avoid complete bankruptcy. Although medicaid can presently help tremendously with these costs, we are acquainted with the jeopardized position of this program.

We all realize that social security was never meant to be a retiree's sole source of income, but rather as a supplement. But how do we explain that to a 75-year-old widow who does not have money to buy fuel or food? What do we do with these elderly individuals who could not or simply did not save or plan for their retirements? Can we just turn our backs on the lady in Bristol who was burning her shoes for fuel, or the man in Kingsport who eats nothing but peanut butter? Do we just say that we are sorry they didn't understand the rules? And why do we penalize those over 65 who want to work to supplement their income by decreasing their social security payments if they earn over the established amount?

The answers are not going to come easily. But answers must be found because the condition of the elderly is not going to get better, it is going to get worse. And it won't disappear if we close our eyes.

ITEM 3. STATEMENT OF HOWARD N. HINDS, COORDINATOR, LEGAL SERVICES FOR THE ELDERLY, FIRST TENNESSEE-VIRGINIA DEVELOPMENT DISTRICT, JOHNSON CITY, TENN.

I. DELIVERY OF LEGAL SERVICES TO OLDER AMERICANS

The Older Americans Act Amendments of 1975 (Public Law 94-135) was signed by President Ford on November 28. This new law contains a number of provisions specifically referring to legal services and counseling which demonstrate beyond doubt the congressional intent that the program of legal services for older persons be expanded substantially.

Section 103 adds the following to the definition of social services to be provided under the act: "Services designed to provide legal and other counseling services and assistance, including tax counseling services and assistance and financial counseling, to older persons."

Section 106 of the act is entitled "National Priority Services." It provides that a minimum of 20 percent of the funds allotted to carry out State plans for social services for the elderly must be used for four priority services; transportation services, home services, legal and other counseling services, and residential repair and renovation programs.

Section 110 of the act strengthens the provisions dealing with training personnel in the field of aging. It authorizes the Commissioner on Aging to make grants to assist in paying all or part of the costs of "(1) the training of lawyers and paraprofessional persons who will (A) provide legal (including tax and financial counseling) counseling services to older persons. . . ."

The Older Americans Act Amendments were enacted too late to be included in the current Labor-HEW Appropriation Bill. It is expected that the spring supplemental appropriation bill will include appropriations for the activities authorized by the act. We respectfully request support of appropriations needed to implement the activities of this act.

II. FOOD STAMPS FOR OLDER AMERICANS

One of the more visible issues on the national political scene involves the modification of the food stamp program. In fact, several bills are now before Congress which would significantly alter the current administration of the food stamp program. These include President Ford's proposal, S. 2357, and the McGovern-Dole proposal, S. 2451.

The effects that changes in the food stamp program can have are illustrated by USDA's recent proposals to modify the food stamp allotment procedures. The Agriculture Department based its new proposals on a "new" thrifty food plan and the amount of nutrients needed by individuals based on their sex and age. The results are disastrous for senior citizens, particularly older women living alone (nearly one-third of all older women do live alone), and older couples on SSI.

In meeting senior citizen nutritional needs, Congress and USDA must be encouraged to consider the immobility of seniors, their physical illnesses which result in higher medical expenditures and the need to purchase special diets, and their inability to purchase the low-cost food. Congress, in section 701 of the Older Americans Act, has clearly recognized the unique nutritional problems of seniors:

". . . Many older persons do not eat adequately because (1) they cannot afford to do so; (2) they lack the skills to select and prepare nourishing and well-balanced meals; (3) they have limited mobility which may impair their capacity to shop and cook for themselves; and (4) they have feelings of rejection and loneliness which obliterate the incentive necessary to prepare and eat a meal alone. These and other physiological, psychological, social and economic changes that occur with aging result in a pattern of living which causes malnutrition and further physical and mental deterioration."

To meet these special needs of our senior Americans, USDA and Congress must compensate the elderly by providing additional bonus stamps each month for every senior citizen. The importance of food stamps to our Nation's elderly poor cannot be overemphasized.

III. SSI: FOSTER CARE AND DOMICILIARY CARE PROGRAMS

In looking for ways to cut costs, the SSA is "reinterpreting" its policy governing SSI payment to older Americans living in the household of another.

The SSA has proposed to cut one-third (\$52.56) the SSI income of every person living in the home of another—foster care domiciliary care, or with friends or relatives. Under this new "interpretation," there is no provision for the older person to prove that he or she is paying his or her share of the household expense.

This move will cause older Americans to become financial burdens to friends and relatives who have cared for them in their homes. Many may not be able to continue. Each of these living arrangements offers supportive community care so that institutionalization is not the only alternative for the older person who can no longer live alone.

There may be time for SSA to rescind this "interpretation." We request this committee's support in insisting on a rejection of this "one-third" regulation.

IV. COMPREHENSIVE HEALTH CARE OF OLDER AMERICANS

Recognizing, with gratitude, Senator Brock's bill to place hearing aids under the coverage of medicare, we submit these additional reforms in the area of health care for older Americans. Legislation is direly needed to greatly expand medicare coverage to include:

1. Unlimited inpatient and outpatient hospitalization;
2. Skilled nursing home and intermediate care services;
3. Outpatient prescription drugs;
4. Eyeglasses, hearing aids, and walking aids;
5. Physical and speech therapy; and
6. All emergency and some nonemergency transportation.

In view of the present economic situation and the improbability of the passage of a health care bill for ALL citizens, the health care of older Americans must be top priority.

It is time to change medicare from a *limited* health care program to one which can serve as a pilot project for national health insurance.

V. TAX REFORM

We urge passage of Senate bills 2401, 2402, and 2403:

1. S. 2401 would reinstate the full deduction for unreimbursed medical costs for older persons.
2. S. 2402 would update the retirement income tax credit to give it full and permanent parity with tax-free social security income.
3. S. 2403 would excuse taxpayers 65 and over from filing declarations of estimated tax on pensions, annuities, dividends and interest, if such income is \$2,000 or less.

ITEM 4. STATEMENT OF ERNEST MCKINNEY, ASSISTANT PRINCIPAL, SCIENCE HILL SCHOOL, JOHNSON CITY, TENN.

HOUSING CONDITIONS FOR THE ELDERLY IN THE TRI-CITIES AREA

Senator Brock, Congressman Quillen, and other visiting dignitaries, it is my pleasure to talk with you at this time about the conditions of housing for the elderly in the areas of upper east Tennessee and southwest Virginia.

One can look at the poster displayed before us here and get a bird's-eye view of conditions as found the areas aforementioned and readily see that the housing conditions are far, far from good.

The U.S. Census of 1970 showed a population of 55,815 persons of age 60 and over living in the areas covered by the First Tennessee-Virginia Development District.

Housing needs for the elderly in the Tri-Cities area were pointed up in a survey done in 1973 by the research staff of the FT-VDD and we have reasons to believe that because of the inflated costs of building and the economic crunch of the last couple of years, very little has been done to change the findings, hence they are being presented here today.

The Johnson City Housing Authority had 246 units for the elderly and a waiting list of 98 couples or singles. According to a spokesman for the authority, the need for housing for the elderly is much greater than the aforementioned waiting list since many of the elderly do not apply for housing when they find that the waiting list is so long.

The Elizabethton Housing Authority had 80 units built especially for the elderly with 26 units under construction in Carter County. There were 92 individuals on the waiting list. The director expressed a lack of concern for public housing for the elderly in his area and felt that more units were vitally necessary.

The Bristol Housing Authority had 152 units with 118 of these located in a highrise apartment. They had 115 persons on the waiting list. A great need was expressed by the Bristol Authority for more units for the elderly.

Greenville Housing Authority had 80 units with a waiting list of 30 people. The director there also expressed a great need for more public housing for the elderly. If more public housing for the elderly were available, those living in the family units could be moved and those on the waiting list could be housed.

In Kingsport, there were 36 units for the elderly—all one-bed room apartments. Forty-four tenants were living in family units for the elderly. There was a waiting list of 90. There was an expressed need for more public housing for the elderly since the project had a long waiting list and many elderly couples were occupying two-bedroom apartments in the family unit.

Sneedville has 10 units for the elderly with 14 persons residing in public housing. There were seven on the waiting list. The director explained that applications are not made because the elderly know that units are unavailable.

In Erwin, there were 30 persons living in public housing. There were a total of 20 units designed for the elderly. At that time there were 10 elderly on the waiting list.

In the town of Jonesboro, the mother of the great State of Tennessee, there is no public housing at all for the elderly or any other persons. If it were

not for a few apartments privately owned and a few nursing homes, that are overcrowded with long waiting lists, they would have to go to Greenfield Farms. Greenfield Farms is also overcrowded, though now being revitalized.

The question may be asked as to why the concentration on public housing as a means of providing the relief needed for shelter for the elderly.

A survey for the Tri-Cities area by the personnel who administer the nutrition program for their elderly revealed that the average income, nonfarm, for heads of household 65 years and over was \$2,532 for males and \$2,516 for females. For farm families, male heads of households was \$2,154 and female heads of household \$2,141.

This says to us that with that kind of income, they are unable to pay rent for private housing and, those who are fortunate enough to own their homes find it difficult to pay taxes and keep their homes in a liveable condition.

I believe that we can feel safe in saying that while some few retired elderly live off both income from a retirement program and social security, a large majority must live off the social security income alone.

This report of the availability of public housing for the Tri-Cities area is typical of the conditions of housing in the entire upper east Tennessee and southwest Virginia area.

These briefly described facts gathered by the research staff of the First Tennessee-Virginia Development District as expressed by the many housing authorities, are the basis for my belief that housing is one of the foremost problems of those living in, and others of us who are facing, retirement years.

Thank you for the opportunity for this presentation.

HOUSING AUTHORITY UNITS FOR ELDERLY BY CITY

Housing authority	Number of units for elderly	Number (couples or singles) elderly on waiting list
Bristol.....	152 units, 176 occupants.....	115
Elizabethton.....	80 units, 112 occupants (26 units under construction).....	92
Erwin.....	20 units, 30 occupants.....	10
Greeneville.....	80 units, 125 occupants.....	30
Johnson City.....	246 (40 units under construction).....	98
Kingsport.....	36 units, (+44 in family units=130 elderly tenants).....	90
Morristown.....	10 units, 14 occupants.....	7

ITEM 5. STATEMENT OF EVELYN STULTZ, DIRECTOR, ERWIN SENIOR CITIZENS CENTER, ERWIN, TENN.

TRANSPORTATION NEEDS OF THE ELDERLY

The need

Unicoi County and surrounding counties has a high population of over-65 citizens. Unicoi County has 11 percent of its residents in the over-65 category. The age of its residents continues to climb toward this grouping.

Due to the loss of vision and other physical handicaps, many of them have lost their confidence and ability to drive their own cars. Many no longer have a car nor any other means of transportation for the day-to-day activities we of the younger group take for granted.

Many of our citizens have doctors in neighboring towns, as we have but a few doctors in Unicoi County. Many come to the Watauga Mental Health Clinic for treatment. Without the limited transportation of the Easter Seal bus these would not get even this far.

Easter Seal transportation is but a drop in the bucket. Many older people do not like to call a day ahead and make a reservation for the bus. They pay from their meager incomes for some of their neighbors or friends with a car to take them to town.

No program for the elderly will be successful if they have no transportation to and from your facility.

We have a new meal site at the Unicoi Community which would be much more successful if we had some transportation to and from. Many of the programs would be better attended if the people they are meant to inform could get to them.

Unicoi County has no public transportation of any sort. Trailways Bus Co. does come from Asheville in the morning and goes to Johnson City. No bus station to serve its customers. One bus runs from Johnson City late in the evening toward Asheville, N.C. If you ride any of these buses you may get a connection and you may not. My main concern is the day-to-day needs for some form of public transportation in our boundaries. When millions are being spent for supersonic transports to carry 100 passengers, people in my county cannot get to the grocery store or the doctor by public carrier.

We are continually looking for ways to transport our members of the senior adult center to and from various events. As we look about, you may see hundreds of schoolbuses sitting idly by from 9 a.m. in the morning until 2 p.m. in the afternoon . . . waiting for children to be transported home from school Why could not these same buses be used in the meantime to take senior citizens to and from various centers of activity, on short shopping trips and to volunteer activities, meal sites, and to senior centers for much needed contact with others?

The barrier is the insurance and some laws at the State level. . . .

These same schoolbuses are paid for by the taxes of these senior citizens as well as the younger parents. This seems to me to be a waste of tax dollars.

Another avenue is the rows on rows of church buses sitting idly all week waiting for Sunday. . . .

Again there is the insurance problem. . . .

We here at the Clinchfield Senior Adult Center are lucky in that the church bus of the First Baptist Church is ours for some of our activities We must pay the gasoline and the driver fees. Without this means of transportation we would be as housebound as if we were tied to a bedpost.

We would be better able to serve our senior citizens when we give them some means of travel that they can use on a regular schedule and pay for it. They want to pay their way in everything. I think they should be encouraged to pay when they can. After all, this increases their dignity and self-esteem.

Thank you for this opportunity to express my opinions and view about transportation needs.

ITEM 6. STATEMENT OF LLOYD MILLER, FIRST VICE PRESIDENT, STATE FEDERATION OF CHAPTERS, NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES, JOHNSON CITY, TENN.

Retirement. God bless our forbearers for the creation within our society that provided for our retirements.

It matters not if you are the weather-beaten farmer, the talked-out teacher, the ether-laden hospital orderly, or the flat-footed letter carrier. It doesn't make much difference if your retirement is from private life, public, city, State or Federal. Trying to keep food on the table, clothes on the back, and stay warm has, is, or can be, a problem to all of us.

Retirement is not meant to be a time when we just add years to our life but the time when we would add life to our years. Such is not the fact today.

The man or woman who retired 20 years ago, on what at that time, was a good retirement, now finds it more difficult each passing day to accomplish the aforementioned necessities. There are no luxuries for them unless given.

I am sure that many of you here today are living with just such problems in your home. If you are not experiencing this now you might before too long with the ever-increasing inflation, the never-ending demand for more and more taxes, and the lack of competition. What do I mean by lack of competition? What has become of the small farmer? The man who once came by your door security benefit plan already have their Retirement Income Exemption. This is have had to hire a bookkeeper to fill out the papers the city, State, and Federal people demand. He would have had to hire a lawyer to tell him what he could do and what he could not do. He has quit just as have men and women of other small businesses. There are many varied and contributing factors other than these which I won't go into that are causing the dilemma for the retiree of today.

What will help the majority of the people most? You will notice that I didn't say majority of retirees. By majority I mean all the people of our great Nation. A Retirement Income Exemption is the answer. Not an increase in retirement income credit, but a Retirement Income Exemption of the first

\$5,000 of any retirement plan, and at age 60. This of course would be for a married couple jointly. There would be comparable figures for other files.

We all need to keep in mind that the maximum amount of social security benefits is \$6,818.40. We also must keep in mind that all social security benefits are tax free from Federal income tax. So people retired under the social security benefit plan already have their Retirement Income Exemption. This is not to say that these retirement benefits are adequate. I hope to hear someone else testify on this matter.

Now, as I continue, I would have you realize I am now referring to the retirees under private, city, State, and Federal retirement plans. There are a few million of them. They are growing in numbers every day as our society calls for more teachers, more policemen, more workers in the private sector, and in many other fields. I would ask you to further keep in mind that as I give you some figures on these retirees, that I am referring to a married couple filing a joint Federal income tax return. These figures will be as of right now. This man and wife, to receive any retirement income credit, must in addition to filing a form 1040, file a schedule R. At the top of this schedule, in column C, appears a figure of \$2,286. This \$2,286 figure is not deducted from their annuity and tax paid on the balance. Far from it. This \$2,286 figure is carried downward to another line on the schedule R. Here it is multiplied by 15 percent. So doing they will arrive at a figure of \$342.90. This amount is all that becomes tax free to this couple.

This is inadequate, unjust, and unfair. I will argue with anyone who disagrees. Give these people the help they need, a Retirement Income Exemption of the first \$5,000 of their annuity.

What will the results be? The first thing that comes to mind is this will take a lot of money out of the Federal income tax stream. I ask you to think a bit. Will it? These people are not in a position to bank this money. They are going to spend it. The way taxes are today, four or five turnovers of these dollars and all is right back into the tax stream. These dollars will create jobs for other people who will also be paying taxes.

Last year, President Ford said that giving people a tax rebate was the best thing for the economy of our Nation. It was done. He was right. The majority of our Senators and Congressmen thought it was right. They only carried out your wishes, so you thought it was right. This \$5,000 Retirement Income Exemption will do the same thing, in addition to helping the retiree. So be right again and support such a measure.

Those of you retired need this now. Those of you not retired will need it when you do. Lets do it together.

ITEM 7. STATEMENT OF BEN PEEPLES, FIRST TENNESSEE-VIRGINIA DEVELOPMENT DISTRICT AREA AGENCY ON AGING, JOHNSON CITY, TENN.

The major problems which result in the needs discussed here today, come from the overall designing by our government in providing for services to the less fortunate and to the aging.

One major area of concern stems from the problem of ever increasing amounts of government procedure and policy control. The Federal Government should be responsible to the Nation's taxpayers for the funds they administer. But realizing the necessity of accountability, our government has created an inadequate system based on numbers and forms. Such a system is accountable in many respects, but defeats the purpose of government in other respects. Each agency involved with Federal and State financing has separate forms and policies which govern its operational structure and its degree of flexibility. The Federal Government has created a system in which performance, especially that of social services, is based solely on numbers and not on quality. This inequality is reported on forms numbering in the thousands. Agencies find themselves more concerned with how many, and which form applies, instead of how well, in respect to the services they administer. With all the forms and policies that are handed down by the Federal representatives in Washington, the Nation is soon to be taken over by the paper manufacturers of the world. Surely, they are the ones reaping from the fiscal management and reporting systems of our

government, not the people we originally had hopes of helping. In the same respect, the government preaches coordination but creates an atmosphere of competition for dollars through this numbers game. The services being delivered are second hat to the competition itself. Agencies see the need to coordinate with other agencies, but all is lost in protecting their future as agencies.

This leads to another area which creates problems—that of unrealistic goals with inadequate funds to reach such goals. Each year the government spends many man hours and dollars deciding what is the best way to provide particular services to the people, and such decisions are based many times on the numbers aforementioned. The intended goal, that of helping people, is lost in political forum. By the time the legislative goals reach the people there is only a piecemeal amount of funding compared to what is really needed. Our government gives us a dime to do a dollars worth.

FEDERAL MATCHING SYSTEM

There is another major concern which inhibits local governments, especially in rural areas, such as east Tennessee from pursuing a better comprehensive service system. This is the problem of the Federal matching system. Each year, our government collects taxes from the working public in order to function as a government for the people. These taxes are used to promote the growth and well being of our country, part of which is to protect its aging population through various Federal programs encompassing many local, State, and Federal agencies. Such programs are available in many cases only if the local community concerned can generate more money from the people. The government offers such services or funds in ways in which many communities cannot afford to partake. This is to say they take money from the public and offer it back if the public is willing to give more money. Our Federal matching system is unrealistic in that people, many of whom pay taxes, are denied services because their community cannot afford to put up additional money. Meanwhile the funds sit and services are needed. The government was designed to help the people it represents through the funds generated by taxes, but yet the policies are designed in such a way that the people are not getting helped in areas that need it most—the areas that are economically starved.

To sum up, the broad spectrum of problems discussed is to say that:

(1) The Federal Government needs to become less quantitative and more qualitative. In other words there needs to be less forms and more service. If some of the bureaucracy could be cut out of the social service delivery system, our government would have enough money to help the people at home as well as in foreign countries. A suggestion would be to change the government's methods of proving the success of services funded in part through Federal sources. Numbers are many times guesstimates and duplicatory and don't really represent the success or failure of anything. Listen to the people—they and only they can tell the real benefits of what the government does.

(2) Our government has to decide whether it is or it isn't going to solve the problems discussed here today. If it is, then go at them with full force and provide the necessary funds to solve these problems. If not, don't waste the taxpayers money with piecemeal programs. A good step in the right direction is to quit forming new services to perform the functions mandated through existing services. The old programs die out due to a lack of continued government support only to be replaced by new programs which must start at the beginning. In the meantime people are in a state of need and confusion.

(3) Our government needs to revamp the matching system in such a way that if communities can't generate local funds, then they are not penalized. The money belongs to the people in every community, and the ones that are not developed as well continue to be left out of the picture while those that have benefited from the present system continue to do so.

Our government has spent millions even billions to reconstruct countries, countries that we have spent millions to destroy and all the while we have people without enough food to eat, clothes to wear, and coal for the stove probably within walking distance of this meeting today. Our priorities must change if our people are to survive—if our government is to survive.

Appendix 2

LETTERS FROM INDIVIDUALS

ITEM 1. LETTER FROM ROBERT ROCHELLE, EXECUTIVE DIRECTOR, SENIOR CITIZENS SERVICE, MEMPHIS, TENN.; TO WILLIAM E. ORIOL, STAFF DIRECTOR, SPECIAL COMMITTEE ON AGING, DATED MARCH 5, 1976

DEAR MR. ORIOL: We appreciate your dedicated efforts in seeking to find the truth concerning the needs of older citizens in terms of income needs in the Memphis area. We realize that in the brief time you have available it is impossible to learn all that needs to be said. It is also obvious that it would take an extremely long letter for me to explain in detail the items which are serious needs in this community. However, I wish to send some recommendations that we feel, from the standpoint of a direct service provider, need attention.

It can easily be documented that one most serious need for the older citizen today is simply more dollars to purchase the items necessary for life maintenance. There seems to be no complete way to hold down the costs of living effectively enough for the older citizen. Therefore, the only viable way to relieve much of the complications of their lives is to increase the amount of money they have available to meet their needs. This means increasing social security, SSI, and other income benefits.

Some of the specialized needs of older citizens could be faced, by relieving those relieve much of the pressures of their existence. One great assistance would be the ability to secure medication at either a reduced rate, or, for it to be subsidized under the social security system.

Medications are a way of life for older Americans. The increasing costs of medical care are prohibiting older citizens from going to see physicians. The burdensome regulations of medicaid and medicare have discouraged many physicians from even treating older patients. Some simplification of the system should be made to allow proper physician care to be available in a way the older citizen can obtain it. Poor health is quite frequently a companion of older years.

ADEQUATE AND SAFE HOUSING

Adequate and safe housing is another serious need of the older citizen. However, the housing should be of such a nature as to be satisfying for the older citizen. The highrise apartment buildings are suitable for many tenants but do not provide nearly the sense of "home" that other types of housing types ranging from the highrise apartment, the single or duplex type family units, group homes in a community setting, the encouragement of personal or foster care home units, the development of convalescent homes, intermediate care and skilled nursing care facilities for seniors as well. It is all too common to find older citizens in a setting that is not suitable for their needs while others who should be in that position are denied that opportunity. Additional facilities would appear to be the only suitable answer.

It is becoming increasingly clear that some control or subsidy for senior citizens' utilities must be provided. Increasing utility rates are becoming intolerable for most older citizens. Utilities are a problem which face all citizens, but the oldster is particularly hard hit.

The problem of nutritious food will inevitably plague senior citizens. The congregate meal sites have been a blessing to the older citizens. One of the reasons most older people are not eating properly is the lack of desire to eat when a person is alone. These group meetings for meals have stimulated many older citizens into a new stream of life. Home delivered meals are a dire necessity for many home bound elderly in order to receive nutritious food. This valuable component will enable other citizens to remain in their own homes far longer.

Home health care, particularly homemakers, can be a valuable tool in eliminating unnecessary or premature institutionalization, which is within itself a great demand on public dollars. When home health care can be provided for 25 percent to 40 percent of institutionalization, and yet still provide the needed care, the additional funds could be diverted into other programs which would help meet other categories of need. Sometimes a service provided can be as valuable as dollars to provide the alternative.

NEED FOR MORE SERVICE AIDES

We have several social workers helping meet the needs of older citizens within the Memphis community. However, we see a serious need for a number of additional social service aides who can help secure food stamps, obtain eligibility for service, and in general assist the older person to meet their social needs. These aides would be less expensive than the social workers and can provide the less skilled type time consuming jobs.

One direction that appears needed is the development of funding sources to assist multipurpose senior centers in their operation. Currently the Older American's Act and its amendments do authorize these services but without an appropriation to fund them. These service provision centers would be valuable units within the communities where older citizens primarily reside. Multiple services in a single setting of high accessibility and recognition would initiate much needed service.

One of the things needed on the local level is better cooperation with government agencies in their provision of services to the specialized groups of persons called senior citizens. Not only are eligibility requirements too stiff and demanding but the procedure of securing service can be prohibitive. The income situations of older citizens seldom change for the majority. But eligibility still has to be done, often every three months for many of the services. Annual recertification seems more reasonable.

It becomes almost impossible for the senior citizen to spend the time and energy it takes for a 6-hour trip to the food stamp office in order to secure a rather menial amount of supplemental dollars. Most senior citizens just will not go to the trouble to receive these much needed stamps. A solution would appear to be providing specialized times and lines for older citizens who do not have the energy to meet the demands of the current process. The same holds true of securing service in other government programs.

Transportation is essential for older citizens. Their needs are unique and it demands unique approaches. Public mass transportation is highly valuable, but transportation from a particular location to another particular location has to be provided to the older citizen who has no other means of mobility. This means to medical facilities, social and recreational activities, shopping, religious activities and general transportation. Careful planning could provide a good deal of this service with money currently being used on a general scattergun approach to mass transportation. Providing the services is not a real solution unless adequate transportation is provided for the senior to get to that service. Economically the drain on the citizen's income for transportation can be a tremendous loss in terms of their monthly income. Thus another inter-action enters the whole picture.

It should be clear by this time the needs of the senior citizen's income needs are so interwoven that they are difficult to separate. The need is for more than just additional dollars, although that is imperative, the need is for services that meet real needs and accessibility to those services to help alleviate some of the problems. It is a complex situation and will demand complex solutions. If government agencies would work cooperatively at the local level to meet the specialized needs of senior citizens, these could be more easily met.

I am afraid finding the problems can be simpler than finding solutions but I will be happy to work with your staff at any time on any of the specific issues mentioned here, or others. We appreciate your interest in resolving these needs and look forward to hearing from your office in terms of what is being done as your efforts progress.

Yours truly,

ROBERT ROCHELLE,
Executive Director.

ITEM 2. LETTER AND ENCLOSURES FROM ROBERT ROCHELLE, EXECUTIVE DIRECTOR, SENIOR CITIZENS SERVICE, MEMPHIS, TENN.; TO WILLIAM E. ORIOL, STAFF DIRECTOR, SPECIAL COMMITTEE ON AGING, DATED APRIL 27, 1976

DEAR BILL: Enclosed are three examples of specific cases in which homemaker services were of value. In each case the client signed a form indicating permission to use their name as a personal reference in whatever document you choose consistent with propriety. This number could be multiplied considerably and explained in much more detail if time and space allows it.

Getting to the problems involved in the provision of medicaid and medicare services to the elderly becomes a complex matter. I will try to briefly state some of the problems faced.

In this community some physicians are rejecting the treatment of medicaid patients. The burdens and regulations are such that the medical sources can no longer bear the cost of providing the service. Thus, the patient may be unable to locate a doctor when necessary, or may be terminated as a patient, or has a limited selection of physicians. This may mean that the medicaid patient receives a lesser quality care, although this is not evident.

In many cases the medicaid patient must pay their charge in advance in order that the physician's office will not have to go through the burdensome problem of retrieving cost. Once the claims are filed by the patient if the charge is refused the patient pays the entire cost. If the charge is paid then that patient still has to have the out-of-pocket expense during the interim regardless of what kind of hardship it may cause. This seriously discourages medical treatment.

In a recent discussion with a medicare provider, some of the same, though not all, of the problems were evident. In the medicare program in this State, certain insurance companies are used as intermediaries. These intermediaries use quite broad arbitrary bases on which to make payments for claims. Apparently they make rather strict requirements in terms of reporting and case definitions and then at times will change their decisions as to what they will in the end pay. At times, charges paid previously will not be paid when billed. It then becomes a guessing game for medicare providers as to what charges are in fact billable.

A companion agency here in Memphis recently began to make the transition from a fee for service home health program to a medicare provider. Just to meet the reporting and monitoring requirements for medicare his actual cost doubled. Our cost under a federally subsidized program through title XX is about half of the average cost in the city for the same type care under medicare and/or medicaid, and in some cases the difference may be as much as three times our cost. We operate also, under Federal control, requirements, and monitoring, and yet our service is acceptable and certainly productive for the clients. However, we do not have the complex and discouraging reporting procedures that medicare and medicaid now demand. No doubt the concern for quality service must be ever present but a less demanding system surely could be designed. I am sure physicians and home health care providers are providing you with more than adequate amounts of complaints regarding these items.

I hope the assistance of persons like myself and our agency are of help to you in your efforts. I will be happy to assist further if and when our services may be beneficial.

Most sincerely,

ROBERT ROCHELLE,
Executive Director.

[Enclosures.]

Mrs. Gladys White, Memphis, Tenn.

Mrs. Gladys White has received homemaker care since December 1975. Mrs. White, age 61, is an obese woman who lives alone in a public housing development. She is a diabetic and a stroke victim.

Upon first contact with this client it was noted that she was dirty and her hair was matted for lack of shampooing. Her apartment was in need of cleaning, urine was visible on the floor, and the odor was very offensive.

Mrs. White is paralyzed due to her stroke and was having to pay someone to get her out of the bed each day and put her in her wheelchair, as well as paying someone to cook for her. This took a large portion of her income of \$157 a month.

Her situation was complicated by the fact that she has aphasia as a result of her stroke. It was frustrating to her to try to communicate with neighbors and paid help who did not always take the time to try to understand her.

Since beginning service Mrs. White has received personal care, housekeeping, and meal preparation service. She is now clean and neat. Her apartment is clean and free from offensive odors. The homemaker and social worker take the time required to communicate with her. This has added quality to her lonely and difficult life.

Mrs. White has no family and probably will someday have to enter a nursing home to which she is very much opposed. This service has made it possible for her to stay in her home and maintain some degree of independence.

Mrs. Hattie B. Neely, Memphis, Tenn.

Mrs. Neely is 82 years of age, primarily bedridden and mentally inactive. She has an elderly brother living in the home, but is not really dependable and responsive to the needs of his elderly sister. Aside from the fact just mentioned, the brother has a drinking problem.

The social worker and the homemaker have been and still are a tremendous asset in retaining this senior citizen in her own home. Several months ago, Mrs. Neely's SSI check was discontinued due to the fact she failed to report the necessary information to the Social Security Administration. Oftentimes Mrs. Neely's mail is disregarded or misplaced, and is never seen by the social worker or the homemaker. So Mrs. Neely had to suffer the consequences. For 2 months the client was without income. Due to the efforts of her social worker, Mrs. Neely was donated groceries. The social worker also contacted several other resources concerning this case. On a couple of occasions, nighttime pampers were donated to this bedridden client in her turbulent times.

Recently the social worker has assisted Mrs. Neely in making preparations for her will.

If it were not for the homemaker and the social worker, Mrs. Neely would very well face the possibility of being placed in a nursing home.

Mr. and Mrs. George Nash, Memphis, Tenn.

Mr. and Mrs. George Nash are an elderly couple, who were referred to us by Mrs. Nash's sister. Mrs. Nash is slightly retarded and is rapidly losing her vision due to an untreatable disease. She has fainting spells fairly often. Mr. Nash has suffered a stroke and was confined to a wheelchair at the time Senior Citizens Services, Inc., started to send in a homemaker. The homemaker assisted with household errands and housekeeping tasks. The social worker helped to obtain food stamps for the family and helped with several business matters.

Mr. Nash then had several more strokes and was then confined to a hospital bed. The homemaker helped with the personal care and encouraged him to eat. Nursing placement seemed necessary and the family began applying for placement for the Nashes. The homemaker continued to help the couple in many ways and Mr. Nash has recovered to the point that he can now sit up in his wheelchair again. With the home care assistance the family has received nursing home placement no longer seems necessary. The couple is very happy to remain in their home and hope to maintain their independence for as long as possible.

APPENDIX 3

STATEMENTS SUBMITTED BY THE HEARING AUDIENCE

During the course of the hearing, a form was made available by the committee to those attending who wished to make suggestions and recommendations but were unable to testify because of time limitations. The form read as follows:

DEAR SENATOR BROCK: If there had been time for everyone to speak at the hearing on "Future Directions in Social Security," in Memphis, Tenn., on February 13, 1976, I would have said:

The following replies were received:

LOUISE CHIPLEY, MEMPHIS, TENN.

Much, much is being said and some things being done about the physical aspects of our social life, but absolutely nothing about the moral and the ability to clean up the slum element places from which they insist people be moved.

First, I would say get the slums out of the people—and there would be no problem of getting people out of slums. If these people could be really taught to clean up themselves and the place in which they live and help them do it and make it a requisite for moving to better housing—the new places would not become insect and rat filled immediately.

What the NAACP and other such organizations need to do is to care for peoples' souls instead of their own power—not one among today's peoples are poorer than I was as a child—there were no welfare agencies or food stamps—but the associated charities paid rent to the landlord and gave us a grocery list to take to the store to be filled as it appeared on the list. That's all we had most of the time.

CASSIE DOTSON, MEMPHIS, TENN.

When will help come that will help get some of us back on the God's big world, where we can raise the food that is on our diet sheet with five cups of corn; one-half dozen stalks would supply that item. One stalk of beans, and so the diet sheet goes. Also it would give the senior citizen a conversation piece and something to look forward to, say a feeling that I haven't got all helpless.

I have a small piece of land and pay \$90 per year taxes, without a house, but would be glad to live there along with other senior citizens. But there seems to be a lack of funds to build several houses, all of which we could pay for if given a chance. We wouldn't lose all of our strength.

I would like to borrow enough from Congress to build at least one double tenant house, please.

HAZEL FORRESTER, MEMPHIS, TENN.

Homemaker-home health aide services are not sufficiently provided in Shelby County for those ineligible for medicare. These low-income persons have no relatives or monetary resources and certainly no influence to bring such services in their home when sickness and disability strike.

Broader funding beyond title XX (wherein 10 percent required) needs desperately to be applied to this vital service, entitling the poor to care by homemaker-home health aides. HHA service should be mandatory nationwide and prevent not only early institutionalization, but highly expensive care in hospitals, which, for the poor, necessarily *has* to be borne by taxpayers.

I understand the welfare department offers some care, but Senior Citizens, Inc., under a title XX grant is now serving 415 sick oldsters with HHH aides—their waiting list is 150 and they don't even publicize.

Please expand this care for homebound.

EDWARD L. FREDERICK, SAVANNAH, TENN.

Taxes for the elderly should be eliminated on earnings or pensions over a certain livable amount, at least \$1,000 per month. Medicare should be increased or administered more efficiently without all the redtape and duplication—more and better coverage. Also, provisions to help either in lowering rates on public utilities for senior citizens.

Right to work for all senior citizens, if able, without being penalized by more taxes.

Able to get in trade schools to learn a new trade, etc.

Help anyway possible to help others to have a happier healthier and eventful life.

Telephone committees to the elderly and a way to bring them to doctors, stores, food, and drugs. No food wagons, unless necessary; people need to get out and meet others if possible.

BESSIE MILLER, MEMPHIS, TENN.

How much more are they going up on our social security? It takes all I get now to live on. I do not get anything else but my retirement and I can hardly *make ends meet now* for I have so much to pay out on my doctor bills and medicine I have to take so much. I was sick all last year, had two operations on my breast which led to removal of both with cancer pneumonia. Twice I almost did not make it, now I am taking a kind of medicine. I cannot get help with my medicine, which I need all the time. They will not help me with medicaid—said I was getting \$1 too much to be eligible to receive a medicaid card. I would appreciate it if I could get some kind of help with my medicine if I could. Anyway, I tried, and they told me I had to have \$135 in unpaid bills. I have two doctors to pay beside my medicine.

Are there any other way I can get some help? I would appreciate it if you could let me know. I don't know what I will do if they keep going up on it.

WILMA W. MONTGOMERY, MEMPHIS, TENN.

Tell Congress and this committee the things you've been told today and especially tell them: "There, but for the Grace of God, will go you and I." And what you heard is but the tip of the iceberg.

JANE S. WHITE, ELIZABETHTON, TENN.

There are 75 elderly alone in substandard housing in Carter County (or living with families in crowded conditions).

We need another public housing for elderly development for Carter County—not a highrise (which would be an unnatural home for these people and also difficult to evacuate in case of emergencies).

We need another nursing home in Carter County—preferably one that accommodates medicare since none of ours do now.

Multipurpose senior citizens centers are the hub of life for the elderly. Why do we have an approved title X legislation and yet no money allocated for it? Our own center is in three parts—a small cottage for offices, lower part of a garage apartment for ceramics, and cafeteria of a condemned junior high school next door.

Revenue-sharing has been a farce for the elderly who certainly paid their part all thru years.

Telephone costs should be less for the sickly who often can't even have one now.

RUSSELL F. VIZZI, MEMPHIS, TENN.

This is a problem I have written to you before (and you were kind enough to respond), regarding the *Federal Register* proposed regulations on advanced approval for home health services.

Nationwide, nearly every major organization is opposed to same—yet, it is my understanding that HEW intends to implement that program; in fact it will be an item of discussion at the annual meeting of home health agencies in March (I believe the 15th and 16th, to be held by DDR (direct dealing reimbursement.)) This is the agency that a home health provider must deal with when they elect social security as their fiscal intermediary. DDR is an arm of HEW. As far as we know, no public hearings were held.

HEW attempted similar regulations through the *Federal Register* which would have required hospitals to call and secure *permission* to admit a patient (medicare) to the hospital. This regulation was tied to UR (utilization review and PSRO's), was stayed through in injunction by Judge Kaufman in Chicago. (AMA brought suit.)

We have almost if not the identical situation occurring for home health services. My earlier letter outlined in detail, our objections to same.

Can you and the other Senators help.

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